



# Oregon

Tina Kotek, Governor

**Board of Dentistry**  
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## MEETING NOTICE

### LICENSING, STANDARDS AND COMPETENCY COMMITTEE MEETING

Oregon Board of Dentistry  
1500 SW 1st Ave.,  
Portland, Oregon 97201

### ZOOM MEETING INFORMATION

<https://us02web.zoom.us/j/83133593118?pwd=IV8sMjhk49zciHlznY3pz2sbtdUgTo.1>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 831 3359 3118 • Passcode: 058580

**May 20, 2025**  
**5:00 p.m. – 6:30 p.m.**

#### Committee Members:

Sheena Kansal, D.D.S., Chair  
Michelle Aldrich, D.M.D.  
Sharity Ludwig, R.D.H.  
Kieshawn Lewis  
Julie Spaniel, D.D.S., ODA Rep.  
Heidi Klobes, R.D.H., ODHA Rep.  
Jill Lomax, ODAA Rep.  
Kristen Moses, R.D.H., D.T., DT Rep.

## AGENDA

Call to Order: Chair, Sheena Kansal, D.D.S.

1. Review and approve Minutes of May 29, 2024 Committee Meeting.
  - May 29, 2024 Minutes – **Attachment #1**
2. Review, discuss and make possible recommendations from Oct 25, 2024 Board meeting - Moved request for clarification on RDH and DA rules related to OAR 818-035-0025- Prohibited Acts and OAR 818-042-0040
  - Stephanie Key - Denture Adjustment Clarification Request from October 25, 2024 Board Meeting - **Attachment #2**
  - OAR 818-035-0025 - **Attachment #3**
  - OAR 818-035-0030 - **Attachment #3**
  - OAR 818-042-0040 - **Attachment #4**
  - OAR 818-042-0090 - **Attachment #4**
  - Feedback from Staff - **Attachment #5**
3. Review, discuss and make possible recommendations from Oct 25, 2024 Board meeting - Moved request for clarification on Radiologic Proficiency Rule
  - Amanda Ghattas Letter Requesting Waiver of Requirement from October 25, 2024 Board Meeting - **Attachment #6**

- OAR 818-042-0050 - **Attachment #7**
  - OAR 818-042-0060 - **Attachment #7**
4. Review, discuss and make possible recommendations from December 13, 2024 Board meeting - Moved request for amendment to OAR 818-042-0040 to address scaling assistant training
    - ODHA Letter Requesting Rule Change - **Attachment #8**
    - 2024 11-20 ODHA Overview Scaling Assistant Legislation – **Attachment #9**
    - OAR 818-042-0040 - **Attachment #10**
  5. Review, discuss and make possible recommendations from December 13, 2024 Board meeting - Moved request for amendment to OAR 818-012-0005 to allow RDH to administer Botox
    - Jenna Shanks Letter Requesting Rule Change - **Attachment #11**
    - Botox Laws – Overview in US – **Attachment #12**
    - OAR 818-012-0005 - **Attachment #13**
  6. Review, discuss and make possible recommendations from February 28, 2025 Board meeting - Moved request from DAWSAC for Board to make Dental Assistant Registry
    - Alex Case Presentation - **Attachment #14**
  7. Review, discuss and make possible recommendations from February 28, 2025 Board meeting - Moved request from Pacific RDH students to consider amending OAR 818-012-0006 and OAR 818-012-0007 regarding vaccinations
    - Pacific Students Presentation - **Attachment #15**
    - OAR 818-012-0006 - **Attachment #16**
    - OAR 818-012-0007 - **Attachment #16**
    - Letters of Support - **Attachment #17**
  8. Dr. Sharifi request for changes to OAR 818-042-0096. Consider allowing anesthesia certified assistants who are not EFDA be approved to take and be credentialed to do local anesthesia after they take the course.
    - Dr. Sharifi Email Request - **Attachment #18**
    - OAR 818-042-0096 - **Attachment #19**
    - OAR 818-042-0115 - **Attachment #20**
    - OAR 818-042-0116 - **Attachment #20**
    - DANB info - **Attachment #21**
  9. DANB request for changes to OAR 818-042-0080, OAR 818-042-0110, OAR 818-042-0113, to streamline and simplify exams. Cleanup OAR 818-042-0110 to add 6-month timeframe, missing from previous SOS filing.
    - DANB Letter re: Exam changes and proposed rule changes- **Attachment #22**
    - OAR 818-042-0080 - **Attachment #23**
    - OAR 818-042-0110 - **Attachment #23**
    - OAR 818-042-0113 - **Attachment #23**
    - Oregon Expanded Functions with Infection Control (EFIC) Exam - **Attachment #24**
    - Oregon Orthodontic Expanded Functions with Infection Control (OEFIC) Exam - **Attachment #25**
    - Coronal Polishing with Infection Control - **Attachment #26**
  10. Cleanup OAR 818-042-0110 to add 6-month timeframe, missing from previous SOS filing (Combined with DANB changes in attachment #25).
    - OAR 818-042-0110 - **Attachment #27**
  11. Review, discuss and make possible recommendations from April 25, 2025 Board meeting – Moved request from Board to discuss 6-month timeframes to complete certification.

Note: This issue was discussed at 2024 Board Meetings and with DANB, and was overlooked at April 2025 Board Meeting. This was already agreed upon previously:

- *If a dental assistant goes beyond the 6-month authorization period without earning their EFODA certificate, they will ONLY be able to perform expanded function orthodontic duties under DIRECT SUPERVISION of a licensed dentist until they submit the EFODA certificate pathway 1 application to DANB and earn the EFODA certificate.*
- *The start point of the 6-month timeframe would be connected to the date the applicant passed any of the relevant Exams (RHS exam, EFDA exam, etc...)*
  - OAR 818-042-0050 - **Attachment #28**
  - OAR 818-042-0080 - **Attachment #29**
  - OAR 818-042-0113 - **Attachment #30**

Any Other Business

Adjourn

**Draft**  
**LICENSING, STANDARDS AND COMPETENCY COMMITTEE**  
**Held as a Zoom Meeting**

**Minutes**  
**May 29, 2024**

MEMBERS PRESENT: Sheena Kansal, D.D.S., Chair  
Terrence Clark, D.M.D.  
Sharity Ludwig, R.D.H.  
Chip Dunn  
Julie Spaniel, D.D.S., ODA Rep.  
Heidi Klobes, R.D.H., ODHA Rep.  
Jill Lomax, ODAA Rep.  
Kristen Moses, R.D.H., D.T., DT Rep.

STAFF PRESENT: Stephen Prisby, Executive Director  
Angela Smorra, D.M.D., Dental Director/Chief Investigator  
Haley Robinson, Office Manager  
Kathleen McNeal, Licensing Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Lisa Rowley – ODHA, Brett Hamilton - ODA, Joanna Tucker-Davis - SAAG

*\*Note - Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.*

**Call to Order:** The meeting was called to order by Dr. Kansal at 6:01 p.m.

**MINUTES**

Mr. Dunn moved and Ms. Ludwig seconded that the minutes of the July 12, 2023 Licensing, Standards and Competency meeting be approved as presented. The motion passed unanimously.

Mr. Dunn moved and Ms. Ludwig seconded the Committee recommend that the Board move OAR 818-001-0002 as presented to the Rules Oversight Committee. The motion passed unanimously.

**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.

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- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
- (5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
- (6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.
- (7) "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.
- (8) "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.
- (9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (10) "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.
- (11) "Licensee" means a dentist, hygienist or dental therapist.
- (12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
- (13) "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.
- (14) "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 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) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of 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.

(j) "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.

(k) "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.

(l) "Prosthodontics" is the 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.

(15) "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, dental hygiene or dental therapy.

(16) 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).

(17) "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.

(18) "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.

(19) "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.

(20) "BLS for Healthcare Providers or its Equivalent" the BLS certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS course must be a hands-on course; online BLS courses

will not be approved by the Board for initial BLS certification: After the initial BLS certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS certification card with an expiration date must be received from the BLS provider as documentation of BLS certification. The Board considers the BLS expiration date to be the last day of the month that the BLS instructor indicates that the certification expires.

(21) "Study model" means a replica of a patient's teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient's mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient's teeth and jaw alignment and plan procedures such as orthodontic treatment, restorative dentistry or prosthetic treatment. A study model is distinguished from a "working model," which is fabricated in a similar fashion as a study model and may be a more precise and accurate replica of the patient's teeth and jaw (where applicable). A working model would be used for the fabrication of dental appliances, including without limitation orthodontic aligners, retainers, crowns and bridges or removable dentures.

Dr. Clark moved and Mr. Dunn seconded the Committee recommend that the Board move OAR 818-012-0010 as presented to the Rules Oversight Committee. The motion passed unanimously.

#### **818-012-0010**

##### **Unacceptable Patient Care**

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.

(2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.

(3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.

(4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.

(5) Fail to ensure radiographs and other imaging are of diagnostic quality.

~~(5)~~ (6) Render services which the licensee is not licensed to provide.

~~(6)~~ (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.

~~(7)~~ (8) Fail to maintain patient records in accordance with OAR 818-012-0070.

~~(8)~~ (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.

~~(9)~~ (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.

~~(10)~~ (11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.

- (~~11~~12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (~~12~~13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (~~13~~14) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
- (~~14~~15) Fail to advise a patient of any recognized treatment complications.

Ms. Ludwig moved and Dr. Clark seconded the Committee recommend that the Board move OAR 818-021-0018 as amended to the Rules Oversight Committee. The motion passed unanimously.

#### 818-021-0018

#### **Temporary Dental License for Active-Duty Members of the Uniformed Services and their Spouses or Domestic Partners ~~of Active Duty Armed Forces of the United States~~ Stationed in Oregon**

- (1) A ~~temporary~~ license to practice dentistry, dental hygiene, or dental therapy shall be issued to Active-Duty Members of the Uniformed Services or their ~~the spouse or domestic partner of active-duty armed forces personnel~~ when the following requirements are met:
  - (a) A completed application and payment of fee is received by the Board; and
  - ~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or~~
  - ~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~
  - ~~(d)~~ Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
  - ~~(e)~~ The spouse holds a current license in another state to practice dentistry, dental hygiene, or dental therapy at the level of application; and
  - ~~(f)~~ The license is ~~unencumbered~~ in good standing and verified as active and current through processes defined by the Board; and
  - ~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~
- (2) The ~~temporary~~ license shall ~~expire on the following date, whichever occurs first:~~ remain active for the duration of the above-mentioned military orders.
  - ~~(a) Oregon is no longer the duty station of the active armed forces member; or~~
  - ~~(b) The license in the state used to obtain a temporary license expires; or~~
  - ~~(c) Two years after the issuance of the temporary license.~~
- (3) ~~This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~ Each biennium, the licensee shall submit to the Board a Biennial Military Status Confirmation Form. The confirmation form shall include the following:
  - (a) Licensee's full name;
  - (b) Licensee's mailing address;

- (c) Licensee's business address including street and number. If the licensee has no business address, licensee's home address including street and number;
- (d) Licensee's business telephone number. 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 their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-0076;
- (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 any licensing board of any other jurisdiction or convicted of a crime.
- (k) Confirmation of current active-duty status of service member.

Ms. Ludwig moved and Dr. Clark seconded the Committee recommend that the Board repeal OAR 818-021-0019 as presented to the Rules Oversight Committee. The motion passed unanimously.

#### **818-021-0019**

#### **~~Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon~~**

- ~~(1) A temporary license to practice dental hygiene shall be issued to the spouse or domestic partner of active duty armed forces personnel when the following requirements are met:~~
  - ~~(a) A completed application and payment of fee is received by the Board; and~~
  - ~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or~~
  - ~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~
  - ~~(d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and~~
  - ~~(e) The spouse holds a current license in another state to practice dentistry at the level of application; and~~
  - ~~(f) The license is unencumbered and verified as active and current through processes defined by the Board; and~~
  - ~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board recognized testing agency.~~
- ~~(2) The temporary license shall expire on the following date, whichever occurs first:~~
  - ~~(a) Oregon is no longer the duty station of the active armed forces member; or~~
  - ~~(b) The license in the state used to obtain a temporary license expires; or~~
  - ~~(c) Two years after the issuance of the temporary license.~~
- ~~(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~

Ms. Ludwig moved and Mr. Dunn seconded the Committee recommend that the Board move OAR 818-026-0040, OAR 818-026-0050, OAR 818-026-0060, OAR 818-026-0065, OAR 818-026-0070, and OAR 818-042-0116 as presented to the Rules Oversight Committee.

#### **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.

#### **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.

(11) 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.

## **818-026-0060**

### **Moderate Sedation Permit**

Moderate sedation, minimal sedation, and nitrous oxide sedation.

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

(a) Is a licensed dentist in Oregon;

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

(c) Satisfies one of the following criteria:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(7) Persons serving as anesthesia monitors for moderate 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) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

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

(9) A dentist permit holder shall not release a patient who has undergone moderate 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.

(10) 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.

(11) 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.

(12) 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.

(13) 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.

## **818-026-0065**

### **Deep Sedation Permit**

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

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

- (a) Is a licensed dentist in Oregon; and
- (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
  - (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
  - (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
  - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
  - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
  - (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
  - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
  - (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
  - (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
  - (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
- (4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
- (5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:
  - (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;
  - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
  - (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
- (7) Persons serving as anesthesia monitors for deep 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) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> 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.

(9) 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.

(10) 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.

(11) 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.

(12) 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.

(13) 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.

## **818-026-0070**

### **General Anesthesia Permit**

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

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

(a) Is a licensed dentist in Oregon;

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

(c) Satisfies one of the following criteria:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;
- (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
- (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.
- (7) Persons serving as anesthesia monitors for general anesthesia 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) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;
- (b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
- (c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.
- (9) 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.
- (10) 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.
- (11) 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.
- (12) 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.
- (13) 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.

#### **818-042-0116**

##### **Certification — Anesthesia Dental Assistant**

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:

(1) Successful completion of:

(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or

(b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or

(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or

(d) The Resuscitation Group – Anesthesia Dental Assistant course; or

(e) Other course approved by the Board; and

(2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS/CPR course, or its equivalent.

Ms. Ludwig moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0010 as amended to the Rules Oversight Committee. The motion passed unanimously.

#### **818-042-0010**

##### **Definitions**

(1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental therapist or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.

(2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to perform expanded function duties.

(3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board to perform expanded orthodontic function duties.

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

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

(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.

**(7) "Dental Assisting National Board (DANB)" is recognized by the Board as an acceptable testing agency for administering dental assistant examinations for certifications.**



Mr. Dunn moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0040 as presented to the Rules Oversight Committee. The motion passed with Dr. Clark, Ms. Ludwig, Mr. Dunn, Dr. Spaniel, Ms. Klobes, Ms. Lomax, and Ms. Moses voting aye. Dr. Clark recused himself.

#### **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 as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) 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 assessment.
- (23) Place or remove healing caps or healing abutments, except under [in](#)direct supervision.

- (24) Place implant impression copings, except under indirect supervision.
- (25) Any act in violation of Board statute or rules.

Ms. Ludwig moved and Mr. Dunn seconded the Committee recommend that the Board move OAR 818-035-0072 and OAR 818-042-0095 as presented to the Rules Oversight Committee. The motion passed unanimously.

#### **818-035-0072**

##### **Restorative Functions of Dental Hygienists**

- (1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:
  - (a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the ~~Western Regional Examining Board's~~ CDCA-WREB-CITA's Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board within the last five years; or
  - (b) If successful passage of the ~~Western Regional Examining Board's~~ CDCA-WREB-CITA's Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.
- (2) A dental hygienist may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):
  - (a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;
  - (b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

#### **818-042-0095**

##### **Restorative Functions of Dental Assistants**

- (1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:
  - (a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or
  - (b) If successful passage of the ~~Western Regional Examining Board's~~ CDCA-WREB-CITA's Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.
- (2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

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

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

Ms. Lomax moved and Dr. Clark seconded the Committee recommend that the Board move OAR 818-042-0080 as presented to the Rules Oversight Committee. The motion passed unanimously.

#### **818-042-0080**

##### **Certification — Expanded Function Dental Assistant (EFDA)**

The Board may certify a dental assistant as an expanded function assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of;
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully ~~polished six (6) amalgam or composite surfaces~~, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations.

Mr. Dunn moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-0130 as presented to the Rules Oversight Committee. The motion passed unanimously.

#### **818-042-0130**

##### **Application for Certification by Credential**

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

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

Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-ray machine operators, or other comparable requirements approved by the Oregon Board of Dentistry.

Dr. Clark moved and Ms. Lomax seconded the Committee recommend that the Board move OAR 818-042-XXXX as presented to the Rules Oversight Committee. The committee also directed staff and Board to review whether Dental Therapists and Registered Dental Hygienists should be added to the indirect supervisory role. The motion passed unanimously.

#### 818-042-XXXX

##### Local Anesthesia Functions of Dental Assistants

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

The committee asked Dr. Spaniel to elaborate on the request to the Board to modify the application/renewal questions. Dr. Spaniel mentioned that she was travelling and could not read what was displayed on the screen, but that she wanted the stigmatized language removed from Board forms. She requested that it mirror more closely to what the Oregon Medical Board used in their applications/renewals.

Dr. Clark and Mr. Dunn discussed the Board's mission to protect the public and how changing the language would impact the Board's mission.

Ms. Ludwig moved and Dr. Clark seconded the Committee recommend that the Board review the mental health and substance abuse questions on the initial licensure applications and renewals. The committee also directed staff to mockup the recommended language changes by Dr. Spaniel for further review. The motion passed unanimously.

Chair Kansal thanked everyone for their attendance and contributions.

The meeting adjourned at 7:30 p.m.

**From:** [Key, Stephanie](#)  
**To:** [SMORRA Angela \\* OBD](#)  
**Cc:** [DREASHER Dawn \\* OBD](#)  
**Subject:** Re: Ask the Board  
**Date:** Thursday, October 10, 2024 8:06:40 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[Outlook-cid\\_image0.png](#)

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Hello,

I have always been under the impression that both dental assistants and hygienists are not allowed to adjust dentures or partials using a handpiece extraorally. My reasoning for this was under the following:

818-035-0025 Prohibited Acts A dental hygienist may not: (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h) (Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.) then under additional functions it states:

818-035-0030 Additional Functions of Dental Hygienists (1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist: (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained.

The act also states:

818-042-0040 Prohibited Acts No licensee may authorize any dental assistant to perform the following acts: (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth. Which makes it seem like the dental assistants may be able to adjust removable dentures/ partials extraorally.

Is the adjustment of a complete denture or partial denture using a handpiece extraorally permitted by dental assistants and hygienists, and if so, is it under general supervision for hygienists and indirect supervision for assistants? What constitutes proper training for denture/ partial adjustments?

Thank you,

**Stephanie Key** | Dental Hygienist II  
T: 541-666-7165 | [jstephaniem@advantagedental.com](mailto:jstephaniem@advantagedental.com)  
409 1<sup>st</sup> Ave W  
Albany, OR, 97321

**Advantage Dental+** 

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## **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(12), OAR 818-026-0065(12) and 818-026-0070 (12);
- (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)

## **818-035-0030**

### **Additional Functions of Dental Hygienists**

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

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

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

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

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

- (a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist 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.
- (b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

**Statutory/Other Authority:** ORS 679 & 680

**Statutes/Other Implemented:** ORS 679.025(2)(j)



**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 as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) 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 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[Oregon Board of Dentistry](#)[Chapter 818](#)[Division 42](#)[DENTAL ASSISTING](#)**818-042-0090****Additional Functions of EFDAs**

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

- (1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a licensee.
- (2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (3) Place retraction material subgingivally.

**Statutory/Other Authority:** ORS 679**Statutes/Other Implemented:** ORS 679.025(2)(j), 679.250(7) & ORS 679.600

The Board has referred to Licensing Standards Committee a review the rules regarding denture adjustment by dental assistants. It will be beneficial to determine if the LSC feels additional language is appropriate to clarify in plain language when this duty may be delegated. The DPA has historically been interpreted as allowing dental assistants, under indirect supervision of the supervising dentist, to adjust removable appliances extraorally when appropriately delegated after informed consent has been obtained.

The following rule change would add plain language to specifically state in the DPA when a DA or RDH can adjust removable appliances outside the mouth under indirect supervision. As dental therapists can make minor adjustments and repairs of removable prosthetic devices (818-038-0020(t)) they may also indirectly supervise DA's and RDH's. A language change will bring the list of prohibited acts into alignment between dental assistants and dental hygienists as it relates to implant procedures

#### **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 as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) 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 assessment.
- (23) Place or remove healing caps or healing abutments, except under indirect supervision.
- (24) Place implant impression copings, except under indirect supervision.
- (25) Adjust fixed and removable prosthesis or appliances extraorally without indirect supervision. Intraoral adjustments are a prohibited act for DA and DH under any level of supervision by the Dentist or Dental Therapist.
- (26) Any act in violation of Board statute or rules.

#### **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);~~
- (4) Adjust fixed and removable prosthesis or appliances extraorally without indirect supervision. Intraoral adjustments are a prohibited act for DA and DH under any level of supervision by the Dentist or Dental Therapist.
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070(12);
- (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 indirect supervision.
- (10) Place implant impression copings, except under indirect supervision.
- (11) Any act in violation of Board statute or rules.

**Note: As an exception to 818-035-0030(1)(h) was removed from the above language it will be beneficial to add plain language back into the DPA that an R.D.H. can complete minor denture**

**modification as specified in the temporary soft reline manufacturer directions for tissue conditioning under general supervision.**

#### Additional Functions of Dental Hygienists

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

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

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

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

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

- (a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist 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.
- (b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

Statutory/Other Authority: ORS 679 & 680

Statutes/Other Implemented: ORS 679.025(2)(j)

#### **Current DPA language for reference:**

##### **818-042-0010**

##### **Definitions**

(1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental therapist or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.

(2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to perform expanded function duties.

(3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board to perform expanded orthodontic function duties.

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

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

(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.

(7) "Dental Assisting National Board (DANB)" is recognized by the Board as an acceptable testing agency for administering dental assistant examinations for certifications.

#### 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 as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) 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 assessment.

(23) Place or remove healing caps or healing abutments, except under indirect supervision.

(24) Place implant impression copings, except under indirect supervision.

(25) Any act in violation of Board statute or rules.

#### 818-012-0010

##### Unacceptable Patient Care

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

(1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.

- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Fail to ensure radiographic and other imaging are of diagnostic quality.
- (6) Render services which the licensee is not licensed to provide.
- (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- (8) Fail to **maintain patient records** in accordance with OAR 818-012-0070.
- (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
- (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- (11) Perform any procedure for which the patient or patient's guardian has not previously given **informed consent** provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.
- (12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (14) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
- (15) Fail to **advise a patient of any recognized treatment complications**.

**From:** [Dianne Applegate \(office\)](#)  
**To:** [OBD Info \\* OBD](#)  
**Subject:** Exception Request Letters for Amanda Ghattas  
**Date:** Wednesday, October 9, 2024 12:33:57 PM  
**Attachments:** [Dianne Applegate Exception Request.pdf](#)  
[Amanda Ghattas Exception Request.pdf](#)

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Dear Members of the Board of Dentistry,

I am writing to submit two letters on behalf of my dental assistant, Amanda Ghattas. These letters formally request an exception from the Oregon Board of Dentistry regarding certification requirements for the Oregon Radiograph Certification.

I am also sending out copies of these letter via mail in case that is the preferred method.

Please find both documents attached for your review and consideration. We would greatly appreciate your attention to this matter and any assistance you can provide in reaching a resolution.

Thank you for your time and support. If you have any questions or need further information, please do not hesitate to contact me.

Warm regards,  
Dr. Dianne Applegate DDS  
4840 SE Cesar E Chavez Blvd  
503-775-9500

Attachments:

1. Letter from Dianne Applegate DDS
2. Letter from Amanda Ghattas

Amanda Ghattas  
20385 SW Inglis DR  
Beaverton, OR 97007  
Ghattas.amanda@gmail.com  
503-388-1432  
October 9, 2024

Oregon Board of Dentistry  
1500 SW 1st Ave, Suite 770  
Portland, OR 97201

Dear Members of the Oregon Board of Dentistry,

I hope this message finds you well. I am writing to humbly request an exception regarding the certification process for all necessary certification requirements for the Oregon Radiograph Certification.

I have recently completed the required coursework and successfully passed the examination, believing that the certificate provided by the Dental Assisting National Board (DANB) was sufficient for meeting the certification requirements. Unfortunately, it has come to my attention that there is an additional step I was unaware of at the time. I still need to send in one final application to the Oregon Board, that was initially due within six months of completed the exam. This misunderstanding was entirely unintentional, and I am eager to resolve it promptly.

In light of these circumstances, I respectfully ask if an exception might be considered to allow for the submission and acceptance of the final piece of documentation required for my certification. I have already invested significant effort and resources into completing the initial requirements and am committed to adhering to the Board's standards and regulations.

I appreciate your consideration and am hopeful for a favorable resolution. Please let me know if there are any further actions, I can take to rectify this matter. Thank you for your understanding and support.

Warm regards,

Amanda Ghattas  




Dianne Applegate DDS  
4840 Se Chaser E Chavez Blvd  
Portland, OR 97202  
[Dianne@Drdianneapplegate.com](mailto:Dianne@Drdianneapplegate.com)  
503-775-9500  
October 9, 2023

Oregon Board of Dentistry  
1500 SW 1st Ave, Suite 770  
Portland, OR 97201

Dear Members of the Oregon Board of Dentistry,

I am writing to request a consideration for an exception on behalf of my dental assistant Amanda Ghattas who has come across an unexpected challenge in fulfilling all necessary certification requirements for the Oregon Radiograph Certification.

Amanda has diligently paid for and completed the required course, as well as successfully passed the relevant examination. Initially, it was understood that the certificate obtained from the Dental Assisting National Board (DANB) website confirming the passage of the exam was the final required documentation for certification. However, upon further clarification, we discovered that there is still an additional step due within six months of the exam which had initially been misunderstood.

Given that the initial parts of the certification process have already been successfully fulfilled, specifically the completion and passing of the exam, I kindly ask if an exception might be made to allow the final documentation to be filed and accepted. The aim is not to circumvent the rules, but rather to acknowledge a genuine misunderstanding and the dental assistant's good faith effort in completing the requirements.

We appreciate the Board's understanding and support in addressing this matter. Thank you very much in advance for your time and consideration.

Sincerely,

 D.D.S.  
Dianne Applegate DDS

## **818-042-0050**

### **Taking of X-Rays — Exposing of Radiographic Images**

(1) A licensee may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:

(a) A dental assistant certified by the Board in radiologic proficiency; or

(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.

(2) A licensee may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental therapist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. **The dental assistant must submit within six months, certification by an Oregon licensed dentist, dental therapist or dental hygienist that the assistant is proficient to take radiographic images.**

(3) A dental therapist may not order a computerized tomography scan

## **818-042-0060**

### **Certification — Radiologic Proficiency**

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

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

(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;

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

(c) Certification by an Oregon licensee that the assistant is proficient to take radiographs.



**From:** Lisa Rowley <[lisajrowley.rdh@outlook.com](mailto:lisajrowley.rdh@outlook.com)>  
**Sent:** Tuesday, November 26, 2024 4:00 PM  
**To:** PRISBY Stephen \* OBD <[Stephen.PRISBY@obd.oregon.gov](mailto:Stephen.PRISBY@obd.oregon.gov)>  
**Cc:** Karan Bershaw <[karanrdh@gmail.com](mailto:karanrdh@gmail.com)>; Kimberly Perlot <[perlotk@interdent.com](mailto:perlotk@interdent.com)>; Barry Taylor, DMD <[btaylor@oregondental.org](mailto:btaylor@oregondental.org)>; Brett Hamilton <[bhamilton@oregondental.org](mailto:bhamilton@oregondental.org)>; Ginny Jorgensen <[ginjorge53@gmail.com](mailto:ginjorge53@gmail.com)>; Mary Harrison <[Mary2805@aol.com](mailto:Mary2805@aol.com)>  
**Subject:** "Scaling Assistant" Training

I have an unsubstantiated report that a representative from Willamette Dental Group has contacted the dental programs director for Portland Community College to ask if they would train "scaling assistants."

The ODHA is strongly opposed to the training and use of "scaling assistants" in Oregon. I have attached the ODHA's "Overview of Scaling Assistant Legislation" document for your review.

I have also attached suggested revisions to OAR 818-042-0040 that are intended to clarify that the training and use of "scaling assistants" is not legal in Oregon.

The ODHA values the positive relationship that we have with the Oregon Board of Dentistry, the Oregon Dental Association and the Oregon Dental Assistants Association, and we are committed to working together to pursue positive strategies to address the dental workforce shortage.

Thank you for considering this issue.

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**Lisa J. Rowley, MSDH, RDH, CDA, FADHA**  
ODHA Advocacy Director  
State Liaison to ADHA Institute for Oral Health Foundation  
503-568-5825  
[lisajrowley.rdh@outlook.com](mailto:lisajrowley.rdh@outlook.com)



## **Overview of Scaling Assistant Legislation November 2024**

### **What is a scaling assistant?**

Although the definition varies from state to state, in most cases a “scaling assistant” is a dental assistant who, after completing on-the-job training or a short course of study, can perform coronal (above the gumline) scaling under the supervision of a dentist. In some states a scaling assistant may be called a “preventive dental assistant.”

### **When & where did this start?**

In 1998 Kansas became the first state to allow dental assistants to perform coronal scaling. For many years prior to 1995, Kansas dentists particularly in rural areas had been delegating coronal scaling and polishing to their dental assistants. In 1995 the Kansas Attorney General ruled that dental assistants could not legally scale or polish above or below the gumline. The Kansas Dental Association believed that there was a shortage of dental hygienists and sought help from their state legislature. This resulted in passage of HB 2724 in 1998. This bill amended the Kansas dental law to allow a “non-licensed person” (dental assistant), who has completed a board approved course of study consistent with CODA standards, to scale and polish above the gumline under the direct supervision of a dentist except for patients who have undergone local or general anesthesia at the time of the procedure. Their definition of direct supervision is that “the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure and before dismissal of the patient evaluates the performance.”

### **What’s happened in other states?**

- In 2015 Illinois became the second state in the U.S. to allow dental assistants to scale teeth above the gumline on children 12 years of age and younger after attending a weekend course.
- In 2021 the Wisconsin Dental Association initiated legislation for an expanded duty dental assistant that included scaling. This section of the bill was removed after strong opposition by the Wisconsin Dental Hygienists’ Association.
- In 2022 the Illinois Dental Society passed legislation that allows dental assistants with 32 hours of instruction to provide coronal scaling on Medicaid children 17 years of age and younger.
- In 2023 a House representative who was a dentist from the Bozeman area of Montana introduced HB 411 that if passed would have allow dental assistants to provide an oral prophylaxis on children aged 12 and under. This bill did not pass after strong opposition from the Montana Dental Hygienists’ Association.
- In 2023 the Colorado Dental Association (CDA) adopted a resolution to develop and submit a Sunrise Review application to the Colorado Department of Regulatory Agencies that will address the expansion of dental assistant scope of practice to include periodontal probing and calculus removal under direct supervision of a dentist.

The Colorado Dental Hygienists' Association has been meeting with the CDA and other stakeholders to address workforce issues in Colorado.

- In 2024 the Washington state legislature considered House Bill 2176 that if passed would have created a licensed preventive dental assistant who, with no formal education, would be able to perform oral prophylaxis for healthy patients and periodontal probing after initial probing by a dentist or dental hygienist, both under the supervision of a dentist. This bill did not pass after strong opposition from the Washington Dental Hygienists' Association.

### **Why are some dentists supporting this?**

- They think that a scaling assistant will help alleviate the current shortage of dental hygienists and improve access to dental care for their patients.
- They think that they can train their dental assistants to perform scaling and polishing above the gumline on-the-job in just a few months.
- They think that their dental assistant can be trained to perform scaling above the gumline because dental assistants already perform a variety of dental procedures.
- They think that child prophys are relatively easy compared to adult prophys.
- They think that they can pay a scaling assistant a wage lower than they would need to pay a dental hygienist.

### **Why is the ODHA opposed to this?**

- An oral prophylaxis includes scaling both above and below the gumline to ensure that all calculus is removed. In most cases, scaling assistants may only perform scaling above the gumline, so they are not performing an oral prophylaxis and it cannot be billed to the patient's insurance company as such.
- Calculus that is present along the gumline usually extends below the gumline so scaling only above the gumline will not remove this calculus. If the gingival tissue heals over this remaining calculus below the gumline, the patient is at risk for developing periodontal abscesses.
- Scaling assistants have not completed a formal education program that is comparable to the 2-3 years of college-level accredited education that is required to become a licensed dental hygienist. During their formal education dental hygienists complete more than 500 hours providing dental hygiene care to a wide variety of patients under the supervision of licensed dentists and dental hygienists.
- If each dentist provides on-the-job training with no standard curriculum, each scaling assistant will likely receive different training from each dentist.
- Dentists are currently having a more difficult time finding dental assistants than dental hygienists, so it seems unreasonable that a dentist would give up a chairside assistant so that the dental assistant can become a scaling assistant.
- If a dentist can pay a scaling assistant a lower wage than they would pay a dental hygienist, the dentist might not pass this savings along to their patients.
- We value our dental assistants and do not want to see them put in a situation where they are asked to provide coronal scaling at a lower wage than what they would receive if they became a licensed dental hygienist.
- In most cases scaling assistants are not licensed and they do not need to report address changes to their state board of dentistry. This means that the board is not

able to track them, communicate with them or provide oversight for them. Scaling assistants who are not licensed cannot be disciplined by their state board of dentistry.

- In most cases patients do not know that their scaling is not being performed by a licensed dental hygienist and they are not given the opportunity to refuse treatment from an unlicensed provider.
- There are better ways to address the workforce shortage than having unlicensed providers with less education perform coronal scaling for patients especially children. Surveys show that dental assistants and dental hygienists are leaving the field due to negative workplace culture, low wages and feeling overworked. Dentists should consider creating a positive work culture, increasing wages and reducing stress for their staff.

## Resources

- [What happened in Kansas could happen in your state. Are you ready? RDH Magazine October 1998.](#)
- [Ethical Moment: Dental Assistants Performing Prophylaxes. JADA 2009](#)
- [The Montana Experience: Fighting House Bill 411 to Protect Children. RDH Magazine March 2023](#)
- [Dental Assistant Scope Expansion Explored, CDAonline 2023](#)
- [The Scaling Assistant Part I - Dental Products Report September 2023](#)
- [The Scaling Assistant Part II - Dental Products Report January 2024](#)
- [Dental Hygienist Shortage: Proposed Solutions and Why Assistants Scaling is not the Answer - Today's RDH May 2024](#)

If you have any questions or need more information, please contact ODHA Advocacy Director Lisa J. Rowley at [lisajrowley.rdh@outlook.com](mailto:lisajrowley.rdh@outlook.com).

## **OAR 818-042-0040**

### **Suggested Revisions**

#### **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 as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026- 0050(5), OAR 818-026-0060(12), OAR 818- 026-0065(12), OAR 818-026-0070(12) 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.
- (??) Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.**
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intraorally 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 assessment **and periodontal probing**.

(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.

### **818-042-0070**

#### **Expanded Function Dental Assistants (EFDA)**

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

(1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge;

(2) Remove temporary crowns for final cementation and clean teeth for final cementation;

(3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;

(4) Place temporary restorative material in teeth providing that the patient is checked by a dentist before and after the procedure is performed;

(5) Place and remove matrix retainers for any type of direct restorations;

### **818-042-0100**

#### **Expanded Functions — Orthodontic Assistant (EFODA)**

(1) An EFODA may perform the following duties while under the indirect supervision of a licensed dentist:

(a) Remove orthodontic bands and brackets and attachments with removal of the bonding material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used. Use of a high speed handpiece is prohibited;

(b) Select or try for the fit of orthodontic bands;

(c) Recement loose orthodontic bands;

(d) Place and remove orthodontic separators;

(e) Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/or retainers after their position has been approved by the supervising licensed dentist;

(f) Fit and adjust headgear;

(g) Remove fixed orthodontic appliances;

(h) Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or chains as directed; and

(i) Cut arch wires.

(2) An EFODA may perform the following duties while under the general supervision of a licensed dentist:

(a) An expanded function orthodontic assistant may remove any portion of an orthodontic appliance causing a patient discomfort and in the process may replace ligatures and/or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

(b) An EFODA may recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.



**From:** Jenna Shanks <jenna.shanks@aol.com>  
**Sent:** Wednesday, November 20, 2024 7:15 PM  
**To:** PRISBY Stephen \* OBD <stephen.prisby@obd.oregon.gov>  
**Subject:** Request to Add Proposal to December 13th Agenda

You don't often get email from jenna.shanks@aol.com. [Learn why this is important](#)

Hello Stephen Prisby,

I hope you're doing well. I've updated my document regarding the proposition to allow dental hygienists to administer Botox in Oregon. I kindly request that this be added to the agenda for the December 13th meeting, as it was not called to vote at the last meeting.

Thank you so much, and have a great night!

Best regards,

Jenna Shanks, RDH

Jenna Shanks

## **Expanding Scope of Practice: Advocating for Dental Hygienists to Administer Botox Injections in Oregon**

### **Introduction**

The integration of Botox into dental practice offers significant benefits for patients with various conditions, including TMJ disorders, bruxism, and excessive gingival display. As trained oral health professionals, dental hygienists possess the foundational knowledge and skills necessary to safely administer Botox under appropriate supervision.

### **Current Landscape**

Currently, only Kansas and Oklahoma allow dental hygienists to administer Botox with direct supervision from a dentist, reflecting a growing recognition of their capability in this area (RDH Magazine, 2023). In Oregon, advocacy is ongoing to broaden these permissions, highlighting the need for updated regulations that reflect the evolving role of dental hygienists in patient care.

### **Benefits of Allowing Dental Hygienists to Administer Botox**

1. **Enhancing Patient Care:** Granting dental hygienists the authority to administer Botox would significantly improve patient care quality and access, particularly for those suffering from TMJ disorders and related issues (Mayo Clinic, 2023).
2. **Leveraging Existing Expertise:** Dental hygienists have extensive training in oral health and anatomy, positioning them well to perform Botox injections safely and effectively (American Dental Association, 2020). Their education prepares them to understand the techniques and considerations necessary for this procedure.
3. **Meeting Increasing Demand:** With the rising popularity of Botox, allowing dental hygienists to provide these injections can help meet patient demand for non-surgical treatment options, ensuring more individuals can access these services (American Society of Plastic Surgeons, 2020).
4. **Broadening Treatment Options:** Enabling dental hygienists to administer Botox can expand the range of treatments available within dental practices, fostering comprehensive care that addresses both aesthetic and medical needs (RDH Magazine, 2023).
5. **Improving Accessibility:** By allowing dental hygienists to perform Botox injections, patients can access these services during their regular dental visits, reducing the need for referrals to outside specialists (Today's RDH, 2023).
6. **Promoting Safe Administration:** With proper training and oversight, dental hygienists can safely administer Botox, thus minimizing the risks associated with injections from inadequately trained providers in less regulated environments (American Academy of Dermatology Association, 2023).

7. **Facilitating Interprofessional Collaboration:** Permitting dental hygienists to administer Botox encourages collaboration between dental and medical professionals, leading to more integrated and holistic patient care (Mayo Clinic, 2023).
8. **Addressing Regulatory Gaps:** Updating regulations to permit dental hygienists to provide Botox aligns Oregon with other states that have successfully integrated this practice, thereby enhancing the competitiveness of dental care in the state (American Dental Association, 2020).
9. **Enhancing Patient Education:** Dental hygienists are well-equipped to educate patients about the risks and benefits of Botox, ensuring informed consent and fostering patient understanding, which enhances overall safety and satisfaction (American Academy of Dermatology Association, 2023).
10. **Adapting to Evolving Roles:** Allowing dental hygienists to administer Botox reflects the evolving landscape of healthcare, recognizing the increasing value of multidisciplinary approaches in providing comprehensive patient care (RDH Magazine, 2023).

Below is a table detailing Botox's therapeutic and cosmetic applications in dentistry, based on information from *Today's RDH*. Offering Botox in dental offices could not only provide valuable treatments but also attract more patients seeking these services. By addressing both pain management and cosmetic goals, dental practices offering Botox can meet a broader range of patient needs and draw in new patients interested in these versatile treatments.

Disorder/condition	Outcome/benefit
Migraine	Pain relief. The mechanism is not fully understood, but it appears the reduction of muscle innervation leads to pain relief.
Pathologic clenching and bruxism, leading to trauma, attrition, etc.	Injections into the temporalis and masseter muscles help alleviate the symptomatology of bruxism.
Trigeminal neuralgia	An injection can relieve headaches and pain associated with this condition.
Temporomandibular joint disorders	Injecting with Botox helps ease and reduce pain and relax the muscle, leading to less wear on restorations.
Oromandibular dystonia movement disorder	Improves the function of chewing and speaking.
Masseteric hypertrophy—increased size of muscle; jaw looks swollen or misshapen	A sequence of three injections into the masseter muscle produces selective loss of muscle function.
"Gummy smile" or lip deformities	Injecting into the lip elevator muscles decreases the elevation of the upper lip; more gingiva is covered when smiling.
Sialorrhea	Botox injections can reduce secretions from the salivary gland.
Myofascial pain	Injecting into the painful muscles inhibits muscle contraction.

Currently, the following licensed professionals are authorized to administer Botox, while concerns exist about untrained individuals performing this procedure without medical qualifications:

1. **Nurse Practitioners:** These professionals can administer Botox independently, without the need for physician oversight (American Association of Nurse Practitioners, 2023).

2. **Physician Assistants:** They are permitted to inject Botox but must operate under the supervision of a physician (American Academy of Physician Assistants, 2023).
3. **Aestheticians:** In certain jurisdictions, aestheticians can administer Botox, provided they do so under the supervision of a licensed physician (National Laser Institute, 2023).
4. **Medical Assistants:** Medical assistants are also allowed to administer Botox under the supervision of a physician (American Association of Medical Assistants, 2023).
5. **Registered Nurses:** Registered nurses can perform Botox injections with supervision from a licensed physician or nurse practitioner. They must hold a valid nursing license, graduate from an accredited nursing program, and possess the necessary knowledge and skills to administer the procedure safely. Additionally, specialized training in injectables is often recommended (American Nurses Association, 2023).

However, there is a growing concern regarding individuals without medical training who are performing Botox injections, highlighting the need for stricter regulations and oversight to ensure patient safety.

## Nursing vs. Dental Hygiene Curriculum at MHCC

Category	Nursing Courses (NRS)	Dental Hygiene Courses (DH)
<b>Foundations</b>	<b>Nursing Foundations</b>	<b>Clinical Principles</b>
	NRS110A: Health Promotion - A	DH112: Clinical Dental Hygiene
	NRS110B: Health Promotion - B	DH113: Dental/Oral Anatomy
	NRS111A: Chronic Illness I - A	DH114: Oral Microbiology
	NRS111B: Chronic Illness I - B	DH115: Professionalism and Cultural Competency
<b>Acute Care</b>	<b>Nursing in Acute Care</b>	<b>Clinical Theory and Practice</b>
	NRS112A: Acute Care I - A	DH121: Dental Hygiene Clinical Theory I
	NRS112B: Acute Care I - B	DH122: Dental Hygiene Clinic I
<b>Chronic Illness &amp; End-of-Life</b>	<b>Chronic Illness II &amp; End of Life</b>	<b>Advanced Oral Studies</b>
	NRS221A: Chronic Illness II - A	DH123: Oral Histology and Embryology

	NRS221B: Chronic Illness II - B	DH124: Oral Radiology I
	NRS222A: Acute Care II - A	DH125: General Pathology
	NRS222B: Acute Care II - B	DH131: Dental Hygiene Clinical Theory II
<b>Clinical Practicum</b>	<b>Integrative Practicum</b>	<b>Advanced Clinical Skills</b>
	NRS224A: Practicum I - A	DH132: Dental Hygiene Clinic II
	NRS224B: Practicum I - B	DH134: Oral Radiology II
<b>Pharmacology &amp; Pathophysiology</b>	<b>Pharmacology &amp; Pathophysiology</b>	<b>Specialized Dental Studies</b>
	NRS230: Clinical Pharmacology I	DH135: Oral Pathology
	NRS231: Clinical Pharmacology II	DH136: Pharmacology
	NRS232: Pathophysiological Processes I	DH137: Head and Neck Anatomy
	NRS233: Pathophysiological Processes II	DH211: Dental Hygiene Clinical Theory III
<b>Expanded Practice &amp; Specialization</b>	<b>Specialization &amp; Expanded Functions</b>	<b>Periodontology, Community Health &amp; Restorative Dentistry</b>
		DH212: Dental Hygiene Clinic III
		DH213: Expanded Functions
		DH214: Periodontology for Dental Hygienists I
		DH215: Dental Materials
		DH216: Community Dental Health
		DH217: Local Anesthesia
		DH218: Introduction to Restorative Dentistry

**Advanced Clinical  
Practice**

**Advanced Dental Hygiene  
Theory & Practice**

DH219: Nitrous Oxide-Oxygen  
Sedation

**Public Health, Management &  
Ethics**

DH221: Dental Hygiene Clinical  
Theory IV

DH222: Dental Hygiene Clinic IV

DH223: Public Health and Dental  
Research

DH224: Periodontology for Dental  
Hygienists II

DH225: Restorative Dentistry Lab

DH231: Dental Hygiene Clinical  
Theory V

DH232: Dental Hygiene Clinic V

DH233: Ethics and Jurisprudence

DH234: Practice Management and  
Dental Hygiene Issues

DH235: Restorative Dentistry  
Clinic

**Total Credits**

- **Nursing:** 60 Credits
- **Dental Hygiene:** 87 Credits

<https://catalog.mhcc.edu/courses-az/dh/>

<https://catalog.mhcc.edu/courses-az/nrs/>

Currently, the curricula for nursing and dental hygiene programs differ significantly in their focus areas. Nurses are trained through a broad range of courses that cover various aspects of the human body, emphasizing holistic patient care. In contrast, dental hygienists concentrate primarily on the head and neck region, making their education particularly relevant for administering Botox.

This specialized training equips dental hygienists with a deeper understanding of facial anatomy and the specific skills required for procedures involving Botox. Given their focused coursework and expertise as head and neck specialists, dental hygienists are well-suited to perform Botox injections effectively and safely.

Below is a summary of the requirements dentists must meet to administer Botox. I believe that dental hygienists, with similar training, should be allowed to take the same course and administer Botox as well. This approach could expand services in dental offices and attract more patients interested in cosmetic options offered by trusted dental professionals.

OAR 818-012-0005 (3) and (4):

(3) A dentist may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.

The Board also views "cosmetic dentistry" as within the scope of practice, as long as there is a dental justification for the procedure.

Please contact the Board Office if you have any questions or need additional information.

## Botox Safety Overview

Botox (Botulinum toxin type A) is considered safe when administered by trained professionals, with an established safety profile from extensive research and therapeutic use.

### 1. Safety Profile

- **FDA Approval:** Approved for medical (e.g., migraines, hyperhidrosis, spasticity) and cosmetic uses.
- **Controlled Dosage:** Small, regulated doses are used in procedures, reducing serious risks.
- **Temporary Effects:** Effects typically last 3-6 months, with muscle function returning gradually.

### 2. Common Side Effects

- **Local Reactions:** Redness, swelling, and mild pain at the injection site.
- **Systemic Effects:** Some may experience headaches or flu-like symptoms.
- **Localized Muscle Weakness:** Rarely, Botox can cause temporary weakness if it spreads beyond the injection area.

### 3. Rare Serious Side Effects

- **Spread of Toxin Effects:** Larger medical doses can, in rare cases, cause swallowing or breathing difficulties.
- **Allergic Reactions:** Severe allergies are rare but can include rash or wheezing.



#### 4. Safety Precautions

- **Qualified Practitioners:** It's crucial to have Botox administered by licensed, trained professionals.
- **Patient Screening:** Pre-screening for contraindications like neurological disorders or pregnancy reduces risks.

#### 5. Reversal and Long-Term Safety

- **Natural Reversal:** Botox naturally wears off within months.
- **No Direct Antidote:** No specific reversal agent exists; adverse effects are generally managed symptomatically.
- **Long-Term Use:** Safe for repeated treatments, though rare resistance may develop with high/frequent doses.

### Conclusion

Botox is generally safe for medical and cosmetic use, with temporary effects and manageable risks. Receiving treatment from trained professionals is key to minimizing potential complications. In conclusion, dental hygienists in Oregon should be granted the ability to administer Botox. As one of the most progressive states in the country for dental hygiene, Oregon is well-positioned to expand the scope of practice for dental hygienists, especially given the high demand and market for Botox treatments. Allowing hygienists to administer Botox would enhance patient care options, attract more clients to dental offices, and reflect the extensive training and qualifications that hygienists already possess. The arguments presented here demonstrate both the readiness and capability of hygienists to safely and effectively provide Botox, supporting the case for a broader, more versatile practice in Oregon.

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Jenna Shanks

## Expanding Scope of Practice: Advocating for Dental Hygienists to Administer Botox Injections in Oregon Continued

### Complications of Local Anesthesia vs. Botox in Dentistry

Complications associated with Botox are generally minimal compared to those of local anesthesia used in dentistry. Botox complications typically include temporary side effects such as mild bruising, pain at the injection site, headache, rash, or minor facial asymmetry. In rare cases, patients may experience allergic reactions or muscle weakness, particularly if contraindications like neuromuscular disorders are present. Botox treatments are localized and generally have a high safety profile when administered correctly, especially since doses for dental applications are significantly below toxic levels (Ocean State Oral & Maxillofacial Surgery, *What is DAANCE?*, <https://www.oceanstateoms.com/files/2011/08/What-is-DAANCE.pdf>).

In contrast, complications from local anesthesia in dentistry can be more severe and potentially life-threatening. These include nerve damage leading to persistent paresthesia, trismus, hematoma, allergic reactions, and systemic toxic effects like cardiovascular collapse in cases of overdose. Hemorrhage, broken needles, and infection from improper injection techniques are also risks. Management of these complications often requires more immediate and advanced medical intervention than Botox-related issues. Below is a list of complications associated with local anesthesia:

- **Nerve Damage:** Paresthesia, or prolonged numbness, can result from nerve trauma during the injection process. This is typically temporary but can occasionally be permanent.
- **Hematoma:** Bleeding into surrounding tissues due to vessel puncture can lead to swelling and bruising.
- **Trismus:** Muscle spasms or tissue damage can cause difficulty in opening the mouth.
- **Infections:** Though rare, infections may occur at the injection site if sterilization protocols are not followed.
- **Needle Breakage:** Improper technique or equipment failure can lead to a broken needle, potentially requiring surgical intervention.
- **Systemic Toxicity:** Overdose or inadvertent intravascular injection of anesthetic can result in cardiovascular or central nervous system effects, such as seizures or collapse.
- **Allergic Reactions:** While uncommon, hypersensitivity to the anesthetic or preservatives can cause mild to severe allergic responses, including anaphylaxis.
- **Facial Nerve Paralysis:** Temporary paralysis can occur if the anesthetic is inadvertently administered near a major nerve.

These complications emphasize the importance of proper training and technique for safe administration (Columbia University, 2007, *Complications of Local Anesthesia*; "Understanding the Therapeutic Dental Applications of Botox," *Today's RDH*).

## Training and Education in Oregon

In Oregon, dental hygienists receive extensive and rigorous training to safely administer local anesthesia. Their education includes comprehensive coursework on the anatomy and physiology of the oral and maxillofacial regions, pharmacology of anesthetic agents, patient assessment, and injection techniques. This is followed by clinical practice under supervision to ensure competence. Hygienists must pass both written and clinical examinations to become certified, ensuring they meet high safety standards and are well-prepared to manage potential complications.

By contrast, dental assistants receive significantly less training. The DAANCE program (Dental Anesthesia Assistant National Certification Examination) is a 36-hour self-study course designed to prepare dental assistants to assist with anesthesia administration under oral and maxillofacial surgeons. While it provides essential skills in patient monitoring and emergency preparedness, it lacks the in-depth anatomical, pharmacological, and hands-on injection training required to directly administer local anesthesia independently (TeacherTina, *LA Cert - Dental Assistant - Oregon*, <https://teachertina.thinkific.com/courses/LA-CERT-DENTALASSIST-OREGON>).

## Comparison of Education and Training

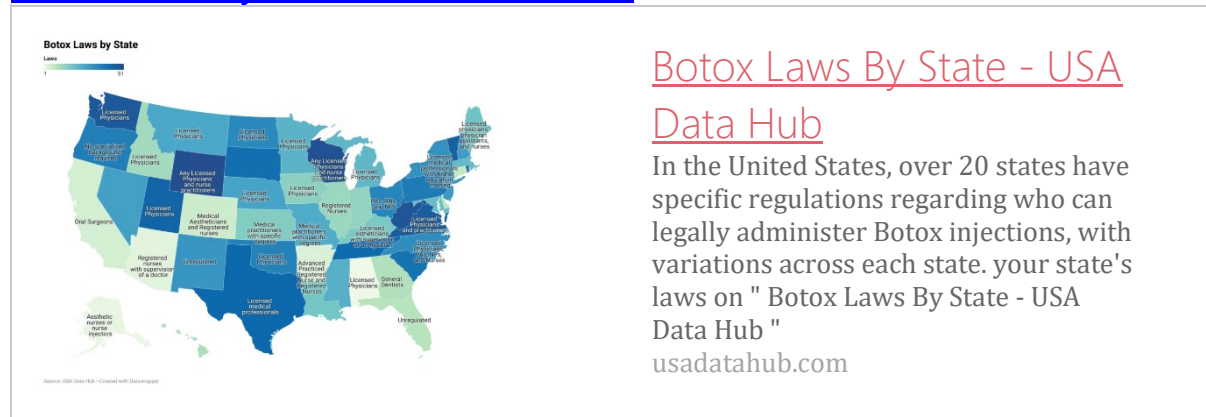
The training required for dental hygienists in Oregon is far more extensive than that for dental assistants. Dental hygienists complete accredited dental hygiene programs that typically span two to four years, covering advanced anatomy, neuroanatomy, pain management, pharmacology, and hands-on clinical practice. This rigorous training equips them with the skills to administer local anesthesia with a high degree of competence and safety (American Association of Oral and Maxillofacial Surgeons, *DAANCE FAQ*, <https://aaoms.org/practice/anesthesia/anesthesia-assistants/education/daance/daance-faq/>).

In contrast, dental assistants in Oregon undergo a much shorter training period. The Pacific Northwest Dental Assisting School offers a condensed 12-week program for dental assistants, which is far shorter than the two-to-four-year education required for dental hygienists. While the program focuses on speed, it lacks the comprehensive education and hands-on clinical experience necessary to safely administer local anesthesia. This raises questions about whether the brief DAANCE certification is sufficient to prepare dental assistants for the complexity of anesthesia administration (TeacherTina, *LA Cert - Dental Assistant - Oregon*, <https://teachertina.thinkific.com/courses/LA-CERT-DENTALASSIST-OREGON>).

### Sources:

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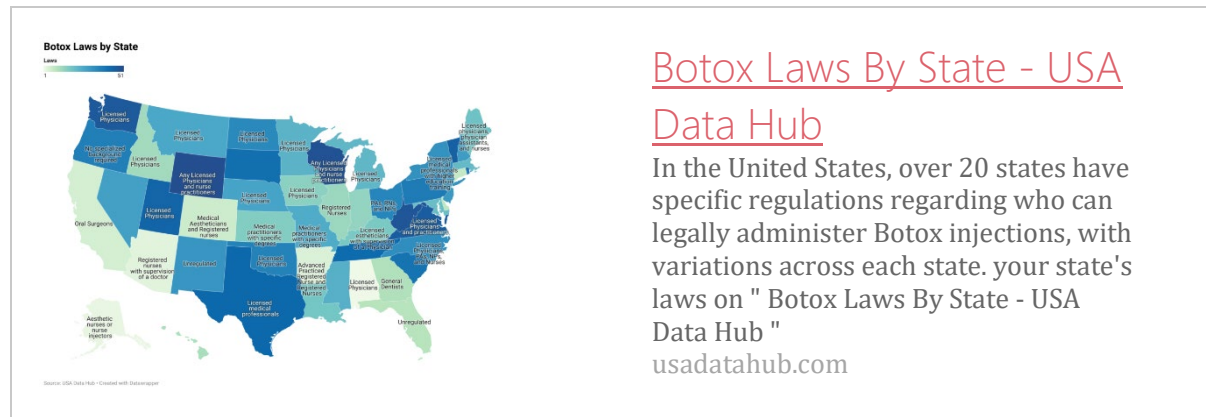
## [Botox Laws By State - USA Data Hub](#)



### [Botox Laws By State - USA Data Hub](#)

In the United States, over 20 states have specific regulations regarding who can legally administer Botox injections, with variations across each state. your state's laws on " Botox Laws By State - USA Data Hub "

[usadatahub.com](#)



**818-012-0005**

**Scope of Practice**

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).

(3) A dentist may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the



American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.

(5) A dentist may place dental implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical dental implant course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is a Commission on Dental Accreditation (CODA) accredited postdoctoral dental education program, or a provider that has been approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(6) A dentist placing dental implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective January 1, 2024).



# ENHANCING DENTAL CARE THROUGH MANDATORY REGISTRATION OF DENTAL ASSISTANTS

A PROPOSAL PRESENTED TO THE OREGON BOARD OF DENTISTRY DAWSAC COMMITTEE

PRESENTED BY ALEXANDRIA CASE

JULY 2024

# INTRODUCTION

## **Objective:**

To improve retention rates for dental assistants and make it a more attractive career path by implementing mandatory state registration and continuing education.



# FACTORS THAT INFLUENCE CAREER SPAN

## **Job satisfaction and work environment**

- Higher pay and better working conditions lead to longer career spans.

## **Certification and Continuing Education**

- Ongoing professional development leads to longer careers due to a higher level of responsibility and job satisfaction.

## **Physical Demands**

- States with fewer regulations to protect and regulate DAs have been shown to have more health issues and burnout.



# CURRENT LANDSCAPE



- Dental assistants in Oregon are **not required** to be registered with the state dental board or any other entity.
- Dental assistants who obtain their DANB RHS and EFDA have a one-time requirement to show the Oregon Board of Dentistry; no CE is needed to continue.
- If an assistant in Oregon has their CDA or higher through DANB, they must be registered with DANB and keep up with continuing education credits yearly.
- OTJ trained or those who graduated from a non-accredited program do not require an continuing education hours. It is only required if a DA has their CDA, which Oregon does not require. **This is 2/3 of the current Oregon's current DA workforce.**

# BENEFITS OF STATE REGISTRATION



- **Improved Patient Safety:** States with registration requirements saw a 25% reduction in procedural errors and a 30% increase in adherence to safety protocols and infection control procedures. (ADA News)
- **Enhanced Professional Development:** Data from CODA shows that 85% of DAs in registered states pursued continuing education opportunities, compared to 60% without registration requirements. (CODA Survey)
- **Skill Advancement:** Skill Advancement: Registered DAs were more likely to advance their skills and take on expanded functions within dental practices, leading to a more skilled workforce. (CODA Survey)
- **Practice Efficiency:** Highlight Data from CODA showed a 20% improvement in appointment scheduling and time management, along with a 10% increase in practice revenue with registration requirements. (ADA News)
- **Quality of Care & Professional Standards:** Required registration for all DAs will help guarantee that DAs operate within their designated scope of practice, enhancing patient safety and the overall effectiveness of dental care services.
- **Reporting & Communication:** To accurately represent the current dental assistants (DAs) in the workforce and maintain effective communication, the board should ensure that all DAs are registered with the state. This will facilitate the board's ability to contact them for announcements, updates, questions, surveys, and any necessary remediation efforts.
- **Access to Care:** States with required registration saw a 15% increase in dental assistants working in underserved and rural areas. There was a 25% rise in community dental health programs involving registered DAs. (Report Pew Charitable Trusts)

# CASE STUDIES



## California

- Required mandatory DA certification and maintain CE

- Improved pt safety: 25% reduction in procedural errors
- Higher Quality of Care: 20% improvement in patient satisfaction scores

- (California Dental Association Journal, 2018)



## Minnesota

- Mandated DA complete accredited program or pass state or national exam

- Safety standards: 40% higher compliance rate
- Improved pt outcomes: 20% improvement in patient satisfaction scores

- (Minnesota Dental Association Journal, 2019)



## New York

- Required DA to be registered and maintain CE

- Enhanced Preventative care: 30% more preventative care services (fluoride, sealants)
- Decreased Radiographic Errors: 20% reduction in radiographic errors, resulting in more accurate diagnoses and tx.

- (New York State Dental Journal, 2020)



## Oregon

- Required DA to pass DANB RHS to take radiographs.

- 30% decrease in infection rates in dental clinics
- 15% increase in clinical efficiency, allowing more pts to be seen without compromising the quality of care.

- (OHA, 2017, Oregon Dental Association Journal, 2017)



COMPARISON	Nail Techs	Dental Assistants
Public Health and Safety: Exposure Risks	Close proximity with clients skin and nails	Close proximity to pt oral cavities, handling instruments, direct contact with bodily fluids. High risk of transmitting infections if proper procedures aren't followed
Public Health and Safety: Standardize Sanitation Practices	Adhere to rigorous sanitation practices to prevent fungal and bacterial infections	Adhere to rigorous sanitation practices and regulations to prevent more serious infections like hepatitis or HIV
Professional Training and Competence: Structured training Programs	States require proof of professional training and passing a licensing exam. This ensures that only qualified individuals practice, which safeguards public welfare.	Currently, no state-required form or forms of training are required with the exception of the RHS exam
Professional Training and Competence: Continuous Education	Ongoing education is required to maintain registration	Currently, only if someone is certified through DANB as a CDA or higher are they required to maintain a specific number of hours per year of CE.
Consumer Confidence and Trust: Public Assurance	Current registration signals to the public that a professional meets certain standards. Showing the individuals are registered and compliant with state regulations	Currently, none in place for DA's unless they have their RHS DANB through via State of Oregon
Consumer Confidence and Trust: Transparency and Accountability	Registered professionals typically listed in a public database, allowing consumers to verify credentials and file complaints if standards are not met.	Currently, none in place
Regulatory Consistency:	Required to register in nearly every state to create a consistent standard	Currently, none in place
Legal and Ethical Implications: Professional Liability	State boards define what services can be legally provided, helping delineate clear scopes of practice, reducing the risk of malpractice.	Currently, OBD does delineate which DA functions are within the scope of practice, but no regulations on these in place or remediation.

# RECOMMENDATIONS TO THE BOARD

- **All dental assistants in Oregon must be registered with the Oregon Board of Dentistry.**
  - No matter if they learned “on the job” or through an accredited or unaccredited program. No matter what certifications they hold or if they are already registered with DANB or any other entity.
- **Each renewal cycle is required to be every two years.**
  - Charge \$20-\$40 per renewal cycle
- **Require updated BLS card plus 20 CE hours every two years, with some of those credits being Infection Control, BLS/CPR, Cultural Competence**

# IMPLEMENTATION STRATEGY

## Implementation Planning

- Work with the Oregon Board of Dentistry to develop the regulations and administrative procedures
- Oregon Board of Dentistry to additional position to take on this role (paid for through yearly fees)

## Education and Communication

- Collaborate with DA programs with new registration requirements
- Launch an information campaign to educate DA and their employers about the new requirements, deadlines, and processes
- Provide detailed guides and FAQs to assist in the transition

## Evaluation and Adjustment

- After implementation, continuously monitor the outcomes to ensure objectives are being met
- Create mechanisms for ongoing feedback to address any issues or unintended consequences

## Review and Continuous Improvement

- Regularly review the registration process and standards to ensure they remain relevant and effective
- Prepare to make adjustments in response to new developments in dental practices or in response to stakeholder feedback.



# CONCLUSION

WHY SHOULD DENTAL ASSISTANTS BE ANY DIFFERENT?

**From:** Vadi, Rama >

**Sent:** Friday, February 14, 2025 2:50 PM

**To:** PRISBY Stephen \* OBD <Stephen.PRISBY@obd.oregon.gov>; Sonia Vazquez <>; Brittany Nguyen <>

**Cc:** Simmons, Kristen <>

**Subject:** Proposal to Amend OAR 818-012-0006 (3)

Good afternoon Stephen,

We hope this email finds you well. We would like to submit a proposal to the Oregon Board of Dentistry for inclusion into the agenda for the 2/28/25 meeting. We are requesting consideration from the Board for a change in OAR 818-012-0006 (3) to allow delegation of vaccine administration to dental therapists, dental hygienists, and expanded functions dental assistants. Please see the attached document for our full proposal and letters of support from the Oregon Dental Association, Oregon Dental Hygienist Association, and Oregon Dental Assistants Association. We look forward to discussing the matter further in person at the 2/28/25 board meeting. Let us know if you have any further questions or concerns.

Thank you in advance for your consideration to receive our proposal,  
Rama Vadi, BSDH(c), Brittany Nguyen, BSDH(c), Sonia Vazquez, BSDH(c)

February 14th 2025

Oregon Board of Dentistry

1500 SW 1st Ave. #770

Portland, OR 97201

RE: Proposal to Amend OAR 818-012-0006 (3) to Allow Dental Therapists, Dental Hygienists, and Expanded Functions Dental Assistants to Administer Vaccinations

Dear Members of the Oregon Board of Dentistry,

We are senior dental hygiene students requesting an amendment to OAR 818-012-0006 (3) to permit the delegation of vaccine administration to Dental Therapists (DT), Dental Hygienists (DH), and Expanded Functions Dental Assistants (EFDA) under the indirect supervision of a dentist. This amendment aims to increase vaccination rates in Oregon by improving accessibility to vaccine services. With support from various stakeholders such as the Oregon Dental Hygiene Association (ODHA), the Oregon Dental Association (ODA), and the Oregon Dental Assisting Association (ODAA), we believe that this amendment will positively impact the communities in Oregon and allow for increased accessibility to vaccination.

CDC Guidelines currently recommend the following vaccinations: diphtheria, pertussis, tetanus (4 doses), poliovirus (3 doses), measles, mumps, rubella (1 dose), hepatitis b (3 doses), hemophilus influenza type b (3 doses), varicella (1 dose), and pneumococcal infections (4 doses). According to the Oregon Health Authority, the completion rate for these recommended vaccines in the state of Oregon was 68.3% in 2023. For the HPV series specifically, the completion rate was 57% in 2023.<sup>1</sup> HPV vaccination is especially important for young children and adolescents. Many children and adolescents complete the first series of the HPV vaccination but fail to complete the last dose to complete the vaccine series and provide immunity. These gaps are concerning for diseases that have significant health implications. The Oral Cancer Foundation describes “HPV is the leading cause of oropharyngeal cancers”.<sup>2</sup> Dentists, dental therapists, and dental hygienists are able to screen patients on a routine basis for oral cancer. According to the Centers for Disease Control and Prevention (CDC), missed opportunities to vaccinate during

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<sup>1</sup> Oregon Immunization Program Data and reports. Oregon Health Authority : Oregon Immunization Program Data and Reports : Vaccines and Immunization : State of Oregon. (n.d.).

<https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/Pages/research.aspx>

<sup>2</sup> HPV / oral cancer facts - oral cancer foundation: Information and resources about oral head and neck cancer. Oral Cancer Foundation | Information and Resources about Oral Head and Neck Cancer. (2019, February 1). <https://oralcancerfoundation.org/understanding/hpv/hpv-oral-cancer-facts/#:~:text=HPV%20and%20Oral%20Cancer,%20A%0AHPV%20is%20the%20leading,front%20of%20the%20mouth%2C%20oral%20cavity%20cancers.>



routine healthcare visits are a leading cause of incomplete vaccination series.<sup>3</sup> Incorporating vaccine administration into dental visits could bridge this gap. As dental professionals, patients are typically seen twice a year. This enables dental professionals to provide dental treatment as necessary and act as preventative specialists for oral health while working in tandem with the patient's medical care team.

In a recent anonymous survey of practicing dental hygienists within Oregon distributed by ODHA, 49% of the 57 respondents strongly agreed with the statement, "I feel that adding vaccine administration to the dental assisting scope of practice would benefit the public." In this same survey, 81% of the 57 respondents strongly agreed with the statement, "I feel adding vaccine administration to the dental therapist and dental hygiene scope of practice would benefit the public." Additionally, 67% of the 57 respondents strongly agreed with the statement, "I would support a change in the state dental practice act to allow the administration of vaccinations." Some voluntary comments include: "The Dentist at the private practice that I worked at during COVID was trained to give COVID vaccines. It was a great benefit to our patients.", "Please look into also adding "to administer vaccinations under the supervision, direction, and control of a pharmacist, dentist or physician. It would possibly open up an opportunity for medical-dental integration and possibly non-clinical opportunities.", "I do think it should be under general supervision for Hygienists and Dental Therapists. Both currently can provide anesthesia to their patients under general supervision, and this rule should be the same."

4

During the COVID-19 pandemic, dental offices were shut down for three months. During this time, dental professionals could not utilize their skills and suffered from decreased income. Under OAR 818-012-0006 rule in the Oregon Dental Practice Act, dentists could administer vaccinations with the required training to use their skills and supplement their income. However, dental therapists, dental hygienists, and dental assistants could not do so despite the similarities in scope of practice. "Not unlike many other professions in the United States, challenges persist in dental hygienist employment. The COVID-19 pandemic has exacerbated a voluntary reduction in the dental hygiene workforce and may persist, as some dental hygienists are choosing to leave the profession permanently," said Rachel W. Morrissey, M.A., senior research analyst with the ADA Health Policy Institute.<sup>5</sup> Public health and clinicians benefit by allowing dental therapists, dental hygienists, and dental assistants to administer vaccines. During the COVID-19 pandemic, dental hygienists in California, Connecticut, Kentucky, Nevada, and New York were able to administer vaccinations.<sup>6</sup> Increased availability of providers to administer vaccinations and increased public access to acquiring vaccination would be beneficial factors in serving public

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<sup>3</sup> Oregon Immunization Program Data and reports. Oregon Health Authority : Oregon Immunization Program Data and Reports : Vaccines and Immunization : State of Oregon. (n.d.).

<https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/Pages/research.aspx>

<sup>4</sup> Pacific University IRB# 2253357-1

<sup>5</sup> Research reveals impact of covid-19 on dental hygienists. American Dental Association. (n.d.).

<https://www.ada.org/about/press-releases/research-reveals-impact-of-covid-19-on-dental-hygienists>

<sup>6</sup> American Dental Education Association. (n.d.). States Permitting Dentists to Administer Vaccinations for COVID-19. [https://www.adea.org/docs/default-source/default-document-library/adea/advocacy/policy/2021/states-permitting-dentists-to-administer-vaccinations-for-covid-19-\(6\).pdf?sfvrsn=1de426cf\\_1](https://www.adea.org/docs/default-source/default-document-library/adea/advocacy/policy/2021/states-permitting-dentists-to-administer-vaccinations-for-covid-19-(6).pdf?sfvrsn=1de426cf_1)

health needs and reducing preventable diseases in Oregon. For dental auxiliaries, an additional stream of production and increase in scope of practice would benefit the practice needs and allow professionals to practice at the top of their scope of practice. In the event of another unforeseeable pandemic, the suffering of dental providers and dental offices could be minimized by adopting duties that are within the scope of practice.

To administer vaccines through the OAR 818-012-0006 rule in the Oregon Dental Practice Act, dentists must have completed a course of training approved by the Board to be able to learn how to administer the vaccine safely and effectively. Any healthcare professional administering vaccines should have the necessary training and skills to do so, as directed by their respective state practice act. If the dentist is able to delegate the administration of vaccines, the delegation must be given to a dental auxiliary who has also completed a course of training approved by the Board.

Some organizations that support public health, such as Virginia Garcia and Neighborhood Health Center, have medical and dental integration in their facilities. This helps providers from both medical and dental fields participate in providing holistic care to their patient populations. Providers can easily see and discuss immunization records with patients in these organizations. Allowing dentists to delegate vaccinations to dental therapists, dental hygienists, and dental assistants would increase the opportunities available for these patients to complete their vaccinations and improve public health outcomes in Oregon.

Our primary goal is to address Oregon's low vaccination rates by expanding access to dental professionals in dental settings. We believe that allowing dental hygienists, dental therapists, and expanded functions dental assistants to administer vaccines will benefit the general public. It will provide more opportunities and help close the low vaccination rate gap in Oregon.

Thank you in advance for your consideration to receive our proposal,

Rama Vadi, BSDH(c), Brittany Nguyen, BSDH(c), Sonia Vazquez, BSDH(c)



Proposed Amendment to OAR Dental Practice Act

**818-012-0006**

**Qualifications - Administration of Vaccines**

- (1) A dentist may administer vaccines to a patient of record.
- (2) A dentist may administer vaccines under Section (1) of this rule only if:
  - (a) The dentist has completed a course of training approved by the Board; and
  - (b) The vaccines are administered in accordance with the “Model Standing Orders” approved by the Oregon Health

Authority (OHA).

(3) The dentist may ~~not~~ delegate the administration of vaccines to ~~another person~~ a licensed dental therapist, licensed dental hygienist or an EFDA dental assistant.

(a) The administration of vaccines must be performed under the indirect supervision of the authorizing dentist.

(b) The licensed dental therapist, dental hygienist or EFDA dental assistant must have completed the vaccine training required for dentists.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented:

History: OBD 2-2019, adopt filed 10/29/2019, effective 01/01/2020

## Relevant ORS/OAR Information

### **ORS 679.552 Prescription and administration of vaccines; approved training course; rules.**

(1)(a) In accordance with rules adopted by the Oregon Board of Dentistry, a dentist may prescribe and administer vaccines to a person with whom the dentist has established a patient relationship.

(b) The board shall approve a training course on the prescription and administration of vaccines. The board may approve a training course offered by the Centers for Disease Control and Prevention, the American Dental Association or its successor organization or other similar federal agency or professional organization.

(c) The board may adopt other rules as necessary to carry out this section.

(2) The board shall adopt rules relating to the prescription and administration of vaccines by dentists, including rules requiring dentists to:

(a) Report the prescription and administration of vaccines to the immunization registry created by the Oregon Health Authority pursuant to ORS 433.094;

(b) Prior to administering a vaccine, review the patient's vaccination history in the immunization registry described in this subsection;

(c) Comply with protocols established by the authority for the prescription and administration of vaccines under subsection (1) of this section; and

(d) Comply with any applicable rules adopted by the authority related to vaccines.

(3) In consultation with the board, the authority may adopt rules related to vaccines prescribed and administered by dentists. [2019 c.58 §2]

### **OAR 818-012-0007**

#### **Procedures, Record Keeping and Reporting of Vaccines**

(1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.

(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.

(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated staff must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.

(4) The dentist or designated staff must document in the patient record:

(a) The date and site of the administration of the vaccine;

- (b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;
  - (c) The name or identifiable initials of the administering dentist;
  - (d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;
  - (e) The date of publication of the VIS; and
  - (f) The date the VIS was provided and the date when the VIS was published.
- (5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.
- (6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.
- (7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.
- (8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).
- (9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

February 10, 2025

Oregon Board of Dentistry  
1500 SW 1st Avenue, Suite 770  
Portland, OR 97201



Members of the Board of Dentistry:

ODA is supportive of the proposed amendment to OAR 818-012-0006 to permit the delegation of vaccine administration to Dental Therapists, Dental Hygienists, and Expanded Functions Dental Assistants under the indirect supervision of a dentist after completing Board of Dentistry approved training.

In 2019 legislation was passed allowing Oregon licensed dentists to administer vaccines. The Board then implemented new rules in the Oregon Dental Practice Act regarding dentists administering vaccinations: OAR 818-012-0006 and OAR 818-012-0007.

To administer vaccines through Oregon Dental Practice Act dentists must complete a course of training approved by the Board to be able to learn how to administer the vaccine safely and effectively. However, currently a dentist may not delegate the administration of vaccines to another person.

As we learned during the COVID-19 pandemic, increasing the number of health care providers who can administer vaccines can directly benefit public health and safety. Furthermore, oral health providers have the potential to play an important role in promoting overall health by making vaccines more accessible to the public.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Zeller'.

Caroline Zeller, DDS  
President, Oregon Dental Association



February 5, 2025

Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, OR 97201

The Oregon Dental Hygienists' Association (ODHA) is pleased to support a proposal from Pacific University to amend the Oregon Administrative Rules to allow dentists to delegate the administration of vaccines to dental therapists, dental hygienists, and expanded functions dental assistants under the indirect supervision of the dentist.

The ODHA is a constituent of the American Dental Hygienists' Association (ADHA). The ADHA has policy that "supports the education and training of dental hygienists in the procedure of vaccine administration to advance the effort of protecting and preserving public health."

As we learned during the COVID-19 pandemic, increasing the number of health care providers who can administer vaccines can directly benefit public health and safety. Oral health providers can play an important role in promoting overall health by making vaccines more accessible to the public.

Thank you for considering this proposal.

Sincerely,

Lisa J. Rowley, MS, CDA, RDH, FADHA  
Advocacy & Membership Director  
Oregon Dental Hygienists' Association  
[lisajrowley.rdh@outlook.com](mailto:lisajrowley.rdh@outlook.com)

February 14<sup>th</sup>, 2025

Oregon Board of Dentistry

1500 SW 1stAve. #770

Portland, OR 97201

RE: Proposal to Amend OAR 818-012-006 (3) to Allow Dental Therapists, Dental Hygienists, and Expanded Functions Dental Assistants to Administer Vaccinations

Dear Members of the Oregon Board of Dentistry,

The Oregon Dental Assistants Association (ODAA) is in support of the proposed amendment to OAR 818-012-006 developed by Pacific University Senior Dental Hygiene students; Rama Vadi, Brittany Nguyen and Sonia Vazquez.

The information in the proposal includes detailed scientific research data to support the benefits to Oregon citizens by having additional healthcare providers and personnel trained to provide preventable disease vaccines in the dental setting under indirect supervision of an Oregon licensed dentist.

To support this proposal is to support the goal of expanding and increasing vaccine availability to more Oregonians who all deserve to receive this protection and to live a healthy life.

We thank you for your consideration.

Respectfully,

Ginny Jorgensen, ODAA President

**From:** Reza Sharifi <[rezajsharifidmdfac@gmail.com](mailto:rezajsharifidmdfac@gmail.com)>  
**Sent:** Tuesday, March 4, 2025 4:22 PM  
**To:** PRISBY Stephen \* OBD <[Stephen.PRISBY@obd.oregon.gov](mailto:Stephen.PRISBY@obd.oregon.gov)>  
**Subject:** Rule Change suggestion

Stephen,

Id like to recommend a rule change to 818-042-0096. I would like to add "The board shall issue a Local Anesthesia Functions Certificate to a dental assistant who holds a Certificate as an Anesthesia Dental Assistant. 818-042-0116 Certification — Anesthesia Dental Assistant"

My rationale is that these assistants deal with the most complicated surgical and anesthetic cases. They are high performing, top level, quality dental assistants that are more qualified to perform Local anesthesia than an EFDA certified DA.

They are well versed regarding medical, surgical, and anesthetic management of a patient.

Most of these assistants also hold their IV certification. To me its a no brainer. This is definitely creating barriers to the DA's and the profession.

Could you bring this to the attention of the Licensing, Standards, and Competency committee? Thank you

### **Change from this**

#### **818-042-0096**

#### **Local Anesthesia Functions of Dental Assistants**

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

### **To this...**

#### **818-042-0096**

#### **Local Anesthesia Functions of Dental Assistants**

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

**(2) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certificate as an Anesthesia Dental Assistant.**

(3) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

## **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.

(c) Perform phlebotomy for dental procedures.

(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.



**818-042-0096**

**Local Anesthesia Functions of Dental Assistants**

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(~~2~~3) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

**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:

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(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

(c) Perform phlebotomy for dental procedures.

(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.

**818-042-0116****Certification — Anesthesia Dental Assistant**

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:

(1) Successful completion of:

(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or

(b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or

(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or

(d) The Resuscitation Group – Anesthesia Dental Assistant course; or

(e) Other course approved by the Board; and

(2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS course, or its equivalent.



Dental Assisting  
National Board

# 2025 AnA-IV Certificate

## Application Packet

This application packet includes applications for the following:

- Oregon Anesthesia Dental Assistant with IV Therapy (AnA-IV) certificate

Before applying for the AnA-IV certificate, candidates must first hold the AnA certificate

### DANB Contact, Forms and Policies



Dental Assisting National Board  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611-3985  
[www.danb.org](http://www.danb.org)  
1-800-367-3262 • [danbmail@danb.org](mailto:danbmail@danb.org)

When applying for a DANB-issued state certificate, you are responsible for reading, understanding, and complying with the policies and procedures in the [State Candidate Handbook](#).

Find all of DANB's policies and forms at [www.danb.org/exams/forms-and-policies](http://www.danb.org/exams/forms-and-policies).

DANB accepts 2025 exam applications through Dec. 31, 2025.

## Eligibility Requirements for Anesthesia Dental Assistants with IV Therapy in Oregon

Performance of initiation of intravenous (IV) infusion lines by Anesthesia Dental Assistants is regulated by the Oregon Board of Dentistry (OBD). The Dental Assisting National Board, Inc. (DANB), on behalf of the OBD, administers the certificate program, a service that includes providing information regarding exams and certifications, distributing application materials, and issuing certificates.

To introduce intravenous (IV) access lines in patients in Oregon or to perform a phlebotomy blood draw under the indirect supervision of a licensed dentist, a dental assistant must earn status as an Anesthesia Dental Assistant with IV Therapy (AnA-IV). To qualify, one must:

1. Hold the Oregon Anesthesia Dental Assistant (AnA) certificate
- AND**
2. Successfully complete an Oregon Board of Dentistry (OBD)-approved course in intravenous access or phlebotomy (See p. 5)
- AND**
3. Apply to DANB for the Oregon Anesthesia Dental Assistant with IV Therapy (AnA-IV) certificate (See p. 4)

Inquiries regarding DANB exams, certificates, and eligibility requirements and requests for certificate applications should be addressed to DANB at 1-800-367-3262 or [danbmail@danb.org](mailto:danbmail@danb.org).

Inquiries regarding the state dental practice act should be addressed to: Oregon Board of Dentistry, 1500 SW 1st Ave., Ste. #770, Portland, OR 97201, or call 1-971-673-3200.

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## Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all DANB-administered national and state-specific exams, certificate and certification renewal applications. The candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination, a certificate and/or certification, in accordance with and subject to the procedures and policies of DANB and the regulations and requirements of any state agency on behalf of which DANB administers an exam or certificate program. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet, and the Candidate Handbook or State Candidate Handbook if applicable, covering eligibility for and the administration of exams, certificates, the certification process, and DANB policies, including but not limited to DANB's Code of Professional Conduct and DANB's Disciplinary Policy & Procedures. I agree to disqualification from the exam, to denial of an exam result, certificate or certification, and to forfeiture and return to DANB of any exam result, certificate granted me by DANB, in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or policies. I agree to comply with any investigation in which I am named, and I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my eligibility, credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam administered by DANB, any scoring relating thereto, the failure to issue me an exam result, certificate, or any demand for forfeiture or return of such exam result, certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said credentialing activities which include all DANB-administered exams and certificates. I UNDERSTAND THAT THE DECISION AS TO WHETHER I HAVE MET REQUIREMENTS FOR ADMISSION TO A DANB-ADMINISTERED EXAM OR RECEIPT OF A DANB-ADMINISTERED EXAM RESULT, CERTIFICATE OR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence and any state-specific certificates administered by DANB on behalf of a state regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any DANB-administered credentials and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address, phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.
4. I understand that by providing my email address on the application form, or by providing it through my online DANB account, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the oral healthcare profession. I understand that DANB agrees not to provide my email address to any other third party, excluding federal, national or state regulatory bodies, without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at [www.danb.org](http://www.danb.org).
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/ or disciplinary action including rescinding exam results and denying or revoking certification. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full

# 2025 Oregon AnA-IV Certificate Application

This application will be accepted through Dec. 31, 2025.

Candidate must:

1. Currently hold the Oregon Anesthesia Dental Assistant (AnA) Certificate
2. Sign, date and submit all required documentation and nonrefundable \$75 (\$25 nonrefundable application fee and \$50 nonrefundable certificate fee) fee to DANB
3. Enclose proof of successful completion of an OBD-approved course
4. Mail or email completed application and supporting documentation to DANB. Full payment is required at the time of application.

OR AnA-IV Certificate  
3884c42

## Section A: Signature and Date (Please sign and date with a pen.)

*I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB and OBD policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the certificate fee accompanying the application.*

Signature

Date

## Section B: Candidate Information (Please type or print with a pen.)

Last Four SSN     Date of Birth

Name (must match current ID exactly):

Last  First  Middle Name/Initial

Prior Name (if applicable)  Email (required)

Home Address  City  State  Zip

Phone Numbers (at least one is required):

Office  Cell or Home

## Section C: IV Therapy Course Information

OBD-approved course completed:

Date OBD-approved course completed:

## Section D: Payment (Please type or print with a pen.)

☐ Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

OR AnA-IV Certificate  
3884c42

☐ Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted):  
(nonrefundable)

Amount **\$75.00**

Credit Card Number           CVV    Expiration  /

Cardholder's Name

Cardholder's Billing Address  City

State  Zip  Daytime Phone Number

Cardholder's Signature

By signing, the cardholder acknowledges intent to apply for the certificate shown above in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. (See the *Application Statements* for further requirements.)

DANB • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611  
Questions? 800-367-3262 or danbmail@danb.org

Email application to: [financefax@danb.org](mailto:financefax@danb.org)  
Do not submit twice or you will be charged twice.

## **Current OBD-Approved IV Therapy or Phlebotomy Course Providers**

Program: **Portland Community College**

Course Title: Intro to IV Therapy

Course Approved: August 2002

Program: **Portland Community College**

Course Title: Phlebotomy Skills

Course Approved: October 2006

Program: **Becksford Health Services**

(Previously under the name Medtexx Medical Corp)

Course Title: Phlebotomy

Course Approved: October 2008

Program: **Becksford Health Services**

(Previously under the name Medtexx Medical Corp)

Course Title: IV Therapy

Course Approved: October 2008

Program: **The Resuscitation Group**

Course Title: Anesthesia Assistant Training Program

Course Approved: February 2019

Program: **Dr. Jeffrey Kobernik**

Course Title: Anesthesia Assistant Training Program/IV Access Course

Course Approved: April 2020

Program: **Oregon Academy of General Dentistry**

Course Title: Comprehensive Training in Parenteral Moderate Sedation

Course Approved: February 2024

Program: **Oregon Academy of General Dentistry**

Course Title: IV Placement Certification and Techniques

Course Approved: August 2024

Programs: **American Medical Technologists**

**American Society for Clinical Pathology**

**American Society of Phlebotomy Technicians**

**National Center for Competency Testing**

**National Phlebotomy Association**

**National Phlebotomy Certification Testing Program**

Course Titles: Various (IV phlebotomy courses teaching a minimum of 4 hours of hands-on CE and approved by one of the organizations above are approved)

Courses Approved: December 2024

*List last updated December 2024.*

## Application Checklist

### Have you:

- ☐ Read the instructions and information in this application packet?
- ☐ Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See Application Statements, p.3)
- ☐ Filled out the certificate application in its entirety?
- ☐ Signed and dated the certificate application?
- ☐ Enclosed the certificate fee or provided credit card information?
- ☐ Enclosed proof of successful completion of an OBD-approved course?
- ☐ Made a copy of your entire application packet for your records?
- ☐ Addressed your envelope or prepared your information to be emailed?

### *Mail to:*

Dental Assisting National Board, Inc. (DANB)  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

*Email credit card payments only to:*  
financefax@danb.org

### If you have not:

- completed the application in full,
- enclosed, signed and dated your application,
- enclosed supporting documentation, and
- provided payment (check, money order, cashier's check) or payment information (credit card)

*your application will be considered incomplete and will not be processed.*

**Incomplete certificate applications will be denied and the \$75 (\$25 nonrefundable application fee and \$50 nonrefundable certificate fee) fee will be retained by DANB.**





Dental Assisting  
National Board

# 2025 AnA Certificate Application Packet

This application packet includes applications for the following:

- Oregon Anesthesia Dental Assistant (AnA) certificate

## DANB Contact, Forms and Policies



Dental Assisting National Board  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611-3985

[www.danb.org](http://www.danb.org)

1-800-367-3262 • [danbmail@danb.org](mailto:danbmail@danb.org)

When applying for a DANB-issued state certificate, you are responsible for reading, understanding, and complying with the policies and procedures in the [State Candidate Handbook](#).

Find all of DANB's policies and forms at [www.danb.org/exams/forms-and-policies](http://www.danb.org/exams/forms-and-policies).

DANB accepts 2025 exam applications through Dec. 31, 2025.

## Eligibility Requirements for Anesthesia Dental Assistants in Oregon

Performance of anesthesia assisting functions by dental assistants is regulated by the Oregon Board of Dentistry (OBD). The Dental Assisting National Board, Inc. (DANB), on behalf of the OBD, administers the Anesthesia Dental Assistant certificate program, a service that includes providing information regarding exams and certifications, distributing application materials, and issuing certificates.

A dental assistant must earn the Anesthesia Dental Assistant (AnA) certificate to perform specified anesthesia assisting functions in Oregon (for details, see the "Allowable and Prohibited Duties" chart linked from the Oregon page in the State Requirements area of DANB's website [www.danb.org]). To qualify, one must:

1. Hold current BLS for Healthcare Provider certificate or equivalent  
**AND**
2. Successfully complete one of the following:
  - a. The American Association of Oral and Maxillofacial Surgeons (AAOMS) Dental Anesthesia Assistant National Certification Examination (DAANCE)  
**OR**
  - b. Oral & Maxillofacial Surgery Assistant Course conducted by the California Association of Oral and Maxillofacial Surgeons or successor course  
**OR**
  - c. The DANB Certified Oral and Maxillofacial Surgery Assistant (COMSA) exam (prior to discontinuation of the COMSA exam in 2000) or successor exam  
**OR**
  - d. The Resuscitation Group – Anesthesia Dental Assistant course  
**OR**
  - e. Another course approved by the Oregon Board of Dentistry (OBD)  
**AND**
3. Apply for the Oregon AnA certificate from DANB after completing all of the above requirements.

Inquiries regarding exams, certificates, and eligibility requirements should be addressed to DANB at 1-800-367-3262.

Inquiries regarding the state dental practice act should be addressed to Oregon Board of Dentistry, 1500 SW 1st Ave., Ste. # 770, Portland, OR 97201, or call 1-971-673-3200.

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## Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all DANB-administered national and state-specific exams, certificate and certification renewal applications. The candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination, a certificate and/or certification, in accordance with and subject to the procedures and policies of DANB and the regulations and requirements of any state agency on behalf of which DANB administers an exam or certificate program. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet, and the Candidate Handbook or State Candidate Handbook if applicable, covering eligibility for and the administration of exams, certificates, the certification process, and DANB policies, including but not limited to DANB's Code of Professional Conduct and DANB's Disciplinary Policy & Procedures. I agree to disqualification from the exam, to denial of an exam result, certificate or certification, and to forfeiture and return to DANB of any exam result, certificate granted me by DANB, in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or policies. I agree to comply with any investigation in which I am named, and I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my eligibility, credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam administered by DANB, any scoring relating thereto, the failure to issue me an exam result, certificate, or any demand for forfeiture or return of such exam result, certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said credentialing activities which include all DANB-administered exams and certificates. I UNDERSTAND THAT THE DECISION AS TO WHETHER I HAVE MET REQUIREMENTS FOR ADMISSION TO A DANB-ADMINISTERED EXAM OR RECEIPT OF A DANB-ADMINISTERED EXAM RESULT, CERTIFICATE OR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence and any state-specific certificates administered by DANB on behalf of a state regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any DANB-administered credentials and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address, phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.
4. I understand that by providing my email address on the application form, or by providing it through my online DANB account, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the oral healthcare profession. I understand that DANB agrees not to provide my email address to any other third party, excluding federal, national or state regulatory bodies, without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at [www.danb.org](http://www.danb.org).
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including rescinding exam results and denying or revoking certification. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.

# 2025 Oregon AnA Certificate Application

This application will be accepted through Dec. 31, 2025.

1. Candidate must sign, date and submit all required documentation and nonrefundable \$75 (\$25 nonrefundable application fee and \$50 nonrefundable certificate fee) fee to DANB.
2. Enclose proof of Oregon Board of Dentistry (OBD) approved course or exam completion.
3. Enclose copy of the front and back of current Healthcare Provider BLS certificate.
4. Mail or email completed application and supporting documentation to DANB. Full payment is required at the time of application.

OR AnA Certificate  
3884c41

## Section A: Signature and Date (Please sign and date with a pen.)

*I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB and OBD policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the certificate fee accompanying the application.*

Signature

Date

## Section B: Candidate Information (Please type or print with a pen.)

Last Four SSN

Date of Birth

Name (must match current ID exactly):

Last

First

Middle Name/Initial

Prior Name (if applicable)

Email (required)

Home Address

City

State

Zip

Phone Numbers (at least one is required):

Office

Cell or Home

## Section C: Board-Approved Course or Examination

☐ Date DAANCE exam passed:

☐ Date CALAMOS OMSA course completed:

☐ Date COMSA exam passed:

Include copy of Healthcare Provider BLS certificate (front and back). See p. 5.

## Section D: Payment (Please type or print with a pen.)

☐ Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

☐ Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted):

Amount **\$75.00**

OR AnA Certificate  
3884c41

Credit Card Number

CVV

Expiration

Cardholder's Name

Cardholder's Billing Address

City

State

Zip

Daytime Phone Number

Cardholder's Signature

By signing, the cardholder acknowledges intent to apply for the certificate shown above in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. (See the *Application Statements* for further requirements.)

DANB • 444 N. Michigan Ave., Suite 900 Chicago, IL 60611

Questions? 800-367-3262 or danbmail@danb.org

Email application to: [financefax@danb.org](mailto:financefax@danb.org)

Do not submit twice or you will be charged twice.

## Healthcare Provider BLS Documentation

Photocopy (front and back) of a **current** Healthcare Provider BLS certificate.

The card must include:

- candidate's name
- date issued
- expiration date
- instructor's name

An exemption will be allowed if a candidate submits a letter from a physician verifying that the individual has a permanent disability that prevents achievement of a Healthcare Provider BLS certificate.

Healthcare Provider BLS certificates will only be accepted from the providers below. Please contact DANB prior to submitting your application if your provider is not listed below. If you do not receive approval for your provider from DANB prior to submitting your application, your application will be returned as incomplete and DANB will retain the \$75 nonrefundable processing fee.

### Healthcare Provider BLS Providers

- American CPR Care Association\*
- American Environmental Health and Safety
- American Health Care Academy\*
- American Heart Association
- American Red Cross
- American Safety and Health Institute
- Canadian Red Cross
- Emergency Care and Safety Institute
- Emergency First Response
- Emergency Medical Training Associates
- Emergency University\*
- EMS Safety Services
- Medic First Aid
- Medical Training Associates
- Military Training Network
- National Safety Council (Green Cross)
- Pacific Medical Training (BLS only through <https://911coned.com/>)
- ProCPR\*
- Saudi Heart Association

\*Not all courses include the required hands-on exam. Contact BLS provider to ensure the course includes a hands-on skills assessment and will be accepted by DANB.

## Application Checklist

### Have you:

- ☐ Read the instructions and information in this application packet?
- ☐ Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See Application Statements, p.3)
- ☐ Filled out the certificate application in its entirety?
- ☐ Signed and dated the certificate application?
- ☐ Enclosed the certificate fee or provided credit card information?
- ☐ Enclosed proof of successful completion of an OBD-approved exam or course?
- ☐ Enclosed a copy of the front and back of your current Healthcare Provider BLS certificate?
- ☐ Made a copy of your entire application packet for your records?
- ☐ Addressed your envelope OR prepared your information to be emailed?

### *Mail to:*

Dental Assisting National Board, Inc. (DANB)  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

### *Email credit card payments only to:*

financefax@danb.org

### If you have not:

- completed the application in full,
- signed, dated and enclosed your application,
- enclosed supporting documentation, and
- provided payment (check, money order, cashier's check) or payment information (credit card)

*your application will be considered incomplete and will not be processed.*

**Incomplete certificate applications will be denied and the \$75 (\$25 nonrefundable application fee and \$50 nonrefundable certificate fee) fee will be retained by DANB.**



Dental Assisting National Board

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April 14, 2025

Stephen Prisby, Executive Director  
Oregon Board of Dentistry  
[stephen.prisby@obd.oregon.gov](mailto:stephen.prisby@obd.oregon.gov)

Dear Stephen,

In accordance with the provisions of Oregon statute taking effect July 1, 2025, DANB has made the following preparations to continue providing examination services to the State of Oregon in connection with state certification of dental assistants by the Oregon Board of Dentistry.

The provisions of the statute specify that, if passage of a written examination is required for certification as a dental assistant, including any type of expanded function dental assistant, the Board may accept the results of any examination meeting the following criteria:

1. The exam is offered by a testing agency approved by the Board in rule.
2. The exam is offered in plain language.
3. The exam is offered in English, Spanish, and Vietnamese.

And further,

4. The Board may not require an applicant for certification as a dental assistant to complete more than one written examination for certification as that type of dental assistant.

DANB staff looks forward to attending the Board's April 25, 2025, meeting and presenting information about how DANB will meet each of these provisions. In the interim, we are providing the materials on the pages that follow to lay the foundation for shared understanding and to facilitate discussion.

It has been our honor and privilege to serve the Oregon Board of Dentistry, Oregon dental assistants and dentists, and the citizens of Oregon and we look forward to continuing to meet the needs of OBD in the future. Please let us know if there are any questions.

Best regards,

Katherine Landsberg  
Director, Government Relations

### 1. **Approved Testing Agency**

The Board adopted a rule, effective January 1, 2025, that recognizes DANB as an acceptable testing agency for dental assistant certification.

### 2. **Plain Language**

In 2024, DANB reviewed exams items in the Radiation Health and Safety (RHS) exam item pool and began updating items to plain language. We carried out and implemented the following:

- Removed unnecessary words and replaced complex/challenging words with more accessible words when appropriate
- Wrote exam items as questions rather than open-ended statements
- Removed prepositional phrases when possible
- Reviewed for consistency of words/phrases throughout the exam

Exam items that have been reviewed and written since 2024 are written in plain language.

### 3. **English, Spanish and Vietnamese**

All DANB exams are currently available in English.

Translation of all exams required for any type of dental assisting certification in Oregon is underway; the Spanish and Vietnamese exams will be available no later than June 25, 2025, in accordance with the following table:

Exam Name (Acronym)	Current/New	Required/Recognized For	Spanish Translation Available	Vietnamese Translation Available
Radiation Health and Safety (RHS) Exam	Current	Radiologic Proficiency Certificate	January 2024	June 2025
Infection Control Exam (ICE)	Current	Expanded Functions Dental Assistant Expanded Functions Orthodontic Dental Assistant Expanded Functions Preventive Dental Assistant	May 2025	June 2025
Coronal Polishing (CP) Exam	Current	Expanded Functions Preventive Dental Assistant	June 2025	June 2025
Oregon Expanded Functions General Dental Assisting Exam (ORXG)	Current	Expanded Functions Dental Assistant Expanded Functions Preventive Dental Assistant	May 2025	June 2025



Exam Name (Acronym)	Current/New	Required/Recognized For	Spanish Translation Available	Vietnamese Translation Available
Oregon Expanded Functions Orthodontic Assisting Exam (ORXO)	Current	Expanded Functions Orthodontic Dental Assistant	May 2025	June 2025
Expanded Functions with Infection Control (EFIC) Exam	<b>NEW*</b>	Expanded Functions Dental Assistant Expanded Functions Preventive Dental Assistant	May 2025	June 2025
Orthodontic Expanded Functions with Infection Control (OEFIC) Exam	<b>NEW*</b>	Expanded Functions Orthodontic Dental Assistant	May 2025	June 2025
Coronal Polishing with Infection Control (CPIC) Exam	<b>NEW*</b>	Expanded Functions Preventive Dental Assistant	June 2025	June 2025

\*Please see section 4 for more information about new exams, to be introduced in June 2025.

#### 4. One Written Exam Per Certification Type

##### A. *New Exams*

To accommodate the provision of statute relative to the number of written exams that may be required for each type of dental assisting certification, DANB will introduce the following three new exams in June 2025:

**Expanded Functions with Infection Control Exam (EFIC)** – See Attachment A for exam specifications

**Orthodontic Expanded Functions with Infection Control Exam (OEFIC)** – See Attachment B for exam specifications

**Coronal Polishing with Infection Control Exam (CPIC)** – See Attachment C for exam specifications

##### B. *Proposed Revised Qualification Pathways for Oregon Certificates*

The tables that follow show:

- the existing qualification pathways for each certificate that currently requires a written exam
- a proposed revision that allows a candidate for the certificate to obtain the certificate by taking only one written exam, as required by statute

The yellow highlighted cells in the tables represent those pathways where a single exam is already an option, or where a set of two exams will be replaced by a single exam.

**Radiologic Proficiency Certificate:**

Dental Assistant Certification	Rule	Requirements		One exam that meets the requirements
		<b>Pathway I</b>	<b>Pathway II</b>	
Certification - Radiologic Proficiency	818-042-0060	Complete a course approved by the OBD, pass the <b>Radiation Health and Safety (RHS) Exam</b> , submit verification from licensed dentist	Be certified or have work experience in another state that has training and certification requirements similar to Oregon's	RHS (Pathway I)
No revisions needed				

**Expanded Function Dental Assistant (EFDA) Certificate:**

Dental Assistant Certification	Rule	Requirements				One exam that meets the requirements
		<b>Pathway I</b>	<b>Pathway II</b>	<b>Pathway III</b>	<b>Pathway IV</b>	
CURRENT:  Certification - Expanded Function Dental Assistant (EFDA)	818-042-0080	Hold the OR Rad cert and successfully complete a CODA-accredited dental assisting program	Hold the OR Rad cert, pass the CDA exam and pass the Expanded Function Dental Assistant Exam, submit verification from a licensed dentist	Hold the OR Rad cert, pass the <b>Infection Control exam, and pass the Expanded Function Dental Assistant Exam</b> , submit verification from a licensed dentist	Be certified or have work experience in another state that has training and certification requirements similar to Oregon's	
<b>PROPOSED NEW</b>  Certification - Expanded Function Dental Assistant (EFDA)		<b>No change</b>	Hold the OR Rad cert, <b>have earned the CDA certification or already passed infection control</b> , and pass the Expanded Function Dental Assistant Exam, submit verification from a licensed dentist	Hold the OR Rad cert, pass the <b>Expanded Functions with Infection Control Exam</b> , submit verification from a licensed dentist	<b>No change</b>	<b>EFIC (Pathway III)</b>

**Expanded Function Orthodontic Dental Assistant (EFODA) Certificate:**

Dental Assistant Certification	Rule	Requirements				One exam that meets the requirements
		Pathway I	Pathway II	Pathway III	Pathway IV	
CURRENT  Certification - Expanded Function Dental Assistant (EFODA)	818-042-0110	Complete a course of instruction in a CODA-accredited dental assisting program	Pass the CDA or COA exam and pass the <b>Expanded Function Orthodontic Assistant Exam</b> , submit verification from a licensed dentist	Pass the <b>Infection Control exam, and pass the Expanded Function Orthodontic Assistant Exam</b> , submit verification from a licensed dentist	Be certified or have work experience in another state that has training and certification requirements similar to Oregon's	
PROPOSED NEW  Certification - Expanded Function Dental Assistant (EFODA)		No change	Have already passed the CDA or COA exam, or passed the ICE exam, and pass the <b>Expanded Function Orthodontic Assistant Exam</b> , submit verification from a licensed dentist	Pass the <b>Orthodontic Expanded Functions with Infection Control Exam (OEFIG)</b> , submit verification from a licensed dentist	No change	OEFIG (Pathway III)

### Expanded Function Preventive Dental Assistant (EFPDA) Certificate:

Dental Assistant Certification	Rule	Requirements				One exam that meets the requirements
		<b>Pathway I</b>	<b>Pathway II</b>	<b>Pathway III</b>	<b>Pathway IV</b>	
<b>CURRENT</b>  Certification — Expanded Function Preventive Dental Assistants (EFPDA)	818-042-0113	Hold the OR Rad cert and successfully complete a course of instruction in a program accredited by CODA	Hold OR Rad cert, pass the <b>Infection Control Exam, and pass the CPFDA, the Expanded Function Dental Assistant Exam, or the Coronal Polishing exam</b> , submit verification from a licensed dentist	Be certified or have work experience in another state that has training and certification requirements similar to Oregon's		
<b>PROPOSED NEW</b>  Certification — Expanded Function Preventive Dental Assistants (EFPDA)	818-042-0113	No change	Hold OR Rad cert, have already passed the <b>Infection Control Exam, and pass the <del>CPFDA</del>, Expanded Function Dental Assistant Exam, or the Coronal Polishing exam</b> , submit verification from a licensed dentist	<b>New pathway:</b> Hold OR Rad cert, pass the Expanded Functions with Infection Control Exam (EFIC), or the Coronal Polish with Infection Control Exam (CPIC), submit verification from a licensed dentist	<b>Pathway III becomes Pathway IV:</b> Be certified or have work experience in another state that has training and certification requirements similar to Oregon's	EFIC (Pathway III) and CPIC (Pathway III)

### C. Proposed Revised Rule Language for New Pathways

#### 818-042-0080 Certification – Expanded Function Dental Assistant (EFDA)

The Board may certify a dental assistant as an expanded function assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of;
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded~~

~~Function Dental Assistant examination, Oregon Expanded Functions with Infection Control examination,~~ or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations.

The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

#### **818-042-0110 Certification - Expanded Function Orthodontic Dental Assistant (EFODA)**

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) Completion of an application, payment of fee and satisfactory evidence of;
  - (a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or
  - (b) Passage of the ~~Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination,~~ Oregon Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and

removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients.

### **818-042-0113 Certification — Expanded Function Preventive Dental Assistants (EFPDA)**

The Board may certify a dental assistant as an expanded function preventive dental assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of;
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant examination, or the Coronal Polishing (CP) examination, Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination,~~ or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.



# Oregon Expanded Functions with Infection Control (EFIC) Exam

## Exam Characteristics and Exam Outline

### Exam Characteristics

Number of Multiple-Choice Questions	160
Time for Exam (minutes)	135

### Exam Weighting by Domain

- I. Prevention of Disease Transmission (9%)
- II. Prevention of Cross-contamination (15%)
- III. Process Instruments and Devices (11%)
- IV. Occupational Safety and Administration Protocols (9%)
- V. Restorative Functions (29%)
- VI. Coronal Polish (12%)
- VII. Anatomy and Collection of Clinical Data (13%)
- VIII. Tooth Whitening (3%)

The exam is administered in-person and through remote online proctoring. The candidate may choose the method they prefer. Remote proctoring allows candidates to take exams using their own computer while being remotely monitored by webcam and microphone.

## Oregon Expanded Functions with Infection Control (EFIC) Exam Outline

### I. Prevention of Disease Transmission (9%)

- A. Infectious diseases
  - 1. Modes of disease transmission
  - 2. Patient safety
  - 3. Occupational risk
- B. Review medical histories for transmissible diseases.
- C. Hand hygiene, including but not limited to:
  - 1. product types (e.g., antimicrobial, antibacterial, alcohol rub).
  - 2. skin/nail care.
  - 3. techniques.
  - 4. protocols
- D. Use of personal protective equipment (PPE), including but not limited to:
  - 1. select appropriate PPE.
  - 2. prepare PPE for reuse.
  - 3. don and doff techniques and sequence.
  - 4. patient safety precautions.
  - 5. dispose of contaminated PPE.
- E. Minimize contact with aerosols, droplets and spatter using, but not limited to:
  - 1. barriers.
  - 2. dental dams.
  - 3. evacuation.

### II. Prevention of Cross-contamination (15%)

- A. Clean and disinfect treatment areas and laboratories
- B. Prepare and use chemical disinfectants.
- C. Use of surface barriers.
- D. Prepare tray setups (e.g., single-use devices [SUD], single unit dosing, aseptic retrieval).
- E. Maintain and monitor dental unit water lines.
- F. Clean and maintain evacuation lines and traps.
- G. Clean and disinfect equipment, including but not limited to radiography equipment.
- H. Disinfect impressions and dental appliances.
- I. Dispose of biohazardous and other waste.



### III. Process Instruments and Devices (11%)

- A. Process instruments and devices, including but not limited to:
  - 1. transport contaminated instruments/devices.
  - 2. follow workflow patterns.
  - 3. prepare and use chemical agents.
  - 4. select the system for sterilization.
  - 5. package and label for sterilization.
  - 6. load and unload the sterilizer.
  - 7. store and maintain sterility.
- B. Monitor and maintain processing equipment (e.g., sterilizers, ultrasonic cleaner).
  - 1. Select the system for sterilization monitoring.
  - 2. Interpret results from sterilization monitoring devices.
  - 3. Respond to equipment malfunctions.

### IV. Occupational Safety and Administration Protocols (9%)

- A. Occupational safety regulations, standards and guidelines:
  - 1. OSHA Bloodborne Pathogens Standard as it applies to, but not limited to:
    - a. engineering and work practice controls.
    - b. needle and sharps safety.
    - c. sharps exposure and post-exposure protocols.
    - d. record keeping and training.
  - 2. OSHA Hazard Communication Standard as it applies to, but not limited to:
    - a. chemical exposure/hazard and first aid.
    - b. engineering and work practice controls.
    - c. safety data sheets (SDS).
    - d. secondary containers.
  - 3. CDC guidelines.
  - 4. Federal regulations (e.g., EPA, FDA).
- B. Maintain and document programs and policies for infection prevention control and safety, including but not limited to:
  - 1. exposure control plan.
  - 2. infection control breaches.
  - 3. quality assurance (quality improvement).
  - 4. sterilization logs/records.
  - 5. training records.

## V. Restorative Functions (29%)

- A. Isolation
- B. Place matrices
- C. Remove excess cement
- D. Dental materials
- E. Instruments
- F. Fabricate temporary crowns
  - 1. Trial fit
  - 2. Initial placement and removal
  - 3. Interproximal and interocclusal contacts
  - 4. Contour and margin fit

## VI. Coronal Polish (12%)

- A. Tooth deposits
- B. Instruments
- C. Dental materials
- D. Procedure

## VII. Anatomy and Collection of Clinical Data (13%)

- A. Dentition
- B. Tooth surfaces and anatomical features
- C. Occlusion classifications
- D. Tooth numbering systems
- E. Anatomic landmarks of the oral cavity
- F. Dental caries
- G. Tooth anomalies
- H. Periodontal disease
- I. Vital signs
- J. Clinical charting

## VIII. Tooth whitening (3%)



# Oregon Orthodontic Expanded Functions with Infection Control (OEFIC) Exam

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## Exam Characteristics and Exam Outline

### Exam Characteristics

Number of Multiple-Choice Questions	135
Time for Exam (minutes)	120

### Exam Weighting by Domain

- I. Prevention of Disease Transmission (10%)
- II. Prevention of Cross-contamination (18%)
- III. Process Instruments and Devices (13%)
- IV. Occupational Safety and Administration Protocols (10%)
- V. Place Fixed Orthodontic Appliances (32%)
- VI. Fit and Adjust Headgear (3%)
- VII. Take Impressions for Study Models or Temporary Oral Devices (6%)
- VIII. Anatomy and Collection of Clinical Data (7%)

The exam is administered in-person and through remote online proctoring. The candidate may choose the method they prefer. Remote proctoring allows candidates to take exams using their own computer while being remotely monitored by webcam and microphone.

## Oregon Orthodontic Expanded Functions with Infection Control (EFIC) Exam Outline

### I. Prevention of Disease Transmission (10%)

#### A. Infectious diseases

1. Modes of disease transmission
2. Patient safety
3. Occupational risk

#### B. Review medical histories for transmissible diseases.

#### C. Hand hygiene, including but not limited to:

1. product types (e.g., antimicrobial, antibacterial, alcohol rub).
2. skin/nail care.
3. techniques.
4. protocols

#### D. Use of personal protective equipment (PPE), including but not limited to:

1. select appropriate PPE.
2. prepare PPE for reuse.
3. don and doff techniques and sequence.
4. patient safety precautions.
5. dispose of contaminated PPE.

#### E. Minimize contact with aerosols, droplets and spatter using, but not limited to:

1. barriers.
2. dental dams.
3. evacuation.

### II. Prevention of Cross-contamination (18%)

#### A. Clean and disinfect treatment areas and laboratories

#### B. Prepare and use chemical disinfectants.

#### C. Use of surface barriers.

#### D. Prepare tray setups (e.g., single-use devices [SUD], single unit dosing, aseptic retrieval).

#### E. Maintain and monitor dental unit water lines.

#### F. Clean and maintain evacuation lines and traps.

#### G. Clean and disinfect equipment, including but not limited to radiography equipment.

#### H. Disinfect impressions and dental appliances.

#### I. Dispose of biohazardous and other waste.

### III. Process Instruments and Devices (13%)

- A. Process instruments and devices, including but not limited to:
  - 1. transport contaminated instruments/devices.
  - 2. follow workflow patterns.
  - 3. prepare and use chemical agents.
  - 4. select the system for sterilization.
  - 5. package and label for sterilization.
  - 6. load and unload the sterilizer.
  - 7. store and maintain sterility.
- B. Monitor and maintain processing equipment (e.g., sterilizers, ultrasonic cleaner).
  - 1. Select the system for sterilization monitoring.
  - 2. Interpret results from sterilization monitoring devices.
  - 3. Respond to equipment malfunctions.

### IV. Occupational Safety and Administration Protocols (10%)

- A. Occupational safety regulations, standards and guidelines:
  - 1. OSHA Bloodborne Pathogens Standard as it applies to, but not limited to:
    - a. engineering and work practice controls.
    - b. needle and sharps safety.
    - c. sharps exposure and post-exposure protocols.
    - d. record keeping and training.
  - 2. OSHA Hazard Communication Standard as it applies to, but not limited to:
    - a. chemical exposure/hazard and first aid.
    - b. engineering and work practice controls.
    - c. safety data sheets (SDS).
    - d. secondary containers.
  - 3. CDC guidelines.
  - 4. Federal regulations (e.g., EPA, FDA).
- B. Maintain and document programs and policies for infection prevention control and safety, including but not limited to:
  - 1. exposure control plan.
  - 2. infection control breaches.
  - 3. quality assurance (quality improvement).
  - 4. sterilization logs/records.
  - 5. training records.

### V. Place Fixed Orthodontic Appliances (32%)

- A. Prepare teeth for bonding or placement of orthodontic appliances
- B. Select, pre-position and cure orthodontic brackets, attachments and/or retainers
- C. Remove separators
- D. Select and size bands
- E. Select, place and remove arch wires and ligature ties
- F. Remove bands, brackets and attachments with the removal of bonding material and cement, including the use of ultrasonic equipment

## VI. Fit and Adjust Headgear (3%)

## VII. Take Impressions for Study Models or Temporary Oral Devices, Including but not limited to: (6%)

- A. Space maintainers
- B. Orthodontic retainers
- C. Occlusal guards

## VIII. Anatomy and Collection of Clinical Data (7%)

- A. Dentition
- B. Tooth surfaces and anatomical features
- C. Occlusion classifications
- D. Tooth numbering systems
- E. Anatomic landmarks of the oral cavity
- F. Dental caries
- G. Tooth anomalies
- H. Periodontal disease
- I. Vital signs
- J. Clinical charting



# Coronal Polishing with Infection Control

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## Exam Characteristics and Exam Outline

### Exam Characteristics

Number of Multiple-Choice Questions	140
Time for Exam (minutes)	120

### Exam Weighting by Domain

- I. Evaluation (8%)
- II. Instruments and Materials (10%)
- III. Procedures (19%)
- IV. Administration (13%)
- V. Prevention of Disease Transmission (10%)
- VI. Prevention of Cross-contamination (17%)
- VII. Process Instruments and Devices (13%)
- VIII. Occupational Safety and Administration Protocols (10%)

The exam is administered in-person and through remote online proctoring. The candidate may choose the method they prefer. Remote proctoring allows candidates to take exams using their own computer while being remotely monitored by webcam and microphone.

## **Coronal Polishing with Infection Control (CPIC) Exam Outline**

### **I. Evaluation (8%)**

- A. Health and dental histories
- B. Anatomy and pathologies of the oral cavity, including but not limited to:
  - 1. Arches, quadrants and sextants
  - 2. Primary, mixed and permanent dentitions
  - 3. Universal tooth numbering system
- C. Characteristics of plaque, calculus and materia alba
- D. Tooth stains
- E. Restorations
- F. Differences between coronal polishing and oral prophylaxis

### **II. Instruments and Materials (10%)**

- A. Select instruments and materials
- B. Characteristics of abrasives and polishing agents
- C. Personal protective equipment (PPE)

### **III. Procedures (19%)**

- A. Position equipment, operator and patient
- B. Operate low-speed handpiece
- C. Fulcrum
- D. Polishing stroke pattern and sequence
- E. Infection prevention and control
- F. Maintenance of instruments and equipment

### **IV. Administration (13%)**

- A. Legal record maintenance and legal responsibilities, including but not limited to:
  - 1. clinical/treatment notes.
  - 2. Health Insurance Portability and Accountability Act (HIPAA).
- B. Patient education, including but not limited to:
  - 1. purpose of coronal polishing.
  - 2. oral disease prevention and progression.
  - 3. pre- and post-operative instructions.



- C. Safety data sheets (SDS) for coronal polishing materials

## V. Prevention of Disease Transmission (10%)

### A. Infectious diseases

1. Modes of disease transmission
2. Patient safety
3. Occupational risk

### B. Review medical histories for transmissible diseases.

### C. Hand hygiene, including but not limited to:

1. product types (e.g., antimicrobial, antibacterial, alcohol rub).
2. skin/nail care.
3. techniques.
4. protocols

### D. Use of personal protective equipment (PPE), including but not limited to:

1. select appropriate PPE.
2. prepare PPE for reuse.
3. don and doff techniques and sequence.
4. patient safety precautions.
5. dispose of contaminated PPE.

### E. Minimize contact with aerosols, droplets and spatter using, but not limited to:

1. barriers.
2. dental dams.
3. evacuation.

## VI. Prevention of Cross-contamination (17%)

### A. Clean and disinfect treatment areas and laboratories

### B. Prepare and use chemical disinfectants.

### C. Use of surface barriers.

### D. Prepare tray setups (e.g., single-use devices [SUD], single unit dosing, aseptic retrieval).

### E. Maintain and monitor dental unit water lines.

### F. Clean and maintain evacuation lines and traps.

### G. Clean and disinfect equipment, including but not limited to radiography equipment.

### H. Disinfect impressions and dental appliances.

### I. Dispose of biohazardous and other waste.

## VII. Process Instruments and Devices (13%)

- A. Process instruments and devices, including but not limited to:
  - 1. transport contaminated instruments/devices.
  - 2. follow workflow patterns.
  - 3. prepare and use chemical agents.
  - 4. select the system for sterilization.
  - 5. package and label for sterilization.
  - 6. load and unload the sterilizer.
  - 7. store and maintain sterility.
- B. Monitor and maintain processing equipment (e.g., sterilizers, ultrasonic cleaner).
  - 1. Select the system for sterilization monitoring.
  - 2. Interpret results from sterilization monitoring devices.
  - 3. Respond to equipment malfunctions.

## VIII. Occupational Safety and Administration Protocols (10%)

- A. Occupational safety regulations, standards and guidelines:
  - 1. OSHA Bloodborne Pathogens Standard as it applies to, but not limited to:
    - a. engineering and work practice controls.
    - b. needle and sharps safety.
    - c. sharps exposure and post-exposure protocols.
    - d. record keeping and training.
  - 2. OSHA Hazard Communication Standard as it applies to, but not limited to:
    - a. chemical exposure/hazard and first aid.
    - b. engineering and work practice controls.
    - c. safety data sheets (SDS).
    - d. secondary containers.
  - 3. CDC guidelines.
  - 4. Federal regulations (e.g., EPA, FDA).
- B. Maintain and document programs and policies for infection prevention control and safety, including but not limited to:
  - 1. exposure control plan.
  - 2. infection control breaches.
  - 3. quality assurance (quality improvement).
  - 4. sterilization logs/records.
  - 5. training records.

## 818-042-0110

### Certification — Expanded Function Orthodontic Dental Assistant (EFODA)

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) Completion of an application, payment of fee and satisfactory evidence of:
  - (a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or
  - (b) Passage of the Oregon ~~Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and~~ Orthodontic Expanded Functions ~~Orthodontic Assistant~~ with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting Examination, or equivalent successor examinations administered by DANB, or any other testing agency approved by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function orthodontic duties in subsection (b). If no expanded function orthodontic certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function orthodontic duties until EFODA certification is achieved.

**818-042-0050**

**Taking of X-Rays — Exposing of Radiographic Images**

(1) A Licensee may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:

(a) A dental assistant certified by the Board in radiologic proficiency; or

(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.

(2) A licensee may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental therapist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist, dental therapist or dental hygienist that the assistant is proficient to take radiographic images.

(3) A dental therapist may not order a computerized tomography scan

## **818-042-0080**

### **Certification — Expanded Function Dental Assistant (EFDA)**

The Board may certify a dental assistant as an expanded function assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of;
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

**818-042-0113****Certification — Expanded Function Preventive Dental Assistants (EFPDA)**

The Board may certify a dental assistant as an expanded function preventive dental assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of;
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.