

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

<u>Oregon Board of Dentistry</u>	818
Agency and Division	Administrative Rules Chapter Number
<u>Stephen Prisby</u>	(971) 673-3200
Rules Coordinator	Telephone
<u>Oregon Board of Dentistry, 1600 SW 4th Ave., Suite 770, Portland, OR 97201</u>	
Address	

RULE CAPTION

Amends Rules regarding Practice, Additional Equipment, Anesthesia, Orthodontic Assistants, Hygienists, Fees and Additional Populations

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

Hearing Date	Time	Location	Hearings Officer
4-18-13	7:00 p.m.	OHSU Center for Health and Healing, 3303 SW Bond Ave., Conference	Board President

RULEMAKING ACTION

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

ADOPT:

AMEND:

818-001-002, 818-001-0087, 818-012-0005, 818-026-0000, 818-026-0020, 818-026-0060, 818-026-0065, 818-026-0070, 818-035-0020, 818-035-0066, 818-035-0072, 818-042-0090, 818-042-0095, 818-042-0110.

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 181, 183, 679, 680

Other Authority:

Statutes Implemented:

670.280, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.250, 679.010, 679.170, 680.050, 680.072, 680.075, 680.082, 680.100, 680.200, 680.205

RULE SUMMARY

The Board is amending 818-001-0002 Definitions to clarify the term Dentist of Record.

The Board is amending 818-001-0087 Fees to clarify the fees for specialty dental exams.

The Board is amending 818-012-0005 Scope of Practice to replace current rule, correct a lettering mistake and clarify the use of Botulinum Toxic Type A.

The Board is amending 818-026-0000 Purpose to remove language from the rule that had designated where sedation could occur.

The Board is amending 818-026-0020 Presumption of Degree of Central Nervous System Depression will address sedation to children 6 yrs or younger.

The Board is amending 818-026-0060 Moderate Sedation Permit to add an equipment requirement.

The Board is amending 818-026-0065 Deep Sedation Permit to remove language from the rule.

The Board is amending 818-026-0065(2)(h) and (7)(a) Deep Sedation Permit to add an additional equipment requirement.

The Board is amending 818-026-0070 General Anesthesia Permit to add an additional equipment requirements.

The Board is amending 818-035-0020 Authorization to Practice Clarifies the duties a hygienist may perform.

The Board is amending 818-035-0066 Additional Populations for Expanded Practice Dental Hygiene Permit Holders clarify rule and additional population to serve.

The Board is amending 818-035-0072 Restorative Functions of Dental Hygienists to delete the word anterior from rule.

The Board is amending 818-042-0090 Additional Functions of EFDAs Allow hygienists to authorize EFDAs to apply sealants and soft relines.

The Board is amending 818-042-0095 Restorative Functions of Dental Assistants to delete the word anterior from rule.

The Board is amending 818-042-0110 Certification- Expanded Function Orthodontic Assistant to clarify the on the job requirement.

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.

04-18-2013 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

FILED
3-1-13 9:14 AM
ARCHIVES DIVISION
SECRETARY OF STATE

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation. Notice forms must be submitted to the Administrative Rules Unit, Oregon State Archives, 800 Summer Street NE, Salem, Oregon 97310 by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a Saturday, Sunday or legal holiday when Notice forms are accepted until 5:00pm on the preceding workday. ARC 923-2003

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

Oregon Board of Dentistry
Agency and Division

818
Administrative Rules Chapter Number

Amends Rules regarding Practice, Additional Equipment, Anesthesia, Orthodontic Assistants, Hygienists, Fees and Additional Populations

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:

The Board is amending 818-001-0002
The Board is amending 818-001-0087
The Board is amending 818-012-0005
The Board is amending 818-026-0000
The Board is amending 818-026-0020
The Board is amending 818-026-0060
The Board is amending 818-026-0065
The Board is amending 818-026-0065(2)(h) and (7)(a)
The Board is amending 818-026-0070
The Board is amending 818-035-0020
The Board is amending 818-035-0066
The Board is amending 818-035-0072
The Board is amending 818-042-0095
The Board is amending 818-042-0090
The Board is amending 818-042-0110

Statutory Authority:

ORS 181, 183, 679, 680

Other Authority:

Statutes Implemented:

670.280, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.250, 679.010, 679.170, 680.050, 680.072, 680.075, 680.082, 680.100, 680.200, 680.205

Need for the Rule(s):

The amendment to OAR 818-001-0002 Definitions to clarify the term Dentist of Record for the treatment of patients in clinical settings of the institution as described in ORS 679.020(3).

The amendment to OAR 818-001-0087 Fees to clarify the fees for specialty dental exams.

The amendment to OAR 818-012-0005 Scope of Practice clarifies the current rule, corrects a lettering mistake and clarifies the use of Botulinum Toxic Type A within the scope of dentistry.

The amendment to OAR 818-026-0000 Purpose to remove language from the rule that had designated where sedation could occur, removing references to facilities where sedation could occur.

The amendment to OAR 818-026-0020 Presumption of Degree of Central Nervous System Depression addresses sedation on children 6 yrs or younger, that the licensee must have the appropriate sedation permit to administer.

The amendment to OAR 818-026-0060 Moderate Sedation Permit to add the requirement of End-tidal CO2 to administer sedation.

The amendment to OAR 818-026-0065 Deep Sedation Permit clarifies the rule and deletes the word conscious sedation from rule.

The amendment to OAR 818-026-0065(2)(h) and (7)(a) Deep Sedation Permit to add the equipment requirements of an electrocardiograph monitor and End-tidal CO2 Monitors.

The amendment to OAR 818-026-0070 General Anesthesia Permit to add the equipment requirements of using a pulse oximetry, electrocardiograph monitor and End-tidal CO2 Monitors.

The amendment to OAR 818-035-0066 Additional Populations for Expanded Practice Dental Hygiene Permit Holders adds designated Dental Health Professional Shortage Areas (DHPSA) to list of populations to be served.

The amendment to OAR 818-035-0020 Authorization to Practice is to clarify the duties a hygienist may perform.

The amendment to OAR 818-035-0072 Restorative Functions of Dental Hygienists is to delete the word anterior from rule.

The amendment to OAR 818-042-0090 Additional Functions of EFDAs is to allow hygienists to authorize EFDAs to apply sealants and soft relines.

The amendment to OAR 818-042-0095 Restorative Functions of Dental Assistants is to delete the word anterior from rule.

The amendment to OAR 818-042-0110 Certification- Expanded Function Orthodontic Assistant to clarify the on the job requirement with using headgear, removal of orthodontic appliances and impressions.

Documents Relied Upon, and where they are available:

Documents are found on the Oregon Board of Dentistry website www.oregon.gov/dentistry

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)):

The only impact on the Oregon Board of Dentistry will be updating forms and the Dental Practice Act.

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:

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered small businesses.

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

none

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

none

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. 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?:

04-18-2013 4:00 p.m.	Stephen Prisby	stephen.prisby@state.or.us
Last Day (m/d/yyyy) and Time for public comment	Printed Name	Email Address

FILED 3-1-13 9:14 AM ARCHIVES DIVISION SECRETARY OF STATE

 TriMet Lift Service Stop



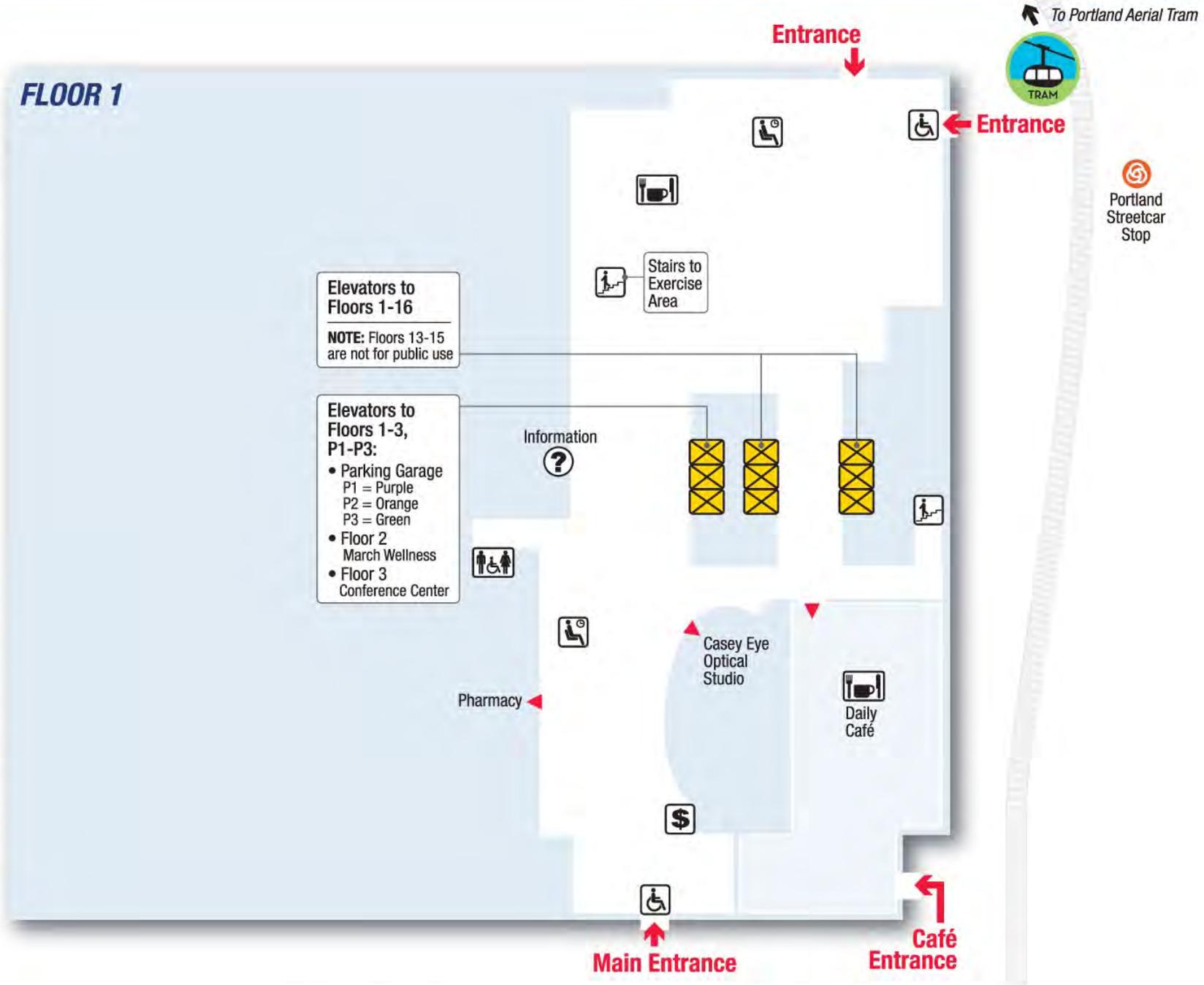
FLOOR 1

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

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



 To Portland Aerial Tram
 ← Entrance
 Portland Streetcar Stop

 To Parking Garage

S.W. Whitaker Street

1 **DIVISION 1**

2 **PROCEDURES**

3 **818-001-0002**

4 **Definitions**

5 As used in OAR Chapter 818:

6 (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its
7 agents, and its consultants.

8 (2) "Dental Practice Act" means ORS Chapter 679 and ORS 680.010 to 680.170 and the rules
9 adopted pursuant thereto.

10 (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.

11 (4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be
12 treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the
13 dental treatment room while the procedures are performed.

14 (5) "General Supervision" means supervision requiring that a dentist authorize the procedures,
15 but not requiring that a dentist be present when the authorized procedures are performed. The
16 authorized procedures may also be performed at a place other than the usual place of practice of
17 the dentist.

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

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

22 (8) "Informed Consent" means the consent obtained following a thorough and easily understood
23 explanation to the patient, or patient's guardian, of the proposed procedures, any available

24 alternative procedures and any risks associated with the procedures. Following the explanation,
25 the licensee shall ask the patient, or the patient's guardian, if there are any questions. The
26 licensee shall provide thorough and easily understood answers to all questions asked.

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

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

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

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

35 (a) "Dental Public Health" is the science and art of preventing and controlling dental diseases and
36 promoting dental health through organized community efforts. It is that form of dental practice
37 which serves the community as a patient rather than the individual. It is concerned with the
38 dental health education of the public, with applied dental research, and with the administration of
39 group dental care programs as well as the prevention and control of dental diseases on a
40 community basis.

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

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

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

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

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

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

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

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

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

83

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

87

88 Stat. Auth.: ORS 679 & 680

89 Stats. Implemented: ORS 679.010 & 680.010

90 **818-001-0087**

91 **Fees**

92 (1) The Board adopts the following fees:

93 (a) Biennial License Fees:

94 (A) Dental -- \$315;

95 (B) Dental -- retired -- \$0;

96 (C) Dental Faculty -- \$260;

97 (D) Volunteer Dentist -- \$0;

98 (E) Dental Hygiene -- \$155;

99 (F) Dental Hygiene -- retired -- \$0;

100 (G) Volunteer Dental Hygienist -- \$0.

101 (b) Biennial Permits, Endorsements or Certificates:

102 (A) Nitrous Oxide Permit -- \$40;

103 (B) Minimal Sedation Permit -- \$75;

104 (C) Moderate Sedation Permit -- \$75;

105 (D) Deep Sedation Permit -- \$75;

106 (E) General Anesthesia Permit -- \$140;

107 (F) Radiology -- \$75;

108 (G) Expanded Function Dental Assistant -- \$50;

109 (H) Expanded Function Orthodontic Assistant -- \$50;

110 (I) Instructor Permits -- \$40;

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

112 (K) Restorative Functions Dental Assistant -- \$50;

113 (L) Anesthesia Dental Assistant -- \$50;

114 (M) Dental Hygiene, Expanded Practice Permit -- \$75;

- 115 (c) Applications for Licensure:
- 116 (A) Dental -- General and Specialty -- \$345;
- 117 (B) Dental Faculty -- \$305;
- 118 (C) Dental Hygiene -- \$180;
- 119 (D) Licensure Without Further Examination -- Dental and Dental Hygiene -- \$790.
- 120 (d) Examinations:
- 121 (A) Jurisprudence -- \$0;
- 122 (B) Dental Specialty:
- 123 ~~[(i) \$750 at the time of application; and~~
- 124 ~~(ii) If only one candidate applies for the exam, an additional \$1,250 due ten days prior to~~
- 125 ~~the scheduled exam date;~~
- 126 ~~(iii) If two candidates apply for the exam, an additional \$250 (per candidate) due ten days~~
- 127 ~~prior to the scheduled exam date;~~
- 128 ~~(iv) If three or more candidates apply for the exam, no additional fee will be required.]~~
- 129 (i) If only one candidate applies for the exam, a fee of \$2,000.00 will be required at the time
- 130 of application; and
- 131 (ii) If two candidates apply for the exam, a fee of \$1,000.00 will be required at the time of
- 132 application; and
- 133 (iii) If three or more candidates apply for the exam, a fee of \$750.00 will be required at the
- 134 time of application.
- 135 (e) Duplicate Wall Certificates -- \$50.
- 136 (2) Fees must be paid at the time of application and are not refundable.

137 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to
138 which the Board has no legal interest unless the person who made the payment or the person's
139 legal representative requests a refund in writing within one year of payment to the Board.

140

141 Stat. Auth.: ORS 679 & 680

142 Stats. Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075,

143 680.200 & 680.205

1 DIVISION 12

2 STANDARDS OF PRACTICE

3 818-012-0005

4 Scope of Practice

5 ~~[(1) The Board determines that the practice of dentistry includes the following procedures~~
6 ~~which the Board finds are included in the curricula of dental schools accredited by the~~
7 ~~American Dental Association, Commission on Dental Accreditation, post-graduate training~~
8 ~~programs or continuing education courses:~~

9 ~~(a) Rhinoplasty;~~

10 ~~(b) Blepharoplasty;~~

11 ~~(c) Rhydidectomy;~~

12 ~~(d) Submental liposuction;~~

13 ~~(e) Laser resurfacing;~~

14 ~~(f) Browlift, either open or endoscopic technique;~~

15 ~~(g) Platysmal muscle plication;~~

16 ~~(h) Dermabrasion;~~

17 ~~(i) Otoplasty;~~

18 ~~(j) Lip augmentation;~~

19 ~~(k) Hair transplantation, not as an isolated procedure for male pattern baldness; and~~

20 ~~(l) Harvesting bone extra-orally for dental procedures, including oral and maxillofacial~~
21 ~~procedures.]~~

22
23 (~~2~~1) No ~~[licensee]~~ dentist may perform any of the procedures listed below

- 24 (a) Rhinoplasty;
- 25 (b) Blepharoplasty;
- 26 (c) Rhytidectomy;
- 27 **(d) Submental liposuction;**
- 28 **(e) Laser resurfacing;**
- 29 **(f) Browlift, either open or endoscopic technique;**
- 30 **(g) Platysmal muscle plication;**
- 31 **(h) Dermabrasion;**
- 32 **(i) Otoplasty;**
- 33 **(j) Lip augmentation;**
- 34 **(k) Hair transplantation, not as an isolated procedure for male pattern baldness; and**
- 35 **(l) Harvesting bone extra orally for dental procedures, including oral and maxillofacial**
- 36 **procedures.**
- 37
- 38 **unless the dentist:**
- 39
- 40 **(a)** Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by
- 41 the American Dental Association, Commission on Dental Accreditation (CODA); and
- 42 **(b)** Has successfully completed a clinical fellowship, of at least one continuous year in
- 43 duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral and
- 44 Maxillofacial Surgeons or by the American Dental Association Commission on Dental
- 45 Accreditation; or
- 46 **(c)** Holds privileges either:

47 (~~A1~~) Issued by a credentialing committee of a hospital accredited by the Joint Commission on
48 Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital
49 setting; or

50 (~~B1~~2) Issued by a credentialing committee for an ambulatory surgical center licensed by the
51 State of Oregon and accredited by either the JCAHO or the American Association for
52 Ambulatory Health Care (AAAHC).

53

54 **(2) A dentist may utilize Botulinum Toxin Type A to treat a condition that can be treated**
55 **within the scope of the practice of dentistry after completing a minimum of 16 hours in**
56 **courses approved by American Dental Association Continuing Education Recognition**
57 **Program (ADA CERP) or the Academy of General Dentistry (AGD) .**

58

59 Stat. Auth.: ORS 679 & 680

60 Stats. Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6) & 680.100

1 **DIVISION 26**

2 **ANESTHESIA**

3 **818-026-0000**

4 **Purpose**

5 (1) These rules apply to the administration of substances that produce general anesthesia, deep
6 sedation, moderate sedation, minimal sedation or nitrous oxide sedation in patients being treated
7 by licensees [~~in facilities not accredited by the Joint Commission on Accreditation of Health~~
8 ~~Care Organizations (JCAHO/TJC), the Accreditation Association for Ambulatory Health~~
9 ~~Care (AAAHC), the American Association for Accreditation of Ambulatory Surgical~~
10 ~~Facilities (AAAASF), the American Osteopathic Association (AOA) or their successor~~
11 ~~organizations~~]. These regulations are not intended to prohibit training programs for licensees or
12 to prevent persons from taking necessary action in case of an emergency.

13 (2) Nothing in this Division relieves a licensee from the standards imposed by ORS
14 679.140(1)(e) and 679.140(4).

15
16 Stat. Auth.: ORS 679 & 680

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

18
19 **818-026-0020**

20 **Presumption of Degree of Central Nervous System Depression**

21 (1) In any hearing where a question exists as to the degree of central nervous system depression a
22 licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal
23 sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the

24 types, dosages and routes of administration of drugs administered to the patient and what result
25 can reasonably be expected from those drugs in those dosages and routes administered in a
26 patient of that physical and psychological status.

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

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

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

32 (c) Neuroleptic agents;

33 (d) Dissociative agents -- ketamine;

34 (e) Etomidate;

35 (f) Rapidly acting steroid preparations; and

36 (g) Volatile inhalational agents.

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

39

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

43

44 Stat. Auth.: ORS 679 & 680

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

46

47 **818-026-0060**

48 **Moderate Sedation Permit**

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

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

51 (a) Is a licensed dentist in Oregon;

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

57 (c) Satisfies one of the following criteria:

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

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

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

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

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

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

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

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

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

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

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

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

88 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.
89 The recovery area can be the operating room;

90 (h) Sphygmomanometer, precordial/pretracheal stethoscope ~~[or]~~ , capnograph, pulse oximeter,
91 oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration
92 equipment, automated external defibrillator (AED); and

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

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

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

102 (5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:

103 (a) Evaluate the patient and document, using the American Society of Anesthesiologists *Patient*
104 *Physical Status Classifications*, that the patient is an appropriate candidate for moderate
105 sedation;

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

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

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

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

113 (a) Patients must have continuous monitoring using pulse oximetry **and End-tidal CO2**
114 **monitors**. The patient's blood pressure, heart rate, and respiration shall be recorded at regular
115 intervals but at least every 15 minutes, and these recordings shall be documented in the patient

116 record. The record must also include documentation of preoperative and postoperative vital
117 signs, all medications administered with dosages, time intervals and route of administration. If
118 this information cannot be obtained, the reasons shall be documented in the patient's record. A
119 patient under moderate sedation shall be continuously monitored;

120 (b) During the recovery phase, the patient must be monitored by an individual trained to monitor
121 patients recovering from moderate sedation.

122 (8) A dentist shall not release a patient who has undergone moderate sedation except to the care
123 of a responsible third party.

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

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

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

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

130 (d) The patient can sit up unaided;

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

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

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

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

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

139 provide documentation of having current ACLS or PALS certification or current certification of
140 successful completion of the American Dental Association’s course “*Recognition and*
141 *Management of Complications during Minimal and Moderate Sedation*” and must complete 14
142 hours of continuing education in one or more of the following areas every two years: sedation,
143 physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or
144 pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or
145 PALS certification or successful completion of the American Dental Association’s course
146 “*Recognition and Management of Complications during Minimal and Moderate Sedation*” may
147 be counted toward this requirement. Continuing education hours may be counted toward
148 fulfilling the continuing education requirement set forth in OAR 818-021-0060.

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

150

151 Stat. Auth.: ORS 679

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

153

154 **818-026-0065**

155 **Deep Sedation**

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

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

159 (a) Is a licensed dentist in Oregon; and

160 (b) Holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support

161 (PALS) certificate, whichever is appropriate for the patient being sedated.

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

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

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

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

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

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

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

180 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.
181 The recovery area can be the operating room;

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

185 and

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

189 (3) No permit holder shall have more than one person under deep sedation, ~~[or conscious~~
190 ~~sedation]~~ **moderate sedation, minimal sedation, or nitrous oxide sedation** at the same time.

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

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

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

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

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

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

203 (7) The patient shall be monitored as follows: (a) Patients must have continuous monitoring
204 using pulse oximetry, **electrocardiograph monitors (ECG) and End-tidal CO2 monitors**. The
205 patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart
206 rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these
207 recordings shall be documented in the patient record. The record must also include

208 documentation of preoperative and postoperative vital signs, all medications administered with
209 dosages, time intervals and route of administration. If this information cannot be obtained, the
210 reasons shall be documented in the patient's record. A patient under deep sedation shall be
211 continuously monitored;

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

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

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

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

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

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

222 (d) The patient can sit up unaided;

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

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

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

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

230 (12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide

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

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

238

239 Stat. Auth.: ORS 679

240 Stats.Implemented:ORS679.250(7)&679.250(10)

241

242 **818-026-0070**

243 **General Anesthesia Permit**

244 General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide
245 sedation.

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

247 (a) Is a licensed dentist in Oregon;

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

250 (c) Satisfies one of the following criteria:

251 (A) Completion of an advanced training program in anesthesia and related subjects beyond the
252 undergraduate dental curriculum that satisfies the requirements described in the *ADA Guidelines*
253 *for Teaching Pain Control and Sedation to Dentists and Dental Students (2007)* consisting of a

254 minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

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

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

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

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

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

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

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

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

276 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate

277 continuous oxygen delivery and a scavenger system;

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

279 The recovery area can be the operating room;

280 (h) Sphygmomanometer, precordial/pretracheal stethoscope ~~or~~ capnograph, pulse oximeter,

281 electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and

282 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment;

283 and

284 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the

285 drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment

286 of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and

287 anticonvulsants.

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

289 moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

290 (4) During the administration of deep sedation or general anesthesia, and at all times while the

291 patient is under deep sedation or general anesthesia, an anesthesia monitor and one other person

292 holding a Health Care Provider BLS/CPR level certificate, or its equivalent, shall be present in

293 the operatory in addition to the dentist performing the dental procedures.

294 (5) Before inducing deep sedation or general anesthesia the dentist who induces deep sedation or

295 general anesthesia shall:

296 (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient

297 Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia

298 or deep sedation;

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

300 due to age or psychological status of the patient, the patient's guardian; and

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

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

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

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

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

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

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

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

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

323 preoperative psychological status;

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

325 (d) The patient can sit up unaided;

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

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

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

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

330 discharged.

331 (11) After adequate training, an assistant, when directed by a dentist, may introduce additional

332 anesthetic agents to an infusion line under the direct visual supervision of a dentist.

333 (12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must

334 provide documentation of having current ACLS or PALS certification and complete 14 hours of

335 continuing education in one or more of the following areas every two years: deep sedation and/or

336 general anesthesia, physical evaluation, medical emergencies, monitoring and the use of

337 monitoring equipment, pharmacology of drugs and agents used in anesthesia. Training taken to

338 maintain current ACLS or PALS certification may be counted toward this requirement.

339 Continuing education hours may be counted toward fulfilling the continuing education

340 requirement set forth in OAR 818-021-0060.

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

342

343 Stat. Auth.: ORS 679

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

1 **DIVISION 35**

2 **DENTAL HYGIENE**

3 **818-035-0020**

4 **Authorization to Practice**

5 (1) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under
6 general supervision upon authorization of a supervising dentist.

7 (2) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access
8 patient must review the hygienist's findings.

9 (3) A supervising dentist, without first examining a new patient, may authorize a dental
10 hygienist:

11 (a) To take a health history from a patient;

12 (b) To take dental radiographs;

13 (c) To perform periodontal probings and record findings;

14 (d) To gather data regarding the patient; and

15 ~~[(e) To perform a prophylaxis.]~~

16
17 ~~(f e)~~ To diagnose, ~~[and]~~ treatment plan and provide ~~[for]~~ dental hygiene services.

18
19 (4) When hygiene services are provided pursuant to subsection (3), the supervising dentist need
20 not be on the premises when the services are provided.

21 (5) When hygiene services are provided pursuant to subsection (3), the patient must be scheduled
22 to be examined by the supervising dentist within fifteen business days following the day the
23 hygiene services are provided.

24 ~~[(6) A supervising dentist may not authorize a dental hygienist and a dental hygienist may~~
25 ~~not perform periodontal procedures unless the supervising dentist has examined the~~
26
27

28 ~~patient and diagnosed the condition to be treated.]~~

29

30 ([7]6) If a new patient has not been examined by the supervising dentist subsequent to receiving
31 dental hygiene services pursuant to subsection (3), no further dental hygiene services may be
32 provided until an examination is done by the supervising dentist.

33

34 Stat. Auth.: ORS 679 & 680

35 Stats. Implemented: ORS 680.150

36

37 **818-035-0066**

38 **Additional Populations for Expanded Practice Dental Hygiene Permit Holders**

39 A dental hygienist with an Expanded Practice Permit may practice without supervision at
40 locations and on persons as described in ORS 680.205 (1)(a) through (e) and on the following
41 additional populations: Low-income persons, as defined by earning up to 200% of the Federal
42 Poverty Level[.]

43 **or on specific population groups designated by the Dental Health Professional Shortage**

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

45

46 Stat. Auth: ORS 679 & 680

47 Stats. Implemented: 680.205 & 679.250(9)

48

49 **818-035-0072**

50 **Restorative Functions of Dental Hygienists**

51 (1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who

52 holds an unrestricted Oregon license, and has successfully completed:

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

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

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

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

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

72

73 Stat. Auth.: ORS 679 & 680

74 Stats. Implemented: ORS 679.010(3) & 679.250(7)

1 **DIVISION 42**

2 **DENTAL ASSISTING**

3
4 **818-042-0090**

5 **Additional Functions of EFDAs**

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

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

15 (2) Apply temporary soft relines to full dentures.

16
17 Stat. Auth.: ORS 679

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

19
20 **818-042-0095**

21 **Restorative Functions of Dental Assistants**

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

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

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

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

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

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

43

44 Stat. Auth.: ORS 679

45 Stats. Implemented: ORS 679.010 & 679.250(7)

46

47 **818-042-0110**

48 **Certification – Expanded Functions Orthodontic Assistant**

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

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

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

52 (a) Completion of a course of instruction in a program in dental assisting accredited by the

53 American Dental Association Commission on Dental Accreditation; or

54 (b) Passage of the Basic, CDA or COA examination, and Expanded Function Orthodontic

55 Assistant examination, or equivalent successor examinations, administered by the Dental

56 Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and

57 certification by a licensed dentist that the applicant has successfully removed cement from bands

58 using an ultrasonic or hand scaler, or a slow speed hand piece, on six (6) patients and recemented

59 loose orthodontic bands, **fit and adjust headgear, remove fixed orthodontic appliances and**

60 **take impressions** for four (4) patients.

61

62 Stat. Auth.: ORS 679

63 Stats. Implemented: ORS 679.250(7)