CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
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www.healthoregon.org/dpp

Quarterly Dental Pilot Project Meeting: DPP 100 Meeting Minutes

Date: Monday, March 4, 2019
Time: 9:00 AM – 12:00 PM
Location: OHA Public Health Division
800 NE Oregon Street
Portland, OR 97232
Conference Room 1A – First Floor

Committee Members Present:
Len Barozzini, Jennifer Clemens, Linda Mann, Connor McNulty, Carolyn Muckerheide, Karen Shimada, Brandon Schwindt

Committee Members Present Phone:
Paula, Hendrix, Jill Jones

Committee Members Absent:
Leon Assael, Kyle Johnstone

OHA Staff:
Bruce Austin, Danna Drum, Fred King, Kelly Hansen, John Putz, Amy Umphlett, Cate Wilcox

Oregon Board of Dentistry Staff:
Daniel Blickenstaff

Public Attendees:
Azma Ahmed, Frank Catalanotto, Miranda Davis, Jennifer Lewis-Goff, Rachel Hogan, Pam Johnson, Christina Peters, Fred Quarnstrom, Mary Williard, Gita Yitta,

Summary of Meeting

Agenda Item: Review of Meeting Agenda and Introductions

- Concerns raised by committee members regarding meeting structure

  Topic: Advisory Committee Members request to follow Roberts Rules when meetings are conducted.
  Summary of Discussion: Brandon Schwindt and Conor McNulty requested that meeting minutes be voted on, meetings follow “Roberts Rules” and that the transcript identify individual speakers by name.
  Decision: No decisions made.

Action: OHA will review requirements of public meeting laws and update the committee at the next meeting.

Agenda Item: Review of Guiding Principles and Terms of Engagement for meetings

- Kelly Hansen, OHA research analyst provided an overview of trauma informed approach to conducting and participating in meetings.

Revised Advisory Committee Charter; Call for Applications, Timeline for applications; Pilot project updates

Topic: Dental Pilot Project Advisory Committee Charter
Summary of Discussion: Dr. Bruce Austin reviewed the draft of the revised charter for Dental Pilot Project Advisory Committee meetings. The committee charter was revised due to new administrative rules.
Decision: No decision made.
Action: Committee members were requested to review the charter and provide feedback to OHA via email.

- OHA will conduct a call for applications to each of the Advisory Committees for the Dental Pilot Project Program to meet the requirements of the new administrative rules.
- Advisory Committee members have requested materials 10 days in advance of the meetings. OHA will review the request in consultation with the Department of Justice.

Agenda Item: Review Nitrous Oxide modification request

Topic: Nitrous Oxide Modification Request
Summary of Discussion: OHA Oral Health program staff reviewed the process for requesting and obtaining a modification to an approved Dental Pilot Project. Clarification was made regarding the definitions of “General” “Indirect” and “Direct” supervision under the Oregon Dental Practice Act. Clarification was made about the definition of an “anesthesia monitor” under the Oregon Dental Practice Act.

The Northwest Portland Area Indian Health Board (NPAIHB) presented to the committee regarding their request to incorporate nitrous oxide into the scope of practice for the Dental Health Aide Therapist (DHAT) trainees.

Dr. Fred Quarnstrom spoke about the safety of administering nitrous oxide.
A discussion occurred about the requirements of the State of Oregon and other surrounding states. There are different requirements for each state about who is allowed to administer nitrous and what supervision requirements are required.

OHA program staff reviewed the options to allow the DHAT trainees to administer

nitrous oxide, if the modification request was approved. A discussion occurred with members of the committee regarding the distinctions between the different options presented.

Decision: No decisions were made.
Action: OHA will submit the options for nitrous oxide modification to the committee with a request for feedback. OHA will accept public comment on this through March 15th.

Agenda Item: Review Requirements under Stipulated Agreement for Mobility Requirements for Primary Teeth

Topic: Clinical Requirements under DPP#100 for Extraction of Primary Teeth
Summary of Discussion: NPAIHB presented on the DHAT model of care utilized in Alaska. Dr. Frank Catalanotto and Dr. Mary Williard both participated in the presentation as invitees of the NPAIHB.

NPAIHB reviewed the requirements of the Stipulated Agreement between NPAIHB and OHA.

Presentation highlighted need to change language in the agreement. NPAIHB feels the requirements are hindering the DHAT's ability to provide care.

Decision: No decision were made.
Action: There are no actions required. If the NPAIHB chooses to submit a formal modification request to change the language in the stipulated agreement and what is now part of the approved application, OHA will update the committee.

Next Meeting: Monday, Monday, June 3, 2019, Portland State Office Building 800 NE Oregon Street Portland, Oregon, Room 1A, 9:00am – 4:00pm

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AGENDA

Dental Pilot Project #100 "Oregon Tribes Dental Health Aide Therapist Pilot Project"
Quarterly Dental Pilot Project Program Advisory Committee Meeting DPP #100
March 4, 2019, 9:00 AM – 12:00 PM

Location: Portland State Office Building (PSOB), 800 NE Oregon Street, Portland, Conference Room 1A **Conference Line: Dial-In Number: 1-888-273-3658 Participant Code: 766409**		
9:00 AM - 9:10 AM	Official Introductions Agenda Review	Bruce Austin, DMD
9:10 AM - 9:20 AM	Review of Guiding Principles & Terms of Engagement for Meetings	Kelly Hansen
9:20 AM - 9:30 AM	Revised Advisory Committee Charter Call for Applications & Timeline for Applications	Amy Umphlett, MPH
9:30 AM - 10:30 AM	Review Nitrous Oxide Modification Request & NPAIHB Response to Advisory Committee Comments • Nitrous subject matter expert • Facilitated discussion between OHA, NPAIHB and Advisory Committee	Bruce Austin, DMD Frank A. Catalanotto, DMD Fred Quarnstrom, DDS Mary Williard, DDS Gita Yitta, DMD
10:30 AM - 10:45 AM	Break	
10:45 AM - 11:45 AM	NPAIHB Presentation Review Requirements under Stipulated Agreement for Mobility Requirements for Primary Teeth • Facilitated discussion between OHA, NPAIHB and Advisory Committee	Bruce Austin, DMD Frank A. Catalanotto, DMD Gita Yitta, DMD Mary Williard, DDS
11:45 AM - 11:50 AM	Follow Up Items Future Meeting Dates & Site Visit Closing	Bruce Austin, DMD
11:50 AM - 12:00 PM	Public Comment Period - limited to 2 minutes per individual Public comments are accepted through in-person oral testimony or submission of written comments via email at oral.health@state.or.us or US mail.	

Next Meeting: Monday, June 3, 2019, PSOB 800 NE Oregon Street, Room 1A, Portland, 9:00 AM - 4:00 PM

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DRAFT Dental Pilot Project Program Advisory Committee Charter

I. Description of the Dental Pilot Project Program

Senate Bill 738 was passed by the Oregon State Legislature in 2011. This bill allows the Oregon Health Authority (OHA) to administer and evaluate a Dental Pilot Project once an application has been approved. The goal of the dental pilot projects is to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.

Dental Pilot Projects are intended to evaluate the quality of care, access, cost, workforce, and efficacy of teaching new skills to existing categories of dental personnel; developing new categories of dental personnel; accelerating the training of existing categories of dental personnel; or teaching new oral health care roles to previously untrained persons. OHA may approve a dental pilot project that is designed to operate for three to five years or a sufficient amount of time to evaluate the validity of the pilot project and evaluate the quality of care, access, cost, workforce and efficacy.

II. Oregon Health Authority Dental Pilot Project Program Responsibilities

OHA is responsible for monitoring approved pilot projects to ensure patient safety and to ascertain the progress of each project in meeting its stated objectives and complying with program statutes and rules. Monitoring and evaluation includes, but is not limited to, reviewing progress reports and conducting site visits.

III. Role of the Dental Pilot Project Program Advisory Committee

If OHA convenes an Advisory Committee (Committee) for an approved dental pilot project, the Committee will serve to provide OHA with the collective knowledge, experience, expertise, and insight of the Committee members to assist the OHA in meeting its responsibilities. Committee Members will be asked to review and provide advice on:

- The efficacies of training, competencies and data collection;
- Project protocols related to the ongoing assurance of patient safety;
- Evaluation of project progress reports as needed; and
- Other project issues as needed throughout the duration of the pilot project.

Although the Committee provides advice to the agency, OHA makes all final decisions.

IV. Committee Details and Membership

To be considered for committee membership or to remain on the Committee, individuals may not be involved in any way with the specific dental pilot project applicant or approved project they wish to participate on the Committee.

A. Environment. The Committee will operate under an email intensive environment utilizing Dropbox to organize project and meeting material.

B. Committee Size. The Committee shall not consist of more than 15 members, except that additional members may be added by OHA.

C. Process for Membership. Prospective members are required to complete an application. The process for soliciting members and eligibility of members is described in Oregon Administrative Rule (OAR) 333-010-0790(2). OHA makes the final determination on Committee membership selection.

D. Term of Office. The term of office for each member is two years. The term begins on the date OHA notifies an individual in writing that the individual has been selected for the Committee. Individuals who wish to serve additional term(s) must reapply. A Committee member cannot serve more than six consecutive years. If a member resigns or is removed from the Committee before the end of his or her term, OHA will accept applications for a new member.

E. Payment/Reimbursement. Committee members are non-paid, but travel expenses may be reimbursed according to State of Oregon policies. Members are not allowed to accept gifts, meals, lodging, etc. provided by the sponsor of a pilot project or provided on behalf of the sponsor.

F. Removal of Committee Members. OHA may remove a Committee member who is unable to meet the responsibilities of a member including abiding by the terms of this Charter and abiding by OAR 333-010-0790(2)(e).

V. Meetings

Dental Pilot Projects operate under two distinct phases, the training/education phase and the utilization/employment phase. OHA will determine committee meeting frequency depending on which phase a project is currently operating under. OHA staff will facilitate all meetings.

- OHA will call meetings during the training phase as dictated by project and committee member needs;
- Meeting frequency during the utilization/employment phase will be quarterly unless the OHA and the Committee agrees to a different frequency;
- Meetings will be held at times that are agreed upon by OHA and a majority of the committee members. Meetings will only be held during State of Oregon normal operating business hours;
- Additional meetings may be called as dictated by project needs; and
- Members are required to attend all Committee meetings unless excused by OHA.

VI. Site Visits

Each Committee member is expected to participate in and volunteer to attend at least one site visit of a dental pilot project during each year of the pilot project.

- Dentists are required to participate in the chart review process at a minimum of once per year.
- All chart reviewers are required to attend calibration and chart review trainings as part of the site visit process.

VII. Code of Conduct for Members

When acting in the capacity of a Committee member, each member is expected to comply with OAR 333-010-0790(2)(e) and conduct themselves in the following manner:

- Maintain confidentiality of any sensitive information or protected health information (PHI) acquired as a Committee member.
- Use best-practices, evidence-based and data-driven science in providing advice to OHA.
- Recuse oneself if there is a conflict of interest or perceived conflict of interest.
- Treat all people fairly regardless of race, color, gender and ethnic origin.
- Respect other points of view brought before the Committee.
- Review materials ahead of each meeting and come prepared to discuss and participate.
- Respond as requested to any deadlines set by OHA.
- Do not volunteer for any activity or assignment that you are not qualified for.
- Do not claim to represent, speak, or write opinions of the Oregon Health Authority without prior written permission.

VIII. Oregon Public Meetings Law

Committee meetings shall be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the DPP website: www.healthoregon.org/dpp.

A public notice will be provided to the public and media at least 10 days in advance of each regular meeting and at least five days in advance of any special meeting. Written minutes will be taken at all regular and special meetings.

VIX. Oregon Public Records Law

Committee materials and communications are subject to the Oregon Public Records Law, ORS 192.311 to 192.478, even if such materials or communications are located on the personal devices of Committee members.

X. Review of Charter

This charter will be periodically reviewed and updated at OHA's discretion. Last updated on February 15, 2019.

Dental Pilot Projects Program Advisory Committee DPP #100

March 4, 2019

Oregon Health Authority

DPP #100: Advisory Committee Meeting

- Introductions of Advisory Committee Members
- Agenda Review
- December Meeting Minutes
- Trauma Informed Meeting Guidelines

Public Comment Process

- Time on agenda for public comments at the end of the meeting
  - Sign-in sheet available near the conference room entrance
  - Each individual is limited to 1.5 - 2 minutes, depending on how many people sign-up
- Written Comments will be accepted until March 15, 2019
  - Accepted by email or US mail

Structure of Advisory Committee

- What it is:
  - Members provide advice & recommendations to OHA on:
    - Efficacies of training, competencies and data collection
    - Project protocols relating to assurance of patient safety
    - Evaluation of project progress reports as needed
    - Other project issues as needed
  - OHA makes final decisions
  - Note: an Advisory Committee is not required by statute
- What it is not:
  - Formal governing board
  - Robert's Rules of Order procedures are not required
  - Votes are not taken

Trauma Informed Meeting Guidelines

MCH works to create courageous spaces to collaborate and share ideas respectfully. We acknowledge that a variety of backgrounds, skillsets, communication styles, and beliefs are present. While we acknowledge that there is a power differential among us, all attendees bring equally valuable opinions. Each participant is encouraged to provide leadership.

Trauma Informed Meeting Guidelines

- Encourage self-care: Let people know they may get up, stretch, eat, and take breaks
- Group norms:
  - Let everyone participate
  - Try to listen with an open mind
  - Reflect before speaking
  - Please limit side conversations, texting & emailing; step out if you must chat or take a call
  - Be curious about different perspectives
- Incorporate various communication styles within your meeting

Revised Advisory Committee Charter

- Revised portions of the charter include:
  - New language that is in alignment with revised Oregon Administrative Rules
  - Clarifies requirements for committee members and attendance at both meetings and site visits
  - Code of conduct for members
  - Terms of office

- Send feedback by email to amy.m.umphlett@state.or.us by March 15, 2019

Call for Advisory Committee Applications

- Maximum 15 members
- Representatives needed from various backgrounds
  - Updated categories outlined in OAR 333-010-0790(2)
    - Example: Individuals with an interest in public health, oral health or expanding access to medical and dental care
- Term of office is 2 years
  - Cannot serve more than 6 consecutive years
  - Members must reapply to serve an additional term

Call for Advisory Committee Applications

- OHA will issue a call for applications to serve on Advisory Committees for DPP #100 and DPP #200
  - An email will be sent to each current committee member notifying them of their term status
  - Please reapply if you can commit to time commitment and terms of the updated charter
- Application will be available online after receiving feedback on the revised charter
  - Tentatively March 19, 2019 – April 9, 2019
  - www.healthoregon.org/dpp

Nitrous Oxide Modification Request Discussion

Revised OARs Dental Pilot Projects

333-010-0800

Dental Pilot Projects: Project Modifications

(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:

(a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;

(b) Addition of employment/utilization sites; and

(c) Changes in the scope of practice for trainees.

(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.

Revised OARs Dental Pilot Projects (cont.)

(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.

(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.

(5) The Authority may approve or deny a request for modification. A modification may be denied if:

(a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules; or

(b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved.

(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

Subject Matter Expert

Fred C. Quarnstrom, D.D.S.,

F.A.D.S.A., F.A.G.D., F.I.C.D., F.A.C.D., C.D.C.

- Fellowships - Diplomate - Certification
- Fellow in General Anesthesia, American Dental Society of Anesthesiology, 1980
- Fellow, Academy of General Dentistry, 1984
- Fellow, International College of Dentistry, 1989
- Diplomate, American Dental Board of Anesthesiology, 1996 – 2010 retired
- Certified Dental Consultant, American Association of Dental Consultants, 1999
- Diplomate National Dental Board of Anesthesiology 2002 - retired 2012
- Fellow, American College of Dentistry, 2005

Definitions of Supervision

- "**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 (ORS 679.010)
- "**Indirect supervision**" means supervision requiring that a dentist authorize the procedures and that a **dentist be on the premises** while the procedures are performed (ORS 679.010)
- **"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 (ORS

NPAIHB Modification Request

Request: Northwest Portland Area Indian Health Board (NPAIHB) requested modification to amend scope of practice for trainees to include administration of nitrous oxide

- Current approved Scope of Practice does not include administration of nitrous oxide or the ability to treat patients under nitrous administered by a dentist

Review of Nitrous Oxide Modification Request

- NPAIHB requests the addition of Nitrous Oxide to the practice plan
  - Trainees must complete a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program in accordance with OAR 818-026-0040
  - Trainees must submit a completed nitrous oxide application to the Oregon Health Authority Dental Director
  - Trainees' supervising dentist must hold a valid (unexpired) nitrous oxide OBD permit

Review of Nitrous Oxide Modification Request

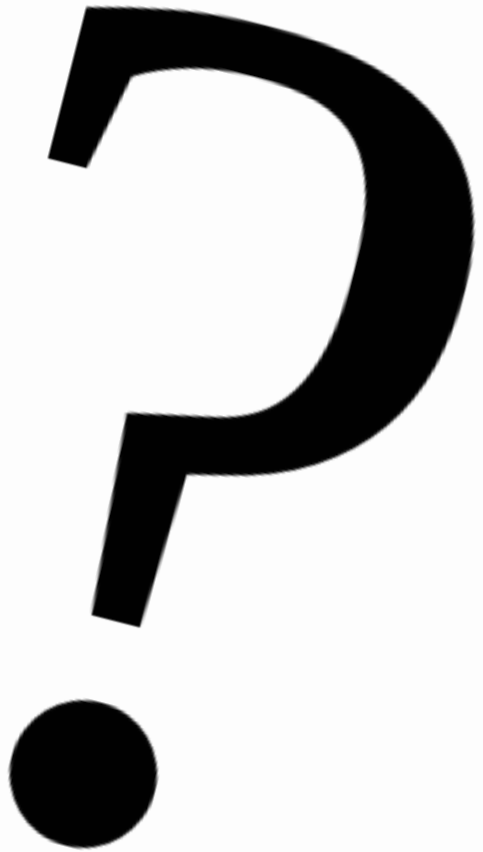
- NPAIHB requests the addition of Nitrous Oxide to the practice plan
  - Nitrous Oxide will only be permitted under indirect supervision
  - Upon approval by OHA, DHATs may begin administering nitrous oxide or treating patients who are on nitrous oxide administered by a permitted provider
  - Patients will sign a DHAT treatment consent form and a nitrous oxide consent form for each visit

Review of Nitrous Oxide Modification Request

- OHA sent proposed modification language to the Advisory Committee for review and comment

- **Main areas of concern in comments received**:
  1. Insufficient education/curriculum background compared to other providers who take the nitrous oxide course to obtain a permit
  2. OHSU Nitrous Oxide course is insufficient for trainees given their background and training compared to other providers, i.e. dentists and dental hygienists

The question that we should be asking is not whether the dental therapists have the same background as the hygienists, but if the background they do have is sufficient to safely administer nitrous



Survey of Dental Assistants in Administration of Nitrous Oxide

Dental Assisting National Board (DANB)

- Vast majority of states allow dental assistants to monitor nitrous oxide
  - These states have varying supervision requirements with the vast majority requiring “indirect supervision” – dentist remains on the premises
- Several states allow dental assistants to administer nitrous oxide
  - Supervision requirements vary with majority requiring “direct supervision” or dentist remains in operatory

https://www.danb.org/

Requirement of Dental Assistants in OR

818-026-0055

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

- (2) Under **direct** supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide

Dental Assistant: Anesthesia Monitor in OR

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

818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor
(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.)

Dental Assistants & Nitrous Oxide

Registered Dental Assistants may assist in the administration of inhalation minimal sedation (nitrous oxide) analgesia or sedation, **including starting and stopping the flow as directed by the supervising dentist, under close supervision**.

Close Supervision: A supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. Close supervision does not require a dentist to be physically present in the operatory.

Dental Assistants & Nitrous Oxide

Dental Assistants **are allowed to initiate, regulate and monitor the administration** of nitrous oxide/oxygen to a patient under direct supervision.

"Direct supervision" is supervision of a dental assistant or dental hygienist requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, that a dentist remain in the practice setting while the procedure is performed, and that before dismissal of the patient a dentist approves the work performed by the dental assistant or dental hygienist.

Dental Assistants & Nitrous Oxide

Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. Under direct supervision.


OPTION 1
OPTION 2
OPTION 3
OPTION 4

Scenario 1

Allow dental therapist trainees in DPP #100 to administer nitrous oxide under **indirect supervision** of a dentist. The dental therapist is allowed to perform all procedures in their scope of practice under **indirect supervision** while the patient is receiving nitrous oxide.

a.AND require an **anesthesia monitor** be present at all times.

b.OR do not require an **anesthesia monitor** to be present at all times.

Scenario 2

Allow dental therapist trainees in DPP #100 to administer nitrous oxide under **direct supervision** of a dentist. The dental therapist is allowed to perform all procedures in their scope of practice under **indirect supervision** while the patient is receiving nitrous oxide.

a.AND require an **anesthesia monitor** be present at all times.

b.OR do not require an **anesthesia monitor** to be present at all times.

Scenario 3

Allow dental therapist trainees in DPP #100 to administer nitrous oxide under **direct supervision** of a dentist and perform all procedures in their scope of practice under **direct supervision** while the patient is receiving nitrous oxide.

Scenario 4

Require the dentist with a current permit to administer nitrous oxide. Dental therapists are then allowed to perform all procedures under their scope of practice under **indirect supervision** while the patient is receiving nitrous oxide.

a.AND require an **anesthesia monitor** be present at all times.

b.OR do not require an **anesthesia monitor** to be present at all times.

Scenario 5

Require the dentist with a current permit to administer nitrous oxide. Dental therapists are then allowed to perform all procedures under their scope of practice under **direct supervision** while the patient is receiving nitrous oxide.

Scenario 6

Prohibit dental therapist trainees from administering and working on patients under nitrous oxide.

NPAIHB Modification Request

- Written public comments will be accepted until March 15, 2019
- Committee members will also have until March 15, 2019 to submit comments and their recommendation from the six options listed
- OHA will make final decision on the modification request by the end of March

Discussion of current primary extraction criteria

Pilot Project #100

Frank Catalanotto, DMD

- Currently a Professor in the Department of Community Dentistry and Behavioral Science at the UF College of Dentistry.
- He graduated from the College of Medicine and Dentistry of New Jersey in 1968 and completed a post-doctoral research fellowship in pediatric dentistry at Harvard School of Dental Medicine and Children's Hospital Medical Center in Boston.
- He has been on the faculty of five dental schools including UFCD where he served as Dean from 1995-2002.
- Member of Pilot Project #100 Internal Advisory Committee

Mary Williard, DDS

- GPR, Carolinas Medical Center 1994-1996
- Doctor of Dental Surgery, The Ohio State University 1994
- Director of DHAT Educational Program, the Alaska Area HP/DP representative
- Member of Pilot Project #100 Internal Advisory Committee
- Panel reviewer for National Model Act for Licensing of Certification of Dental Therapists

Current Criteria in stipulated agreement:

1. All extractions must be performed under the indirect supervision of the trainee's dentist. Indirect supervision is defined under ORS 679.010 as supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

2.. For primary and permanent tooth extractions, the DHAT trainee will first receive and document authorization from the supervising dentist.

OHA Documentation requirements: In reference to approved extraction criteria #1 and #2, documentation must be in the chart that the procedure has been performed under indirect or direct supervision as defined ORS 679.010. Documentation of the order must be entered into the chart record by the ordering supervising dentist, signed and dated. The order must contain the diagnosis and indication for extraction in addition to the specific tooth number to be extracted. The supervising dentist that authorizes the extraction must also be the dentist who supervises the trainee via indirect or direct supervision.

3. For primary teeth, the trainee may perform non-surgical extractions on teeth that exhibit some degree of mobility. The trainee will not extract a tooth if it is unerupted, impacted, fractured or decayed to the gumline, or needs to be sectioned for removal.

Justification for amending primary extraction criteria language:

- With the current criteria, patients exhibiting a tooth in this condition are rare and usually do not need professional help
- Would increase amount of children DHATs can treat and give DHATs more experience in their scope of practice
- The goal of the Pilot Project is to improve access for underserved communities and not create barriers

Justification for amending primary extraction criteria language:

- Graduates must be competent in providing oral healthcare within their scope of practice upon graduation
- Community Health Aide Programs Board (CHAP) standards include “performance of uncomplicated extractions of primary and permanent teeth.”

Discussion points

1.. ~~All~~ Permanent teeth extractions must be performed under the indirect supervision of the trainee's dentist. Indirect supervision is defined under ORS 679.010 as supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

2.. For ~~primary and~~ permanent tooth extractions, the DHAT trainee will first receive and document authorization from the supervising dentist.

3. For primary teeth, the trainee may perform non-surgical extractions on teeth ~~that exhibit some degree of mobility. The trainee will not extract a tooth if it~~ unless it is unerupted, impacted, ~~fractured or decayed to the gumline,~~ or needs to be sectioned for removal.

Alaska DHAT extraction

- No limitations placed on primary extraction criteria
- Extractions can be done under general supervision

Primary teeth criteria in other state legislation for similar dental therapy model

Alaska: none
Minnesota: DT, indirect extractions of primary teeth
Washington Tribes: None

Future Meetings

- Site Visit: May 21, 2019
  - CTCLUSI site, Coos Bay
  - 2-3 volunteers needed
  - Travel May 20-22, 2019
    - Lodging, mileage & meal per diem

- Annual Advisory Committee Meeting:
  - June 3, 2019 (All day)

PUBLIC COMMENT

Public Comment Process

- Sign-up for Public Comment
  - Each individual is limited to 1.5 - 2 minutes, depending on how many people sign-up
- Submit written comments via email to oral.health@state.or.us
- Submit written comments via US Mail to:

  Attention Dental Pilot Project Program
  800 NE Oregon Street, Suite 825
  Portland, Oregon 97232

Written Comments will be accepted until March 15, 2019

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Memo

December 6, 2018

To: Dental Pilot Project #100 – Advisory Committee Members

From: Oregon Health Authority

RE: Project Modification Request

On November 8th, 2018, the Oregon Health Authority – Dental Pilot Project Program received a request for modification to the approved Scope of Practice for trainees under Dental Pilot Project #100. (**Exhibit A)**

- Under OAR 333-010-0800, approved dental pilot projects may submit a request to modify the scope of practice for trainees as part of an approved dental pilot project. All modifications require Authority approval.
- The Authority seeks comment and input on the proposed modification by members of the Advisory Committee for Dental Pilot Project #100.
- Comments are due back to the Authority by **December 19th, 2018**.

Proposed Requirements Upon Modification Approval by the Oregon Health Authority:

1) Trainees would be allowed to administer (start the flow of Nitrous Oxide) after completing and adhering to the following:

    a) Trainee will be required to maintain a current BLS for Healthcare Providers certificate or its equivalent.
    b) Trainee will be required to complete a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association.
    c) Trainees must adhere to requirements outlined under OAR 818-026-0040 (2) through (10). (**Exhibit B**)
    d) Trainees are only authorized to administer Nitrous Oxide under indirect or direct supervision as defined under ORS 679.010 and OAR 818-001-0002.

2) Trainees will be prohibited from administering Nitrous Oxide (starting the flow of Nitrous Oxide) as outlined under OAR 818-026-0035:
    a) *(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous*

oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

b) Trainees, operating under the authority of the Dental Pilot Project Program, will be prohibited from treating patients under Minimal Sedation as defined under 818-026-0010.

3) Patient records must document the following:
   a) The level of supervision by the supervising dentist, either "direct" or "indirect" in the chart record.
   b) Patient records must comply with all record keeping requirements as outlined with OAR 818-026-0040.

4) Informed Consent must be obtained in accordance with OAR 818-026-0040 and OAR 333-010-0770.

5) Trainees must complete the requisite information and forms as though applying for a permit from the Oregon Board of Dentistry for a Nitrous Oxide Permit. (**Exhibit C**)
   a) Documentation and completed forms must be submitted to the Authority for review.
      (i) Each trainee must submit and complete their own forms.
      (ii) The Authority will grant each trainee individual approval to administer Nitrous Oxide.

Background Information:

1) **Exhibit D.**
   a) Table of comparisons between Dental Hygiene Education requirements and Dental Therapy Education requirements.
      i) Purpose: Illustration of educational competencies of trainees required by CODA.
2) **Exhibit E**.
   a) Syllabus of Courses completed by trainees.
      i) Purpose: Illustration of education of trainees received during training phase.

3) **Exhibit F**.
   a) Nitrous Oxide Sedation course completed by trainees.
      i. Purpose: Illustration of Nitrous Oxide Sedation course recognized by the Oregon Board of Dentistry.

Comment Submission:

Please submit comments to the Dental Pilot Project Program via email attention to sarah.e.kowalski@state.or.us

- Comments are due back to the Authority by **December 19th, 2018**.

Comments will be reviewed by the Authority. **A final determination on the modification request will be rendered no later than January 31st, 2019.**

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw & Lower Umpqua Tribe
Coquille Tribe
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Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
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Klamath Tribe
Kootenai Tribe
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Lummi Tribe
Makah Tribe
Muckleshoot Tribe
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Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
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Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

November 8, 2018

Dr. Bruce Austin, Dental Director
Oregon Health Authority
800 NE Oregon St.
Portland, OR 97232

Dear Dr. Austin,

Pilot Project #100 is requesting to modify our Dental Pilot Project Application and Evaluation and Monitoring Plan, to allow DHAT trainees to administer and treat patients on nitrous oxide (NO) under indirect supervision.

Justification: The Alaska Dental Therapy Education Program does not teach the use of NO as it is not a practical sedation method when DHATs are travelling to villages, and temperature control is unstable. The OHA Pilot Project #100 Advisory Committee has asserted that the use of nitrous oxide is best practice and that patients, especially pediatrics, in Oregon are best served if this form of sedation is an option. The pilot project sites currently use NO in their clinics, and we agree that it would be beneficial to patient and providers to enable this addition to the scope with the appropriate training, supervision and monitoring.

"The American Academy of Pediatric Dentistry (AAPD) recognizes nitrous oxide/oxygen analgesia/anxiolysis inhalation (minimal sedation) as a safe and effective technique to reduce anxiety, produce analgesia and enhance effective communication between a patient and the health care provider. Almost 90% of pediatric dentists administer nitrous oxide to their patients to reduce or eliminate anxiety and pain during dental procedures. Nitrous oxide/oxygen administration provides multiple benefits to both patient and dentist. For the patient, nitrous oxide/oxygen provides anxiety relief and analgesia (pain control) that is safe and quickly reversed with minimal side effects."[1]

We also believe adding this to the scope of practice is consistent with other states utilizing dental therapists. According to Minnesota 2009 Session Laws, Chapter 95, Article 3, Subd. 4, the scope of practice for a Dental Therapist includes the administration of nitrous oxide under general supervision.

Impact on the project: The goal of this modification is to expand the patient population the DHATs are able to treat including anxious adults, children, or those with special needs.

In order to ensure safety and trainee competence, the following summary of modifications are proposed to our Evaluation and Monitoring Plan. Explicit changes are attached with proposed modifications indicated in yellow highlight:

(Over)

1. PN9 Training: Add requirement of OHA approval of NO sedation application, which includes completion of a 14-hour Nitrous Oxide Training course in compliance with OAR 818-026-0040.
2. IC1 Informed Consent: Add reference to NO consent forms
3. NO consent forms from both clinics (to be added to Appendix D)
4. Evaluation and Monitoring Plan Appendix E: Add NO sedation code to approved CDT code list
5. Evaluation and Monitoring Plan Appendix F: Add NO to chart review
6. Evaluation and Monitoring Plan Appendix G: Add NO to practice plan, stipulating only under indirect supervision, and only after completing training course in compliance with OAR 818-026-0040.

If you have any further questions or concerns, please contact Christina Peters, Native Dental Therapy Initiative Project Director or Dr. Gita Yitta, Pilot Project #100 Dental Director.

Sincerely,

Joe Finkbonner, RPh, MHA
Executive Director, Northwest Portland Area Indian Health Board

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[1] Use of Nitrous Oxide for Pediatric Dental Patients. Pediatr Dent. 2017 Sep 15;39(6):273-277.

818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit
Nitrous Oxide Sedation.
(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:
(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(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 delivery of appropriate care in an emergency situation;
(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, 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 masks 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; and
(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:
(a) Evaluate the patient
(b) Give instruction 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 nitrous oxide sedation; and
(d) Obtain 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) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

(7) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

(8) The 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) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(b) The patient can talk and respond coherently to verbal questioning;
(c) The patient can sit up unaided or without assistance;
(d) The patient can ambulate with minimal assistance; and
(e) The patient does not have nausea, vomiting or dizziness.

(9) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(10) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, 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 and 818-021-0070.

Oregon
Kate Brown, Governor

Board of Dentistry
1500 SW 1st Ave. Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202

EDUCATIONAL REQUIREMENTS FOR

NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION & GENERAL ANESTHESIA PERMITS

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
   - Provide documentation of training/education or competency in the permit category applying.

2. Initial training/education was completed within **the immediate five (5) years prior** to applying for a sedation or general anesthesia permit.
   - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
     - Nitrous Oxide 10 hours – OAR 818-026-0040(9)
     - Minimal Sedation 10 hours – OAR 818-026-0050(9)
     - Moderate Sedation 35 hours – OAR 818-026-0060(12)
     - General Anesthesia 35 hours – OAR 818-026-0070(12)

   or

   - Provide documentation of 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 a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.

3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
   - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon 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

   - Demonstration of 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.

NITROUS OXIDE PERMIT APPLICATION FORM FEE $40.00

Mail Application and Fee to:
OREGON BOARD OF DENTISTRY
UNIT 23
PO BOX 4395
PORTLAND, OR 97208-4395
(971) 673-3200

Name _____License No. _____

Mailing Address _____Business Phone _____

Business Address _____

City _____State _____Zip _____

The Oregon Board of Dentistry understands that protocols and forms may change throughout your career, however, if you are not currently practicing but wish to apply for a nitrous oxide permit you may use the protocols and forms used in your dental or dental hygiene programs, or you may also prepare your own forms to attach to the nitrous oxide permit application.

Please note:

Any of the following will result in automatic rejection of the application and delay the application process:

- **Application must be completed on a typewriter or a computer.**
- **Copying or duplicating another licensee's application in part or in total.**
- **Questions are not answered completely.**
- **Missing forms, certificates, or proof of training.**
- **Copying, cutting and/or pasting from other written material into the application or listing "see attached". (i.e., literature, DPA, publications). Applications must be completed using your own protocols.**

I have read and understand the above information: _____
SIGNATURE

If you have any questions, please contact the Board office at 971-673-3200.

I. TRAINING

1) Describe and **provide evidence of your formal training in nitrous oxide** (use additional sheets if necessary) and **submit a copy of your current Health Care Provider BLS/CPR level, or its equivalent, certification. Use additional sheets if necessary.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

II. PREOPERATIVE

1) Briefly describe your preoperative evaluation procedures.

2) Describe your minimum health standards for nitrous oxide administration, how you document your preoperative evaluation.

3) List contraindications for nitrous oxide administration.

4) What pre-induction instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)

5) **Attach a copy of your informed consent form if you have one.**

6) **Attach a copy of your health history form.**

III. OPERATIVE

Describe your nitrous oxide administration procedures, listing dosages used, and documentation of monitoring.

IV. POSTOPERATIVE

Describe your standards for discharge.

V. EMERGENCY

1) Describe your emergency protocol (i.e., time line or algorithm) and explain what responsiblities your staff members have.

2) Do you have regularly scheduled emergency drills? ☐ yes ☐ no If yes, how often? _____
Date of most recent drill. _____

3) Describe your emergency kit.

a) List the drugs it contains and what each drug is used for.

b) What airway emergency equipment is available?

c) How do you ensure emergency kit contents are kept current?

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature _____ Date _____

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.

DIVISION 26

ANESTHESIA

818-026-0000
Purpose

(1) These rules apply to the administration of substances that produce general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation in patients being treated by licensees. These regulations are not intended to prohibit training programs for licensees or to prevent persons from taking necessary action in case of an emergency.

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

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

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-recommended dose of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored dose.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

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.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16

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.

(a) 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).

(7) When a dentist utilizes a single dose oral agent to achieve anxiolysis only, no anesthesia permit is required.

(8) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

(9) Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-026-0035
Classes of Anesthesia Permit

The Board shall issue the following classes of permits:

(1) A Nitrous Oxide Permit authorizes a dental hygienist or a dentist to induce nitrous oxide sedation.

(2) A Minimal Sedation Permit authorizes a dentist to induce minimal sedation and nitrous oxide sedation.

(3) A Moderate Sedation Permit authorizes a dentist to induce moderate sedation, minimal sedation and nitrous oxide sedation.

(4) A Deep Sedation Permit authorizes a dentist to induce deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation. The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010.

(5) A General Anesthesia Permit authorizes a dentist to induce general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and

(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(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 delivery of appropriate care in an emergency situation;

(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, 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 masks 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; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient;

(b) Give instruction 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 nitrous oxide sedation; and

(d) Obtain 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) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

(7) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

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

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

(c) The patient can sit up unaided or without assistance;

(d) The patient can ambulate with minimal assistance; and

(e) The patient does not have nausea, vomiting or dizziness.

(9) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(10) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, 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 and 818-021-0070.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & (10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16

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 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;

(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.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-026-0055
Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

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

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

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

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

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

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

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

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

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

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

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 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, larynageal 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 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.

(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 CO2 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.]

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-026-0065
Deep Sedation

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

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

(a) Is a licensed dentist in Oregon; and

(b) 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 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.

(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.]

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

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 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 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.

(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 CO2 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.]

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert.

ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-026-0080
Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

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

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. The anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.250(7) & (10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-026-0110
Office Evaluations

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an Oregon licensed dental hygienist permit holder or another dentist permit holder to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation may include, but is not limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated.

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & (10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert.

ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

818-026-0120
Reporting of Death, Serious Complications or Injury

If a death, any serious complication or any injury occurs which may have resulted from the administration of any central nervous system anesthesia or sedation, the licensee performing the dental procedure must submit a written detailed report to the Board within five days of the incident along with the patient's original complete dental records. If the anesthetic agent was administered by a person other than the person performing the dental procedure, that person must also submit a detailed written report. The detailed report(s) must include:

(1) Name, age and address of patient;

(2) Name of the licensee and other persons present during the incident;

(3) Address where the incident took place;

(4) Type of anesthesia and dosages of drugs administered to the patient;

(5) A narrative description of the incident including approximate times and evolution of symptoms; and

(6) The anesthesia record and the signed informed consent form for the anesthesia when required.

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

818-026-0130
Anesthesia Committee

(1) The Board hereby creates a committee to be known as the Anesthesia Committee. The chairperson shall be a dentist who is a member of the Board. All other members shall hold a Moderate, Deep Sedation or General Anesthesia Sedation Permit. At least one member, other than the chairperson, shall be a practicing specialist who holds a General Anesthesia Permit. Members serve at the pleasure of the Board and shall be appointed by the President of the Board. The Board President shall insure that the committee includes representatives of dental specialty groups including general dentists.

(2) The Anesthesia Committee shall, upon request of the Board, advise the Board on policies and procedures related to the regulation of general anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

Stat. Auth.: ORS 679
Stats. Implemented: ORS 679.280
Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

Pharmacological Education and Training Comparisons:
Dental Health Aide Therapists, Dental Hygienists, Dental Assistants

CODA Accredited Dental Hygiene Program Standards **For licensure in Oregon as a Registered Dental Hygienist, an individual must graduate from a CODA accredited Dental Hygiene Program.**	**CODA Accredited Dental Therapy Program Standards** **(Ilisagvik College* applied for CODA Accreditation and teaches to these standards)**	**Dental Assistants in Oregon** **Not required to graduate from a CODA Accredited Program** **May function as an Anesthesia Monitor**
2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and **pharmacology**. 2-8c Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials. 2-8d Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, **medical and dental emergencies**, legal and ethical aspects of dental hygiene	**2-11** Biomedical science instruction in dental therapy education must ensure an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas: a. head and neck and oral anatomy b. oral embryology and histology c. physiology d. chemistry e. biochemistry f. microbiology g. immunology h. general pathology and/or pathophysiology i. nutrition j**. pharmacology** 2-12 Didactic dental sciences content must ensure an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of	Per the Oregon Dental Practice Act, Dental Assistants in Oregon are not specifically required to complete a course identified by the Oregon Board of Dentistry • Dental Assistants may not administer (start the flow) of Nitrous Oxide. • Dental Assistants may be trained to function as an Anesthesia Monitor. • 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor 818-026-0010 Definitions: (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. 818-026-0030

practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases. 2-10 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum. 2-17 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.	dental therapy: a. tooth morphology b. oral pathology c. oral medicine d. radiology e. periodontology f. cariology g. atraumatic restorative treatment (ART) h. operative dentistry i. pain management j. dental materials k. dental disease etiology and epidemiology l. preventive counseling and health promotion m. patient management n. pediatric dentistry o. geriatric dentistry p. **medical and dental emergencies** q. oral surgery r. prosthodontics s. infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases. 5-4 All students, faculty and support staff involved in the direct provision of patient care **must be continuously certified in basic life support (B.L.S.), including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED),** and be able to manage common **medical emergencies.**	Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor (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 patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs. (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration. (7) The person administering the nitrous oxide sedation may leave the immediate area after

	Examples of evidence to demonstrate compliance may include: • **accessible and functional emergency equipment, including oxygen** • instructional materials • written protocol and procedures • **emergency kit(s)** • **installed and functional safety devices and equipment** • first aid kit accessible for use in managing clinic and/or laboratory accidents	initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
In Oregon, Dental Hygienists are allowed to administer (start the flow) of Nitrous Oxide under **Direct or Indirect Supervision** if they have the appropriate permit.		818-042-0117 Initiation of IV Line Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the Indirect Supervision of a dentist holding the appropriate anesthesia permit. 818-042-0115 Expanded Functions – Certified Anesthesia Dental Assistant (1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to: (a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.

		(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision. (2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

* Iḷisaġvik College is accredited by the Northwest Commission on Colleges and Universities (NWCCU) recognized by the United States Department of Education for offering college-level programs as required by the Commission on Dental Accreditation (CODA)

** https://www.ada.org/en/coda/current-accreditation-standards Commission on Dental Accreditation CODA

Course Syllabus

Course Number	**DHAT 135**
Course Title:	Advanced Diagnosis and Treatment Planning I
Semester/Year:	Spring / Year 1
Days/Time:	M-F 8:30-4:30 as scheduled
# of Credits:	2
Prerequisites:	DHAT 154
Instructor Name:	Eberling, Shoffstall-Cone, Brusca
Phone:	907-729-5600
Fax:	907-729-5610
Email:	akadhat@anthc.org
Office Hours:	M-F 8-5
Office Location:	DHAT Educational Program

Catalog Course Description: This course prepares students to collect and analyze oral and general health information, including clinical and psychological data, in order to develop a comprehensive dental treatment plan prioritized on urgency and risk assessment, and tailored to the individual needs of the patient.

Required Texts:

- Modern Dental Assisting, Eleventh edition, Doni L. Bird and Debbie S. Robinson; Elsevier Saunders: 2015.
- Mosby's Dental Drug Reference, 11th edition, Elsevier
- Indian Health Service Dental Digital Imaging Study Guide, Royann Royer, Mary Beth Kinney, Erma Casuse, E. Marie Montin: 2014.
- The ADA Practical Guide to Patients with Medical Conditions, Second Edition, Lauren L. Patton and Michael Glick; Wiley Blackwell: 2016.

Course Objectives:

- Understand the knowledge and skills required to collect diagnostic data, including
  - Comprehensive charting of the oral cavity
  - Medical and dental histories
  - Behavioral and psychological status
  - Dental health assessment
  - Pediatric considerations
  - Geriatric considerations
- Understand the knowledge and skills to prioritize patient needs
- Understand the knowledge on performing caries risk assessments for patients of all ages

- Develop and provide a tailored oral health program based on the individual knowledge and practices
- Recognize and implement the need to modify the proposed treatment plan based on behavioral and psychological variables
- Recognize and implement the need to modify the proposed treatment plan based on special circumstances related to pediatric and geriatric patient presentations
- Present the treatment plan to the patient and/or caregiver and answer questions and concerns
- Explain informed consent to the patient and/or caregiver.
- Recognize the need for consultation or referral
- Understand the theory and principles of tooth extraction and oral surgery
- Recognize and manage medical emergencies in the dental care environment.

Learning Experiences:

- Lecture
- Lab
- Course Discussion
- Multi-media
- Student Presentations
- Demonstration

ADTEP Competencies:

- Assessment and Judgment

Evaluation:

Homework Assignments	20%
Class Participation	20%
Quizzes	20%
Preclinical lab	20%
Final	20%

Grading System

Grade	Range
A	96-100%
A-	90-95
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-78
C-	70-73
RC-	All successfully remediated courses
I	Incomplete
F	69% or below

Students must attain an average of 70% as the final grade to pass this course.

Remediation Policy: Academic remediation is an opportunity for the student to develop and demonstrate required knowledge, skills, and/or competency of course material without having to repeat a failed course in its entirety. Student will be given an "Incomplete (I)" until the remediation is completed. Student will not be officially promoted until the remediation is completed. No grade higher than a "C-" will be made in the remediated course.

Attendance Policy: Students are expected to attend all classes and clinics. Attendance is taken at the start of each class session and factored into the participation component of the grade. There is no difference between excused and unexcused absences. They are considered on a case-by-case basis. Students must coordinate in a timely manner with instructors to complete any missed work. Repeated absences may jeopardize the student's continued participation in the program.

Late Work Policy: All assignments are due on time. Late work will require remediation and will only be eligible for a maximum of 75% credit.

Honor Code/Academic Misconduct: Students are expected to follow the Honor Code. All forms of scholastic dishonesty are prohibited. Scholastic dishonesty includes, but is not limited to cheating, plagiarism, and collusion. Violations of the Honor Code may result in warming suspension or expulsion. Incidents of scholastic dishonesty will be reviewed by the instructors, the ADTEP Student Progress Committee, and the Iḷisaġvik College Dean of Academic Affairs.

Plagiarism Policy: Plagiarism means to take someone else's words and/or ideas and make them look like they are your own. Another word for plagiarism is "cheating." Students who are caught cheating or allowing others to cheat off their work will receive an "F" for the assignment and risk being expelled from the class with an overall failing grade.

Students with Special Needs: Iḷisaġvik College is committed to providing equal opportunities to academically qualified students with disabilities. If you have a disability for which you wish to request accommodations, you are encouraged to contact the Dean of Students and Institutional Development or the Registrar to discuss your need for reasonable accommodations. It is the student's responsibility to disclose disabilities, and you will be asked to provide the most recent documentation about any functional limitations so recommendations can be made to accommodate your needs. All disability information provided by you is kept strictly confidential. *If you have questions regarding reasonable disability accommodations, please contact the Student Success Center by calling 907-852-1766.*

Course Schedule

The course schedule and topics may vary to meet the needs of students. The changes will be provided to students.

Sessions	Reading Assignments	Classroom Topics	Lab Topics	Evaluation
Session 1	Read Medical History Document	• Syllabus • Introduction to Diagnosis and Treatment Planning Course Syllabus • Review Medical History taking • Oral Cancer Screening	• Blood pressure • Temperature • Oral Cancer Screenings • PSR	
Session 2		Periodontal Disease	Periodontal Exam	
Session 3		Radiology	BWs radiographs on each other	
Session 4		• Tooth Charting • SOAPE Notes		**Quiz 1**
Session 5	Chapter 13 and Pates 145-146 in Modern Dental Assisting	• Pulpal and Periapical Diagnosis • Oral Pathology		
Session 6	Read Pulpal and Periapical Diagnosis Hangout	• Pulpal and Periapical Diagnosis • The Emergency Patient		
Session 7	Review Caries Risk, Caries Treatment Flow Sheet and Perio Risk	• The Disease Model of Caries • Treatment Planning		**Quiz 2**

Sessions	Reading Assignments	Classroom Topics	Lab Topics	Evaluation
Session 8	Read IHS Chapters 2 – Diagnosis and Treatment Planning	Treatment Planning	Comprehensive Exams on each other	
Session 9		Review		**Exam**
Session 10		• Introduction to Diagnosis and Treatment Planning • The exam – HIPAA, SOAPEN, Chief Complaint, Health Histories • Soft tissues, PSR, Hard Tissues, Caries, Exam, Radiographic exam, Charting and Records • Script Development		
Session 11		• Risk Assessment and Management • Treatment Plan and Recall		

Session 12		• Treatment Planning Exercises
		  ○ Didactic Cases
		  ○ Clinical Cases		

Session 13		• Treatment Planning Exercises
		  ○ Didactic Cases
		  ○ Clinical Cases		

Session 14		Review		**Final Exam**

Course Syllabus

Course Number	**DHAT 251**
Course Title:	Pharmacology
Semester/Year:	Spring / Year 2
Days/Time:	Friday 9:30-10
# of Credits:	0.5
Prerequisites:	BIOL 100
Instructor Name:	Achey, Van Pelt
Phone:	907-729-5600
Fax:	907-729-5610
Email:	akadhat@anthc.org
Office Hours:	M-F 8-5
Office Location:	DHAT Educational Program

Catalog Course Description: This course focuses on medication uses in and interactions with dental care. Students research medications and present information to their peers. Students are taught how to recognize and report when a clinical situation requiring medications is beyond their scope of practice, and identify situations where a drug safety issue may arise.

Required Texts:

- Mosby's Dental Drug Reference, 11th edition, Elsevier
- The Little Dental Drug Booklet, 2017-2018, Peter L. Jackson PhD, DDS, Lexicomp.

Course Objectives:

- Understand the basic pharmacology of medications used in dentistry
  - Legal control of drugs, including Schedule II
  - Pharmacokinetics
  - Pharmacodynamics
  - Adverse effects of drugs
- Understand the pharmacology of specific drugs in the following classes of medications
  - Antibiotics and Antimicrobials
  - Dental Analgesics
  - Anti-allergenics and anti-inflammatories
- Recognize and report potential problems relating to medications to the supervising dentist
- Competent at dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a license healthcare provider including appropriate patient education related to the medication.

Learning Experiences:

- Lecture
- Small group discussion
- Course Discussion
- Multi-media
- Student Presentations
- Simulations
- Demonstration

ADTEP Competencies:

- Assessment and Judgment
- Preventive Care
- Pharmacological and Emergency Management
- Professional and Community Responsibility

Evaluation:

Class Participation	25%
Quizzes	50%
Worksheets/Cases	25%

Grading System

Grade	Range
A	96-100%
A-	90-95
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-78
C-	70-73
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Course Schedule

The course schedule and topics may vary to meet the needs of students. The changes will be provided to students.

Sessions	Reading Assignments	Classroom Topics	Lab Topics	Evaluation
Session 1 5/23/18		• Syllabus Acknowledgement • Prescription Law • Pharmacodynamics • Pharmacokinetics • Antibiotics	Pharmacokinetics demonstration	Quiz
Session 2 5/24/18		• Student Case Presentation • Analgesics • Miscellaneous medicines		Quiz
Session 3 5/25/18		• Dental medications • Patient Case Activity		Final Exam

School of DENTISTRY

OHSU

Mastering Sedation Course

Three-course options...

Mastering Sedation Review (7 Total CE Credits)

- Friday, November 30, 2018, 8 am-4pm

Mastering Nitrous Sedation Permitting Course (14 Total CE Credits)

- Saturday, December 1, 2018, 8 am-4pm
- Sunday, December 2, 2018, 8 am-4pm

Mastering Minimal Sedation Permitting Course (21 Total CE Credits)

- Friday, November 30, 2018, 8 am-4pm
- Saturday, December 1, 2018, 8 am-4pm
- Sunday, December 2, 2018, 8 am-4pm

Details

Friday, November 30, 2018 8am-4pm: Mastering Sedation Review - a permit renewal course
This interactive lecture course is designed for dentists and hygienists who want to meet state dental board's requirements to maintain anesthesia permit levels from minimal to moderate. This one-day review course will refresh and give participants the most current information in how to comprehend and apply the benefits of oral/inhalation sedation within the dental office setting. This course

Target Audience

This course is designed for Dentists and Dental Hygienists

Disclousure

will also review how to effectively deal with medical emergencies in the dental office for sedated and non-sedated patients.
This one day lecture, refresher course meets the Oregon Board of Dentistry's requirements to renew your minimal sedation permit.

Course Objectives:

- Develop a plan for every sedation appointment to ensure safe, effective minimal enteral sedation
- Understand the pharmacology of oral sedatives and identify the most appropriate agent for each patient
- Employ strategies for pre-emptive analgesia and post-op analgesia
- Utilize the proven "recipe" for post-operative pain control that DOES NOT include narcotics
- Learn new techniques for administering flumazenil and strategies for patients who may require an alternative approach: another arrow in your quiver

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Saturday, December 1, 8am-4pm: Mastering Nitrous Sedation - a permitting course; must also attend Sunday course(Continental breakfast, lunch and snacks included)
This is an interactive lecture and hands-on participation course. It is designed for dentists and hygienists who desire to meet state dental board's requirements for administering nitrous oxide sedation to the dental patient. This is a two day how to course that prepares participants to comprehend and apply the benefits of inhalation sedation within the dental office setting and to effectively deal with medical emergencies in the dental office for sedated and non-sedated patients.
This course is designed to fulfill Oregon Board of Dentistry requirements for the Nitrous Oxide Sedation Permit.

Course Objectives:

- Learn how to select appropriate patients for inhalational and minimal sedation. Know who to treat and who to refer
- Make pharmacology clinically useful through understanding of bioavailability and half-life
- Examine inhalational equipment and learn various inhalation techniques
- Discuss the advantages/disadvantages and indications/contraindications of inhalational sedation
- Review patient monitoring thoroughly – from Pulse Oximetry to Bispectral Index Analysis (BIS)
- Know the seven medications you need to have in your emergency kit and how to use them

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Sunday, December 2, 2018 8am-4pm: Mastering Minimal Sedation - a permitting course; must also attend Friday and Saturday courses(Continental breakfast, lunch and snacks included)

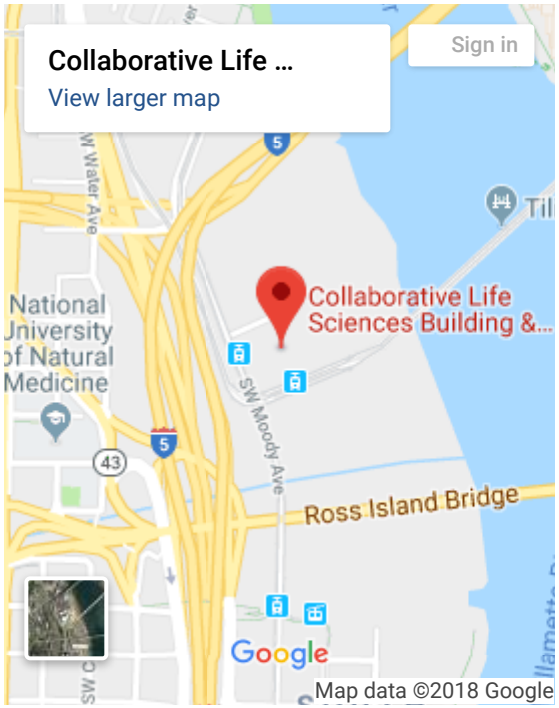
- Speaker has no relevant financial relationships to disclose.
- The staff of the OHSU Dental School Office of Continuing Dental Education have no relevant financial relationships to disclose.

Location

Room TBD

2730 SW Moody Ave
Portland, OR 97201

Click here for directions



This course offers instruction in all aspects of inhalation analgesia and oral conscious sedation, including effective methods in dealing with anxiety control in general practice. Our faculty specializes in adult learning by utilizing a multimedia approach which enhances knowledge and retention. Participants will learn various techniques and protocols designed to achieve certification in nitrous oxide/oxygen sedation as well as competency in providing oral anxiolysis. A patient-centered approach to care is emphasized with lecture on appropriate medication section, monitoring and practical emergency management. Case studies will augment the delivery of key points and a problem-based learning approach is encouraged so that each participant's questions are addressed.

This course is designed to fulfill Oregon Board of Dentistry requirements for the Minimal Sedation Permit.

Course Objectives:

- Develop a plan for every sedation appointment to ensure safe, effective minimal enteral sedation.
- Understand the pharmacology of oral sedatives and identify the most appropriate agent for each patient.
- Employ strategies for pre-emptive analgesia and post-op analgesia.
- Learn new techniques for administering flumazenil and strategies for patients who may require an alternative approach: another arrow in your quiver.
- Learn how to select appropriate patients for inhalational and minimal sedation.
- Know who to treat and who to refer.
- Make pharmacology clinically useful through understanding of bioavailability and half-life.
- Examine inhalational equipment and learn various inhalation techniques.
- Discuss the advantages/disadvantages and indications/contraindications of inhalational sedation.
- Review patient monitoring thoroughly – from Pulse Oximetry to Bispectral Index Analysis (BIS).
- Know the seven medications you need to have in your emergency kit and how to use them.

Register

Registration open through 11/27/2018 8:59 PM EST

Contact Information

Contact the Continuing Dental Education Department for more information:
503-494-8857

Financials

Registration costs

Dentists:

- **Friday: Mastering Sedation Review- $495** *(Breakfast and Lunch provided)*
- **Saturday and Sunday: Mastering Nitrous Sedation- $995** *(Continental Breakfast and Lunch provided)*
- **Friday, Saturday & Sunday: Mastering Minimal Sedation- $1,495** *(Continental Breakfast and Lunch provided)*

Hygienists:

- **Friday: Mastering Sedation Review- $395** *(Afternoon snack and Dinner provided)*
- **Saturday & Sunday: Mastering Nitrous Sedation- $795** *(Continental Breakfast and Lunch provided)*

Transportation & Parking

Parking

- **Schnitzer Lot: $13 a day or go online the day before and purchase a ticket for $11.**

Schnitzer Lot is free on Saturday and Sunday

Refund and cancellation policy

OHSU Continuing Dental Education Department Cancellation/Refund Policy

The Continuing Dental Education Department must receive all cancellations in writing by mail, fax or email, prior to the course date for the appropriate refund to be issued.

- At any time if the registrant cancels there will be **$35 administrative fee** on all cancellations to cover staff time and credit card transaction fees.
- Cancellations by the participant **more than 30 days prior** to the course date will receive a full refund, minus the $35 administrative fee.
- Cancellations by the participant made **less than 7 days prior** to the course date, will not be refunded.
- **'No shows'** for a course will forfeit the full registration tuition.
- Tuition will be refunded in total if a course is cancelled by the Continuing Dental Education Department.
- A set deadline is required for certain courses;no registrations or cancellations are accepted after the course's set deadline. Please see course listings for those with specific, set deadlines.
- Emergencies involving the registrant or immediate family will be taken into consideration on a case-by-case basis.
- In the event of snow, earthquake or other act of nature, please visit the CDE homepage or call the CDE office and listen to the instructions on the voicemail.

Registering for any continuing education activity or event constitutes acceptance of these terms.

Continuing Education

Credit Hours:
Friday Only - 7 CE
Saturday and Sunday Only - 14 CE
Friday, Saturday and Sunday - 21 CE

Buy online (discount)

- **Collaborative Life Sciences Garage: $22 a day**

Buy onsite 24/7

Map of the OHSU South Waterfront

Public Transportation

Streetcar

Portland's streetcar stops at the corner of S.W. Moody and S.W. Meade, which is across the street and just south of the Collaborative Life Sciences Building. Patients and visitors may ride a TriMet bus downtown and transfer to the Portland streetcar. The closest streetcar stop to the downtown transit mall is at S.W. 5th and Market. The streetcar accommodates bikes and wheelchairs.
Streetcar schedules and fare information

MAX and Bus

The South Waterfront/SW Moody Ave. Station on the MAX Orange Line is located right outside the Collaborative Life Sciences Building. MAX Orange Line trains run every 15 minutes most of the day, and can accommodate bikes and wheelchairs.There are also a number of bus routes that serve the South Waterfront.
Tri-Met's website

Portland Aerial Tram

The aerial tram connects the south waterfront district to the OHSU Marquam Hill Campus. Patients and their families who have vouchers

Presenting

Dr. Mark Donaldson received his baccalaureate degree from the University of British Columbia, and his Doctorate in Clinical Pharmacy from the University of Washington. He has further completed a residency at Canada's largest tertiary care facility, Vancouver General Hospital, and is the current Senior Executive Director of Pharmacy Advisory Services for Vizient, living in Whitefish, Montana. Dr. Donaldson is a Clinical Professor in the Department of Pharmacy at the University of Montana in Missoula, and Clinical Associate Professor in the School of Dentistry at the Oregon Health & Sciences University in Portland, Oregon. He has a special interest in dental pharmacology and has lectured internationally to both dental and medical practitioners. He has spent the last eighteen years focusing on dental pharmacology and the art of dental therapeutics, and has become a leader in this field of study. Dr. Donaldson has a number of published works in the peer-reviewed literature and spent three years in Japan focusing on cross-cultural communication and internationalization. He currently serves on the Editorial Board for the Journal of the American Dental Association. He is board certified in healthcare management and is the past-President of the American College of Healthcare Executives' Montana Chapter. Dr. Donaldson was named as the 2014 recipient of the Bowl of Hygeia for the state of Montana and is the 2016 recipient of the Dr. Thaddeus V. Weclew Award. This award is conferred upon an individual who has made outstanding contributions to the art and science of dentistry and/or enhanced the principles and ideals of the Academy of General Dentistry.

from their OHSU clinics are able to ride the tram at no cost.

Local Eateries

Restaurants within walking distance of the school:

- Cha Cha Cha Taqueria
- Elephants Delicatessen (located inside the building)
- Lovejoy Bakery
- Starbucks (located inside the building)

Share This

Dr. Jason H. Goodchild is a graduate of Dickinson College in Carlisle, PA. He received his dental training at the University of Pennsylvania School of Dental Medicine where he still holds a faculty position as a Clinical Associate Professor in the Department of Oral Medicine. Dr. Goodchild is currently Associate Professor & Chairman of the Department of Diagnostic Sciences at Creighton University School of Dentistry (Omaha, NE). He is a Clinical Education Manager, focus North America at Dentsply Sirona Restorative (Milford, DE) involved in educating dentists on new materials and techniques to improve clinical practice. He has published numerous articles and lectures internationally on the topics of treatment planning, treatment of medical complex patients, restorative dentistry, pharmacology, emergency medicine in dentistry, enteral sedation dentistry, and dental photography. He has been an invited speaker for the Academy of General Dentistry and American Association of Dental Examiners. He is a reviewer for the Journal of the American Dental Association, General Dentistry, and Quintessence International. Dr. Goodchild maintains a private general dental practice in Havertown, PA.

Dr. Scott C. Dickinson, DMD received his undergraduate degree from St. Lawrence University and his dental degree from the University of Pennsylvania, School of Dental Medicine. After graduation he completed an AEGD while serving in the U.S. Army. During this time Dr. Dickinson received training on and regularly used nitrous oxide and oxygen, oral, and intravenous sedation techniques. During his service in the Army he performed the duties of both a flight surgeon and a general practicing dentist. After leaving the Military he entered private practice where he served as the Vice President of Clinical Support for Aspen Dental Management. In this role he was responsible for the training, new dentist orientation, and continuing education needs of both the company and the over 700 doctors it associates with. He now maintains an active general dental practice in Pensacola Florida where he regularly uses sedation techniques to more comfortably treat his patients.

Association for Continuing Dental Education ADA C·E·R·P® | Continuing Education Recognition Program

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CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

DATE: February 25, 2019

TO: Dental Pilot Project #100 Advisory Committee

FROM: Oregon Health Authority – Dental Pilot Project Program

SUBJECT: Advisory Committee comments on proposed modification to expand Dental Health Aide Therapist Trainee scope of practice to include administration of nitrous oxide under direct and/or indirect supervision upon completion of an approved nitrous oxide sedation course.

On December 6, 2018, the Dental Pilot Project Program (Program) issued a Memo to the Advisory Committee members of Dental Pilot Project #100(DPP #100) requesting comments on the proposed modification to add nitrous oxide administration to the scope of practice of the Dental Health Aide Therapist (DHAT) trainee (Appendix A). Comments were due back to the program on December 19, 2018. Comments were limited to members of the Advisory Committee and were not open to the public.

The Oregon Health Authority takes no position on the proposed modification or the pilot project concept.

The Program submitted written comments received to the Northwest Portland Area Indian Health Board for their response. Please see Appendix A for the complete response to the submitted comments.

Comments: 4 Advisory Committee members submitted written comments to the program within the period allotted for comment. These comments are briefly summarized as follows:

Brandon Schwindt, DMD

Dr. Schwindt does not support the request for modification to incorporate nitrous oxide into the scope of practice for the DHAT trainees in DPP#100.

He opined that: “Despite the recent ad hoc coursework, the initial DHAT curriculum training is inadequate in the basic sciences as well as anatomy and physiology to ensure proper conceptual understanding of airway assessment, potential spaces, sedation and influence common gene mutations such as MTHFR.”

Dr. Schwindt indicated his concerns for the expansion of the scope of practice within the middle of the project rather than at the project’s inception.

Dr. Schwindt’s complete submitted comments are attached as Appendix B.

Conor McNulty, Oregon Dental Association

Mr. McNulty does not support the request for modification to incorporate nitrous oxide into the scope of practice for the DHAT trainees in DPP#100.

Mr. McNulty opined that: “The project [has] failed to provide adequate justification for this increased scope added mid-project.” “DHATs do not receive an equivalent or even near equivalent education in general health sciences and pharmacology compared with other providers able to use nitrous oxide.” “DHATs do not receive appropriate training to administer nitrous oxide, nor have they shown that their competency meets minimal criteria to ensure patient safety in these situations.”

Mr. McNulty expressed concerns that adding a new scope of practice would undermine the data collection process and the project’s ability to prove itself under the pilot project process.

Mr. McNulty’s complete submitted comments are attached as Appendix C.

Kelli Swanson Jaecks, RDH, MA Oregon Dental Hygiene Association(ODHA)

Mrs. Swanson Jaecks does not support the request for modification to incorporate nitrous oxide into the scope of practice for the DHAT trainees in DPP#100. Mrs. Swanson Jaecks is a representative for the ODHA serving on the Advisory Committee for DPP#100. ODHA submitted comments written by the ODHA and submitted to OHA by Ms. Lisa Rowley.

ODHA opined that: “The letter from NPIHB asserts that adding administration of nitrous oxide-oxygen sedation to the DHAT scope of practice is consistent with other states that use dental therapists, and they cite Minnesota as one of these states. It should be noted that the dental therapist education programs in Minnesota currently require the student to be a licensed dental hygienist before they begin the dental therapist education program or to complete a dental hygiene education program concurrently with the dental therapist education program. Both of these dental therapist education programs are offered at the college level and both programs lead to a master’s degree. We believe that these two dental therapist education programs provide training in the administration of nitrous oxide-oxygen sedation that is far more appropriate for patient safety than the training that is being proposed for the DHATs in this dental pilot project.”

ODHA opined that: “The dental hygienists in Minnesota that are enrolled in a dental therapist education program have received more education in biomedical science during their dental hygiene education than the basic science content that is included in the DHAT training program. This biomedical science content is intended to serve as a foundation for providing dental hygiene services including the administration of nitrous oxide-oxygen sedation. The Commission on Dental Accreditation’s (CODA) Standard 2-8b for dental hygiene education programs requires that the dental hygiene curriculum include biomedical science content in “anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology” and that these subjects should be taught at a “scope and depth comparable to college transferrable liberal

arts course work." We believe that this level of biomedical science education is needed to safely administer of nitrous oxide-oxygen sedation."

ODHA opined that "there have already been serious concerns with patient safety and quality of care for the patients who have received dental treatment in this dental pilot project."

ODHA's complete submitted comments are attached as Appendix D.

Kyle Johnstone, RDH, EPDH

Mr. Johnstone supports the request for modification to incorporate nitrous oxide into the scope of practice for the DHAT trainees in DPP#100.

Mr. Johnstone opined that: "The proposed requirements are aligned with currently accepted processes that a clinician or student clinician in the State of Oregon would have to follow in order to become qualified to administer NO, whether they are a Dental Hygienist or Dentist." "Should the proper training be provided, which adheres to current standards in compliance with OAR 818-026-0040 and identical to the training currently provided to practicing dental clinicians in our state, I would feel comfortable with a DHAT student administering NO in a direct or indirect supervision manner under the license of a dentist who holds an active NO permit."

He indicated concerns for patient participating in DPP #100. "To prohibit the use of NO when all training and clinical requirements have been met and adhered to seems to arbitrarily punish patients willing to participate in care delivery through Project #100."

Mr. Johnstone expressed concerns for modifying the project scope of practice midway through the project duration. He stated that "to effectively evaluate a project, the ideal would be to have a solid project at the onset that can be periodically reviewed for safety and effectiveness. If project barriers are realized, project modifications could then be requested. To change a project and its scope at multiple points throughout its duration without solid justification makes it difficult if not perhaps impossible to properly review the full project."

Mr. Johnstone's complete submitted commentes are attached as Appendix E.

Due to the concerns raised in the comments received, the Program will postpone a final determination on the proposed modification until after the next Advisory Committee meeting for DPP#100 on March 4, 2019. Public comments on the proposed modification will be taken at that time.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw & Lower Umpqua Tribe
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Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

January 31, 2019

To: Dr. Bruce Austin, Dental Director, Oregon Health Authority

Fr: Christina Peters, Tribal Community Health Provider Project Director, Northwest Portland Area Indian Health Board

Re: Response to NO Modification Comment Letters

Thank you for the opportunity to respond to comments and concerns raised by Advisory Committee members regarding our request to add Nitrous Oxide sedation to the scope of trainees participating in Pilot Project #100. We have excerpted comments from the letters you received, and our responses are in bold:

1. Despite the recent ad hoc coursework, the initial DHAT curriculum training is inadequate in the basic sciences as well as anatomy and physiology to ensure proper conceptual understanding of airway assessment, potential spaces, sedation and influence common gene mutations such as MTHFR.

Response: The Alaska Dental Therapy Educational Program (ADTEP) provides excellent post---secondary education in dental therapy and related sciences. The textbooks selected by the program are used in colleges and universities across the United States. The students are given a good foundational education on the systems of the body and in---depth education on head and neck anatomy. The courses are taught by knowledgeable science faculty and dentists. The entire curriculum has a heavy focus on information that is applicable to dental therapy practice, therefore science relating to the head and neck is given sufficient time.

Moreover, the current best practice in teaching is to teach basic subject knowledge coupled with teaching effective research skills for students to be able to access additional information as needed throughout their careers. Current students in every field and every educational institution are bombarded by so much information from multiple sources. It is understood that students today could not possibly learn all the information available on the subjects they study and even if they did, the

growth and change in understanding of the world around us is moving at such a fast pace, that the professionals of today must continually work to remain up-to-date with current best practices and scientific breakthroughs and innovations. Arming students with tools to help them stay current with relevant scientific developments is more important than memorizing data and facts that may soon be out of date. The DHAT is equipped with foundational science information to read and comprehend dental professional journals. They are also primed to be active life-long learners. They have skills to seek scientific information, evaluate the validity of the information, and to think critically about how new information can be integrated into their existing knowledge base.

It is the opinion of the ADTEP Director that any of their program graduates would have more than sufficient knowledge and experience to effectively learn and process the knowledge and skills delivered by an approved Nitrous Oxide course.

In terms of the MTHFR gene, Dr. Charis Eng, MD, Director of Center for Personalized Genetic Healthcare at the Cleveland Clinic states "The mechanism of nitrous oxide is that it raises levels of homocysteine. ONLY individuals with homozygous MTHFR variants (both alleles affected) have this rise in homocysteine when nitrous oxide is given. *Homozygotes are extremely rare* and they get sick with homocysteinuria apparent as babies and children. *Heterozygous MTHFR variant carriers are very common - 40% of us*. You cannot ask all of us about MTHFR. If we are not sick with homocysteinuria by the time we are teenage and adults, we should not be homozygotes. Heterozygous MTHFR variant carriers have plenty of enzyme left so that homocysteine levels don't rise when nitrous oxide is given. "

2. BLS beneficial but is no substitute for the above education.

Response: We included BLS training per *OAR 818-026-0040 (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent*; While OHA would be approving the application to use NO sedation, we wanted to comply with all existing relevant Board of Dentistry requirements.

3. No evidence was given as to the adequacy of the dental operatory and equipment needed to ensure safe nitrous oxide administration for the patient and the dental team alike.

Response: As stated in OHA's response to the modification: *Trainees must adhere to requirements outlined under OAR 818-026-0040 (2) through (10).* Because both clinics have providers with valid permits, these requirements for operatories and equipment are currently being met. OHA can choose how they will assess adherence to these OARs, and our project will comply.

4. First, the rationale for the modification is severely lacking. The project failed to

provide adequate justification for this increased scope added mid-project. The project asserts that adding this scope will expand the patient population the DHATs are able to treat, yet the project did not first articulate how these patients are not adequately being served within current project parameters. The question "why" is not sufficiently explored.

Response: This modification is to expand the number of qualified providers that can treat patients when NO is indicated for best treatment. This may result in decreased wait times for patients needing NO and greater flexibility within the dental team to optimize patient care.

As we cited in our original modification request:

"The American Academy of Pediatric Dentistry (AAPD) recognizes nitrous oxide/oxygen analgesia/anxiolysis inhalation (minimal sedation) as a safe and effective technique to reduce anxiety, produce analgesia and enhance effective communication between a patient and the health care provider. Almost 90% of pediatric dentists administer nitrous oxide to their patients to reduce or eliminate anxiety and pain during dental procedures. Nitrous oxide/oxygen administration provides multiple benefits to both patient and dentist. For the patient, nitrous oxide/oxygen provides anxiety relief and analgesia (pain control) that is safe and quickly reversed with minimal side effects."[1]

5. DHATs do not receive this core competency as clearly indicated by the project sponsors. In fact, DHATs do not receive an equivalent or even near equivalent education in general health sciences and pharmacology compared with other providers able to use nitrous oxide. When comparing "General Health Sciences" curriculum between DHATs and a traditional hygiene program, DHAT curriculum includes well less than half of the didactic and lab time of a hygiene program (114 compared with 270 hours). Further, the project sponsors assert that Minnesota dental therapists have nitrous oxide within their scope but fail to understand that those therapists are also trained hygienists (or in the process of becoming hygienists). The comparison is inappropriate and disingenuous at best.

   Response: The question on the table is not how does the ADTEP curriculum compare with current hygiene curriculum in the United States. The question is, does a DHAT have the ability to safely and effectively administer nitrous oxide-oxygen during delivery of dental therapy services. The DHATs have already successfully completed the required course to administer nitrous oxide-oxygen and presumably will have to demonstrate that competency before being allowed to administer nitrous oxide-oxygen. The general health science curriculum provides sufficient content to render the DHAT capable of learning the new

[1] Use of Nitrous Oxide for Pediatric Dental Patients. Pediatr Dent. 2017 Sep 15;39(6):273-277.

knowledge and skills needed for this expansion of scope for Pilot Project #100. Experts in nitrous oxidei oxygen administration taught the courses and the DHATs received the same level of training as other providers in the state. If any member of the committee feels the course they took did not actually do what it was intended to do--prepare providers to safely administer nitrous oxide-oxygen--then not only DHATs, but all other providers would not have the necessary skills and knowledge to safely administer nitrous oxide-oxygen after completing that course.

In Minnesota, there are two types of Dental Therapist. There is a Dental Therapist without a hygiene degree and an Advanced Dental Therapist with a hygiene degree. Both are allowed to administer nitrous oxide. The Minnesota Board of Dentistry continues to accept applications for both levels of education irrespective of the educational programs offered in the state.
https://mn.gov/boards/assets/DTScope_tcm21-363584.pdf

6. Similarly, Oregon dentists are already concerned about the safety of patients being treated by DHATs within this program, as exemplified by failed site visits and concerning treatment found within chart reviews. The program has not proven that it has the capacity to add additional scope while ensuring patient safety.

Response: We are fully aware of concerns that have been raised about Pilot Project #100. We have responded quickly and seriously to the initial site visit report, including signing and meeting the terms of a stipulated agreement and dramatically changing the administration of the project and improving communication between the state, administration, and clinical sites. Furthermore, the project passed the next site visit. The final report for the site visit in question stated clearly that *"There were no instances of patient harm that were revealed during the site visit. And that there were no adverse events reported to the Authority by the project sponsor as required under OAR 333-010-0435."* As a pilot project, we must balance the needs of our clinics, patients and providers and do so within the allowed parameters of our approved application. We believe this modification will allow for best patient care.

7. Finally, the Oregon Dental Association, from the beginning of this project, has advocated for a model and project design that would produce meaningful data at the conclusion of the study. Continued and on-going changes to the project model, including this proposed scope of change, threatens the legitimacy of the project and its ability to predict the model's efficacy in Oregon.

Response: Our project has 19 different outcomes we are measuring, analyzing and submitting to OHA on a quarterly basis. As with any data analysis, we will have

the opportunity to identify any external influences to those outcomes impacted by this and other changes (clinic staffing levels, new OHA requirements, etc…) and believe our final report will offer evidence of this project's legitimacy and efficacy in Oregon. Unfortunately, continued and ongoing changes are a reality of the pilot process. This is not a controlled academic study but a pilot process to help the state identify solutions for how to best increase access to care through workforce. The base program we are piloting was developed in Alaska. While there are many applicable aspects of the Alaskan program to Oregon, there are also important differences between Oregon and Alaska that this pilot can explore. The populations, while similar, may have different needs and availability of services. It is important for the program to respond to the needs of the clinics in Oregon and the population served so that the pilot process can do what it is intended to do: demonstrate this provider model works for Oregonians.

8. The use of nitrous should have been included in the original project application if desired, not added in after treatment has been undertaken for over a year.

Response: This modification request has been submitted in response to Advisory Committee concerns that NO was not part of the trainees scope, and at the request of the clinics in order to better serve their patients. Pilot Projects are a learning exercise. We expected that this pilot process would provide the information necessary to improve upon the base model we were starting with, the Alaska DHAT program, and tailor it to the needs of Oregon. As stated above, when we first envisioned the original project, we did not know exactly what part of the Alaska DHAT program would be most beneficial for Oregon and what was missing. Through this process, the projects, the clinics, and the providers have identified areas for improvement. Inclusion of Nitrous Oxide-oxygen will improve the availability of care in the project.

9. .The dental hygienists in Minnesota that are enrolled in a dental therapist education program have received more education in biomedical science during their dental hygiene education than the basic science content that is included in the DHAT training program. This biomedical science content is intended to serve as a foundation for providing dental hygiene services including the administration of nitrous oxide-oxygen sedation. The Commission on Dental Accreditation's (CODA) Standard 2-8b for dental hygiene education programs requires that the dental hygiene curriculum include biomedical science content in "anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology" and that these subjects should be taught at a "scope and depth comparable to college transferrable liberal arts course work." We believe that this level of biomedical science education is needed to safely administer of nitrous oxide-oxygen sedation

Response: As stated in our response to #5, in Minnesota, there are two types of Dental Therapist. There is a Dental Therapist without a hygiene degree and an Advanced Dental Therapist with a hygiene degree. Both are allowed to administer nitrous oxide. The Minnesota Board of Dentistry continues to accept applications for both levels of education irrespective of the educational programs offered in the state. https://mn.gov/boards/assets/DTScope_tcm21-363584.pdf

The CODA requirements for biomedical science instruction in dental therapy education (2-11) are met by ADTEP. This biomedical instruction is sufficient to allow the DHAT to perform extractions, pulpotomies on primary teeth, and administer local anesthesia. These higher-level skills demonstrate the strength of the ADTEP curriculum and should easily confirm that DHAT have a foundation that would allow them to learn to administer nitrous oxide-oxygen in an approved course.

2-11 Biomedical science instruction in dental therapy education must ensure an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas: a. head and neck and oral anatomy b. oral embryology and histology c. physiology d. chemistry e. biochemistry f. microbiology g. immunology h. general pathology and/or pathophysiology i. nutrition j. pharmacology

10. My opinion is that the current OHA guidelines and Oregon legislation for dental pilot projects allow for the petition of modifications during projects. While I do understand the potential benefits of being able to make modifications to a project at different stages to overcome barriers, I hope that this is the spirit of the request of this modification along with others previously made. To effectively evaluate a project, the ideal would be to have a solid project at the onset that can be periodically reviewed for safety and effectiveness. If project barriers are realized, project modifications could then be requested. To change a project and its scope at multiple points throughout its duration without solid justification makes it difficult if not perhaps impossible to properly review the full project. Knowing that this is another add-on to the scope of the project without the strong justification of overcoming experienced barriers to patients is cause for concern. I must admit I am concerned about repeated scope changes, making it even more difficult to effectively evaluate the benefits of the project. I highly encourage any future modifications, if any, to not only be in line with what is recommended as best practice but to also help overcome actual project obstacles as they manifest. Barring those two qualifiers, I highly encourage the NW Portland Area Indian Health Board to adhere to the current scope of the project (to potentially include NO) in order to allow the project to mine

appropriate data and facilitate a fair and objective review at the completion of the project. This would allow the OHA and Advisory Committee members to support or not support the DHAT model at the culmination of the project in an objective manner rather than basing support on emotion or subjective feedback.

Response: Please see our responses to #4, #7, and #8

Kowalski Sarah E

From: Brandon Schwindt <drbrandon.tigard@gmail.com>
Sent: Friday, December 14, 2018 4:48 PM
To: Kowalski Sarah E
Cc: Austin Bruce W
Subject: Nitrous Oxide & PP #100

Dear Sarah and Dr Austin,

As a member of the Advisory Council of Pilot Project 100, I am NOT in favor of allowing a project change to allow for DHATs to administer nitrous oxide.

- Despite the recent ad hoc coursework, the initial DHAT curriculum training is inadequate in the basic sciences as well as anatomy and physiology to ensure proper conceptual understanding of airway assessment, potential spaces, sedation and influence common gene mutations such as MTHFR.
- BLS beneficial but is no substitute for the above education.
- No evidence was given as to the adequacy of the dental opperatorory and equipment needed to ensure safe nitrous oxide administration for the patient and the dental team alike.
- This significant change should have been discussed at the project inception rather than deep into the pilot project.
- Inadequate time was given to prepare and discuss this complex matter at the latest advisory meeting.

If you have any questions or would like clarification on any of these points, please do not hesitate to contact me.

Thank you and have a great weekend!

Sincerely,

Brandon Schwindt DMD

Kowalski Sarah E

From: Conor McNulty <cmcnulty@oregondental.org>
Sent: Tuesday, December 18, 2018 7:31 PM
To: Austin Bruce W; Kowalski Sarah E
Subject: Comments on Pilot Project 100 Modification Request - Nitrous Oxide

Dear Dr. Austin and Ms. Kowalski:

As a member of the Dental Pilot Project #100 Advisory Committee, I submit the following comments on the project's recent medication request to administer and treat patients under nitrous oxide. I respectfully and strongly urge the Oregon Health Authority to **deny** this modification request.

First, the rationale for the modification is severely lacking. The project failed to provide adequate justification for this increased scope added mid-project. The project asserts that adding this scope will expand the patient population the DHATs are able to treat, yet the project did not first articulate how these patients are not adequately being served within current project parameters. The question "why" is not sufficiently explored.

Second, I am concerned that the project has not adequately shown that DHATs have appropriate training to provide safe care with the use of nitrous oxide**.** In the modification request, the program sponsors specifically state, "The Alaska Dental Therapy Education Program does not teach the use of NO…." In lieu of this education, the proposed modification utilizes Oregon Board of Dentistry (OBD) nitrous oxide continued education training requirements as applied to current OBD licensees for the proposed DHAT curriculum. However, this does not account for the fact that these OBD requirements are in addition to dental/hygiene school where core competency was obtained. Core competency must include education about airways, complications, pharmacology needs, etc.

DHATs do not receive this core competency as clearly indicated by the project sponsors. In fact, DHATs do not receive an equivalent or even near equivalent education in general health sciences and pharmacology compared with other providers able to use nitrous oxide. When comparing "General Health Sciences" curriculum between DHATs and a traditional hygiene program, DHAT curriculum includes well less than half of the didactic and lab time of a hygiene program (114 compared with 270 hours). Further, the project sponsors assert that Minnesota dental therapists have nitrous oxide within their scope but fail to understand that those therapists are <u>also</u> trained hygienists (or in the process of becoming hygienists). The comparison is inappropriate and disingenuous at best.

Similarly, Oregon dentists are already concerned about the safety of patients being treated by DHATs within this program, as exemplified by failed site visits and concerning treatment found within chart reviews. The program has not proven that it has the capacity to add additional scope while ensuring patient safety.

Finally, the Oregon Dental Association, from the beginning of this project, has advocated for a model and project design that would produce meaningful data at the conclusion of the study. Continued and on-going changes to the project model, including this proposed scope of change, threatens the legitimacy of the project and its ability to predict the model's efficacy in Oregon.

The use of nitrous should have been included in the original project application if desired, not added in after treatment has been undertaken for over a year.

While I agree that nitrous oxide is widely used by hygienists and dentists, such usage is done after extensive education and training. DHATs do not receive appropriate training to administer nitrous oxide, nor have they shown that their competency meets minimal criteria to ensure patient safety in these situations. The Project has already demonstrated serious patient safety issues and the thought of adding another layer of complexity

is concerning. Further, the Project has not adequately justified why this change is necessary. I urge OHA to focus on current pilot project parameters; concentrate on patient safety and ensure that the patients within this project are receiving the same standard of care they would receive from any other dental provider in Oregon. As a member of the PP100 Advisory Committee, I strongly urge the OHA to reject this modification request.

Sincerely,

Conor McNulty, CAE
Executive Director
800-452-5628

Oregon Dental Association & Dental Foundation of Oregon 8699 SW Sun Place I Wilsonville, OR 97070 I www.oregondental.org

Kowalski Sarah E

From: Kelli Swanson Jaecks <kellijaecks@gmail.com>
Sent: Friday, December 14, 2018 3:18 PM
To: Kowalski Sarah E
Subject: Comments about Nitrous

Hi sarah- There will be a letter submitted to OHA from the ODHA, concerning the nitrous oxide issues.
My official statement is.. I concur with the letter submitted by the ODHA.
Thanks!- I'm off on vacation!-Kelli

Kelli Jaecks
kellijaecks@gmail.com
kellijaecks.com
503-881-5633

Kowalski Sarah E

From: Rowley, Lisa J. <lisajrowley@pacificu.edu>
Sent: Tuesday, December 18, 2018 7:35 AM
To: Kowalski Sarah E
Cc: Aus, Lori; Broderick, Rachel; Chavarin, Brenna; Foy, Tiiffany; Harbison, Lesley; Kyle Isaacs; Lewis, AJ; Manning, Kindra; Miles, Sandra; Mobus, Heather; Murray, Jodi; Rowley, Lisa J.; Vanderwerf, Laura
Subject: ODHA Comments re: Dental Pilot Project #100

Dear Ms. Kowalski-

I am writing to you on behalf of the Oregon Dental Hygienists' Association (ODHA) in regard to Dental Pilot Project #100, the Oregon Tribes Dental Health Aide Therapist (DHAT) Pilot Project.

We understand that you have received a letter from the Northwest Portland Indian Health Board (NPIHB) that requests a modification to Dental Pilot Project #100 that would allow their DHAT trainees to administer and treat patients on nitrous oxide-oxygen sedation under indirect supervision of a dentist. **The ODHA is opposed to this modification.**

Administering nitrous oxide-oxygen sedation is **not** within the current scope of practice for the Alaskan DHATs and this procedure is **not** included in the Alaskan DHAT training program that is being used to train the DHATs in this dental pilot project. NPIHB is proposing that they provide their DHATs with a 14-hour nitrous oxide-oxygen sedation course similar to the course that is taken by dentists and dental hygienists in Oregon. However, the DHATs in this dental pilot project do **not** have the educational foundation and clinical experience that dentists and dental hygienists have that allows them to successfully complete a nitrous oxide-oxygen sedation course in just 14 hours.

The letter from NPIHB asserts that adding administration of nitrous oxide-oxygen sedation to the DHAT scope of practice is consistent with other states that use dental therapists, and they cite Minnesota as one of these states. It should be noted that the dental therapist education programs in Minnesota currently require the student to be a licensed dental hygienist before they begin the dental therapist education program or to complete a dental hygiene education program concurrently with the dental therapist education program. Both of these dental therapist education programs are offered at the college level and both programs lead to a master's degree. We believe that these two dental therapist education programs provide training in the administration of nitrous oxide-oxygen sedation that is far more appropriate for patient safety than the training that is being proposed for the DHATs in this dental pilot project

The dental hygienists in Minnesota that are enrolled in a dental therapist education program have received more education in biomedical science during their dental hygiene education than the basic science content that is included in the DHAT training program. This biomedical science content is intended to serve as a foundation for providing dental hygiene services including the administration of nitrous oxide-oxygen sedation. The Commission on Dental Accreditation's (CODA) Standard 2-8b for dental hygiene education programs requires that the dental hygiene curriculum include biomedical science content in "anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology" and that these subjects should be taught at a "scope and depth comparable to college transferrable liberal arts course work." We believe that this level of biomedical science education is needed to safely administer of nitrous oxide-oxygen sedation

ODHA is also concerned about adding administration of nitrous oxide-oxygen sedation to the DHAT scope of practice when there have already been serious concerns with patient safety and quality of care for the patients who have received dental treatment in this dental pilot project. As we have stated before, ODHA does not have an objection to the DHAT model that is being tested in this dental pilot project. ODHA does believe that the underserved patients that are being treated in this dental pilot project deserve to receive dental care that is safe and meets quality of care standards. We are concerned that adding administration of nitrous oxide-oxygen sedation to the DHAT scope of practice in this dental pilot project may result in more of these underserved patients receiving dental care that is not safe and does not meet quality of care standards.

Thank you for this opportunity to provide ODHA's comments in regard to adding administration of nitrous oxide-oxygen sedation to the DHAT scope of practice in Dental Pilot Project #100

Lisa J. Rowley, RDH
Advocacy Director
Oregon Dental Hygienists' Association
Phone: 503-568-5825
Email: lisajrowley@pacificu.edu

Kowalski Sarah E

From: Kyle Johnstone <kyle.johnstone@hotmail.com>
Sent: Sunday, December 16, 2018 9:45 PM
To: Kowalski Sarah E
Subject: Comments for Dental Pilot Project #100

Good evening Sarah,

I have had an opportunity to review the memo published by the Oregon Health Authority RE: Project Modification Request, dated 12/6/18. I have also reviewed the request of the NW Portland Area Indian Health Board dated 11/8/18 along with supporting materials from both entities.

After a comprehensive review, I am willing to support the requested modification allowing project participants to administer Nitrous Oxide (NO) with the understanding that **all** of the requirements proposed by the OHA are adhered to by Project #100. The proposed requirements are aligned with currently accepted processes that a clinician or student clinician in the State of Oregon would have to follow in order to become qualified to administer NO, whether they are a Dental Hygienist or Dentist.

Should the proper training be provided, which adheres to current standards in compliance with OAR 818-026-0040 and identical to the training currently provided to practicing dental clinicians in our state, I would feel comfortable with a DHAT student administering NO in a direct or indirect supervision manner under the license of a dentist who holds an active NO permit.

I have personally utilized NO in a clinical environment with both adults and children, witnessed its anxiolytic effectiveness, and found it to be the safest method to improve patient experience and treatment compliance when working with dental phobic individuals. To prohibit the use of NO when all training and clinical requirements have been met and adhered to seems to arbitrarily punish patients willing to participate in care delivery through Project #100.

My opinion is that the current OHA guidelines and Oregon legislation for dental pilot projects allow for the petition of modifications during projects. While I do understand the potential benefits of being able to make modifications to a project at different stages to overcome barriers, I hope that this is the spirit of the request of this modification along with others previously made. To effectively evaluate a project, the ideal would be to have a solid project at the onset that can be periodically reviewed for safety and effectiveness. If project barriers are realized, project modifications could then be requested. To change a project and its scope at multiple points throughout its duration without solid justification makes it difficult if not perhaps impossible to properly review the full project. Knowing that this is another add-on to the scope of the project without the strong justification of overcoming experienced barriers to patients is cause for concern. I must admit I am concerned about repeated scope changes, making it even more difficult to effectively evaluate the benefits of the project. I highly encourage any future modifications, if any, to not only be in line with what is recommended as best practice but to also help overcome actual project obstacles as they manifest. Barring those two qualifiers, I highly encourage the NW Portland Area Indian Health Board to adhere to the current scope of the project (to potentially include NO) in order to allow the project to mine appropriate data and facilitate a fair and objective review at the completion of the project. This would allow the OHA and Advisory Committee members to support or not support the DHAT model at the culmination of the project in an objective manner rather than basing support on emotion or subjective feedback.

Respectfully,
Kyle Johnstone, MHA, EPDH

CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor

Oregon Health Authority

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Memo

DATE: February 25, 2019

TO: Dental Pilot Project #100 Advisory Committee Members

FROM: Bruce Austin
Statewide Dental Director
Oregon Health Authority

RE: Nitrous Oxide Modification Request

On November 8, 2018, the Oregon Health Authority's (OHA) Dental Pilot Project Program received a modification request from the Northwest Portland Area Indian Health Board (NPAIHB) to allow the administration of nitrous oxide to the approved scope of practice for trainees under Dental Pilot Project (DPP) #100.

Under Oregon Administrative Rules (OAR) 333-010-0800, approved dental pilot projects may submit a request to modify the scope of practice for trainees as part of an approved dental pilot project. All modifications require OHA approval.

Six different scenarios have been outlined below for review by members of the Advisory Committee. Please review the options outlined and be prepared to comment at the Advisory Committee meeting on March 4, 2019.

Definitions:

- **"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.

- **"Indirect supervision"** means supervision requiring that a dentist authorize the procedure and that a dentist be on premises while the procedure is performed.

- **"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.

Options Under Consideration:

1. Allow dental therapist trainees in DPP #100 to administer nitrous oxide under **indirect supervision** of a dentist. The dental therapist is allowed to perform all procedures in their scope of practice under **indirect supervision** while the patient is receiving nitrous oxide.
   a. AND require an **anesthesia monitor** be present at all times.
   b. OR do not require an **anesthesia monitor** to be present at all times.

2. Allow dental therapist trainees in DPP #100 to administer nitrous oxide under **direct supervision** of a dentist. The dental therapist is allowed to perform all procedures in their scope of practice under **indirect supervision** while the patient is receiving nitrous oxide.
   a. AND require an **anesthesia monitor** be present at all times.
   b. OR do not require an **anesthesia monitor** to be present at all times.

3. Allow dental therapist trainees in DPP #100 to administer nitrous oxide under **direct supervision** of a dentist and perform all procedures in their scope of practice under **direct supervision** while the patient is receiving nitrous oxide.

4. Require the dentist with a current permit to administer nitrous oxide. Dental therapists are then allowed to perform all procedures under their scope of practice under **indirect supervision** while the patient is receiving nitrous oxide.
   a. AND require an **anesthesia monitor** be present at all times.
   b. OR do not require an **anesthesia monitor** to be present at all times.

5. Require the dentist with a current permit to administer nitrous oxide. Dental therapists are then allowed to perform all procedures under their scope of practice under **direct supervision** while the patient is receiving nitrous oxide.

6. Prohibit dental therapist trainees from administering and working on patients under nitrous oxide.