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ARCHIVES DIVISION  
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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818  
OREGON BOARD OF DENTISTRY

**FILED**  
04/27/2018 1:39 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Adopt 1 new rule and amend 19 rules in the Dental Practice Act.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/03/2018 4:00 PM

*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.*

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Portland, OR 97201

Filed By:  
Stephen Prisby  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 06/08/2018

TIME: 10:00 AM - 11:00 AM

OFFICER: Stephen Prisby-  
Executive Director

ADDRESS: OBD Office  
1500 SW 1st Ave. , Suite #770  
Portland, OR 97201

SPECIAL INSTRUCTIONS:  
Please contact the Board if you need  
special assistance.

DATE: 06/21/2018

TIME: 6:00 PM - 7:00 PM

OFFICER: Board President  
ADDRESS: OBD Office

1500 SW 1st Ave., Suite #770  
Portland, OR 97201

SPECIAL INSTRUCTIONS:  
Please contact the Board if you need  
special assistance.

NEED FOR THE RULE(S):

All proposed rule changes have gone through our Board's normal public rulemaking process. The need was determined in various ways, depending on the rule. One of the Board's Committees reviewed the rule and proposed change, and reviewed and discussed it. It was voted on by that Committee to be referred to the Rules Oversight Committee. The Rules Oversight Committee also reviewed the rule and then voted to refer it to the full Board for consideration to send these rules to a public rulemaking hearing. The recommendation from the Rules Oversight Committee was considered and voted on by the Board at its April 20, 2018 Board meeting to go forward to two public rulemaking hearings.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

The Oregon Board of Dentistry maintains a website at [www. Oregon.gov/dentistry](http://www.Oregon.gov/dentistry) where all documents are posted or links to applicable websites are linked. Documents of interest may include board and committee meeting agendas, minutes along with references to statute and governor's guidance necessitating these proposed rule changes.

FISCAL AND ECONOMIC IMPACT:

It is not possible to accurately measure the specific impact on the Board's Licensees with these changes, as most dental practices are considered small businesses. Staff do not feel there is any significant or meaningful financial impact to implement the proposed changes. The proposed rule changes do not require any additional equipment or any burdensome training requirements.

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**COST OF COMPLIANCE:**

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

It is not possible to accurately measure the specific impact on the Board's Licensees with these changes, as most dental practices are considered small businesses. Staff do not feel there is any significant or meaningful financial impact to implement the proposed changes. The proposed rule changes do not require any additional equipment or any burdensome training requirements.

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**DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):**

Dentists who are owners of dental practices, along with dental hygienists assisted in the review and writing of the rules as members of the Oregon Board of Dentistry's various Committees - Licensing, Standards and Competency Committee, Rules Oversight Committee and the Anesthesia Committee. Professional association representatives are also members of the OBD's Committees and participated in the drafting of the proposed rules and amendments.

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**WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES**

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**RULES PROPOSED:**

818-001-0002, 818-001-0082, 818-012-0040, 818-021-0070, 818-021-0088, 818-026-0010, 818-026-0020, 818-026-0030, 818-026-0050, 818-026-0060, 818-026-0065, 818-026-0070, 818-035-0072, 818-042-0040, 818-042-0050, 818-042-0060, 818-042-0090, 818-042-0095, 818-042-0110, 818-042-0114

AMEND: 818-001-0002

**RULE SUMMARY:** The Board is proposing to amend OAR 818-001-0002 – to remove language-referencing specialties as defined by the American Dental Association. The Board is also proposing to add where Dental Public Health dentists may practice dentistry, and adding definitions for physical harm and teledentistry.

**CHANGES TO RULE:**

818-001-0002

Definitions ¶¶

As used in OAR chapter 818: ¶¶

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants. ¶¶
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto. ¶¶
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry. ¶¶
- (4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed. ¶¶
- (5) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring

that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶

(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.¶

(7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶

(8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶

(9)(a) "Licensee" means a dentist or hygienist.¶

(b) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶

(10) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶

(11) "Specialty." ~~Specialty areas of dentistry are as defined by the American Dental Association, Council on Dental Education.~~ The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.¶

(a) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. Dental Public Health includes the clinical practice of dentistry limited to the following locations or populations:¶

(A) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental treatment:¶

(i) Nursing homes as defined in ORS 678.710;¶

(ii) Adult foster homes as defined in ORS 443.705;¶

(iii) Residential care facilities as defined in ORS 443.400;¶

(iv) Adult congregate living facilities as defined in ORS 441.525;¶

(v) Mental health residential programs administered by the Oregon Health Authority;¶

(vi) Facilities for persons with mental illness, as those terms are defined in ORS 426.005;¶

(vii) Facilities for persons with developmental disabilities, as those terms are defined in ORS 427.005;¶

(viii) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or¶

(ix) Public and nonprofit community health clinics.¶

(B) Adults who are homebound.¶

(C) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.¶

(D) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.¶

(E) Patients whose income is less than the federal poverty level.¶

(F) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental services.¶

(G) Low-income persons, as defined by earning 200% of the Federal Poverty Level or on specific populations of the Federal Poverty Level or on specific population groups designated by the Dental Health Professional Shortage

Areas (DHPSA) that lack access to care and that are underserved.

(b) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(c) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(d) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

(e) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(f) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(g) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(h) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

(i) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

(12) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry or dental hygiene.

(13) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).

(14) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

(15) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, either temporarily or permanently, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.

(16) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-001-0082

RULE SUMMARY: The Board is proposing to amend OAR 818-001-0082 to reflect that the Board follows the Department of Administrative Service's statewide policy on fees for public records request.

CHANGES TO RULE:

818-001-0082

Access to Public Records ¶

(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice. ¶

(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies. ¶

(3) The Board establishes the following fees: ¶

~~(a) \$25 per hour for the follows the Department of Administrative Service required to locate and remove non-public records or for filling special requests; ¶~~

~~(b) Up to ten (10) pages at no cost; more than 10 pages, \$0.50 for each page plus postage necessary to mail the copies; ¶~~  
Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees; ¶

~~(c) \$0.10 per name and address for computer-generated lists on paper or labels; \$0.20 per name and address for computer-generated lists on paper or labels sorted by specific zip code; ¶~~

~~(d) Data files on diskette or CD; ¶~~

(A) All Licensed Dentists - \$50; ¶

(B) All Licensed Dental Hygienists - \$50; ¶

(C) All Licensees - \$100. ¶

~~(e) \$60 per year for copies of minutes of all Board and committee meetings; ¶~~

~~(f) Written verification of licensure - \$2.50 per name; and ¶~~

~~(g) Certificate of Standing - \$20. ¶~~

Statutory/Other Authority: ORS 183, 192, 670, 679

Statutes/Other Implemented: ORS 192.420, 192.430, 192.440

AMEND: 818-012-0040

RULE SUMMARY: The state legislature passed SB 966 (2017) revising language defining that a Licensee, not a Dentist, needs to test heat sterilizer equipment weekly and meet other criteria. The Board is proposing to amend OAR 818-012-0040 requiring Licensees (dentists and dental hygienists) comply with the requirement that heat sterilizing devices shall be tested for proper function by means of biologic monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated.

CHANGES TO RULE:

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.¶¶

(1) Additionally, licensees must comply with the following requirements:¶¶

(a) 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.¶¶

(b) 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.¶¶

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

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

(e) 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.¶¶

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

(2) ~~Dentist Licensees~~ must comply with the requirement that heat sterilizing devices shall be tested for proper function 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 ~~dentist~~ licensee for the current calendar year and the two preceding calendar years.

Statutory/Other Authority: ORS 679.120, 679.250(7), 680.075, 680.150

Statutes/Other Implemented: ORS 679.140, 679.140(4), 680.100, SB 966 (2017)

AMEND: 818-021-0070

RULE SUMMARY: The Board is proposing to amend OAR 818-021-0070 to fix a typographical error.

CHANGES TO RULE:

818-021-0070

Continuing Education - Dental Hygienists ¶¶

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 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) Dental hygienists 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 dental hygienists is October 1 through September 30.) 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, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶¶

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six 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 dental hygienist passes the examination.¶¶

(d) Continuing education credit can be given for volunteer pro bono dental hygiene 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 Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene 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 two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶¶

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(~~9~~10) for renewal of the Nitrous Oxide Permit.¶¶

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 279.250(9)

AMEND: 818-021-0088

RULE SUMMARY: The Board is proposing to amend OAR 818-021-0088 to clarify that the Board will issue a Volunteer license to Oregon licensed dentists or dental hygienists who will practice for a supervised volunteer dental clinic.

CHANGES TO RULE:

818-021-0088

Volunteer License ¶¶

(1) An ~~active~~Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(~~e~~f) and (~~g~~), may be granted a volunteer license provided licensee completes the following:¶¶

(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.¶¶

(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.¶¶

(c) Licensee must provide the health care service without compensation.¶¶

(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.¶¶

(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.¶¶

(f) Licensee must agree to volunteer for a minimum of 40 hours per calendar year.¶¶

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license.

The Board will grant an active license as long as all active license requirements have been met.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 676.345, 679.010, 679.020, 679.025, 679.090, 680.010, 680.020, 680.050, 680.072

AMEND: 818-026-0010

RULE SUMMARY: The Board is proposing to amend OAR 818-026-0010 to clarify minimal sedation, and maximum recommended dose, and to define incremental dosing, supplemental dosing, enteral route, parenteral route and American Society of Anesthesiologist (ASA) classification system.

CHANGES TO RULE:

818-026-0010

Definitions ¶

As used in these rules: ¶

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication. ¶

(2) "Anxiolysis" means the diminution or elimination of anxiety. ¶

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. ¶

(4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. ¶

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. ¶

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous pharmacological method ~~is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.~~ Nitrous oxide/oxygen may be used in combination with a single non-intravenous pharmacological method in minimal sedation. ¶

¶

(7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command. ¶

¶

(8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration-~~(FDA)~~ recommended dose of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored use ~~DA approved labeling for unmonitored use.~~ ¶

(9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD). ¶

(10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment. ¶

(11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included. ¶

(12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.¶

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.¶

(a) ASA I "A normal healthy patient".¶

(b) ASA II "A patient with mild systemic disease".¶

(c) ASA III "A patient with severe systemic disease".¶

(d) ASA IV "A patient with severe systemic disease that is a constant threat to life".¶

(e) ASA V "A moribund patient who is not expected to survive without the operation".¶

(f) ASA VI "A declared brain-dead patient whose organs are being removed for donor purposes".

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0020

RULE SUMMARY: The Board is proposing to amend OAR 818-026-0020 to add that a licensee must ensure a protocol is in place for patient undergoing sedation or general anesthesia.

CHANGES TO RULE:

818-026-0020

Presumption of Degree of Central Nervous System Depression ¶

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status. ¶

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit: ¶

(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal; ¶

(b) Alkylphenols - propofol (Diprivan) including precursors or derivatives; ¶

(c) Neuroleptic agents; ¶

(d) Dissociative agents - ketamine; ¶

(e) Etomidate; and ¶

(f) Volatile inhalational agents. ¶

(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery. ¶

(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age. ¶

(5) A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0030

RULE SUMMARY: The Board is proposing to amend OAR 818-026-0030 to delete "single dose" to achieve anxiolysis.

CHANGES TO RULE:

818-026-0030

Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor ¶

- (1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation. ¶
- (2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced. ¶
- (3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following: ¶
  - (a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or ¶
  - (b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or ¶
  - (c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training. ¶
  - (d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or ¶
  - (e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public. ¶
- (4) Persons serving as anesthesia monitors in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.) ¶
- (5) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Health Care Providers certificate or its equivalent. ¶
- (6) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Health Care Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS. ¶

- (a7) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).¶
- (78) When a dentist utilizes a single dose oral agent to achieve anxiolysis only, no anesthesia permit is required.¶
- (89) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.¶
- (910) Permits shall be issued to coincide with the applicant's licensing period.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.250

AMEND: 818-026-0050

RULE SUMMARY: The Board is proposing to amend OAR 818-026-0050 to update the language from 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

CHANGES TO RULE:

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) Maintains a current BLS for Healthcare Providers 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 current 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; ¶

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and ¶

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

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall: ¶

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

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

(c) Certify that the patient is an appropriate candidate for minimal sedation; and ¶

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

(4) No permit holder shall have more than one person under minimal sedation at the same time. ¶

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room

in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.¶

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

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

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, and respiration shall be monitored and documented if they can reasonably be obtained.¶

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.¶

(8) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:¶

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

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

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

(d) The patient can sit up unaided;¶

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

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

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.¶

(9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0060

RULE SUMMARY: The Board is proposing to amend OAR 818-026-0060 to update the language from 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

CHANGES TO RULE:

818-026-0060

#### Moderate Sedation Permit ¶

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

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

(a) Is a licensed dentist in Oregon; ¶

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and ¶

(c) Satisfies one of the following criteria: ¶

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

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

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

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

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate 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 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, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and ¶

- (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants. ¶
- (3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time. ¶
- (4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures. ¶
- (5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall: ¶
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation; ¶
- (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and ¶
- (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record. ¶
- (6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition. ¶
- (7) The patient shall be monitored as follows: ¶
- (a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation; ¶
- (b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation. ¶
- (8) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party. ¶
- (a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered. ¶
- (9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: ¶
- (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable; ¶
- (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status; ¶
- (c) The patient can talk and respond coherently to verbal questioning; ¶
- (d) The patient can sit up unaided; ¶
- (e) The patient can ambulate with minimal assistance; and ¶
- (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness. ¶
- (10) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. ¶
- (11) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder. ¶
- (12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide

documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.¶

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0065

RULE SUMMARY: The Board is proposing to amend OAR 818-026-0065 to update the language from 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

CHANGES TO RULE:

818-026-0065

Deep Sedation-Permit

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) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a 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

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

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

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

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

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

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or

psychological status of the patient, the patient's guardian; and ¶

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

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

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

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

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

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

(8) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered. ¶

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

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

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

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

(d) The patient can sit up unaided; ¶

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

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

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

(11) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist. ¶

(12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060. ¶

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0070

RULE SUMMARY: The Board is proposing to amend OAR 818-026-0070 to update the language from 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

CHANGES TO RULE:

818-026-0070

#### General Anesthesia Permit ¶¶

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation. ¶¶

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

(a) Is a licensed dentist in Oregon; ¶¶

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and ¶¶

(c) Satisfies one of the following criteria: ¶¶

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

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

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

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure 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 three 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 ¶¶

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants. ¶¶

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate

sedation, minimal sedation or nitrous oxide sedation at the same time.¶

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.¶

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:¶

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;¶

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

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

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.¶

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

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;¶

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

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

(8) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.¶

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

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

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

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

(d) The patient can sit up unaided;¶

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

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

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

(11) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.¶

(12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must

complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.¶

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

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-035-0072

RULE SUMMARY: The Board is proposing to amend OAR 818-035-0072 to allow restorative functions dental hygienists to use additional materials in addition to alloy or direct composite material.

CHANGES TO RULE:

818-035-0072

Restorative Functions of Dental Hygienists ¶

(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:¶

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years; or ¶

(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.¶

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

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;¶

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.010(3), 679.250(7)

AMEND: 818-042-0040

RULE SUMMARY: The Board is proposing to amend OAR 818-042-0040 to clarify exceptions relating to retraction material, using a high-speed intra-orally to polish restorations, and to prohibit assistants from taking intraoral digital scans.

CHANGES TO RULE:

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 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), OAR 818-026-0060(11), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 818-042-0090 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 except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored. ¶
- (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~~ retraction material subgingivally except as provided ~~by~~ in OAR 818-042-0090. ¶
- (19) Take jaw registrations ~~or~~, oral impressions, and intraoral digital scans 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.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250

AMEND: 818-042-0050

RULE SUMMARY: The Board is proposing to amend OAR 818-042-0050 and remove the requirement of an assistant who has completed a Board approved course, and passed the written Radiation, Health and Safety examination to successfully completing their full mouth series of radiographs within six months of being authorized by an Oregon licensed dentist or dental hygienist to take radiographs, to having an Oregon licensed dentist or dental hygienist submit certification that the assistant is proficient to take radiographs in its place.

CHANGES TO RULE:

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 clinical examination within six months of the~~ bmit within six months of an Oregon licensed dentist or Oregon licensed dental hygienist authorizing the assistant to expose radiographs, certification from the Oregon licensed dentist or dental hygienist authorizing that the assistant is proficient to take radiographs.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7)

AMEND: 818-042-0060

RULE SUMMARY: The Board is proposing to amend OAR 818-042-0060 and remove the requirement of submitting a full mouth series of radiographs to become certified to expose radiographs, with a certification by an Oregon licensed dentist or hygienists the assistant is proficient to take radiographs.

CHANGES TO RULE:

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 approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, 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.~~Certification by an Oregon licensed dentist or Oregon licensed dental hygienist that the assistant is proficient to take radiographs.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250

AMEND: 818-042-0090

RULE SUMMARY: The Board is proposing to amend OAR 818-042-0090 to change the language from "Place cord subgingivally" to "Place retraction material subgingivally."

CHANGES TO RULE:

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:¶¶

(1a) Apply pit and fissure sealants 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.¶¶

(2b) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.¶¶

(3c) Place ~~cord~~ retraction material subgingivally.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7)

AMEND: 818-042-0095

RULE SUMMARY: The Board is proposing to amend OAR 818-042-0095 to allow restorative functions dental assistants to use additional materials in addition to alloy or direct composite material.

CHANGES TO RULE:

818-042-0095

Restorative Functions of Dental Assistants ¶

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:¶

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or¶

(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.¶

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

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.¶

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.010, 679.250(7)

AMEND: 818-042-0110

RULE SUMMARY: The Board is proposing to amend OAR 818-042-0110 to update Expanded Functions Orthodontic Assistant duties signoff sheet to reflect current practices.

CHANGES TO RULE:

818-042-0110

Certification - Expanded Function Orthodontic Assistant ¶

The Board may certify a dental assistant as an expanded function orthodontic assistant¶

(1) By credential in accordance with OAR 818-042-0120, or¶

(2) Completion of an application, payment of fee and satisfactory evidence of;¶

(a) ~~3~~ Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or¶

(b) ~~4~~ Passage of the Basic, CDA or COA examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully removed cement from bands using an ultrasonic or hand scaler, or a slow speed hand piece, on six (6) patients and recemented loose orthodontic bands, fit and adjust headgear, remove fixed orthodontic appliances and take impressions for placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7)

ADOPT: 818-042-0114

RULE SUMMARY: The Board is proposing a new rule that would allow additional duties for Expanded Functions Preventive Dental Assistants.

CHANGES TO RULE:

818-042-0114

Additional Functions of EFPDAs

(1) 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 Preventive 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: ¶

(2) Apply pit and fissure sealants 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.

Statutory/Other Authority: ORS 679, 680, ORS 679.020

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250