



PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 818

OREGON BOARD OF DENTISTRY

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RULES:

818-001-0000, 818-001-0002, 818-001-0082, 818-012-0070, 818-012-0120, 818-015-0007, 818-021-0012, 818-021-0080, 818-021-0088, 818-026-0040, 818-026-0050, 818-026-0080, 818-035-0010, 818-035-0020, 818-035-0025, 818-035-0065, 818-035-0100, 818-042-0040

AMEND: 818-001-0000

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The rule notification may be made by electronic means now.

CHANGES TO RULE:

818-001-0000

Notice of Proposed Rule Making ¶¶

Prior to the adoption, amendment, or repeal of any permanent rule, the Oregon Board of Dentistry shall give notice of the proposed adoption, amendment, or repeal:¶¶

(1) By publishing a notice in the Secretary of State's Bulletin referred to in ORS 183.370 at least 21 days prior to the effective date.¶¶

(2) By mailing, emailing or electronic mailing a copy of the notice to persons on the mailing list established pursuant to ORS 183.335(8) at least 28 days before the effective date of the adoption, amendment, or repeal.¶¶

(3) By mailing, emailing or electronic mailing a copy of the notice to the following persons and publications:¶¶

(a) Oregon Dental Hygienists' Association;¶¶

(b) Oregon Dental Assistants Association;¶¶

(c) Oregon Association of Dental Laboratories;¶¶

(d) Oregon Dental Association;¶¶

(e) The Oregonian;¶¶

(f) Oregon Health & Science University, School of Dentistry;¶¶

(g) The United Press International;¶¶

(h) The Associated Press;¶¶

(i) The Capitol Building Press Room.

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

Statutes/Other Implemented: ORS 183.370, 183.335(7)

AMEND: 818-001-0002

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The reference to Dental Hygienist is being renumbered , Oral Medicine and Orofacial Pain added and BLS clarified at end of rule.

CHANGES TO RULE:

818-001-0002

Definitions ¶¶

As used in OAR chapter 818:¶¶

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.¶¶
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.¶¶
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.¶¶
- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.¶¶
- (5) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶¶
- (5~~6~~) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶¶
- ~~(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.¶¶~~
- (7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶¶
- (8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶¶
- (9) "Licensee" means a dentist or hygienist.¶¶
- (10) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶¶
- (11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶¶
- (12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.¶¶
 - (a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.¶¶
 - (b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.¶¶
 - (c) "Endodontics" is the ~~branch~~specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.¶¶
 - (d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.¶¶
 - (e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.¶¶
 - (f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the

hard and soft tissues of the oral and maxillofacial region.¶

(g) "~~Orthodontics and Dental Medicine~~" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of facial Orthopedics is the area medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.¶

(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.¶

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

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

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

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

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

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

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

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

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

(18) "BLS for Healthcare Providers or its Equivalent" the BLS/CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS/CPR course must be a hands-on course; online BLS/CPR courses will not be approved by the Board for initial BLS/CPR certification: After the initial BLS/CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS/CPR certification card with an expiration date must be received from the BLS/CPR provider as documentation of BLS/CPR certification. The Board considers the BLS/CPR expiration date to be the last day of the month that the BLS/CPR instructor indicates that the certification expires.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-001-0082

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The references to labels and diskettes is being removed and that records may be retrieved and transmitted electronically.

CHANGES TO RULE:

818-001-0082

Access to Public Records ¶¶

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

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

(3) The Board follows the Department of Administrative Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:¶¶

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

(b) Data files on diskette or CD submitted electronically or on a device:¶¶

(A) All Licensed Dentists - \$50;¶¶

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

(C) All Licensees - \$100.¶¶

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

(d) Certificate of Standing - \$20.

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

Statutes/Other Implemented: ORS 192.420, 192.430, 192.440

AMEND: 818-012-0070

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The reference to SOAP - Subjective Objective Assessment Plan is being deleted and reference to a current health plan is required in the patient record.

CHANGES TO RULE:

818-012-0070

Patient Records ¶¶

(1) Each licensee shall have prepared and maintained an accurate and legible record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:¶¶

(a) Name and address and, if a minor, name of guardian;¶¶

(b) Date description of examination and diagnosis;¶¶

(c) An entry that informed consent has been obtained and the date the informed consent was obtained.

Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "~~SOAP~~" (~~Subjective Objective Assessment Plan~~) or their ~~its~~ equivalent.¶¶

(d) Date and description of treatment or services rendered;¶¶

(e) Date, description and documentation of informing the patient of any recognized treatment;¶¶ complications;¶¶

(f) Date and description of all radiographs, study models, and periodontal charting;¶¶

(g) ~~H~~Current health history; and¶¶

(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.¶¶

(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.¶¶

(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:¶¶

(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;¶¶

(b) The licensee gives the records, radiographs, or models to the patient; or¶¶

(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.¶¶

(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:¶¶

(a) Manufacture brand;¶¶

(b) Design name of implant;¶¶

(c) Diameter and length;¶¶

(d) Lot number;¶¶

(e) Reference number;¶¶

(f) Expiration date;¶¶

(g) Product labeling containing the above information may be used in satisfying this requirement.¶¶

(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.¶¶

(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140(1)(e), 679.140(4)

ADOPT: 818-012-0120

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: A new rule to ensure compliance with Governor's Executive Orders.

CHANGES TO RULE:

818-012-0120

Compliance with Governor's Executive Orders

(1) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.¶

(2) Failing to comply as described in subsection (1) includes, but is not limited to:¶

(a) Operating a business required by an Executive Order to be closed under any current Executive Order. ¶

(b) Providing services at a business required by an Executive Order to be closed under any current Executive Order. ¶

(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:¶

(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures:¶

(B) Failing to implement a measured approach when resuming elective and nonemergent procedures in accordance with OHA guidance:¶

(d) Failing to comply with any Board of Dentistry guidance implementing an Executive Order:¶

(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.¶

(4) Penalties for violating this rule include: up to \$5,000 per violation pursuant to ORS 679.140(10). Any such penalties shall be imposed in accordance with ORS 679.140.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679

AMEND: 818-015-0007

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Oral Medicine and Orofacial Pain are being added to the rule.

CHANGES TO RULE:

818-015-0007

Specialty Advertising ¶¶

(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.¶¶

(2) The Board recognizes the following specialties:¶¶

(a) Endodontics;¶¶

(b) Oral and Maxillofacial Surgery;¶¶

(c) Oral and Maxillofacial Radiology;¶¶

(d) Oral and Maxillofacial Pathology;¶¶

(e) Orthodontics and Dentofacial Orthopedics;¶¶

(f) Pediatric Dentistry;¶¶

(g) Periodontics;¶¶

(h) Prosthodontics;¶¶

(i) Dental Public Health;¶¶

(j) Dental Anesthesiology;¶¶

(k) Oral Medicine;¶¶

(l) Orofacial Pain.¶¶

(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140(2)(e)

AMEND: 818-021-0012

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Oral medicine dentist and orofacial pain dentist and subsequent references are being added to the rule.

CHANGES TO RULE:

818-021-0012

Specialties Recognized ¶¶

(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, oral medicine dentist, orofacial pain dentist, orthodontist and dentofacial orthopedic~~st~~, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.¶¶

(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140

AMEND: 818-021-0080

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Updates the rule for electronic renewals, instead of paper and clarifies references to licensees.

CHANGES TO RULE:

818-021-0080

Renewal of License ¶

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every ~~person~~ licensee holding a current license. The licensee must ~~return the completed~~ complete the online renewal application ~~along with~~ pay the current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085, "Reinstatement of Expired Licenses." ¶

(1) Each dentist shall submit the renewal fee and completed ~~and signed~~ online renewal application ~~form~~ by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years. ¶

(2) Each dental hygienist must submit the renewal fee and completed ~~and signed~~ online renewal application form by September 30 every other year. ~~Dental~~ Dental hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years. ¶

(3) The renewal application shall contain: ¶

(a) Licensee's full name; ¶

(b) Licensee's mailing address; ¶

(c) Licensee's business address including street and number or if the licensee has no business address, licensee's home address including street and number; ¶

(d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number; ¶

(e) Licensee's employer or person with whom the licensee is on contract; ¶

(f) Licensee's assumed business name; ¶

(g) Licensee's type of practice or employment; ¶

(h) A statement that the licensee has met the continuing educational requirements for renewal set forth in OAR 818-021-0060 or 818-021-0070; ¶

(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and ¶

(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0088

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies that the volunteer hours of care must be completed in the state of Oregon.

CHANGES TO RULE:

818-021-0088

Volunteer License ¶

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

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

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

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

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

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

(f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.¶

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

Statutory/Other Authority: ORS 679, 680

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

AMEND: 818-026-0040

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Aligns this rule with other sedation permit rules regarding reference to the American Society of Anesthesiologists (ASA) Patient Physical Status Classification and adds pre and post operative documentation requirements.

CHANGES TO RULE:

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 and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;¶
 - (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 preoperative and postoperative vital signs, and all medications administered with dosages, time intervals and route of administration.¶
- (7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge

derived from training and experience.)¶

(8) 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.¶

(9) 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.¶

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

(11) 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.

Statutory/Other Authority: ORS 679, 680

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

AMEND: 818-026-0050

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: It adds the requirement that the permit holder shall include a record detailing the patient's condition at discharge.

CHANGES TO RULE:

818-026-0050

Minimal Sedation Permit ¶

Minimal sedation and nitrous oxide sedation.¶

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

(a) Is a licensed dentist in Oregon;¶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.¶

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.¶

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR)

training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)¶

(8) 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, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, 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.¶

(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.¶

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

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

(10~~1~~) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Statutory/Other Authority: ORS 679

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

AMEND: 818-026-0080

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Removes outdated reference to the Oregon Medical Board.

CHANGES TO RULE:

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~~ Medical Board, 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 until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of 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) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery. ¶

(8) 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.

Statutory/Other Authority: ORS 679

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

AMEND: 818-035-0010

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies the duties a Dental Hygienist with an Expanded Practice Permit may do and defines certain terms under their scope of practice.

CHANGES TO RULE:

818-035-0010

Definitions ¶¶

All terms used in this Division shall have the meanings assigned under ORS 679.010 except that:¶¶

(1) "Limited Access Patient" means a patient who is unable to receive regular dental hygiene treatment in a dental office.¶¶

(2) "Long-Term Care Facility" shall have the same definition as that established under ORS 442.015(14)(b).¶¶

(3) When performed by an Expanded Practice Dental Hygienist with a Collaborative Agreement in accordance with OAR 818-035-0065 (5):¶¶

(a) "Temporary Restoration" means a restoration placed for a shorter time interval for use while definitive restoration is being fabricated or placed in the future.¶¶

(b) "Atraumatic/Alternative Restorative Techniques" means restoring and preventing caries in limited access patients and as a community measure to control caries in large numbers of the population.¶¶

(c) "Interim Therapeutic Restoration" means a direct provisional restoration placed to temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further definitive treatment, and that:¶¶

(A) Consists of the removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material; and¶¶

(B) Does not require the administration of local anesthesia.

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

Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-035-0020

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: It adds assessment to the rule and attempts to clarify the rule overall.

CHANGES TO RULE:

818-035-0020

Authorization to Practice ¶

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

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

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

~~(a) To take a health history from a patient;¶~~

~~(b) To take dental radiographs;¶~~

~~(c) To perform periodontal probing assessment and record findings;¶~~

~~(d) To gather data regarding the patient; and¶~~

~~(e) To diagnose, treatment plan and provide dental hygiene services.¶~~

~~(4) When dental hygiene services are provided pursuant to subsection (3), the supervising dentist need not be on the premises when the services are provided.¶~~

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

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

(5) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist. When dental hygiene services are provided pursuant to this subsection, subsections (2), (3) and (4) also apply.¶

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

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 680.150

AMEND: 818-035-0025

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies references within the rule to make it easier to understand.

CHANGES TO RULE:

818-035-0025

~~Prohibited Acts~~ ¶

A dental hygienist may not:¶

- (1) Diagnose and treatment plan other than for dental hygiene services;¶
- (2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;¶
- (3) Extract any tooth;¶
- (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);¶
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(142), OAR 818-026-0065(12) and 818-026-0070(142);¶
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;¶
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;¶
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
- (9) Place or remove healing caps or healing abutments, except under direct supervision.¶
- (10) Place implant impression copings, except under direct supervision.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.020(1)

AMEND: 818-035-0065

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The rule clarifies the duties of a Dental Hygienist with an Expanded Practice Permit.

CHANGES TO RULE:

818-035-0065

Expanded Practice Dental Hygiene Permit ¶¶

The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and ¶¶

(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or ¶¶

(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and ¶¶

(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy. ¶¶

(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan. ¶¶

(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs ~~(6)~~, ~~(7)~~(a) to ~~(d)~~ of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679. ¶¶

~~(6)~~ Upon completion of a Board-approved curriculum, an Expanded Practice Permit Dental Hygienist may perform interim therapeutic restorations as allowed by ORS 680.205. ¶¶

~~(7)~~ The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to: ¶¶

(a) Administering local anesthesia; ¶¶

(b) Administering temporary restorations with or without excavation; ¶¶

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and ¶¶

~~(d)~~ Performing interim therapeutic restorations after diagnosis by a dentist; and ¶¶

~~(e)~~ Referral parameters. ¶¶

~~(7)~~ The collaborative agreement must comply with ORS 679.010 to 680.990. ¶¶

~~(8)~~ From the date this rule is effective, the Board has the authority to grant a Limited Access Permit through December 31, 2011, pursuant to ORS 680.200.

Statutory/Other Authority: ORS 680

Statutes/Other Implemented: ORS 680.200

AMEND: 818-035-0100

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The rule adds language referencing interim therapeutic restorations to be required to record keeping requirements.

CHANGES TO RULE:

818-035-0100

Record Keeping ¶

(1) An Expanded Practice Dental Hygienist shall refer a patient annually to a dentist who is available to treat the patient, and note in the patient's official chart held by the facility that the patient has been referred.¶

(2) When a licensed dentist has authorized an Expanded Practice Dental Hygienist to administer local anesthesia, place temporary restorations without excavation, perform interim therapeutic restorations with or without excavation after diagnosis by a dentist, or prescribe prophylactic antibiotics and nonsteroidal anti-inflammatory drugs, the Expanded Practice Dental Hygienist shall document in the patient's official chart the name of the collaborating dentist and date the collaborative agreement was entered into.

Statutory/Other Authority: ORS 680

Statutes/Other Implemented: ORS 680.205(2), (3)

AMEND: 818-042-0040

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Corrects reference to other rules and that periodontal probing and assessment are prohibited acts.

CHANGES TO RULE:

818-042-0040

Prohibited Acts

No licensee may authorize any dental assistant to perform the following acts:¶

- (1) Diagnose or plan treatment.¶
- (2) Cut hard or soft tissue.¶
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.¶
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.¶
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.¶
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(1~~4~~2), OAR 818-026-0065(1~~4~~2), OAR 818-026-0070(1~~4~~2) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.¶
- (7) Prescribe any drug.¶
- (8) Place periodontal packs.¶
- (9) Start nitrous oxide.¶
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.¶
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.¶
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.¶
- (13) Use lasers, except laser-curing lights.¶
- (14) Use air abrasion or air polishing.¶
- (15) Remove teeth or parts of tooth structure.¶
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.¶
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.¶
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.¶
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).¶
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.¶
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
- (22) Perform periodontal ~~probing~~assessment.¶
- (23) Place or remove healing caps or healing abutments, except under direct supervision.¶
- (24) Place implant impression copings, except under direct supervision.¶
- (25) Any act in violation of Board statute or rules.

Statutory/Other Authority: ORS 680, ORS 679

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250