OREGON BOARD OF DENTISTRY
MINUTES
December 14, 2018

MEMBERS PRESENT:	Gary Underhill, D.M.D., President Amy B. Fine, D.M.D., Vice President Todd Beck, D.M.D. Hai Pham, D.M.D. Yadira Martinez, R.D.H. Julie Ann Smith, D.D.S., M.D., M.C.R. Jose Javier, D.D.S. Alicia Riedman, R.D.H. Jennifer Brixey
STAFF PRESENT:	Stephen Prisby, Executive Director Daniel Blickenstaff, D.D.S., Dental Director/ Chief Investigator Teresa Haynes, Office Manager (portion of meeting) Shane Rubio, Investigator (portion of meeting) Harvey Wayson, Investigator (portion of meeting) Haley Robinson, Investigator (portion of meeting) Samantha VandeBerg, Office Specialist (portion of meeting)
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General
VISITORS PRESENT:	Jen Lewis-Goff, ODA; Conor McNulty, ODA; Jim McMahan, D.M.D., ODA; Brandon Schwindt, D.M.D.; Cassie Leone, ODA; Barry Taylor, D.M.D., ODA; Mary Harrison, ODAA; Phil Marucha, D.M.D., Ph.D., OHSU; Heather Mobus, R.D.H.; Lisa J. Rowley, R.D.H., ODHA

Call to Order: The meeting was called to order by the President at 7:32a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES
Dr. Beck moved and Dr. Pham seconded that the minutes of the October 19, 2018 Board Meeting be approved as amended. The motion passed unanimously.

NEW BUSINESS

ASSOCIATION REPORTS

Oregon Dental Assistants Association
Mary Harrison reported that she and Ginny Jorgensen met with staff members from the Board to discuss possible rule changes for dental assistants.

Oregon Dental Hygienists' Association

Lisa Rowley, R.D.H., reported the new officers for the ODHA: Lesley Harbison, R.D.H., President; and Tiffany Foy, R.D.H., Vice-President. She also reported that the ODHA sent a letter to the Oregon Health Authority, echoing the Oregon Dental Association's concerns regarding Dental Pilot Project #100.

Oregon Dental Association
Dr. McMahan reported that the ODA is still working on getting providers to sign up for the Prescription Drug Monitoring Program since the change went into effect requiring registration. Dr. McMahan thanked the Board for the positive relationship that they have had with the ODA.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report
Dr. Fine reported examination changes to WREB, the Dental Exam Review Board (DERB) and the Hygiene Exam Review Board (HERB).

AADB Liaison Report
Nothing to report at this time.

ADEX Liaison Report
Nothing to report at this time.

CDCA Liaison Report
Dr. Fine reported the CDCA annual meeting will occur in January, 2019.

Anesthesia Committee
The Anesthesia Committee met on November 28, 2018, and requested that several proposed rules be sent to the appropriate Committees.

OAR 818-026-0060 – Continuing Education - Dentists
Dr. Javier moved and Dr. Pham seconded that the Board send OAR 818-021-0060(5) – Continuing Education (Dentists) to the Rules and Oversight Committee requiring dentists to complete a one hour pain management course every third renewal cycle. The motion passed unanimously.

Dr. Beck moved and Dr. Pham seconded that the Board send OAR 818-021-0060(6) – Continuing Education (Dentists) to the Rules and Oversight Committee to consider reducing the infection control requirement from two hours to one. The motion passed unanimously.

> **818-021-0060**
> **Continuing Education — Dentists**
> (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
> (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.
(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) All dentists licensed by the Oregon Board of Dentistry will complete**, every third renewal cycle,** a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. **The implementation of this requirement will be effective January 1, 2020.** All applicants ~~or licensees~~ shall complete this requirement ~~by January 1, 2010 or~~ within ~~24 months of~~ the first renewal **cycle** of the dentist's license**, and every third renewal cycle thereafter**.
(6) At least ~~2~~ **(1)** hour~~s~~ of continuing education must be related to infection control. ~~(Effective January 1, 2015.)~~

OAR 818-026-0010(6) – Definitions

Dr. Beck moved and Ms. Martinez seconded that the Board send OAR 818-026-0010(6) to the Rules Oversight Committee as presented. The motion passed unanimously.

818-026-0010(6)
Definitions
(6) “Minimal Sedation” means minimally depressed level of consciousness, produced by non-intravenous pharmacological methods, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use**, can be achieved by incremental dosing**. Nitrous oxide/oxygen may be used in combination with a single non-intravenous pharmacological method in minimal sedation. **Maintenance of minimal sedation can be achieved through supplemental dosing.**
(7) “Nitrous Oxide Sedation” means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.
(8) “Maximum recommended dose” (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.
(9) “Incremental Dosing” means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) “Supplemental Dosing” means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
(11) “Enteral Route” means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.
(12) “Parenteral Route” means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.
(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.
(a) ASA I “A normal healthy patient”.
(b) ASA II “A patient with mild systemic disease”.
(c) ASA III “A patient with severe systemic disease”.
(d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.
(e) ASA V “A moribund patient who is not expected to survive without the operation”.
(f) ASA VI “A declared brain-dead patient whose organs are being removed for donor

Dr. Javier moved and Dr. Fine seconded that the Board send the proposed changes to OAR 818-026-0030(4), OAR 818-026-0050, OAR 818-026-0060, OAR 818-818-026-0065, and OAR 818-026-0070 to the Rules and Oversight Committee for further review. The motion passed unanimously.

818-026-0030 – Requirement for Anesthesia Permit. ~~Standards and Qualifications of an Anesthesia Monitor~~
Requirement for Anesthesia Permit~~, Standards and Qualifications of an Anesthesia Monitor~~
(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.
(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.
(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:
(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or
(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or
(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.
(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level

from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

~~(4) Persons serving as anesthesia monitors in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.)~~

(4)~~(5)~~ A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Health Care Providers certificate or its equivalent.

(5)~~(6)~~ A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Health Care Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(6)~~(7)~~ Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

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

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

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

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

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

Nitrous Oxide Sedation.

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

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

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

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

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

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;

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

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

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

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

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

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

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

(a) Evaluate the patient;

(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and

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

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

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

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

(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained 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)~~(7)~~ The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

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

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

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

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

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

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

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

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

monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

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 in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained 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)~~(7)~~ The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, **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)~~(8)~~ The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

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, larynageal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

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

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

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for

Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

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

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (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 in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. Anesthesia monitors shall be 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)(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2 monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

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

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

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10)~~(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.

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

(12)~~(11)~~ After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

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

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 in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. Anesthesia monitors shall be 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)(7) The patient shall be monitored as follows:

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

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

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

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

(10)~~(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.
(11)~~(10)~~ A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
(12)~~(11)~~ Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist
(13)~~(12)~~ Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

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 in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. Anesthesia monitors shall be 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)(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia

and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

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

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

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

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

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

Ms. Martinez moved and Dr. Javier seconded that the Board send OAR 818-026-0080 to the Rules Oversight Committee as amended. The motion passed unanimously.

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

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

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

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.
(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.
(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient~~'s condition the patient is discharged~~ **until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document** the patient's condition at discharge ~~in the patient's dental record~~ as required by the rules applicable to the level of anesthesia being induced. ~~The~~ **A copy of the** anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.
(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.
(8)~~(7)~~ A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Recommendations from the Anesthesia Office Evaluation Safety Workgroup - July 31, 2018 Meeting

The Committee reviewed the Anesthesia Office Evaluation Safety Workgroups recommendations. The Committee directed staff to survey licensees on which emergency drugs they have in their offices, how often they check to make sure the drugs have not expired, if they hold emergency drills, and if so how often, if they utilize a qualified provider and if so, do they run emergency drills with the qualified provider.

1. Add an Attestation Form to renewal forms for those that have any level of anesthesia permit, with the form also indicating that the drugs kept for emergency management have not expired.
2. A reminder at the time of renewal that every office should hold quarterly emergency drills and the Board would give a brief outline of what should be covered in those drills.
3. A quiz be added to renewal forms for those that have a moderate, deep and general anesthesia permit.
4. That those that utilize a qualified provider per OAR 818-026-0080, attest that they hold emergency drills annually with that provider.
5. A recommendation that OAR 818-026-0080 be reviewed closer to highlight that no two patients can be sedated at any time, and that there be proper protocol and hand off to a qualified anesthesia monitor, if the qualified provider will no longer be required to monitor the patient until criteria for discharge met.
6. Review and update lists of drugs an office should have relevant to the anesthesia permit they hold and also of those the qualified provider has.

The Committee recommended that the Board implement a quiz as part of the renewal process for a sedation or general anesthesia permit. The Committee recommends that quiz be electronic and available at the time of renewing a licensee's dental license online.

Sample Quiz: Moderate, deep, general anesthesia

DPA rules

1) You provide moderate sedation or deeper to a population of patients aged 8 to 65. Which of the following certifications is required?
    a. ACLS only
    b. PALS and ACLS
    c. BLS only
    d. ACLS, PALS, and BLS
2) You have 4 operatories. How many patients can you have under either nitrous, minimal sedation, or moderate sedation at one time?
    a. 1
    b. 2
    c. 3
    d. 4
3) During the administration of moderate or deeper levels of sedation, the minimum number of people who must be in the operatory besides the dentist permit holder performing the procedure include:
    a. One dental assistant
    b. One BLS provider
    c. One anesthesia monitor and one BLS provider
    d. One BLS certified anesthesia monitor

Pre-anesthesia evaluation

1) All of the following findings on airway exam suggest a possible increased risk for a difficult airway EXCEPT:
    a. Mallampati class 3 or 4
    b. BMI > 35 kg/m^2
    c. Thyromental distance of 6.5 cm
    d. Maximal interincisal opening < 30 mm
2) Which of the following disease states is most likely to be a contraindication to in-office moderate or deeper levels of sedation, even assuming adequate treatment is in place?
    a. Obstructive sleep apnea
    b. Asthma
    c. Diabetes Mellitus
    d. Seizure disorder

3) All of the following patients are healthy 15 year olds who present for moderate sedation. Which patient is appropriately prepared for moderate sedation?
    a. Sally—last meal was chicken fingers 4 hours ago
    b. Jonathan—last meal was a skim latte 2 hours ago
    c. Katie—last meal was a cup of apple juice 4 hours ago
    d. Mark—last meal was a donut 30 minutes ago

Monitoring

1) During what levels of sedation is ETCO2 monitoring required?
    a. Moderate sedation
    b. Deep sedation or General anesthesia only
    c. Moderate, deep, and general anesthesia
    d. General anesthesia only
2) Who can monitor a patient during recovery who has undergone moderate sedation?
    a. The patient's parents
    b. The front desk receptionist
    c. The patient may be left alone once the procedure is complete
    d. An individual trained to perform monitoring
3) Which of the following medications, if administered after sedation, will alter how long you plan to monitor the patient?
    a. Romazicon
    b. Ketorolac
    c. Acetaminophen
    d. Dexamethasone

Management of emergencies

1) Your patient is a healthy 15 year old with no personal or family history of anesthesia complications. During the course of sedation, your patient coughs and begins to desaturate. A crowing sound is heard from the throat. You identify laryngospasm and attempt positive pressure ventilation, which is unsuccessful. The oxygen saturation is 84%. Of the following, what drug would you select as your next step in treatment?
    a. Albuterol
    b. Hydrocortisone
    c. Succinylcholine
    d. Epinephrine
2) Your 59 year old patient under sedation begins obstructing his airway and he begins to desaturate. You attempt bag valve mask ventilation with both an oral airway and a nasal airway, but are still unable to ventilate. His preop saturation was 99% and now it is 83%. He is unconscious and has a pulse, but is not breathing. The next airway adjunct you might try is:
    a. Needle cricothyroidotomy
    b. Wait until he wakes up

c. Supraglottic airway
d. Tracheostomy

3) In the current ACLS algorithm for adult cardiac arrest, the drug that may be administered in addition to Epinephrine is:
   a. Lidocaine
   b. Vasopressin
   c. Adenosine
   d. Amiodarone

EXECUTIVE DIRECTOR'S REPORT

Board Member & Staff Updates

Mr. Prisby reported that the dental healthcare investigator job posting closed on November 27, and the OBD had five applicants. The phone interviews were planned to be conducted as this report was finalized to review the applicants' understanding of the job duties, with in-person interviews occurring in December.

OBD Budget Status Report

Mr. Prisby presented the latest budget report for the 2017 - 2019 Biennium. This report, which is from July 1, 2017 through, October 31, 2018, shows revenue of $2,645,764.99 and expenditures of $2,030,342.38.

OBD 2019-2021 Budget Request

Mr. Prisby reported the OBD's 2019 - 2021 Budget as proposed has been accepted by the Governor's office with a few technical adjustments. All fee increases proposed have been approved to go forward.

Governor's Condensed Budget Summary

Mr. Prisby presented the condensed summary of the Governor's overall budget for the Board's review. The Governor succinctly outlines her vision for Oregon's next budget cycle and beyond.

Customer Service Survey
Mr. Prisby presented the customer service surveys received from July 1, 2018 – November 30, 2018, with the majority rating their experience with the OBD positively.

New OBD Survey Format
Mr. Prisby reported that the OBD would start to utilize Survey Monkey and have a new format for the customer service survey with the implementation of the new OBD Website. The new format will allow the OBD present the survey results in a variety of ways and examples were presented in the Board Book.

Board and Staff Speaking Engagements
Mr. Prisby reported that the Oregon Dental Hygienists' Association Annual Conference was held on November 9 & 10 at the Sheraton Portland Airport Hotel. Teresa Haynes, Ingrid Nye, Haley Robinson and he presented a broad overview of Board operations on Friday, November 9. Board Member Alicia Riedman also participated in the presentation and shared her perspective with serving on the Board.

Dr. Daniel Blickenstaff gave a Board Updates Presentation in conjunction with DBIC to the Washington County Dental Society in Beaverton on Tuesday, November 13.

Mr. Prisby gave a "Board Updates" presentation to the Marion-Polk Dental Society in conjunction with DBIC's Risk Management presentation in Salem on Tuesday, December 11.

WREB Leadership Meeting & CTP
Mr. Prisby attended the Western Regional Examining Board (WREB) Leadership Meeting in Tempe, Arizona on October 25 & 26, 2018. WREB makes their Comprehensive Treatment Planning Exam available as a resource to state dental boards in disciplinary and remediation efforts.

AADA & AADB 2019 Mid-Year Meetings
Mr. Prisby reported that the American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB) 2019 Mid-Year Meetings are being held in Chicago March 9-10, 2019. Dr. Gary Underhill, Yadira Martinez, RDH and Lori Lindley are invited to attend this year's AADB meeting. Mr. Prisby is requesting the Boards approval for him to attend these meetings.

Dr. Fine moved and Ms. Martinez seconded to approve Mr. Prisby's request to attend the AADA and AADB 2019 mid-year meetings in Chicago, Illinois. The motion passed unanimously.

New OBD Website
Mr. Prisby announced that the OBD's mandatory transition from current website & technology platform to new website is almost complete. The new website will meet all E-Government guidelines and will of course be fine-tuned as the OBD gathers feedback from users. The OBD appreciates the learning curve and patience from all users during this transition. Mr. Prisby thanked Teresa Haynes for leading the OBD on this project. He announced that December 31, 2018 will be the tentative "go live" date for the new and improved website.

Newsletter

Mr. Prisby announced that the latest newsletter is available on our website. He thanked all staff members who contributed, with a special thanks to Haley Robinson, who assembled the newsletter. Dr. Amy B. Fine also lent her editorial skills once again.

UNFINISHED BUSINESS & RULES

Dental Implant Safety Workgroup

The Workgroup requested that board staff compile all of the information that has been presented at the Workgroup meetings and share it with the Board members for review.

Dr. Beck moved and Dr. Smith seconded that the Board move the proposed changes to OAR-818-012-0070 (to increase transparency to the patient regarding information about their specific implant) to the Licensing, Standards and Competency Committee for further review. The motion passed unanimously.

818-012-0070
Patient Records

(1) Each licensee shall have prepared and maintained an accurate record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:
(a) Name and address and, if a minor, name of guardian;
(b) Date description of examination and diagnosis;
(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent.
(d) Date and description of treatment or services rendered;
(e) Date, description and documentation of informing the patient of any recognized treatment complications;
(f) Date and description of all radiographs, study models, and periodontal charting;
(g) Health history; and
(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.
(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:
(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;
(b) The licensee gives the records, radiographs, or models to the patient; or
(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.
(4) When a dental implant is placed the following information must be given to the patient and maintained in the patient record:
(a) Manufacture brand;
(b) Design name of implant;
(c) Diameter and, length;
(d) Lot number;

(e) Reference number;
(f) Expiration date;
(g) Product labeling containing the above information may be used in satisfying this requirement.
~~(4)~~**(5)** When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.
~~(5)~~**(6)** Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

Dr. Beck moved and Ms. Martinez seconded the Board move the bullet points presented by Dr. Smith in regards to OAR 818-012-0070 to the Licensing, Standards and Competency Committee for further review. The motion passed unanimously.

- Require a written informed consent form for dental implant placement. The level of detail that should be included in such a form was not yet agreed upon.
- Develop the educational requirements/prerequisites for dentists who wish to place implants.
- Develop a plan for "grandfathering in" licensees with a great deal of experience and success placing and restoring dental implants.
- Require a certain amount of CE pertaining to dental implants be required of licensees practicing implant dentistry for each renewal cycle.
- Determine whether all licensed dentists will be required to complete a certain amount of CE pertaining to dental implants each renewal cycle.
- Communicate with the Oregon Dental Association regarding developing a set of specific "guidelines" for Oregon licensed dentists practicing implant dentistry.

Mr. Prisby stated that Dr. Beck had brought up a few Board meetings ago that the Board should consider putting into rules that patient records must be legible.

Dr. Beck moved and Dr. Javier seconded that the Board move the proposed changes to OAR 818-012-0070 (to add the requirement of notes being legible) to the Licensing, Standards and Competency Committee for further review. The motion passed unanimously.

818-012-0070
Patient Records
(1) Each licensee shall have prepared and maintained an accurate **and legible** record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:
(a) Name and address and, if a minor, name of guardian;
(b) Date description of examination and diagnosis;

(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent.
(d) Date and description of treatment or services rendered;
(e) Date, description and documentation of informing the patient of any recognized treatment complications;
(f) Date and description of all radiographs, study models, and periodontal charting;
(g) Health history; and
(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.
(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:
(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;
(b) The licensee gives the records, radiographs, or models to the patient; or
(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.
(4) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.
(5) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

Oregon Dental Association request for clarification regarding dentists administering HbA1c testing for patients

Dr. Beck moved and Dr. Fine seconded that the Board recognizes that it is within the scope of practice for Oregon licensed dentists to perform in-office A1C diabetes screening tests for at-risk patients. The board noted that: a) such testing is not presumed to be the standard of care; and b) for A1C screenings beyond the normal range, dentists should refer patients to a physician for a formal evaluation, diagnosis, and treatment. The motion passed unanimously.

Dr. Beck moved and Dr. Fine seconded to amend the previous motion to include Oregon Licensed Dental Hygienists in addition to dentists. The motion passed unanimously.

CORRESPONDENCE

Dr. Aarati Kalluri – Invisalign and EFDA Duties
Dr. Kalluri submitted a letter to the Board requesting clarification on whether or not EFDAs can perform Invisalign orthodontic functions without an EFODA certification. The Board instructed staff to send Dr. Kalluri a letter clarifying the rules regarding EFDA and EFODA scope of practice, and affirm that the Board considers Invisalign attachments to be an orthodontic bracket, therefore requiring EFODA certification.

Kindee Moore, RDH – Restorative Functions Scope of Practice
Ms. Moore submitted an email to the Board requesting clarification on whether or not it is within the scope of practice of a Restorative Functions Dental Hygienist to remove small amounts of composite with a hand-piece in order to create a new box to try to get better contact. The Board instructed staff to send Ms. Moore a letter clarifying the rules regarding Restorative Functions scope of practice, and affirm that the Board does not consider it to be within their scope of practice to do so.

Request for Approval of a Local Anesthesia Course – Community College of Southern Nevada
Raymond D. Rawson, D.D.S., M.A., is requesting that the Board approve the Community College of Southern Nevada's continuing education program for local anesthesia.

Ms. Martinez moved and Dr. Fine seconded that the Board approve the local anesthesia course from the Community College of Southern Nevada. The motion passed unanimously.

OTHER ISSUES

Dental Pilot Project #100
Dr. Underhill reported that the OHA Dental Director, Dr. Bruce Austin, sent an email to Mr. Prisby the day before the meeting indicating that he would not be in attendance today. He was to present an overview of the dental pilot projects and answer questions and concerns regarding pilot project #100.

Dr. Brandon Schwindt presented the following status report regarding Dental Pilot Project #100:

> Pilot Project #100 Status Report to the Board of Dentistry
> Prepared by Brandon Schwindt, DMD,
> Oregon Board of Dentistry Representative on OHA DPP #100 Advisory Committee.
> September 2018
>
> **Pilot Project Background**
> SB 738, approved in the 2012 legislative session, permits the Oregon Health Authority to approve pilot projects to explore new roles in Oregon's oral health workforce, allowing individuals to practice dentistry or dental hygiene within the restrictions of an approved pilot project without a license or outside of the scope of their license. "The goal of the Dental Pilot Project Program is to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that

evidence-based studies have shown have the highest disease rates and the least access to dental care," (OHA). The pilot project process includes regulatory oversight from OHA and a stakeholder advisory and oversight committee. Pilot Project #100: allows Dental Health Aide Therapists (DHAT), a new mid-level provider, to practice in tribal dental clinics. The project is sponsored by the NW Portland Area Indian Health Board and allows a DHAT to perform about 50 procedures ranging from placing sealants to performing simple extractions. The DHAT is trained in a 2-year post-high school program in Alaska.

Pilot Project #100

As reported to this body many times, there are serious concerns with Pilot Project #100. I continue to be greatly concerned by the standard of care patients are receiving as a part of this pilot project. I am equally concerned with OHA and Legislative lack of understanding of the importance of these issues and their role in protecting the public. In my opinion, tribal members do not deserve lesser care than they would receive otherwise from a practitioner licensed by this Board.

Failed Pilot Project #100 Site Visit

• An initial OHA report documenting the failed NARA site visit was released in late April. The report outlines key concerns:

- o Project failure to inform project sites of the directives issued by OHA (NW Portland Indian Health Board was not communicating with practitioners in the clinic about the rules and requirements as set forth by OHA.)
- o DHAT trainees were practicing on patients under the influence of Nitrous Oxide outside of approved scope of practice
- o DHAT trainees performed surgical extractions outside of approved scope of practice
- o The project failed to obtain written informed consent for services by the DHAT trainee on the date of service as required.

・ Only 74% of charts pulled included appropriate informed consent

・ Written informed consent missing entirely for one surgical patient

- o Procedures (CDT codes) were not accurately recorded in data reports
- o Patient records were incomplete

・ They did not record weight when administering analgesics to minors

• The Oregon Dental Association sent a letter of concern to OHA

- o The letter outlined concerns of patient safety and the agency's lack of response

• The final OHA report on the NARA site visit offered little new information and failed to document or address clinicians' concerns on patient safety issues.

- o The final report indicated that "no patient harm occurred," despite clinician opinion otherwise.

• Clinicians, including myself, reviewing the charts, found and documented serious patient safety concerns. Despite these issues, the Oregon Health Authority did not include these comments in the final report.

Advisory Committee Meeting September 10th, 2018
A quarterly meeting was held in Portland at 10am on September 10th. Cultural Competency and statistics were discussed but no mention of the chart reviews. Several reviewers noted that the care performed were far below standard of care. Multiple cases demonstrated a complete disregard of not only the project's own agreed-upon rules surrounding extractions, but standard operative dentistry practices taught in dental schools. Convergent walls on amalgam preps, SDF placement at the base of a resin prep in lieu of caries removal were common findings. Many of the reviewers listed the quality as 'Poor' or 'Worst'. When asked for a copy of the reviewers comments to be shared with the committee, the request was denied. Disappointingly, the summary of these clinical chart reviews listed zero of my own or any other reviewer comments. Instead the OHA summary report listed 'No harm to patients' and provided excuses for lack of quality care such as 'Integration of [this] new type of provider is not expected to be a seamless process' and 'New protocols have been adopted to remove potential barriers to communication...'. Most upsetting, the OHA director mentioned that since the reviewers, as a group, lacked a precise statistical pattern, Dr Austin announced that he will be the 'ultimate arbiter' of the clinical report summery. This OHA decision effectively silences all outside doctor assessments of surgical and operative procedures.
During the meeting, the committee was assured that the parameters were again being re-written for the 8th or 9th time to better provide care and now a dentist has been hired by the project to provide better oversight and organization. Several new intra oral cameras were also purchased by the plan sponsors.

In summary, many of the charts reviewed demonstrated such deviations from the standard of care that many would rise board violations including a license reprimand had the chart be presented in an OBD executive session. To date, I have seen no evidence of quality care by the DHATs and am concerned about the risk of oral health and safety that DHATs display at this time. Of equal concern, the OHA seems to be concealing any specific reporting of negative outcomes in their patient charts.

Next Steps
I will continue to advocate for patient safety throughout this process. I have asked the OHA to amend their definition of "Patient Harm" to reflect current dental standards. I will continue to voice concerns as needed and participate as able. I encourage this Board to stay informed and engaged on this issue. While I understand that the Board of Dentistry has no statutory authority in these projects, it is your role to protect the public when they go into a dental office. Ask questions of OHA. Ask to participate in chart reviews. Ask to participate in site visits. Patients in this Pilot Project deserve the same standard of care that all other Oregonians expect to receive.

On October 16, 2018, The Oregon Dental Association sent the following letter to the Oregon Health Authority outlining their concerns with Dental Pilot Project #100:

Director Allen,

Thank you for taking the time to meet with the Oregon Dental Association. We appreciate Dr. Hargunani and you listening to our continued deep concerns about patient safety and the quality of care related to Oregon Dental Pilot Project #100. Several of our past presidents, as well as a former Board of Dentistry member, participated in the pilot project advisory committees and remain concerned about the oversight process and the reviewed patient charts. They fear that some critical issues raised by them are dismissed by Oregon Health Authority (OHA) staff as being overly protective of the dental profession, not relevant to a specific procedure, and biased in approach.

As authors of the original language creating the workforce pilot project, we hope we can jointly find a solution that protects Oregonians, while at the same time allows the OHA to be successful in overseeing the pilot projects. We believe Oregon should continue to be a leader in health care finding new innovative solutions to better care, while maintaining quality and safety for patients.

OHA recently issued a final report of the NARA clinic site visit that inaccurately states no patient harm occurred. We object to this notion and argue that, indeed, patient harm occurred. Dental practitioners identified several charts that provide clear evidence of patient harm. For example, one patient will have to revisit a provider to have work redone that a DHAT performed incorrectly, a child was put at serious risk when analgesics were delivered without adequate patient weights being recorded, and other patients did not consent to having a specific procedure performed on them. The report also found that providers were operating outside of their approved scope of practice, further putting patients at risk.

Additionally, during the next round of chart reviews, at the second Pilot Project #100 site, more issues arose. In just a few charts, advisory committee clinicians found cases where the DHAT misdiagnosed cavities. In one instance the DHAT diagnosed dental decay where there clearly showed none, and in two additional cases they left cavities behind while placing fillings. In four separate cases DHAT's failed to place a bevel or shape of a white filling preparation, dooming that filling for a decreased lifespan and reinfection of cavities. Finally, and perhaps most concerning — there was a case where an elderly patient was subjected to a very painful, unnecessary anesthetic delivery. These are all examples of harm — harm in dentistry is often delayed, or not obvious to the patient.

It is worth noting these clinics serve historically marginalized and underserved communities. Ignoring these concerns to allow a lower standard of care for already underserved Oregonians does not provide social or health care justice. In fact, it promotes the opposite. Patients in these pilot projects deserve the same standard of care they would receive from any other practitioner in the state. Standards of care in Oregon should not be based on a patient's income or address.

As experts in the dental field, we are here, at the table, ready to assist to ensure patient safety. Please utilize our expertise and heed our suggestions and warnings about patient safety. Together we can work to ensure all Oregonians receive the quality of care they deserve.

ARTICLES AND NEWS (no action necessary)

- 13th Annual Oregon Oral Health Coalition Conference
- HPSP October 2018 Newsletter
- HPSP November 2018 Newsletter
- OHA Opioid Overdose Report
- AADB – Recent Board Actions and Staff Changes
- DANB Report – State of the States

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel

PERSONAL APPEARANCES AND COMPLIANCE ISSUES

2013-0119 – The Licensee appeared in Executive Session

OPEN SESSION: The Board returned to Open Session.

CONSENT AGENDA

2019-0076, 2019-0094, 2019-0099, 2019-0092, 2019-0081

Dr. Fine moved and Dr. Beck seconded that the Board close the matters with a finding of No Violation or No Further Action per the staff's recommendation. The motion passed unanimously.

2019-0070, 2019-0071

Dr. Fine moved and Dr. Beck seconded that the Board close the matters with a finding of No Violation or No Further Action per the staff's recommendation. The motion passed with Dr. Underhill, Dr. Fine, Ms. Brixey, Dr. Beck, Ms. Martinez, Dr. Pham, and Ms. Riedman voting aye. Dr. Smith and Dr. Javier recused.

COMPLETED CASES

2019-0005, 2019-0012, 2019-0024, 2007-0070, 2007-0176, 2007-0285, 2008-0116, 2009-0078, 2009-0109, 2009-0159, 2013-0043, 2018-0227, 2018-0235, 2019-0020, 2019-0085, 2019-0100

Dr. Fine moved and Ms. Martinez seconded that the Board close the matters with a finding of No Violation or No Further Action per the staff's recommendation. The motion passed unanimously.

2019-0030

Ms. Martinez moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that when he adds to a chart note entry, he documents it as an addendum rather than just adding to the existing chart entry. The motion passed unanimously.

CALVIN, DANIEL J. R.D.H. 2019-0105

Dr. Beck moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action, and offer Licensee a Consent Order incorporating a reprimand and a $2,500.00 civil

penalty. The motion passed with Dr. Underhill, Dr. Fine, Ms. Brixey, Dr. Beck, Dr. Javier, Ms. Martinez, Dr. Pham and Dr. Smith voting aye. Ms. Riedman recused.

2019-0026
Dr. Smith moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that the instruments she uses have been sterilized in an autoclave that is spore tested on a weekly basis. The motion passed unanimously

2018-0170
Ms. Riedman moved and Dr. Javier seconded that the Board accept Licensee's retirement form, and close the matter with No Further Action. The motion passed unanimously.

HODGERT, ROBERT H. D.M.D. 2018-0178
Dr. Javier moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action, and offer Licensee a Consent Order incorporating a reprimand; a $16,000.00 civil penalty; 40 hours of Board approved community service; prohibit Licensee from prescribing any controlled substance until further Order of the Board; take 16 hours of Board approved pharmacology continuing education within six months; take a three hour Board approved continuing education course in record keeping within 30 days; and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of this Order. If the Consent Order is not signed within 14 days from the date received, the Board will issue an emergency restriction from prescribing or administering any controlled substances. The motion passed unanimously.

KOCH, ROBERT B. D.M.D. 2016-0034
Dr. Pham moved and Ms. Martinez seconded that the Board accept the offer of an Interim Consent Order whereby Licensee agrees not to practice dentistry in Oregon and not to prescribe drugs in Oregon, pending further Order of the Board, and to close the matter with No Further Action.

LINDQUIST, THERESA J. D.M.D. 2019-0008
Ms. Martinez moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action, and offer Licensee a Consent Order incorporating a reprimand. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

ANGLE, DARRELL L. D.D.S. 2011-0184, 2012-0031, 2012-0147, 2012-0072, 2013-0035, 2014-0081
Dr. Smith moved and Dr. Javier seconded that the Board issue an eighth amended Notice of Proposed Disciplinary Action including the allegation dismissed by the Board on 5/4/16 and offer Licensee a Consent Order incorporating a reprimand, a $15,000.00 civil penalty, and costs totaling $9,007.88. The motion passed unanimously.

ANGLE, DARRELL D.D.S. 2016-0180
Dr. Beck moved and Dr. Javier seconded that the Board issue an Amended Proposed Order incorporating a reprimand, revocation of Licensee's dental license, a $1,000.00 civil penalty, a $4,413.00 refund to patient GP's father, and assessment of the costs of the hearing proceeding, when they are determined. The motion passed unanimously.

BAROZZINI, LEN D.D.S. 2019-0007
Ms. Riedman moved and Dr. Javier seconded that the Board offer Licensee an amended Consent Order incorporating a reprimand; a civil penalty of $6,000.00; 140 hours of Board approved community service; monthly submission of spore testing results from the Multnomah County Southeast Dental Clinic. The motion passed with Dr. Underhill, Ms. Brixey, Dr. Beck, Dr. Javier, Ms. Martinez, Dr. Pham, Ms. Riedman and Dr. Smith voting aye. Dr. Fine recused.

DOWLING, RICHARD C. D.M.D. 2018-0160
Dr. Javier moved and Dr. Smith seconded that the Board issue an Order of Dismissal dismissing the Final Default Order, dated 10/19/18. The motion passed unanimously.

2017-0170
Ms. Brixey moved and Dr. Beck seconded to reaffirm the Board's decision on February 23, 2018 and close the matter with a finding of No Violation. The motion passed unanimously.

HAYMORE/ANONYMOUS 2015-0056, 2015-0200, 2015-0222, 2015-0223
Dr. Pham moved and Dr. Javier seconded that the Board issue an Amended Proposed Consent Order incorporating a reprimand, three hours of continuing education in record keeping to be completed within 30 days, a $55,000.00 civil penalty, and proceeding's costs of $41,987.00. The motion passed with Dr. Underhill, Dr. Fine, Ms. Brixey, Dr. Javier, Ms. Martinez, Dr. Pham, Ms. Riedman and Dr. Smith voting aye. Dr. Beck recused.

KATTA, SRILAKSHMI D.D.S. 2017-0155
Ms. Martinez moved and Ms. Brixey seconded that, in reference to Respondent number one, affirm the Board's June 22, 2018, decision and refer the case to hearing if not resolved by January 4, 2019. The motion passed unanimously.

KIM, SEAN S. D.M.D. 2017-0090
Dr. Smith moved and Dr. Javier seconded that the Board offer Licensee a Second Amended Consent Order incorporating Board permission for the licensee to perform endodontic procedures without direct supervision. The motion passed unanimously.

LITTLE, STEVEN J. D.M.D. 2018-0034

Dr. Beck moved and Dr. Smith seconded that the Board offer Licensee a Consent Order incorporating a reprimand, an $8,000.00 civil penalty, completion of three hours of Board approved continuing education in record keeping within 30 days, immediate surrender of Licensee's Deep Sedation Permit; and Licensee may not reapply for a Moderate Sedation permit until he has completed fourteen hours of Board approved continuing education in sedation, or four hours of Board approved continuing education for a Minimal Sedation permit or a Nitrous Oxide permit. The motion passed unanimously.

STAFFORD, ROBERT D.D.S. 2018-0226
Ms. Riedman moved and Dr. Javier seconded that the Board issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a $2,500.00 civil penalty, completion of 25 hours of Board approved community service within six months, and passing the Oregon Board of Dentistry Jurisprudence Exam within 30 days. The motion passed unanimously.

TURK, FARZIN D.M.D. 2018-0200
Dr. Javier moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, take a Board approved three hour continuing education course on record keeping within 30 days, and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of this Order. The motion passed unanimously.

JANOFF, DONALD E. D.D.S. 2018-0222 & 2019-0025
Ms. Brixey moved and Dr. Beck seconded that the Board combine cases 2018-0222 & 2019-0025 and issue a Consent Order, whereby the Board dismisses the Order of Immediate Emergency Moderate Sedation Permit Suspension, & the Order of Immediate Emergency Dental License Suspension; incorporates a reprimand, immediate retirement of the Licensee's dental license, and the stipulation that the Licensee will not reapply for a dental license in the State of Oregon. The motion passed unanimously.

LICENSURE AND EXAMINATION
Nothing to report at this time.

CONSULT WITH COUNSEL

WEICHEL, ERWIN D.M.D 2018-0206
Dr. Pham moved and Ms. Brixey seconded that the Board deny the Licensee's request, and reaffirm the Board's 8/24/18 decision to issue a Notice of Proposed Disciplinary Action and offer the licensee a Consent Order in which the licensee would agree to be reprimanded and to pay a $5,000.00 civil penalty. The motion passed unanimously.

COWLES, LEON J. D.M.D. 1994-0062
Ms. Brixey moved and Dr. Smith seconded that the Board deny Licensee's request for relief from Public Disclosure. The motion passed unanimously.

Request for Investigative Summary 2017-0094
Ms. Martinez moved and Dr. Javier seconded that the Board release the Investigative Summary for case 2017-0094 as requested. The motion passed unanimously.

RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

Ms. Martinez moved and Dr. Javier seconded that the Board ratify the licenses listed in Tab 16. The motion passed unanimously.

DENTAL HYGIENISTS

H7747	REEMA MUNIR , R.D.H.	10/18/2018
H7748	SHAEDYN A MANN , R.D.H.	10/18/2018
H7749	KIMBERLY SEVER , R.D.H.	10/19/2018
H7750	MATTHEW JAMES GONZALES , R.D.H.	10/19/2018
H7751	BRIDGET CURRAN FARRELL , R.D.H.	10/19/2018
H7752	BETHANY KRISTINE LEY , R.D.H.	10/19/2018
H7753	RICHARD HARMAN JR, R.D.H.	10/19/2018
H7754	COURTNEY ANNE PLATT , R.D.H.	10/19/2018
H7755	ANH JUSTIN MAI , R.D.H.	10/19/2018
H7756	HALEY OLIVIA COOK , R.D.H.	10/22/2018
H7757	KAYLA CERVANTES FLORES , R.D.H.	10/30/2018
H7758	ELIZABETH KUTCHMAN , R.D.H.	10/30/2018
H7759	JULIETA PULIDO , R.D.H.	10/30/2018
H7760	SAGE C MACKENZIE , R.D.H.	10/30/2018
H7761	LIZANNE PETERSON , R.D.H.	10/30/2018
H7762	BRITTANY ANNE STEINBERG , R.D.H.	10/30/2018
H7763	KATRINA LYNN MYRLAND , R.D.H.	10/30/2018
H7764	STEPHANIE LYNN IVEY , R.D.H.	10/30/2018
H7765	ANDREA IMANDA CHO , R.D.H.	10/30/2018
H7766	CARYN CARLISLE , R.D.H.	11/20/2018
H7767	ANN AMANDA RICHARDSON , R.D.H.	11/20/2018
H7768	TAMMY LYNN JOHNSON , R.D.H.	11/20/2018
H7769	JENNIFER J LUSK , R.D.H.	11/20/2018
H7770	JORDYN A SKINNER , R.D.H.	11/20/2018

H7771	ELENA RUTH HAYES , R.D.H.	11/20/2018
H7772	VERONICA VORONIN , R.D.H.	11/20/2018
H7773	CHRISTINA LEE BAILEY , R.D.H.	11/21/2018

DENTISTS

D10928	DAVID L TURNER , D.M.D.	10/9/2018
D10929	ANNE PURCELL , D.M.D.	10/9/2018
D10930	ARMOUND MAHMOUDI , D.D.S.	10/11/2018
D10931	ALICE HONEY TRIEU , D.D.S.	10/11/2018
D10932	JORI BETH GRADY , D.M.D.	10/18/2018
D10933	VIET TON THAT , D.M.D.	10/18/2018
D10934	JULIA BAEK , D.M.D.	10/18/2018
D10935	PAUL DAVID SCHAUWECKER , D.D.S.	10/18/2018
D10936	DAVID ERIC KLINGMAN , D.M.D.	10/18/2018
D10937	PAVEL VASILYUK , D.D.S.	10/18/2018
D10938	DEBRA A WILLIS , D.M.D.	10/18/2018
D10939	DANIELLE AMI PLOUSSARD , D.D.S.	10/18/2018
D10940	MONEET KAUR PANASAR , D.M.D.	10/18/2018
D10941	KEVIN PARSONS , D.M.D.	10/18/2018
D10942	KARA L OPHEIM , D.D.S.	10/30/2018
D10943	HERBERT S WOODWARD III, D.D.S.	10/30/2018
D10944	PAUL KYU CHOI , D.D.S.	10/30/2018
D10945	SARAH KATHERINE LEE , D.D.S.	10/30/2018
D10946	RAKESH GADDE , D.M.D.	10/30/2018
D10947	JOE J DUNN , D.M.D.	10/30/2018
D10948	HOLLY H PARK-NAH , D.D.S.	10/30/2018
D10949	ADRIANNE V CASTRO , D.D.S.	10/30/2018
D10950	COLLEEN MARIE HOLEWA , D.M.D.	10/30/2018
D10951	DONALD THOMAS SCHRACK , D.D.S.	10/31/2018
D10952	IAN BELL , D.D.S.	11/5/2018
D10953	ALEXANDER JOHN SCOTT SMITH , D.D.S.	11/20/2018
D10954	KOICHI SAITO , D.M.D.	11/21/2018
D10955	FREDRICK CHARLES PLATT , D.M.D.	11/21/2018
D10956	AMELIA STOKER , D.M.D.	11/21/2018

Other Business

Nothing to report at this time.

ADJOURNMENT

The meeting was adjourned at 1:37p.m. Dr. Underhill stated that the next Board Meeting would take place on February 15, 2019.

_____

Gary Underhill, D.M.D.
President