

1 **DIVISION 1**

2 **PROCEDURES**

3
4 **818-001-0002**

5 **Definitions**

6 As used in OAR chapter 818:

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

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

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

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

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

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

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

23 (8) "Informed Consent" means the consent obtained following a thorough and easily understood
24 explanation to the patient, or patient's guardian, of the proposed procedures, any available
25 alternative procedures and any risks associated with the procedures. Following the explanation,
26 the licensee shall ask the patient, or the patient's guardian, if there are any questions. The
27 licensee shall provide thorough and easily understood answers to all questions asked.

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

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

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

33 (11) "Specialty." ~~Specialty areas of dentistry are as defined by the American Dental Association,~~
34 ~~Council on Dental Education.~~ The specialty definitions are added to more clearly define the
35 scope of the practice as it pertains to the specialty areas of dentistry.

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

42 dentistry limited to the following locations or populations:

43 (A) Patients or residents of the following facilities or programs who, due to age, infirmity
44 or disability, are unable to receive regular dental treatment:

45 (i) Nursing homes as defined in ORS 678.710;

46 (ii) Adult foster homes as defined in ORS 443.705;

47 (iii) Residential care facilities as defined in ORS 443.400;

48 (iv) Adult congregate living facilities as defined in ORS 441.525;

49 (v) Mental health residential programs administered by the Oregon Health Authority;

50 (vi) Facilities for persons with mental illness, as those terms are defined in ORS 426.005;

51 (vii) Facilities for persons with developmental disabilities, as those terms are defined in
52 ORS 427.005;

53 (viii) Local correctional facilities and juvenile detention facilities as those terms are
54 defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth
55 correction facilities as defined in ORS 420.005, youth care centers as defined in ORS

56 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

57 (ix) Public and nonprofit community health clinics.

58 (B) Adults who are homebound.

59 (C) Students or enrollees of nursery schools and day care programs and their siblings
60 under 18 years of age, Job Corps and similar employment training facilities, primary and
61 secondary schools, including private schools and public charter schools, and persons
62 entitled to benefits under the Women, Infants and Children Program.

63 (D) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by
64 nurse practitioners, physician assistants or midwives.

65 (E) Patients whose income is less than the federal poverty level.

66 (F) Other populations that the Oregon Board of Dentistry determines are underserved or

67 lack access to dental services.

68 (G) Low-income persons, as defined by earning 200% of the Federal Poverty Level or on
69 specific populations of the Federal Poverty Level or on specific population groups
70 designated by the Dental Health Professional Shortage Areas (DHPSA) that lack access
71 to care and that are underserved.

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

77 (c) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that
78 deals with the nature, identification, and management of diseases affecting the oral and
79 maxillofacial regions. It is a science that investigates the causes, processes, and effects of
80 these diseases. The practice of oral pathology includes research and diagnosis of diseases
81 using clinical, radiographic, microscopic, biochemical, or other examinations.

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

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

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

100 (g) "Pediatric Dentistry" is an age defined specialty that provides both primary and

101 comprehensive preventive and therapeutic oral health care for infants and children through
102 adolescence, including those with special health care needs.

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

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

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

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

117 (14) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-
118 0070 is defined as a group of licensees who come together for clinical and non-clinical
119 educational study for the purpose of maintaining or increasing their competence. This is not
120 meant to be a replacement for residency requirements.

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

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

128

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

130 **Statutes/Other Implemented:** ORS 679.010 & 680.010

131 **History:**

132 OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

133 DE 11-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89,

134 cert. ef. 2-1-89; Renumbered from 818-001-0001; DE 3-1997, f. & cert. ef. 8-27-97; OBD 7-

135 2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert.
136 ef. 4-1-06; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert., ef. 11-15-11; OBD
137 1-2013, f. 5-15-13, cert. ef. 7-1-13
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139 **818-001-0082**

140 **Access to Public Records**

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

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

146 (3) The Board ~~establishes the following fees:~~

147 ~~(a) \$25 per hour for the~~ follows the Department of Administration ~~required to locate and~~
148 ~~remove non-public records or for filling special requests;~~

149 ~~(b) Up to ten (10) pages at no cost; more than 10 pages, \$0.50 for each page plus postage~~
150 ~~necessary to mail the copie~~ Service's statewide policy (107-001-030) for fees in regards to
151 public records request; in addition, the Board establishes the following fees:

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

154 ~~(d)~~(b) Data files on diskette or CD:

155 (A) All Licensed Dentists — \$50;

156 (B) All Licensed Dental Hygienists — \$50;

157 (C) All Licensees — \$100.

158 ~~(e) \$60 per year for copies of minutes of all Board and committee meetings;~~

159 ~~(f)~~(c) Written verification of licensure — \$2.50 per name; and

160 ~~(g)~~(d) Certificate of Standing — \$20.

161

162 **Statutory/Other Authority:** ORS 183, 192, 670 & 679

163 **Statutes/Other Implemented:** ORS 192.420, 192.430 & 192.440

164 **History:**

165 OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

166 DE 11-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89,

167 cert. ef. 2-1-89; Renumbered from 818-001-0080; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 1-

168 1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-31-91; OBD 3-1999, f. 6-25-

169 99, cert. ef. 7-1-99

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171 DIVISION 12

172
173 STANDARDS OF PRACTICE

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175
176 **818-012-0040**

177 **Infection Control Guidelines**

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179 In determining what constitutes unacceptable patient care with respect to infection
180 control, the Board may consider current infection control guidelines such as those of the
181 Centers for Disease Control and Prevention and the American Dental Association.

182 (1) Additionally, licensees must comply with the following requirements:

183 (a) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient
184 or when handling blood or saliva contaminated instruments or equipment. Appropriate
185 hand hygiene shall be performed prior to gloving.

186 (b) Masks and protective eyewear or chin-length shields shall be worn by licensees and
187 other dental care workers when spattering of blood or other body fluids is likely.

188 (c) Between each patient use, instruments or other equipment that come in contact with
189 body fluids shall be sterilized.

190 (d) Environmental surfaces that are contaminated by blood or saliva shall be disinfected
191 with a chemical germicide which is mycobactericidal at use.

192 (e) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover
193 surfaces that may be contaminated by blood or saliva and are difficult or impossible to
194 disinfect. The cover shall be replaced between patients.

195 (f) All contaminated wastes and sharps shall be disposed of according to any
196 governmental requirements.

197 (2) ~~Dentists~~ Licensees must comply with the requirement that heat sterilizing devices
198 shall be tested for proper function by means of a biological monitoring system that
199 indicates micro-organisms kill each calendar week in which scheduled patients are
200 treated. Testing results shall be retained by the ~~dentist-~~ licensee or the current calendar
201 year and the two preceding calendar years.

202
203 Stat. Auth.: ORS 679.120, 679.250(7), 679.535, 680.075 & 680.150

204 Stats. Implemented: ORS 679.140, 679.140(4) & 680.100

205 Hist.: DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; DE
206 2-1992, f. & cert. ef. 6-24-92; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 1-2008, f. 5 -
207 Div. 12 11-10-08, cert. ef. 12-1-08; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 6-
208 2014, f. 7-2-14, cert. ef. 8-1-2014; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17
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210 **DIVISION 21**

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212 **EXAMINATION AND LICENSING**

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214

215 **818-021-0070**

216 **Continuing Education — Dental Hygienists**

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218 (1) Each dental hygienist must complete 24 hours of continuing education every two

219 years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours

220 of continuing education every two years. Continuing education (C.E.) must be directly

221 related to clinical patient care or the practice of dental public health.

222 (2) Dental hygienists must maintain records of successful completion of continuing

223 education for at least four licensure years consistent with the licensee's licensure cycle.

224 (A licensure year for dental hygienists is October 1 through September 30.) The

225 licensee, upon request by the Board, shall provide proof of successful completion of

226 continuing education courses.

227 (3) Continuing education includes:

228 (a) Attendance at lectures, dental study groups, college post-graduate courses, or

229 scientific sessions at conventions.

230 (b) Research, graduate study, teaching or preparation and presentation of scientific

231 sessions. No more than six hours may be in teaching or scientific sessions. (Scientific

232 sessions are defined as scientific presentations, table clinics, poster sessions and

233 lectures.)

234 (c) Correspondence courses, videotapes, distance learning courses or similar self-study

235 course, provided that the course includes an examination and the dental hygienist

236 passes the examination.

237 (d) Continuing education credit can be given for volunteer pro bono dental hygiene

238 services provided in the state of Oregon; community oral health instruction at a public

239 health facility located in the state of Oregon; authorship of a publication, book, chapter of

240 a book, article or paper published in a professional journal; participation on a state dental

241 board, peer review, or quality of care review procedures; successful completion of the

242 National Board Dental Hygiene Examination, taken after initial licensure; or test

243 development for clinical dental hygiene examinations. No more than 6 hours of credit
244 may be in these areas.
245 (4) At least three hours of continuing education must be related to medical emergencies
246 in a dental office. No more than two hours of Practice Management and Patient
247 Relations may be counted toward the C.E. requirement in any renewal period.
248 (5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements
249 contained in OAR 818-026-0040(910) for renewal of the Nitrous Oxide Permit.
250 (6) At least 2 hours of continuing education must be related to infection control.
251 (Effective January 1, 2015.)
252

253 Stat.Auth.: ORS 679

254 Stats. Implemented: ORS 679.250(9)

255 Hist.: DE 3-1987, f. & ef. 10-15-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989,
256 f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0073; DE 1-1990, f. 3-19-90, cert.
257 ef. 4-2-90; OBD 9-2000, f. & cert. ef. 7-28-00; OBD 2- 2002, f. 7-31-02, cert. ef. 10-1-02;
258 OBD 2-2004, f. 7-12-04, cert. ef. 7-15-04; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2-
259 2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2010, f. 6-22- 10, cert. ef. 7-1-10; OBD 3-
260 2011(Temp), filed 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f & cert. ef. 11-
261 15-11; OBD 6-2014, f. 7-2-2014, cert. ef. 8-1-2014; OBD 6-2015, f. 7-9-15 ef. 10-01-15
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263 **818-021-0088**

264 **Volunteer License**
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267 (1) An ~~active~~ [Oregon](#) licensed dentist or dental hygienist who will be practicing for a
268 supervised volunteer dental clinic, as defined in ORS 679.020(3)(~~e~~(f) and (~~f~~g)), may be
269 granted a volunteer license provided licensee completes the following:
270 (a) Licensee must register with the Board as a health care professional and provide a
271 statement as required by ORS 676.345.
272 (b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
273 (c) Licensee must provide the health care service without compensation.
274 (d) Licensee shall not practice dentistry or dental hygiene for remuneration in any
275 capacity under the volunteer license.

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

278 (f) Licensee must agree to volunteer for a minimum of 40 hours per calendar year.

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

282

283 Stat. Auth.: ORS 679 & 680

284 Stats. Implemented: ORS 676.345, 679.010, 679.020, 679.025, 679.090, 680.010,
285 680.020, 680.050 & 680.072

286 Hist.: OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05

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289 **DIVISION 26**

290
291 **ANESTHESIA**

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293
294 **818-026-0010**

295 **Definitions**

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297 As used in these rules:

298 (1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation
299 and capable of assisting with procedures, problems and emergency incidents that may
300 occur as a result of the sedation or secondary to an unexpected medical complication.

301 (2) "Anxiolysis" means the diminution or elimination of anxiety.

302 (3) "General Anesthesia" means a drug-induced loss of consciousness during which
303 patients are not arousable, even by painful stimulation. The ability to independently
304 maintain ventilatory function is often impaired. Patients often require assistance in
305 maintaining a patent airway, and positive pressure ventilation may be required because
306 of depressed spontaneous ventilation or drug-induced depression of neuromuscular
307 function. Cardiovascular function may be impaired.

308 (4) "Deep Sedation" means a drug-induced depression of consciousness during which
309 patients cannot be easily aroused but respond purposefully following repeated or painful
310 stimulation. The ability to independently maintain ventilatory function may be impaired.
311 Patients may require assistance in maintaining a patent airway, and spontaneous
312 ventilation may be inadequate. Cardiovascular function is usually maintained.

313 (5) "Moderate Sedation" means a drug-induced depression of consciousness during
314 which patients respond purposefully to verbal commands, either alone or accompanied
315 by light tactile stimulation. No interventions are required to maintain a patent airway, and
316 spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

317 (6) "Minimal Sedation" means minimally depressed level of consciousness, produced by
318 non-intravenous pharmacological methods, ~~an-enteral-drug~~, that retains the
319 patient's ability to independently and continuously maintain an airway and respond
320 normally to tactile stimulation and verbal command. When the intent is minimal sedation
321 for adults, the appropriate initial dosing of a single non-intravenous pharmacological
322 method ~~enteral-drug~~ is no more than the maximum recommended dose (MRD) of a

323 drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be
324 used in combination with a single non-intravenous pharmacological method ~~enteral~~
325 ~~drug~~ in minimal sedation.

326 (7) “Nitrous Oxide Sedation” means an induced, controlled state of minimal sedation,
327 produced solely by the inhalation of a combination of nitrous oxide and oxygen in which
328 the patient retains the ability to independently and continuously maintain an airway and
329 to respond purposefully to physical stimulation and to verbal command.

330 (8) “Maximum recommended dose” (MRD) means ~~maximum Food and Drug~~
331 ~~Administration-recommended dose of a drug, as printed in Food and Drug~~
332 ~~Administration-Approved labeling for unmonitored dose~~ maximum Food and Drug
333 Administration (FDA) recommended dose of a drug, as printed in FDA approved
334 labeling for unmonitored use.

335 (9) “Incremental Dosing” means during minimal sedation, administration of
336 multiple doses of a drug until a desired effect is reached, but not to exceed the
337 maximum recommended dose (MRD).

338 (10) “Supplemental Dosing” means during minimal sedation, supplemental dosing
339 is a single additional dose of the initial drug that is necessary for prolonged
340 procedures. The supplemental dose should not exceed one-half of the initial dose
341 and should not be administered until the dentist has determined the clinical half-
342 life of the initial dosing has passed. The total aggregate dose must not exceed
343 1.5x the MRD on the day of treatment.

344 (11) “Enteral Route” means administration of medication via the gastrointestinal
345 tract. Administration by mouth, sublingual (dissolving under the tongue),
346 intranasal and rectal administration are included.

347 (12) “Parenteral Route” means administration of medication via a route other than
348 enteral. Administration by intravenous, intramuscular, and subcutaneous routes
349 are included.

350 (13) American Society of Anesthesiologists (ASA) Patient Physical Status
351 Classification System.

352 (a) ASA I “A normal healthy patient”.

353 (b) ASA II “A patient with mild systemic disease”.

354 (c) ASA III “A patient with severe systemic disease”.

355 (d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.

356 (e) ASA V “A moribund patient who is not expected to survive without the
357 operation”.

358 (f) ASA VI “A declared brain-dead patient whose organs are being removed for
359 donor purposes”.

360

361 Stat. Auth.: ORS 679

362 Stats. Implemented: ORS 679.250(7) & 679.250(10)

363 Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99;

364 OBD 3-2003, f. 9- 15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD

365 1-2010, f. 6-22-10, cert. ef. 7-1-10

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367

368 **818-026-0020**

369 **Presumption of Degree of Central Nervous System Depression**

370

371 (1) In any hearing where a question exists as to the degree of central nervous system
372 depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate
373 sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings
374 on, among other things, the types, dosages and routes of administration of drugs
375 administered to the patient and what result can reasonably be expected from those
376 drugs in those dosages and routes administered in a patient of that physical and
377 psychological status.

378 (2) The following drugs are conclusively presumed to produce general anesthesia and
379 may only be used by a licensee holding a General Anesthesia Permit:

380 (a) Ultra short acting barbiturates including, but not limited to, sodium methohexital,
381 thiopental, thiamylal;

382 (b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;

383 (c) Neuroleptic agents;

384 (d) Dissociative agents — ketamine;

385 (e) Etomidate; and

386 (f) Volatile inhalational agents.

387 (3) No permit holder shall have more than one person under any form of sedation or
388 general anesthesia at the same time exclusive of recovery.

389 (4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia
390 Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or
391 narcotics in children under 6 years of age.

392 (5) A licensee must ensure a written emergency response protocol is in place for
393 all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep
394 sedation or general anesthesia.

395 Stat. Auth.: ORS 679 & 680

396 Stats. Implemented: ORS 679.250(7) & 679.250(10)

397 Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99;
398 OBD 3-2003, f. 9- 15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD
399 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 4- 2015,
400 f. 9-8-15, cert. ef. 1-1-16

401

402 **818-026-0030**

403 **Requirement for Anesthesia Permit, Standards and Qualifications of an**
404 **Anesthesia Monitor**

405

406 (1) A permit holder who administers sedation shall assure that drugs, drug dosages,
407 and/or techniques used to produce sedation shall carry a margin of safety wide enough
408 to prevent unintended deeper levels of sedation.

409 (2) No licensee shall induce central nervous system sedation or general anesthesia
410 without first having obtained a permit under these rules for the level of anesthesia being
411 induced.

412 (3) A licensee may be granted a permit to administer sedation or general anesthesia with
413 documentation of training/education and/or competency in the permit category for which
414 the licensee is applying by any one the following:

415 (a) Initial training/education in the permit category for which the applicant is applying
416 shall be completed no more than two years immediately prior to application for sedation
417 or general anesthesia permit; or

418 (b) If greater than two years but less than five years since completion of initial
419 training/education, an applicant must document completion of all continuing education
420 that would have been required for that anesthesia/permit category during that five year
421 period following initial training; or

422 (c) If greater than two years but less than five years since completion of initial
423 training/education, immediately prior to application for sedation or general anesthesia
424 permit, current competency or experience must be documented by completion of a
425 comprehensive review course approved by the Board in the permit category to which the
426 applicant is applying and must consist of at least one-half (50%) of the hours required by
427 rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia
428 Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours
429 of general anesthesia training.

430 (d) An applicant for sedation or general anesthesia permit whose completion of initial
431 training/education is greater than five years immediately prior to application, may be
432 granted a sedation or general anesthesia permit by submitting documentation of the
433 requested permit level from another state or jurisdiction where the applicant is also
434 licensed to practice dentistry or dental hygiene, and provides documentation of the
435 completion of at least 25 cases in the requested level of sedation or general anesthesia
436 in the 12 months immediately preceding application; or

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

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

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

448 (6) A licensee holding an anesthesia permit for moderate sedation, deep sedation or
449 general anesthesia at all times maintains a current BLS for Health Care Providers
450 certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS)
451 Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is
452 appropriate for the patient being sedated. If a licensee permit holder sedates only
453 patients under the age of 12, only PALS is required. If a licensee permit holder sedates
454 only patients age 12 and older, only ACLS is required. If a licensee permit holder
455 sedates patients younger than 12 years of age as well as older than 12 years of age,

456 both ACLS and PALS are required. For licensees with a moderate sedation permit only,
457 successful completion of the American Dental Association's course "Recognition and
458 Management of Complications during Minimal and Moderate Sedation" at least every
459 two years may be substituted for ACLS, but not for PALS.

460 ~~(7)~~ **(7)** Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support
461 (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

462 ~~(7)~~ **(8)** When a dentist utilizes a single ~~dose~~ oral agent ~~per calendar day~~ to achieve
463 anxiolysis only, no anesthesia permit is required.

464 ~~(8)~~ **(9)** The applicant for an anesthesia permit must pay the appropriate permit fee,
465 submit a completed Board-approved application and consent to an office evaluation.

466 ~~(9)~~ **(10)** Permits shall be issued to coincide with the applicant's licensing period.

467 Stat. Auth.: ORS 679 & 680

468 Stats. Implemented: ORS 679.250

469 Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-
470 03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05;
471 OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08;
472 OBD 1- 2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6- 14-12, cert. ef. 7-1-12; OBD
473 2-2016, f. 11-2-16, cert. ef. 3-1-17

474

475 **818-026-0050**

476 **Minimal Sedation Permit**

477

478 Minimal sedation and nitrous oxide sedation.

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

480 (a) Is a licensed dentist in Oregon;

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

482 (c) Completion of a comprehensive training program consisting of at least 16 hours of
483 training and satisfies the requirements of the **current** ADA Guidelines for Teaching Pain

484 Control and Sedation to Dentists and Dental Students ~~(2007)~~ at the time training was
485 commenced or postgraduate instruction was completed, or the equivalent of that

486 required in graduate training programs, in sedation, recognition and management of
487 complications and emergency care; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

536 (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have
537 continuous monitoring using pulse oximetry. The patient's response to verbal stimuli,
538 blood pressure, heart rate, and respiration shall be monitored and documented if they
539 can reasonably be obtained.

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

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

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

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

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

550 (d) The patient can sit up unaided;

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

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

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

556 (9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must
557 provide documentation of a current BLS for Healthcare Providers certificate or its

558 equivalent. In addition, Minimal Sedation Permit holders must also complete four (4)
559 hours of continuing education in one or more of the following areas every two years:
560 sedation, physical evaluation, medical emergencies, monitoring and the use of
561 monitoring equipment, or pharmacology of drugs and agents used in sedation. Training
562 taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may
563 not be counted toward this requirement. Continuing education hours may be counted
564 toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

565

566 Stat. Auth.: ORS 679

567 Stats. Implemented: ORS 679.250(7) & 679.250(10)

568 Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-
569 2003, f. 9- 15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-
570 2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1- 2014,
571 f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8- 15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-
572 16, cert. ef. 3-1-17

573

574 **818-026-0060**

575 **Moderate Sedation Permit**

576

577 Moderate sedation, minimal sedation, and nitrous oxide sedation.

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

579 (a) Is a licensed dentist in Oregon;

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

584 (c) Satisfies one of the following criteria:

585 (A) Completion of a comprehensive training program in enteral and/or parenteral
586 sedation that satisfies the requirements described in Part V of the current ADA
587 Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students
588 ~~(2007)~~ at the time training was commenced.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

663 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
664 (b) The patient is alert and oriented to person, place and time as appropriate to age and
665 preoperative psychological status;
666 (c) The patient can talk and respond coherently to verbal questioning;
667 (d) The patient can sit up unaided;
668 (e) The patient can ambulate with minimal assistance; and
669 (f) The patient does not have uncontrollable nausea or vomiting and has minimal
670 dizziness.

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

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

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

692 hours may be counted toward fulfilling the continuing education requirement set forth in
693 OAR 818-021- 0060.

694

695 Stat. Auth.: ORS 679

696 Stats. Implemented: ORS 679.250(7) & 679.250(10)

697 Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99;

698 OBD 6-1999, f. 6- 25-99, cert. ef. 7-1-99; Administrative correction 8- 12-99; OBD 2-

699 2000(Temp), f. 5-22-00, cert. ef. 5-22- 00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-

700 01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1- 2005, f. 1-28-05, cert. ef. 2-1-05;

701 OBD 2-2005, f. 1- 31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD

702 2-2011(Temp), f. 5-9-11, cert. ef. 6- 1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-

703 11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3- 2013, f. 10-24-13, cert. ef. 1-1-14;

704 OBD 1-2014, f. 7- 2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-

705 2016, f. 11-2-16, cert. ef. 3-1-17

706

707 **818-026-0065**

708 **Deep Sedation ([Permit](#))**

709

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

789 (d) The patient can sit up unaided;

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

791 (f) The patient does not have uncontrollable nausea or vomiting and has minimal
792 dizziness.
793 (10) A discharge entry shall be made by the dentist permit holder in the patient's record
794 indicating the patient's condition upon discharge and the name of the responsible party
795 to whom the patient was discharged.
796 (11) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when
797 directed by a dentist permit holder, may administer oral sedative agents calculated by a
798 dentist permit holder or introduce additional anesthetic agents into an infusion line under
799 the direct visual supervision of a dentist
800 (12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must
801 provide documentation of a current BLS for Healthcare Providers certificate or its
802 equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current
803 Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of
804 continuing education in one or more of the following areas every two years: sedation,
805 physical evaluation, medical emergencies, monitoring and the use of monitoring
806 equipment, or pharmacology of drugs and agents used in sedation. Training taken to
807 maintain current ACLS and/or PALS certificates may be counted toward this
808 requirement. Continuing education hours may be counted toward fulfilling the continuing
809 education requirement set forth in OAR 818-021-0060.

810 Stat. Auth.: ORS 679

811 Stats. Implemented: ORS 679.250(7) & 679.250(10)

812 Hist.: OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-
813 1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef.
814 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16;
815 OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

816
817 **818-026-0070**

818 **General Anesthesia Permit**

819
820 General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous
821 oxide sedation.

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

823 (a) Is a licensed dentist in Oregon;

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

828 (c) Satisfies one of the following criteria:

829 (A) Completion of an advanced training program in anesthesia and related subjects
830 beyond the undergraduate dental curriculum that satisfies the requirements described in
831 the [current](#) ADA Guidelines for Teaching Pain Control and Sedation to Dentists and
832 Dental Students ~~(2007)~~ consisting of a minimum of 2 years of a postgraduate anesthesia
833 residency at the time training was commenced.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

878 (a) Evaluate the patient and document, using the American Society of Anesthesiologists
879 [\(ASA\)](#) Patient Physical Status Classifications, that the patient is an appropriate
880 candidate for general anesthesia or deep sedation;

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

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

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

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

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

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

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

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

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

913 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
914 (b) The patient is alert and oriented to person, place and time as appropriate to age and
915 preoperative psychological status;

916 (c) The patient can talk and respond coherently to verbal questioning;
917 (d) The patient can sit up unaided;
918 (e) The patient can ambulate with minimal assistance; and
919 (f) The patient does not have nausea or vomiting and has minimal dizziness.

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

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

926 (12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder
927 must provide documentation of a current BLS for Healthcare Providers certificate or its
928 equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current
929 Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of
930 continuing education in one or more of the following areas every two years: sedation,
931 physical evaluation, medical emergencies, monitoring and the use of monitoring
932 equipment, or pharmacology of drugs and agents used in sedation. Training taken to
933 maintain current ACLS and/or PALS certificates may be counted toward this
934 requirement. Continuing education hours may be counted toward fulfilling the continuing
935 education requirement set forth in OAR 818-021-0060.
936

937 Stat. Auth.: ORS 679

938 Stats. Implemented: ORS 679.250(7) & 679.250(10)

939 Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99;
940 Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru
941 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03;
942 OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD
943 2- 2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-
944 11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert.
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946 **DIVISION 35**

947
948 **DENTAL HYGIENE**

949
950
951 **OAR 818-035-0072**

952 **Restorative Functions of Dental Hygienists**

953
954 (1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental
955 hygienist who holds an unrestricted Oregon license, and has successfully completed:

956 (a) A Board approved curriculum from a program accredited by the Commission on
957 Dental Accreditation of the American Dental Association or other course of instruction
958 approved by the Board, and successfully passed the Western Regional Examining
959 Board's Restorative Examination or other equivalent examinations approved by the
960 Board within the last five years; or

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

968 (2) A dental hygienist may perform the placement and finishing of direct ~~alloy and direct~~
969 ~~composite~~ restorations, except gold foil, under the indirect supervision of a licensed
970 dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

971 (a) These functions can only be performed after the patient has given informed consent
972 for the procedure and informed consent for the placement of the restoration(s) by a
973 Restorative Functions Endorsement dental hygienist;

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

976
977 Stat. Auth.: ORS 679 & 680

978 Stats. Implemented: ORS 679.010(3) & 679.250(7)

979 Hist.: OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

980 DIVISION 42

981
982 DENTAL ASSISTING

983
984 **818-042-0040**

985 **Prohibited Acts**

986
987 No licensee may authorize any dental assistant to perform the following acts:

988 (1) Diagnose or plan treatment.

989 (2) Cut hard or soft tissue.

990 (3) Any Expanded Function duty (818-042-0070 and 818-042-0090) or Expanded
991 Orthodontic Function duty (818-042-0100) without holding the appropriate certification.

992 (4) Correct or attempt to correct the malposition or malocclusion of teeth except as
993 provided by OAR 818042-0100.

994 (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or
995 other structure while it is in the patient's mouth.

996 (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the
997 counter medications per package instructions or drugs administered pursuant to OAR
998 818-026-0030(6), OAR 818-026-0050(5)(a) OAR 818-026-0060(11), 818-026-0065(11),
999 818-026-0070(11) and as provided in 818-042-0070 [818-042-0090](#) and 818-042-0115.

1000 (7) Prescribe any drug.

1001 (8) Place periodontal packs.

1002 (9) Start nitrous oxide.

1003 (10) Remove stains or deposits except as provided in OAR 818-042-0070.

1004 (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.

1005 (12) Use a high-speed handpiece or any device that is operated by a high-speed
1006 handpiece intra-orally [except as provided in OAR 818-042-0095, and only for the](#)
1007 [purpose of adjusting occlusion, contouring, and polishing restorations on the](#)
1008 [tooth or teeth that are being restored.](#)

1009 (13) Use lasers, except laser-curing lights.

1010 (14) Use air abrasion or air polishing.

1011 (15) Remove teeth or parts of tooth structure.

1012 (16) Cement or bond any fixed prosthetic or orthodontic appliance including bands,
1013 brackets, retainers, tooth moving devices, or orthopedic appliances except as provided

- 1014 in 818-042-0100. (17) Condense and carve permanent restorative material except as
1015 provided in OAR 818-042-0095.
- 1016 (18) Place any type of ~~cord~~ retraction material subgingivally except as provided in OAR
1017 818-042-0090.
- 1018 (19) Take jaw registrations, ~~or~~ oral impressions, and intraoral digital scans for
1019 supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing
1020 models or for the fabrication of temporary or provisional restorations or appliances.
- 1021 (20) Apply denture relines except as provided in OAR 818-042-0090(2).
- 1022 (21) Expose radiographs without holding a current Certificate of Radiologic Proficiency
1023 issued by the Board (818-042-0050 and 818-042-0060) except while taking a course of
1024 instruction approved by the Oregon Health Authority, Oregon Public Health Division,
1025 Office of Environmental Public Health, Radiation Protection Services, or the Oregon
1026 Board of Dentistry.
- 1027 (22) Use the behavior management techniques known as Hand Over Mouth (HOM) or
1028 Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- 1029 (23) Perform periodontal probing.
- 1030 (24) Place or remove healing caps or healing abutments, except under direct
1031 supervision.
- 1032 (25) Place implant impression copings, except under direct supervision.
- 1033 (26) Any act in violation of Board statute or rules.

1034

1035 Stat. Auth.: ORS 679 & 680

1036 Stats. Implemented: ORS 679.020, 679.025 & 679.250

1037 Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2- 2000(Temp), f. 5-22-00, cert. ef.

1038 5-22-00 thru 11-18-00; OBD 1-2001, f. & cert. ef. 1-08-01; OBD 15-2001; f. 12-7- 01,

1039 cert. ef. 1-1-02; OBD 3-2005, f. 10-26-05, cert. ef. 11-1- 05; OBD 3-2007, f. & cert. ef.

1040 11-30-07; OBD 1-2010, f. 6- 22-10, cert. ef. 7-1-10; OBD 4-2011, f. & cert. ef. 11-15-11;

1041 OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 6-2014, f.7- 2-2014, cert. ef. 8-1-2014;

1042 OBD 6-2015, f. 7-9-05, cert. ef. 10-1-15

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1046 **818-042-0050**

1047 **Taking of X-Rays — Exposing of Radiographs**

1048

1049 (1) A dentist may authorize the following persons to place films, adjust equipment
1050 preparatory to exposing films, and expose the films under general supervision:

1051 (a) A dental assistant certified by the Board in radiologic proficiency; or

1052 (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and
1053 certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock
1054 hours in a Board approved dental radiology course ~~and submitted a satisfactory full~~
1055 ~~mouth series of radiographs to the OBD.~~

1056 (2) A dentist or dental hygienist may authorize a dental assistant who has completed
1057 a course of instruction approved by the Oregon Board of Dentistry, and who has
1058 passed the written Dental Radiation Health and Safety Examination administered by
1059 the Dental Assisting National Board, or comparable exam administered by any other
1060 testing entity authorized by the Board, or other comparable requirements approved
1061 by the Oregon Board of Dentistry to place films, adjust equipment preparatory to
1062 exposing films, and expose the films under the indirect supervision of a dentist,
1063 dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency
1064 Certificate. The dental assistant must ~~successfully complete the clinical examination~~
1065 ~~within six months of the dentist or dental hygienist authorizing the assistant to take~~
1066 ~~radiographs.~~ submit within six months of an Oregon licensed dentist or Oregon
1067 licensed dental hygienist authorizing the assistant to expose radiographs.
1068 certification from the Oregon licensed dentist or dental hygienist that the
1069 assistant is proficient to take radiographs.

1070

1071 Stat. Auth.: ORS 679

1072 Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

1073 Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2003, f. 7-14-03 cert. ef. 7-18-03;
1074 OBD 4-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 6-
1075 2014, f. 7-2-2014, cert. ef. 8-1-2014; OBD 6-2015, f. 7-9-15, cert. ef. 10-01-15; OBD 2-
1076 2016, f. 11-2-16, cert. ef. 3-1-17

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1079 **818-042-0060**

1080 **Certification — Radiologic Proficiency**

1081

1082 (1) The Board may certify a dental assistant in radiologic proficiency by credential in
1083 accordance with OAR 818-042-0120, or if the assistant:

1084 (2) Submits an application on a form approved by the Board, pays the application fee
1085 and:

1086 (a) Completes a course of instruction approved by the Oregon Board of Dentistry, in
1087 accordance with OAR 333-106-0055 or submits evidence that the Oregon Health
1088 Authority, Center for Health Protection, Radiation Protection Services recognizes that
1089 the equivalent training has been successfully completed;

1090 (b) Passes the written Dental Radiation Health and Safety Examination administered by
1091 the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by
1092 any other testing entity authorized by the Board, or other comparable requirements
1093 approved by the Oregon Board of Dentistry; and

1094 (c) ~~Passes a clinical examination approved by the Board and graded by the Dental~~
1095 ~~Assisting National Board, Inc. (DANB), or any other testing entity authorized by the~~
1096 ~~Board, consisting of exposing, developing and mounting a full mouth series of~~
1097 ~~radiographs or by exposing and mounting a digital full mouth series of radiographic~~
1098 ~~images (14 to 18 periapical and 4 bitewing radiographic images) within one hour and~~
1099 ~~under the supervision of a person permitted to take radiographs in Oregon. No portion of~~
1100 ~~the clinical examination may be completed in advance; a maximum of three retakes is~~
1101 ~~permitted (i.e., three individual radiographic exposures, not three full mouth series); only~~
1102 ~~the applicant may determine the necessity of retakes. The radiographic images should~~
1103 ~~be acquired on an adult patient with at least 24 fully erupted teeth. The full mouth series~~
1104 ~~must be submitted for grading within six months after it is taken.~~

1105 **Certification by an Oregon licensed dentist or Oregon licensed dental hygienist**
1106 **that the assistant is proficient to take radiographs.**

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818-042-0090

Additional Functions of EFDAs

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

~~(a)(1)~~ Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.

~~(b)(2)~~ Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

~~(c)(3)~~ Place ~~cord~~ retraction material subgingivally.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15- 2001, f. 12-7-01, cert. ef. 1-1-02;

OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 6-2014, f. 7-2-2014, cert. ef. 8-1-2014;

OBD 6-2015, f. 7-9-15, cert. ef. 10-01-15

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818-042-0095

Restorative Functions of Dental Assistants

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

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

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

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

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

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

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.010 & 679.250(7)

Hist.: OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08;

OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

1169 **818-042-0110**

1170 **Certification — Expanded Function Orthodontic Assistant**

1171

1172 The Board may certify a dental assistant as an expanded function orthodontic assistant

1173 (1) By credential in accordance with OAR 818-042-0120, or

1174 (2) Completion of an application, payment of fee and satisfactory evidence of;

1175 (a) Completion of a course of instruction in a program in dental assisting accredited

1176 by the American Dental Association Commission on Dental Accreditation; or

1177 (b) Passage of the Basic, CDA or COA examination, and Expanded Function

1178 Orthodontic Assistant examination, or equivalent successor examinations,

1179 administered by the Dental Assisting National Board, Inc. (DANB), or any other testing

1180 entity authorized by the Board; and certification by a licensed dentist that the applicant

1181 has successfully ~~removed cement from bands using an ultrasonic or hand scaler, or a~~

1182 ~~slow speed hand piece, on six (6) patients and recemented loose orthodontic bands,~~

1183 ~~fit and adjust headgear, remove fixed orthodontic appliances and take impressions for~~

1184 ~~four (4) patients.~~ **placed and ligated orthodontic wires on ten (10) patients and**

1185 **removed bands/brackets and remaining adhesive using an ultrasonic, hand**

1186 **scaler or a slow speed hand piece from teeth on four (4) patients.**

1187

1188 Stat. Auth.: ORS 679

1189 Stats. Implemented: ORS 679.250(7)

1190 Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 10-1999 (Temp). f. 12-2-99, cert. ef.

1191 1-1-00 thru 6-28-00; OBD 8- 2000, f. 6-22-00, cert. ef. 6-29-00; OBD 1-2013, f. 5-15-13,

1192 cert. ef. 7-1-13

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1194 **[818-042-0114](#)**

1195 **Additional Functions of EFPDAs**

1196

1197 **(1) Upon successful completion of a course of instruction in a program**

1198 **accredited by the Commission on Dental Accreditation of the American Dental**

1199 **Association, or other course of instruction approved by the Board, a certified**

1200 **Expanded Function Preventive Dental Assistant may perform the following**

1201 **functions under the indirect supervision of a dentist or dental hygienist**

1202 **providing that the procedure is checked by the dentist or dental hygienist prior**

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to the patient being dismissed:
(2) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

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