

**DIVISION 1**  
**PROCEDURES**

**1    818-001-0002**

**2    Definitions**

3    As used in OAR chapter 818:

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

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

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

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

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

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

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

20    (8) "Informed Consent" means the consent obtained following a thorough and easily understood  
21    explanation to the patient, or patient's guardian, of the proposed procedures, any available  
22    alternative procedures and any risks associated with the procedures. Following the explanation,

the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.

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

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

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

(11) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.

**(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.**

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

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

~~(c)~~ **(d)** "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of

these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

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

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

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

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

~~(i)~~ (i) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their

substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

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

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

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

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

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

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

**(17) "BLS for Healthcare Providers or its Equivalent" the CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as**

98 determined by the Board. This initial CPR course must be a hands-on course; online CPR  
99 courses will not be approved by the Board for initial CPR certification.  
100 After the initial CPR certification, the Board will accept a Board-approved BLS for  
101 Healthcare Providers or its equivalent Online Renewal course for license renewal. A CPR  
102 certification card with an expiration date must be received from the CPR provider as  
103 documentation of CPR certification. The Board considers the CPR expiration date to be  
104 the last day of the month that the CPR instructor indicates that the certification expires.

**DIVISION 12**  
**STANDARDS OF PRACTICE**

**818-012-0005**

**Scope of Practice**

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

(a) Rhinoplasty;

(b) Blepharoplasty;

(c) Rhytidectomy;

(d) Submental liposuction;

(e) Laser resurfacing;

(f) Browlift, either open or endoscopic technique;

(g) Platysmal muscle plication;

(h) Otoplasty;

(i) Dermabrasion;

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

(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

#### 818-012-0006 – Qualifications – Administration of Vaccines

(1) A dentist may administer vaccines to a patient of record.

(2) A dentist may administer vaccines under Section (1) of this rule only if:

(a) The dentist has completed a course of training approved by the Board;

(b) The vaccines are administered in accordance with the “Model Standing Orders” approved by the Oregon Health Authority (OHA); and

(c) The dentist has a current copy of the CDC reference, “Epidemiology and Prevention of Vaccine-Preventable Diseases.”

~~(d) The dentist has an emergency kit that contains at a minimum;~~

~~(i) Epinephrine auto injector – Adult 0.3mg~~

~~(ii) Epinephrine auto injector – Pediatric 0.15mg~~

~~(i) 1 multi-dose vial of 1:1000 epinephrine with appropriate syringes, or 3 adult-dose epinephrine auto-injectors and 3 pediatric-dose auto-injectors.~~

~~(iii) (ii) Diphenhydramine 50mg/mL~~

~~(iv) (iii) Ammonia Inhalants~~

~~(v) (iv) Appropriate syringes with needles~~

~~(vi) (v) CPR shield~~

(3) The dentist may not delegate the administration of vaccines to another person.

~~(4) The dentist may not self-administer a vaccine to themselves.~~

818-012-0007 – Procedures, Record Keeping and Reporting

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

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

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

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

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

(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;

(c) The name or identifiable initials of the administering dentist;

(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT

Immunization System;

(e) The date of publication of the VIS; and -



(f) The date the VIS was provided and the date when the VIS was published.

(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.

(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.

(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.

(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).

(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

**818-012-0030**

### **Unprofessional Conduct**

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

(1) Attempt to obtain a fee by fraud, or misrepresentation.

(2) Obtain a fee by fraud, or misrepresentation.

(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.

(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.

(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.

(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.

(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.

(8) Misrepresent any facts to a patient concerning treatment or fees.

(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

(A) Legible copies of records; and

(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.

(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.

(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.

(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.

(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.

(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.

(14) Violate any Federal or State law regarding controlled substances.

(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.

(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or

otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.

(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. ~~(Effective January 2015).~~

(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration (DEA) registration.

(24) Fail to maintain a properly functioning automated external AED or defibrillator in a dental office, facility or location providing dental services in the state of Oregon.

(a) An expanded practice dental hygienist must have access to a properly function automated external defibrillator (AED) or defibrillator. The AED or defibrillator must be immediately available for patient use.

(b) A dental office or facility may share a single AED or defibrillator with an adjacent business if it meets the requirements of this section. (Effective January 1, 2021)

**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;

- 309 (b) The licensee gives the records, radiographs, or models to the patient; or  
310 (c) The licensee transfers the licensee's practice to another licensee who shall maintain the  
311 records and radiographs.

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

314 (a) Manufacture brand;

315 (b) Design name of implant;

316 (c) Diameter and, length;

317 (d) Lot number;

318 (e) Reference number;

319 (f) Expiration date;

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

322 ~~(4)~~(5) When changing practice locations, closing a practice location or retiring, each licensee  
323 must retain patient records for the required amount of time or transfer the custody of patient  
324 records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient  
325 records pursuant to this section of this rule must be reported to the Board in writing within 14  
326 days of transfer, but not later than the effective date of the change in practice location, closure  
327 of the practice location or retirement. Failure to transfer the custody of patient records as  
328 required in this rule is unprofessional conduct.

329 ~~(5)~~(6) Upon the death or permanent disability of a licensee, the administrator, executor,  
330 personal representative, guardian, conservator or receiver of the former licensee must notify the  
331 Board in writing of the management arrangement for the custody and transfer of patient records.  
332 This individual must ensure the security of and access to patient records by the patient or other  
333 authorized party, and must report arrangements for permanent custody of patient records to the  
334 Board in writing within 90 days of the death of the licensee.

**DIVISION 15**

**ADVERTISING**

**818-015-0007**

**Specialty Advertising**

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

(2) The Board recognizes the following specialties:

(a) Endodontics;

(b) Oral and Maxillofacial Surgery;

(c) Oral and Maxillofacial Radiology;

(d) Oral and Maxillofacial Pathology;

(e) Orthodontics and Dentofacial Orthopedics;

(f) Pediatric Dentistry;

(g) Periodontics;

(h) Prosthodontics;

(i) Dental Public Health;

**(j) Dental Anesthesiology.**

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

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## DIVISION 21

360

### EXAMINATION AND LICENSING

361 **818-021-0010**

#### 362 **Application for License to Practice Dentistry**

363 (1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS

364 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

365 (a) Having graduated from a school of dentistry accredited by the Commission on Dental

366 Accreditation of the American Dental Association; or

367 (b) Having graduated from a dental school located outside the United States or Canada,

368 completion of a predoctoral dental education program of not less than two years at a dental

369 school accredited by the Commission on Dental Accreditation of the American Dental

370 Association, and proficiency in the English language; and

371 (c) Certification of having passed the dental examination administered by the Joint Commission

372 on National Dental Examinations or Canadian National Dental Examining Board Examination.

373 (2) An applicant who has not met the educational requirements for licensure may apply for

374 examination if the Dean of an accredited school certifies the applicant will graduate.

375 (3) An applicant must pass a Board examination consisting of a clinical portion administered by

376 the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing

377 agency, national testing agency or other Board-recognized testing agency and a

378 jurisprudence portion administered by the Board. Clinical examination results will be recognized

379 by the Board for five years.

380 ~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the~~

381 ~~examination may retake the jurisprudence examination without limit on the number of times. The~~

382 ~~applicant must pass the jurisprudence portion within five years of passing the clinical portion or~~

383 ~~must retake the clinical examination.~~



(54) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

#### **818-021-0011**

##### **Application for License to Practice Dentistry Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Having passed the dental clinical examination conducted by a regional testing agency, ~~or~~ by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and

(d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was

issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and

(e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions; and

(f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

(3) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

## **818-021-0012**

### **Specialties Recognized**

(1) A dentist may advertise that the dentist is a [dental anesthesiologist](#), endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental

public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules. a

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

#### **818-021-0017**

##### **Application to Practice as a Specialist**

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;

(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and

(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association-;

[\(d\) Passing the Board's jurisprudence examination.](#)

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license,

in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination;

(d) Passing the Board's jurisprudence examination; and

(3) An applicant who meets the above requirements shall be issued a specialty license upon:

(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or

(b) Passing a specialty examination approved by the Board greater than five years prior to application; and

(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental

school, with verification from the dean or appropriate administration of the institution  
documenting the length and terms of employment, the applicant's duties and  
responsibilities, the actual hours involved in teaching clinical dentistry in the specialty  
applicant is applying for, and any adverse actions or restrictions; and;  
(B) Having completed 40 hours of continuing education in accordance with the Board's  
continuing education requirements contained in these rules within the two years  
immediately preceding application.

~~(b) Passing the Board's jurisprudence examination.~~

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. ~~The applicable fee and application for the reexamination shall be submitted to the Board at least 45 days before the scheduled examination.~~ If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

## **818-021-0020**

### **Application for License to Practice Dental Hygiene**

(1) An applicant to practice dental hygiene, in addition to the requirements set forth in ORS 680.040 and 680.050, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on

510 Dental Accreditation of the American Dental Association, and proficiency in the English  
511 language; and

512 (c) Certification of having passed the dental hygiene examination administered by the Joint  
513 Commission on National Dental Examinations or the Canadian National Dental Hygiene  
514 Certificate Examination.

515 (2) An applicant who has not met the educational requirements for licensure may apply if the  
516 Director of an accredited program certifies the applicant will graduate.

517 (3) An applicant must pass a Board examination consisting of a clinical portion administered by  
518 the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing  
519 agency, [national testing agency or other Board-recognized testing agency](#) and a  
520 jurisprudence portion administered by the Board. Clinical examination results will be recognized  
521 by the Board for five years.

522 ~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the~~  
523 ~~examination may retake the jurisprudence examination without limit on the number of times. The~~  
524 ~~applicant must pass the jurisprudence portion within five years of passing the clinical portion or~~  
525 ~~must retake the clinical examination.~~

526 ~~(5)~~<sup>4</sup> A person who fails any Board approved clinical examination three times must successfully  
527 complete the remedial training recommended by the testing agency. Such remedial training  
528 must be conducted by a dental hygiene program accredited by the Commission on Dental  
529 Accreditation of the American Dental Association.

530

531 **818-021-0025**

## 532 **Application for License to Practice Dental Hygiene Without Further Examination**

533 (1) The Oregon Board of Dentistry may grant a license without further examination to a dental  
534 hygienist who holds a license to practice dental hygiene in another state or states if the dental

535 hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the  
536 Board satisfactory evidence of:

537 (a) Having graduated from a dental hygiene program accredited by the Commission on Dental  
538 Accreditation of the American Dental Association; or

539 (b) Having graduated from a dental hygiene program located outside the United States or  
540 Canada, completion of not less than one year in a program accredited by the Commission on  
541 Dental Accreditation of the American Dental Association, and proficiency in the English  
542 language; and

543 (c) Having passed the clinical dental hygiene examination conducted by a regional testing  
544 agency or by a state dental or dental hygiene licensing authority, by a national testing agency  
545 or other Board-recognized testing agency; and

546 (d) Holding an active license to practice dental hygiene, without restrictions, in any state;  
547 including documentation from the state dental board(s) or equivalent authority, that the applicant  
548 was issued a license to practice dental hygiene, without restrictions, and whether or not the  
549 licensee is, or has been, the subject of any final or pending disciplinary action; and

550 (e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces  
551 of the United States, the United States Public Health Service, the United States Department of  
552 Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding  
553 application. Licensed clinical practice could include hours devoted to teaching by dental  
554 hygienists employed by a CODA accredited dental hygiene program with verification from the  
555 dean or appropriate administration of the institution documenting the length and terms of  
556 employment, the applicant's duties and responsibilities, the actual hours involved in teaching  
557 clinical dental hygiene, and any adverse actions or restrictions; and

558 (f) Having completed 24 hours of continuing education in accordance with the Board's  
559 continuing education requirements contained in these rules within the two years immediately  
560 preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

**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 a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

(6) At least two (2) hours of continuing education must be related to infection control. ~~(Effective January 1, 2015.)~~

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021.)

## **818-021-0070**

### **Continuing Education — Dental Hygienists**

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 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) Dental hygienists 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 dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

611 (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific  
612 sessions at conventions.

613 (b) Research, graduate study, teaching or preparation and presentation of scientific sessions.  
614 No more than six hours may be in teaching or scientific sessions. (Scientific sessions are  
615 defined as scientific presentations, table clinics, poster sessions and lectures.)

616 (c) Correspondence courses, videotapes, distance learning courses or similar self-study course,  
617 provided that the course includes an examination and the dental hygienist passes the  
618 examination.

619 (d) Continuing education credit can be given for volunteer pro bono dental hygiene services  
620 provided in the state of Oregon; community oral health instruction at a public health facility  
621 located in the state of Oregon; authorship of a publication, book, chapter of a book, article or  
622 paper published in a professional journal; participation on a state dental board, peer review, or  
623 quality of care review procedures; successful completion of the National Board Dental Hygiene  
624 Examination, taken after initial licensure; or test development for clinical dental hygiene  
625 examinations. No more than 6 hours of credit may be in these areas.

626 (4) At least three hours of continuing education must be related to medical emergencies in a  
627 dental office. No more than two hours of Practice Management and Patient Relations may be  
628 counted toward the C.E. requirement in any renewal period.

629 (5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in  
630 OAR 818-026-0040(~~4011~~) for renewal of the Nitrous Oxide Permit.

631 (6) At least two (2) hours of continuing education must be related to infection control. ~~(Effective~~  
632 ~~January 1, 2015.)~~

633 (7) At least two (2) hours of continuing education must be related to cultural competency  
634 (Effective January 1, 2021.)

635     **818-021-0088 - Volunteer License**

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

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

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

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

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

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

647     (f) Licensee must agree to volunteer for a minimum of ~~40 hours per calendar year~~ **80 hours per**  
648     **renewal cycle.**

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

**DIVISION 26**

**ANESTHESIA**

**Division 26 – Anesthesia**

**818-026-0030 – Requirements for Anesthesia Permits, ~~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~~ 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~~ 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)~~<sup>(7)</sup> Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health-~~C~~<sup>care</sup> Provider Basic Life Support (BLS).

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

~~(8)~~<sup>(9)</sup> 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)~~<sup>(10)</sup> 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**

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:

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

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

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

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

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

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

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

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

746 (a) Evaluate the patient;

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

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

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

752 (4) If a patient chronically takes a medication which can have sedative side effects, including,  
753 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 BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

(8)~~(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)~~<sup>(9)</sup> The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

~~(11)~~<sup>(10)</sup> 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

848 (7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall  
849 maintain current certification in BLS for Healthcare Providers Basic Life Support  
850 (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained  
851 and competent in monitoring patient vital signs, in the use of monitoring and emergency  
852 equipment appropriate for the level of sedation utilized. ("competent" means displaying  
853 special skill or knowledge derived from training and experience.)

854 (8) ~~(7)~~ The patient shall be monitored as follows:

855 (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have  
856 continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood  
857 pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every  
858 fifteen minutes, if they can reasonably be obtained.

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

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

864 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;  
865 (b) The patient is alert and oriented to person, place and time as appropriate to age and  
866 preoperative psychological status;  
867 (c) The patient can talk and respond coherently to verbal questioning;  
868 (d) The patient can sit up unaided;  
869 (e) The patient can ambulate with minimal assistance; and  
870 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

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

873 ~~(10)~~<sup>(9)</sup> Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must  
874 provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In  
875 addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing  
876 education in one or more of the following areas every two years: sedation, physical evaluation,  
877 medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of  
878 drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare  
879 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.

**818-026-0055**

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

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

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

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

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

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

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

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

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

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

**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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The obtaining of the informed consent shall be documented in the patient's record.

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

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

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

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular



intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

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

~~(9)~~<sup>(8)</sup> 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)~~<sup>(9)</sup> 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)~~<sup>(10)</sup> 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)~~<sup>(11)</sup> 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

1007 administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified  
1008 Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional  
1009 anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.  
1010 ~~(13)~~(12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must  
1011 provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a  
1012 current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced  
1013 Life Support (PALS) certificate; Successful completion of a board approved course on  
1014 minimal/moderate sedation at least every two years may be substituted for ACLS, but not for  
1015 PALS; and must complete 14 hours of continuing education in one or more of the following  
1016 areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the  
1017 use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training  
1018 taken to maintain current ACLS or PALS certification or successful completion of the American  
1019 Dental Association's course "Recognition and Management of Complications during Minimal  
1020 and Moderate Sedation" may be counted toward this requirement. Continuing education hours  
1021 may be  
1022 counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.

1023

1024 **818-026-0065**

1025 **Deep Sedation Permit**

1026 Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

1027 (1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on  
1028 or before July 1, 2010 who:

1029 (a) Is a licensed dentist in Oregon; and

1030 (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a  
1031 current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life  
1032 Support (PALS) certificate, whichever is appropriate for the patient being sedated.

1033 (2) The following facilities, equipment and drugs shall be on site and available for immediate use  
1034 during the procedures and during recovery:

1035 (a) An operating room large enough to adequately accommodate the patient on an operating  
1036 table or in an operating chair and to allow an operating team of at least two individuals to freely  
1037 move about the patient;

1038 (b) An operating table or chair which permits the patient to be positioned so the operating team  
1039 can maintain the patient's airway, quickly alter the patient's position in an emergency, and  
1040 provide a firm platform for the administration of basic life support;

1041 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a  
1042 backup lighting system of sufficient intensity to permit completion of any operation underway in  
1043 the event of a general power failure;

1044 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a  
1045 backup suction device which will function in the event of a general power failure;

1046 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is  
1047 capable of delivering high flow oxygen to the patient under positive pressure, together with an  
1048 adequate backup system;

1049 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate  
1050 continuous oxygen delivery and a scavenger system;

1051 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.  
1052 The recovery area can be the operating room;

1053 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,  
1054 electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and  
1055 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment;  
1056 and

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

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

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

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

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

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

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

The obtaining of the informed consent shall be documented in the patient's record.

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

**(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**

1083 (8)(7) The patient shall be monitored as follows:

1084 (a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors  
1085 (ECG) and End-tidal CO2 monitors. The patient's heart rhythm shall be continuously monitored  
1086 and the patient's blood pressure, heart rate, and respiration shall be recorded at regular  
1087 intervals but at least every 5 minutes, and these recordings shall be documented in the patient  
1088 record. The record must also include documentation of preoperative and postoperative vital  
1089 signs, all medications administered with dosages, time intervals and route of administration. If  
1090 this information cannot be obtained, the reasons shall be documented in the patient's record. A  
1091 patient under deep sedation shall be continuously monitored;

1092 (b) Once sedated, a patient shall remain in the operatory for the duration of treatment until  
1093 criteria for transportation to recovery have been met.

1094 (c) During the recovery phase, the patient must be monitored by an individual trained to monitor  
1095 patients recovering from deep sedation.

1096 (9)(8) A dentist permit holder shall not release a patient who has undergone deep sedation  
1097 except to the care of a responsible third party. When a reversal agent is administered, the  
1098 dentist permit holder shall document justification for its use and how the recovery plan was  
1099 altered.

1100 (10)(9) The dentist permit holder shall assess the patient's responsiveness using preoperative  
1101 values as normal guidelines and discharge the patient only when the following criteria are met:

1102 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

1103 (b) The patient is alert and oriented to person, place and time as appropriate to age and  
1104 preoperative psychological status;

1105 (c) The patient can talk and respond coherently to verbal questioning;

1106 (d) The patient can sit up unaided;

1107 (e) The patient can ambulate with minimal assistance; and

1108 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

1109 ~~(11)~~~~(10)~~ A discharge entry shall be made by the dentist permit holder in the patient's record  
1110 indicating the patient's condition upon discharge and the name of the responsible party to whom  
1111 the patient was discharged.

1112 ~~(12)~~~~(11)~~ Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed  
1113 by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit  
1114 holder or introduce additional anesthetic agents into an infusion line under the direct visual  
1115 supervision of a dentist

1116 ~~(13)~~~~(12)~~ Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must  
1117 provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a  
1118 current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced  
1119 Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or  
1120 more of the following areas every two years: sedation, physical evaluation, medical  
1121 emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and  
1122 agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may  
1123 be counted toward this requirement. Continuing education hours may be counted toward  
1124 fulfilling the continuing education requirement set forth in OAR 818-021-0060.

1125

1126 **818-026-0070**

1127 **General Anesthesia Permit**

1128 General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide  
1129 sedation.

1130 (1) The Board shall issue a General Anesthesia Permit to an applicant who:

1131 (a) Is a licensed dentist in Oregon;

1132 (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a  
1133 current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life  
1134 Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

1135 (c) Satisfies one of the following criteria:

1136 (A) Completion of an advanced training program in anesthesia and related subjects beyond the  
1137 undergraduate dental curriculum that satisfies the requirements described in the current ADA  
1138 Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting  
1139 of a minimum of 2 years of a postgraduate anesthesia residency at the time training was  
1140 commenced.

1141 (B) Completion of any ADA accredited postdoctoral training program, including but not limited to  
1142 Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary  
1143 to administer and manage general anesthesia, commensurate with these Guidelines.

1144 (C) In lieu of these requirements, the Board may accept equivalent training or experience in  
1145 general anesthesia.

1146 (2) The following facilities, equipment and drugs shall be on site and available for immediate use  
1147 during the procedure and during recovery:

1148 (a) An operating room large enough to adequately accommodate the patient on an operating  
1149 table or in an operating chair and to allow an operating team of at least three individuals to  
1150 freely move about the patient;

1151 (b) An operating table or chair which permits the patient to be positioned so the operating team  
1152 can maintain the patient's airway, quickly alter the patient's position in an emergency, and  
1153 provide a firm platform for the administration of basic life support;

1154 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a  
1155 backup lighting system of sufficient intensity to permit completion of any operation underway in  
1156 the event of a general power failure;

1157 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a  
1158 backup suction device which will function in the event of a general power failure;

1159 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is  
1160 capable of delivering high flow oxygen to the patient under positive pressure, together with an  
1161 adequate backup system;

1162 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate  
1163 continuous oxygen delivery and a scavenger system;

1164 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.  
1165 The recovery area can be the operating room;

1166 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,  
1167 electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and  
1168 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment;  
1169 and

1170 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the  
1171 drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for  
1172 treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics,  
1173 antihypertensives and anticonvulsants.

1174 (3) No permit holder shall have more than one person under general anesthesia, deep sedation,  
1175 moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

1176 (4) During the administration of deep sedation or general anesthesia, and at all times while the  
1177 patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other  
1178 person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be  
1179 present in the operatory in addition to the dentist permit holder performing the dental  
1180 procedures.

1181 (5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces  
1182 deep sedation or general anesthesia shall:



1183 (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA)  
1184 Patient Physical Status Classifications, that the patient is an appropriate candidate for general  
1185 anesthesia or deep sedation;

1186 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate  
1187 due to age or psychological status of the patient, the patient's guardian; and

1188 (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

1189 The obtaining of the informed consent shall be documented in the patient's record.

1190 (6) A patient under deep sedation or general anesthesia shall be visually monitored at all times,  
1191 including recovery phase. A dentist permit holder who induces deep sedation or general  
1192 anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general  
1193 anesthesia shall monitor and record the patient's condition on a contemporaneous record.

1194 (7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall  
1195 maintain current certification in BLS for Healthcare Providers Basic Life Support  
1196 (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained  
1197 and competent in monitoring patient vital signs, in the use of monitoring and emergency  
1198 equipment appropriate for the level of sedation utilized. ("competent" means displaying  
1199 special skill or knowledge derived from training and experience.)

1200 (8)(7) The patient shall be monitored as follows:

1201 (a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen  
1202 saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and  
1203 End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be  
1204 assessed every five minutes, and shall be contemporaneously documented in the patient  
1205 record. The record must also include documentation of preoperative and postoperative vital  
1206 signs, all medications administered with dosages, time intervals and route of administration. The  
1207 person administering the anesthesia and the person monitoring the patient may not leave the  
1208 patient while the patient is under deep sedation or general anesthesia;

1209 (b) Once sedated, a patient shall remain in the operatory for the duration of treatment until  
1210 criteria for transportation to recovery have been met.

1211 (c) During the recovery phase, the patient must be monitored, including the use of pulse  
1212 oximetry, by an individual trained to monitor patients recovering from general anesthesia.

1213 ~~(9)(8)~~ A dentist permit holder shall not release a patient who has undergone deep sedation or  
1214 general anesthesia except to the care of a responsible third party. When a reversal agent is  
1215 administered, the dentist permit holder shall document justification for its use and how the  
1216 recovery plan was altered.

1217 ~~(10)(9)~~ The dentist permit holder shall assess the patient's responsiveness using preoperative  
1218 values as normal guidelines and discharge the patient only when the following criteria are met:

1219 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

1220 (b) The patient is alert and oriented to person, place and time as appropriate to age and  
1221 preoperative psychological status;

1222 (c) The patient can talk and respond coherently to verbal questioning;

1223 (d) The patient can sit up unaided;

1224 (e) The patient can ambulate with minimal assistance; and

1225 (f) The patient does not have nausea or vomiting and has minimal dizziness.

1226 ~~(11)(10)~~ A discharge entry shall be made in the patient's record by the dentist permit holder  
1227 indicating the patient's condition upon discharge and the name of the responsible party to whom  
1228 the patient was discharged.

1229 ~~(12)(11)~~ Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed  
1230 by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under  
1231 the direct visual supervision of a dentist permit holder.

1232 ~~(13)(12)~~ Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must  
1233 provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a  
1234 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.

**818-026-0080**

**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.

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**DIVISION 42**  
**DENTAL ASSISTING**

**818-042-0040**

**Prohibited Acts**

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

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty ([OAR 818-042-0070](#) and [OAR 818-042-0090](#)) or Expanded Orthodontic Function duty ([OAR 818-042-0100](#)) or Restorative Functions ([OAR 818-042-0095](#) or Expanded Preventive Duty [OAR 818-042-0113](#) and [OAR 818-042-0114](#) or Expanded Function Anesthesia ([OAR 818-042-0115](#)) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by [OAR 818-042-0100](#).
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to ~~OAR 818-026-0030(6)~~, [OAR 818-026-0050\(5\)\(a\)](#), [OAR 818-026-0060\(11\)](#), [OAR 818-026-0065\(11\)](#), [OAR 818-026-0070\(11\)](#) and as provided in [OAR 818-042-0070](#), [OAR 818-042-0090](#) and [OAR 818-042-0115](#).
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in [OAR 818-042-0070](#).

- 1305 (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- 1306 (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece
- 1307 intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting
- 1308 occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- 1309 (13) Use lasers, except laser-curing lights.
- 1310 (14) Use air abrasion or air polishing.
- 1311 (15) Remove teeth or parts of tooth structure.
- 1312 (16) Cement or bond any fixed ~~prosthetic~~ prosthesis or orthodontic appliance including bands,
- 1313 brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR
- 1314 818-042-0100.
- 1315 (17) Condense and carve permanent restorative material except as provided in OAR 818-042-
- 1316 0095.
- 1317 (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-
- 1318 0090.
- 1319 ~~(19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for~~
- 1320 ~~natural teeth, except diagnostic or opposing models or for the fabrication of temporary or~~
- 1321 ~~provisional restorations or appliances.~~
- 1322 (~~20~~19) Apply denture relines except as provided in OAR 818-042-0090(2).
- 1323 (~~21~~20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued
- 1324 by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of
- 1325 instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of
- 1326 Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- 1327 (~~22~~21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand
- 1328 Over Mouth Airway Restriction (HOMAR) on any patient.
- 1329 (~~23~~22) Perform periodontal probing.
- 1330 (~~24~~23) Place or remove healing caps or healing abutments, except under direct supervision.

1331 (~~25~~24) Place implant impression copings, except under direct supervision.

1332 (~~26~~25) Any act in violation of Board statute or rules. ~~No licensee may authorize any dental~~

1333 ~~assistant to perform the following acts:~~

1334

1335 **818-042-0050**

1336 **Taking of X-Rays — Exposing ~~of Radiographs~~ Radiographic Images**

1337 (1) A dentist may authorize the following persons to place films/sensors, adjust equipment

1338 preparatory to exposing films/sensors, and expose the films and create the images under

1339 general supervision:

1340 (a) A dental assistant certified by the Board in radiologic proficiency; or

1341 (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified

1342 by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board

1343 approved dental radiology course.

1344 (2) A dentist or dental hygienist may authorize a dental assistant who has completed a

1345 course of instruction approved by the Oregon Board of Dentistry, and who has passed the

1346 written Dental Radiation Health and Safety Examination administered by the Dental Assisting

1347 National Board, or comparable exam administered by any other testing entity authorized by

1348 the Board, or other comparable requirements approved by the Oregon Board of Dentistry to

1349 place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose

1350 the films and create the images under the indirect supervision of a dentist, dental hygienist,

1351 or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental

1352 assistant must submit within six months, certification by an Oregon licensed dentist or dental

1353 hygienist that the assistant is proficient to take radiographics images.

1354 **818-042-0070**

1355 **Expanded Function Dental Assistants (EFDA)**

1356 The following duties are considered Expanded Function Duties and may be performed only after  
1357 the dental assistant complies with the requirements of 818-042-0080:

1358 (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to  
1359 remove stains providing the patient is checked by a dentist or dental hygienist after the  
1360 procedure is performed, prior to discharge;

1361 (2) Remove temporary crowns for final cementation and clean teeth for final cementation;

1362 (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;

1363 (4) Place temporary restorative material (~~i.e., zinc oxide eugenol based material~~) in teeth  
1364 providing that the patient is checked by a dentist before and after the procedure is performed;

1365 (5) Place and remove matrix retainers for ~~alloy and composite~~ any type of direct restorations;

1366 (6) Polish amalgam or composite surfaces with a slow speed hand piece;

1367 (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand  
1368 instruments providing that the patient is checked by a dentist after the procedure is performed;

1369 (8) Fabricate temporary crowns, and fixed partial dentures (bridges) and temporarily cement  
1370 the temporary crown or fixed partial dentures (bridges) . The cemented crown or fixed  
1371 partial dentures (bridge) must be examined and approved by the dentist prior to the patient  
1372 being released;

1373 (9) Under general supervision, when the dentist is not available and the patient is in discomfort,  
1374 an EFDA may recement a temporary crown or recement a permanent crown with temporary  
1375 cement for a patient of record providing that the patient is rescheduled for follow-up care by a  
1376 licensed dentist as soon as is reasonably appropriate; and

1377 ~~(10) Perform all aspects of teeth whitening procedures.~~



1378 **818-042-0080**

1379 **Certification — Expanded Function Dental Assistant (EFDA)**

1380 The Board may certify a dental assistant as an expanded function assistant:

1381 (1) By credential in accordance with OAR 818-042-0120, or

1382 (2) If the assistant submits a completed application, pays the fee and provides evidence of;

1383 (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a  
1384 course of instruction in a program accredited by the Commission on Dental Accreditation of the  
1385 American Dental Association; or

1386 (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the [Oregon](#)  
1387 Basic, [Infection Control](#) or [Certified Dental Assisting \(CDA\)](#) examination, and the Expanded  
1388 Function Dental Assistant examination, or equivalent successor examinations, administered by  
1389 the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the  
1390 Board; and certification by a licensed dentist that the applicant has successfully polished ~~12 six~~

1391 ~~(6)~~ [\(6\)](#) amalgam or composite surfaces, removed supra-gingival excess cement from ~~six (6)~~ [four](#)  
1392 [\(4\)](#) crowns [and/or fixed partial dentures \(bridges\)](#) with hand instruments; placed temporary  
1393 restorative material (~~i.e., zinc oxide eugenol based material~~) in ~~six (6)~~ [three \(3\)](#) teeth;

1394 preliminarily fitted ~~six (6)~~ [four \(4\)](#) crowns to check contacts or to adjust occlusion outside the  
1395 mouth; removed ~~six (6)~~ [four \(4\)](#) temporary crowns for final cementation and cleaned teeth for

1396 final cementation; fabricated ~~six (6)~~ [four \(4\)](#) temporary crowns [and/or fixed partial dentures](#)  
1397 [\(bridges\)](#) and temporarily cemented the crowns [and/or fixed partial dentures \(bridges\)](#);

1398 polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in

1399 six (6) patients; placed ~~two~~ matrix bands ~~in each quadrant~~ on [four \(4\)](#) teeth prepared for Class II  
1400 restorations; ~~and complete six (6) teeth whitening or bleach procedures.~~

1401 **818-042-0095**

1402 **Restorative Functions of Dental Assistants**

1403 ~~**Restorative Functions of Dental Assistants**~~

1404 (1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who  
1405 holds an Oregon EFDA Certificate, and has successfully completed:

1406 (a) A Board approved curriculum from a program accredited by the Commission on Dental  
1407 Accreditation of the American Dental Association or other course of instruction approved by the  
1408 Board, and successfully passed the Western Regional Examining Board's Restorative  
1409 Examination or other equivalent examinations approved by the Board within the last five years,  
1410 or

1411 (b) If successful passage of the Western Regional Examining Board's Restorative Examination  
1412 or other equivalent examinations approved by the Board occurred over five years from the date  
1413 of application, the applicant must submit verification from another state or jurisdiction where the  
1414 applicant is legally authorized to perform restorative functions and certification from the  
1415 supervising dentist of successful completion of at least 25 restorative procedures within the  
1416 immediate five years from the date of application.

1417 (2) A dental assistant may perform the placement and finishing of direct restorations, except  
1418 gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has  
1419 prepared the tooth (teeth) for restoration(s):

1420 (a) These functions can only be performed after the patient has given informed consent for the  
1421 procedure and informed consent for the placement of the restoration by a Restorative Functions  
1422 dental assistant.

1423 (b) Before the patient is released, the final restoration(s) shall be checked by a dentist and  
1424 documented in the chart.

1425 **818-042-0110**

1426 **Certification — Expanded Function Orthodontic Assistant ([EFODA](#))**

1427 The Board may certify a dental assistant as an expanded function orthodontic assistant

1428 (1) By credential in accordance with OAR 818-042-0120, or

1429 (2) Completion of an application, payment of fee and satisfactory evidence of;

1430 (a) Completion of a course of instruction in a program in dental assisting accredited by the

1431 American Dental Association Commission on Dental Accreditation; or

1432 (b) Passage of the [Oregon](#) Basic, [Infection Control](#), [Certified Dental Assistant \(CDA\)](#) or

1433 [Certified Orthodontic Assistant \(COA\)](#) examination, and Expanded Function Orthodontic

1434 Assistant examination, or equivalent successor examinations, administered by the Dental

1435 Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and

1436 certification by a licensed dentist that the applicant has successfully placed and ligated

1437 orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive

1438 using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients.

1439

1440 **818-042-0113**

1441 **Certification — Expanded Function Preventive Dental Assistants (EFPDA)**

1442 The Board may certify a dental assistant as an expanded function preventive dental assistant:

1443 (1) By credential in accordance with OAR 818-042-0120, or

1444 (2) If the assistant submits a completed application, pays the fee and provides evidence of;

1445 (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a

1446 course of instruction in a program accredited by the Commission on Dental Accreditation of the

1447 American Dental Association; or

1448 (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon

1449 Basic or [Infection Control examination, and](#) Certified Preventive Functions Dental Assistant

1450 (CPFDA) examination, ~~and-or~~ the Expanded Function Dental Assistant examination, or [the](#)

1451 Coronal Polish (CP) examination, or equivalent successor examinations, administered by the  
1452 Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the  
1453 Board; and certification by an Oregon licensed dentist that the applicant has successfully  
1454 polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to  
1455 remove stains on six patients.

1456

1457 **818-042-0116**

1458 **Certification — Anesthesia Dental Assistant**

1459 The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a  
1460 completed application, pays the certification fee and shows satisfactory evidence of:

1461 (1) Successful completion of:

1462 (a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program,  
1463 conducted by the American Association of Oral and Maxillofacial Surgeons; or

1464 (b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by  
1465 the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor  
1466 entity; or

1467 (c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor  
1468 examination, conducted by the Dental Assisting National Board or other Board approved  
1469 examination; ~~and~~ or

1470 (d) The Resuscitation Group – Anesthesia Dental Assistant course; or

1471 (e) Other course approved by the Board; and

1472 (2) Holding valid and current documentation showing successful completion of a Health care

1473 ~~Care~~ Provider BLS/CPR course, or its equivalent.