

LICENSING, STANDARDS AND COMPETENCY COMMITTEE

Minutes May 24, 2019

MEMBERS PRESENT: Amy B. Fine, D.M.D., Chair
Alicia Riedman, R.D.H., E.P.P.
Todd Beck, D.M.D.
Hai Pham, D.M.D.
Chip Dunn
Daren L. Goin, D.M.D. - ODA Representative
Susan Kramer, R.D.H. - ODHA Representative
Ginny Jorgensen, CDA, EFDA, EFODA - ODAA Representative

STAFF PRESENT: Stephen Prisby, Executive Director
Daniel Blickenstaff, D.D.S., Dental Director/Chief Investigator
Teresa Haynes, Office Manager
Ingrid Nye, Examination & Licensing Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT:
Julie Ann Smith, D.D.S., M.D., M.C.R.; Katie Simonsen; Jen Lewis-Goff, ODA; Dean Philip Marucha, OHSU Dental School; Abigail Rollins, D.M.D., Chemeketa Community College; Jill Lomax, Chemeketa Community College; Michael Christie, Resuscitation Group; Mary Harrison, ODAA; Dayna Steringer, Willamette Dental Group; Cassie Leone, ODA; Despoina Bompolaki, Prosthodontist, OHSU; Magda C. D'Angelis-Morris, Portland Community College; Lisa Rowley, R.D.H., ODHA; Heather Mobus, R.D.H., ODHA; Leslie Greer, Lane Community College

Call to Order: The meeting was called to order by Dr. Fine, at 12:00 p.m.

MINUTES

Dr. Beck moved and Dr. Pham seconded that the minutes of the December 15, 2017 Licensing, Standards and Competency Committee meeting be approved as presented. The motion passed unanimously.

Dr. Beck moved and Ms. Riedman seconded that the Committee recommend that the Board move OAR 818-001-0002(a)-(j) as presented to the Rules Oversight Committee. The motion passed unanimously.

818-001-0002

Definitions

As used in OAR Chapter 818:

(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its

employees, its agents, and its consultants.

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr. Beck moved and Ms. Kramer seconded that the Committee recommend that the Board move OAR 818-001-0002(17) as presented to the Rules Oversight Committee. The motion passed unanimously.

818-001-0002

Definitions

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
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- (5) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
- (6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.
- (7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
- (9) "Licensee" means a dentist or hygienist.
 - (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.

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~~(d)~~ **(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.

~~(e)~~ **(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.

~~(f)~~ **(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.

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(+) (i) "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).

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(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 determined by the Board. This initial CPR course must be a hands-on course; online CPR courses will not be approved by the Board for initial CPR certification:

After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A CPR certification card with an expiration date must be received from the CPR provider as documentation of CPR certification. The Board considers the CPR expiration date to be the last day of the month that the CPR instructor indicates that the certification expires.

Dr. Beck left the meeting at 12:20 p.m. and rejoined at 12:28 p.m.

The Committee deferred to later in the meeting reviewing and discussing OAR 818-012-0005.

Dr. Goin moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-012-0006 as amended to the Rules Oversight Committee. The motion passed unanimously.

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.~~

Dr. Pham moved and Ms. Riedman seconded that the Committee recommend that the Board move OAR 818-012-0007 as proposed to the Rules Oversight Committee. The motion passed unanimously.

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.](#)

Dr. Beck moved and Ms. Riedman seconded that the Committee recommend that the Board move OAR 818-012-0030 as amended to the Rules Oversight Committee. The motion passed unanimously

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 an Oregon DEA registration.**
 - (24) Every dental office, facility or location providing dental or dental hygiene services in the state of Oregon must have a properly functioning automated external defibrillator (AED) or defibrillator.**
 - (a) An expanded practice dental hygienist must have access to a properly functioning automated external defibrillator(AED) or defibrillator. The AED or**

defibrillator must be available and within reach within sixty seconds.
(b) A dental office or facility may share a single AED or defibrillator with adjacent businesses if it meets the requirements of this section. (Effective January 1, 2021).

Dr. Pham moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-012-0070 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-012-0070

Patient Records

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

- (a) Name and address and, if a minor, name of guardian;
- (b) Date description of examination and diagnosis;
- (c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent.
- (d) Date and description of treatment or services rendered;
- (e) Date, description and documentation of informing the patient of any recognized treatment complications;
- (f) Date and description of all radiographs, study models, and periodontal charting;
- (g) Health history; and
- (h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.

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

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

- (a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;
- (b) The licensee gives the records, radiographs, or models to the patient; or
- (c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.

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

(a) Manufacture brand;

(b) Design name of implant;

(c) Diameter and, length;

(d) Lot number;

(e) Reference number;

(f) Expiration date;

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

~~(4)~~(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported

to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct. ~~(5)~~(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

The Committee reviewed and discussed OAR 818-015-0007 and decided not to take any action on OAR 818-015-0007, OAR 818-021-0012, OAR 818-021-0015 and OAR 818-021-0017 pending potential legislation. It was determined that after the legislative session is complete, there is time for the Rules Oversight Committee to review any rule changes based on the legislation.

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~~

~~(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."~~

(1) A dentist shall not advertise or hold themselves out to the public as a specialist or use any variation of the term, in the area of practice, if the communication is false, deceptive or misleading under OAR 818-015-0005.

(2) It shall not be false, deceptive or misleading for a dentist to hold themselves out to the public as a specialist in a practice area provided the dentist has completed a qualifying postdoctoral education program in that area. A qualifying postdoctoral education program is a postdoctoral advanced dental educational program accredited by an agency recognized by the United States Department of Education.

(3) A dentist who has not completed a qualifying postdoctoral educational program shall not advertise or otherwise hold themselves out to the public as a specialist, certified specialist, or board-certified specialist, or use any variation of those terms, unless they hold current certification by a qualifying specialty board or organization and are licensed by the laws of Oregon to practice a dental specialty.

The Board shall consider the following criteria in determining a qualifying specialty board or organization:

(a) The organization requires completion of a training program with training, documentation, and clinical requirements similar in scope and complexity to a qualifying postdoctoral education program in the specialty or subspecialty field of dentistry in which the dentist seeks certification. Programs that require solely experiential training, continuing education classes, on-the-job training, or

payment to the specialty board shall not constitute an equivalent specialty board;

(b) The organization requires all dentists seeking certification to pass a written or oral examination, or both, that tests the applicant's knowledge and skill in the specialty or subspecialty area of dentistry and includes a psychometric evaluation for validation;

(c) The organization has written rules on maintenance of certification and requires periodic recertification;

(d) The organization has written bylaws and a code of ethics to guide the practice of its members;

(e) The organization has staff to respond to consumer and regulatory inquiries; and

(f) The organization is recognized by another entity whose primary purpose is to evaluate and assess dental specialty boards and organizations.

(4) A dentist qualifying under Subsection (3) and advertising or otherwise holding themselves out to the public as a "specialist," "certified specialist," or "board-certified specialist" shall disclose in the advertisement or communication the specialty board by which the dentist was certified and provide information about the certification criteria or where the certification criteria may be located.

(5) A dentist shall maintain documentation of either completion of a qualifying postdoctoral educational program or of his or her current specialty certification and provide the documentation to the Board upon request. Dentists shall maintain documentation demonstrating that the certifying board qualifies under the criteria in Subsection (3)(a)-(f) of this rule and provide the documentation to the Board upon request.

(6) Nothing in this section shall be construed to prohibit a dentist who does not qualify as a "specialist," "certified specialist," or "board-certified specialist" under paragraphs (2) and (3) of this rule from restricting their practice to one or more specific areas of dentistry or from advertising the availability of their services, provided that such advertisements do not include the terms "specialist," "certified specialist," or "board-certified specialist" or any variation of those terms, and must state that the services advertised are being provided by a general dentist.

818-021-0012 Specialties Recognized

(1) A dentist may advertise that the dentist is an ~~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 specialist in a practice area provided the dentist has completed a qualifying postdoctoral education program in that area. A qualifying postdoctoral education program is a postdoctoral advanced dental educational program accredited by an agency recognized by the United States Department of Education.

(2) ~~A dentist may advertise that the dentist specializes in or is a specialist in 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.~~ The Board shall consider the following criteria in determining a qualifying specialty board or organization:

a) The organization requires completion of a training program with training, documentation, and clinical requirements similar in scope and complexity to a qualifying postdoctoral education program in the specialty or subspecialty field of dentistry in which the dentist seeks certification. Programs that require solely experiential training, continuing education classes, on-the-job training, or payment to the specialty board shall not constitute an equivalent specialty board;

b) The organization requires all dentists seeking certification to pass a written or oral examination, or both, that tests the applicant's knowledge and skill in the specialty or subspecialty area of dentistry and includes a psychometric evaluation for validation;

c) The organization has written rules on maintenance of certification and requires periodic recertification;

d) The organization has written bylaws and a code of ethics to guide the practice of its members;

e) The organization has staff to respond to consumer and regulatory inquiries; and

f) The organization is recognized by another entity whose primary purpose is to evaluate and assess dental specialty boards and organizations.

(3) A dentist shall maintain documentation of either completion of a qualifying postdoctoral educational program or of his or her current specialty certification and provide the documentation to the Board upon request. Dentists shall maintain documentation demonstrating that the certifying board qualifies under the criteria in Subsection (2)(a)-(f) of this rule and provide the documentation to the Board upon request.

818-021-0015

Certification as a Specialist

The Board may certify a dentist as a specialist if the dentist:

(1) Holds a current Oregon dental license;

(2) ~~Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or~~ Has completed a qualifying postdoctoral education program in the area of specialty. A qualifying postdoctoral education program is

[a postdoctoral advanced dental educational program accredited by an agency recognized by the United States Department of Education.](#)

~~(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association; or~~

~~(4) Was qualified to [A](#)advertisement as a specialist [is required to comply with](#) under former OAR 818-0105-006407.~~

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~~ [postdoctoral education program in the area of specialty. A qualifying postdoctoral education program is a postdoctoral advanced dental educational program accredited by an agency recognized by the United States Department of Education.](#)

(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~~ [postdoctoral education program in the area of specialty. A qualifying postdoctoral education program is a postdoctoral advanced dental educational program of not less than two years accredited by an agency recognized by the United States Department of Education,](#) 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~~ [postdoctoral education program in the area of specialty. A qualifying postdoctoral education program is a postdoctoral advanced dental educational program of not less than two years accredited by an agency recognized by the United States Department of Education,](#) 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; 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, and;

(b)c) 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.

The Committee reviewed and discussed splitting the hours so Licensees who wish to perform Botulinum Toxin Type A or dermal fillers are only required to take a course in the area they wish to perform. The Committee took no action.

A spelling error was noted in OAR 818-012-0005 by Dr. Julie Ann Smith and should be corrected in the rule.

818-012-0005

Scope of Practice

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

(a) Rhinoplasty;

(b) Blepharoplasty;

(c) ~~Rhytidectomy~~ 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).

Dr. Beck moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-021-0010 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-021-0010

Application for License to Practice Dentistry

- (1) An applicant to practice general dentistry, in addition to 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; 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, and proficiency in the English language; 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.
- (2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.
- (3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing agency, [national testing agency or other Board-recognized testing agency](#) and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.
- ~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the examination may retake the jurisprudence examination without limit on the number of~~

~~times. The applicant must pass the jurisprudence portion within five years of passing the clinical portion or 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.

Ms. Riedman moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-021-0011 as amended to the Rules Oversight Committee. The motion passed unanimously.

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.

The Committee reviewed and discussed correspondence from Dr. Bryan Williams who requests that the Board accept clinical residency hours count towards the 3,500 hours of licensed clinical practice to obtain Licensure Without Further Examination. Dr. Goin moved and Dr. Pham seconded the Committee's recommendation that the Board accept clinical residency hours towards the 3,500 hours of licensed clinical practice for Licensure Without Further Examination.

The Committee reviewed and discussed correspondence from the American Board of Prosthodontics requesting that the Board accept their Board examination in addition to The Commission on Dental Competency Assessments (CDCA) for specialists who meet all other requirements for licensure in Oregon to obtain an Oregon license. Dr. Pham moved and Dr. Beck seconded the Committee's recommendation that the Board accept all American Board recognized specialty examinations in addition to the CDCA's examination for specialty licensure.

Dr. Beck moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-021-0020 as proposed to the Rules Oversight Committee. The motion passed unanimously.

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 Dental Accreditation of the American Dental Association, and proficiency in the English language; and
 - (c) Certification of having passed the dental hygiene examination administered by the Joint Commission on National Dental Examinations or the Canadian National Dental Hygiene Certificate Examination.
- (2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate.
- (3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing agency, [national testing agency or other Board-recognized testing agency](#) and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.
- ~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the examination may retake the jurisprudence examination without limit on the number of times. The applicant must pass the jurisprudence portion within five years of passing the clinical portion or must retake the clinical examination.~~
- ~~(5)~~ (4) 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 hygiene program accredited by the

Commission on Dental Accreditation of the American Dental Association.

Ms. Riedman moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-021-0025 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-021-0025

Application for License to Practice Dental Hygiene Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits 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 Dental Accreditation of the American Dental Association, and proficiency in the English language; and

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

(d) Holding an active license to practice dental hygiene, 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 dental hygiene, 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, in other states or in the Armed Forces of the United States, the United States Public Health Service, 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 dental hygienists employed by a CODA accredited dental hygiene program 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 dental hygiene, and any adverse actions or restrictions; and

(f) Having completed 24 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.

Dr. Pham moved and Ms. Riedman seconded that the Committee recommend that the Board move OAR 818-021-0060 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-021-0060

Continuing Education — Dentists

- (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
- (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
- (3) Continuing education includes:
 - (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
 - (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
 - (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.
 - (d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.
- (4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
- (5) All dentists licensed by the Oregon Board of Dentistry will complete 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 ~~2~~ **one (1)** hours of continuing education must be related to infection control. ~~(Effective January 1, 2015.)~~
- (7) At least one (1) hour of continuing education must be related to cultural competency.**

Ms. Riedman moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-021-0070 as proposed to the Rules Oversight Committee. The motion passed unanimously.

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:

(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 six 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 dental hygienist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental hygiene 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 Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene 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 two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

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

(6) At least ~~2~~ **one (1)** hours of continuing education must be related to infection control.

~~(Effective January 1, 2015.)~~

(7) At least one (1) hour of continuing education must be related to cultural competency.

Dr. Beck moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-021-0088 as proposed to the Rules Oversight Committee. The motion passed unanimously.

818-021-0088 - Volunteer License

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

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

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

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

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

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

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

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

Dr. Beck moved and Mr. Dunn seconded that the Committee recommend that the Board move OAR 818-026-0030 as proposed to the Rules Oversight Committee. The motion passed unanimously.

Division 26 – Anesthesia

818-026-0030 – Requirement for Anesthesia Permit, ~~Standards and Qualifications of an Anesthesia Monitor~~

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

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

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

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

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

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

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

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

~~(4) Persons serving as anesthesia monitors in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary~~

~~Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.)~~

~~(4)~~(5) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Healthcare 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 Healthcare Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

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

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

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

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

Ms. Riedman moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-026-0040 as amended to the Rules Oversight Committee. The motion passed unanimously.

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

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

Nitrous Oxide Sedation.

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

- (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

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

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;
- (b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
 - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
 - (e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
 - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and
 - (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.
- (3) Before inducing nitrous oxide sedation, a permit holder shall:
- (a) Evaluate the patient;
 - (b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
 - (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
 - (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.
- (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
- (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.
- (7) Persons serving as anesthesia monitors for nitrous oxide 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)~~⁽⁹⁾ The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

~~(11)~~⁽¹⁰⁾ Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Dr. Goin moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-026-0050 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-026-0050

Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

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

(a) Is a licensed dentist in Oregon;

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

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

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

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

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

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

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

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

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

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

- (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
- (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:
 - (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
 - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;
 - (c) Certify that the patient is an appropriate candidate for minimal sedation; and
 - (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (4) No permit holder shall have more than one person under minimal sedation at the same time.
- (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.
- (6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. **The record must include documentation of all medications administered with dosages, time intervals and route of administration.** The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
- (7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**
- (8)**~~(7)~~ The patient shall be monitored as follows:
 - (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, **pulse oximetry** and respiration shall be monitored and documented **every fifteen minutes**, if they can reasonably be obtained.
 - (b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (9)**~~(8)~~ The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
 - (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
 - (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
 - (c) The patient can talk and respond coherently to verbal questioning;

- (d) The patient can sit up unaided;
- (e) The patient can ambulate with minimal assistance; and
- (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
- (g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

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

Dr. Pham moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-026-0055 as proposed to the Rules Oversight Committee. The motion passed unanimously.

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).

Dr. Pham moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-026-0060 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-026-0060

Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

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

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

(c) Satisfies one of the following criteria:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
- (c) The patient can talk and respond coherently to verbal questioning;
- (d) The patient can sit up unaided;
- (e) The patient can ambulate with minimal assistance; and
- (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

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

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

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

Dr. Pham moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-026-0065 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-026-0065

Deep Sedation Permit

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

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

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

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

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

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

("competent" means displaying special skill or knowledge derived from training and experience.)

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

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

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

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

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

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

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

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

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

(d) The patient can sit up unaided;

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

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

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

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

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

Dr. Pham moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-026-0070 as amended to the Rules Oversight Committee. The motion passed unanimously.

818-026-0070

General Anesthesia Permit

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

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

(a) Is a licensed dentist in Oregon;

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

(c) Satisfies one of the following criteria:

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

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

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

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

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

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

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

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

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

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

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

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral

and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Committee recommends the Board refer back to the Anesthesia Committee for further clarification on defining anesthesia monitors for OAR 818-026-0060, OAR 818-026-0065 and OAR 818-026-0070.

Dr. Pham moved and Dr. Goin seconded that the Committee recommend that the Board move OAR 818-026-0080 as proposed to the Rules Oversight Committee. The motion passed unanimously.

818-026-0080

Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

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

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

The Committee reviewed and discussed correspondence from Ms. Gonzales regarding if it was permissible for dental hygienist to administer silver nitrate as an antimicrobial. The Committee reviewed OAR 818-035-0025 Prohibitions and OAR 818-035-0030 Additional Functions of Dental Hygienists and determined under current rules dental hygienists can prescribe, administer and dispense antimicrobials. No action was taken.

The Committee reviewed and discussed correspondence from Ms. DeMallie regarding if it was permissible for dental hygienist to take final impressions for supplying artificial teeth as substitutes for natural teeth. The Committee reviewed 818-035-0025 Prohibitions and determined under current rules dental hygienists can take final impressions. No action was taken

818-035-0025 Prohibitions

A dental hygienist may not:

- (1) Diagnose and treatment plan other than for dental hygiene services;
- (2) Cut hard or soft tissue with the exception of root planing;

- (3) Extract any tooth;
- (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, 818-035-0040, 818-026-0060(11) and 818-026-0070(11);
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (9) Place or remove healing caps or healing abutments, except under direct supervision.
- (10) Place implant impression copings, except under direct supervision.

818-035-0030

Additional Functions of Dental Hygienists

- (1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:
 - (a) Make preliminary intra-oral and extra-oral examinations and record findings;
 - (b) Place periodontal dressings;
 - (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
 - (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
 - (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
 - (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
 - (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
 - (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
 - (i) Perform all aspects of teeth whitening procedures.
- (2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:
 - (a) Determine the need for and appropriateness of sealants or fluoride; and
 - (b) Apply sealants or fluoride.

Dr. Beck moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0040 as amended to the Rules Oversight Committee. The motion passed unanimously.

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.

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

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

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

(14) Use air abrasion or air polishing.

(15) Remove teeth or parts of tooth structure.

(16) Cement or bond any fixed ~~prosthetic~~ prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.

(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.

(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.

~~(19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.~~

~~(20)~~19) Apply denture relines except as provided in OAR 818-042-0090(2).

~~(21)~~20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.

~~(22)~~21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

~~(23)~~22) Perform periodontal probing.

~~(24)~~23) Place or remove healing caps or healing abutments, except under direct supervision.

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

~~(26)~~25) Any act in violation of Board statute or rules. ~~No licensee may authorize any dental assistant to perform the following acts:~~

Dr. Pham moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-042-0050 as proposed to the Rules Oversight Committee. The motion passed unanimously.

818-042-0050

Taking of X-Rays — Exposing of Radiographs

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

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

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

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

instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental

Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other

comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist or dental hygienist that the assistant is proficient to take radiographics images.

Ms. Riedman moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-042-0095 as proposed to the Rules Oversight Committee. The motion passed unanimously.

818-042-0095

Restorative Functions of Dental Assistants

~~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 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.

The Committee reviewed and discussed correspondence from Ms. Harrison, Ms. Jorgensen and the Dental Assisting Consortiums regarding amending Division 42. The Committee asked that the Consortium and Ms. Harrison and Ms. Jorgensen to form a workgroup and asked that they work together to come with proposed language for possible changes to Division 42. Dr. Beck agreed to represent the Board at this workgroup.

Dr. Pham moved and Dr. Beck seconded that the Committee recommend that the Board move OAR 818-042-0113 as amended to the Rules Oversight Committee. The motion passed unanimously

818-042-0113

Certification — Expanded Function Preventive Dental Assistants (EFPDA)

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

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

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

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

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Certified Preventive Functions Dental Assistant (CPFDA) examination, ~~and or~~ the Expanded Function Dental Assistant examination, or [the Coronal Polish \(CP\) examination](#), or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six patients

Dr. Beck moved and Dr. Pham seconded that the Committee recommend that the Board move OAR 818-042-0116 as proposed to the Rules Oversight Committee. The motion passed unanimously

818-042-0116

Certification — Anesthesia Dental Assistant

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

evidence of:

(1) Successful completion of:

- (a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or
- (b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or
- (c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; ~~and or~~

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

(e) Other course approved by the Board; and

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

The Committee reviewed and discussed the Implant Safety Workgroup recommendations:

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

The Committee directed Board staff to draft language to present to the full Board at their August 23, 2019 meeting for action on the following:

- Minimal requirements for a written informed consent form for dental implant placement.
- Continuing education requirements pertaining to dental implants for licensees practicing implant dentistry.

Dr. Fine noted that the recommendation regarding information related to implants being properly documented and provided to the patient in writing was added to the proposed rule change previously voted on to go to the Board to refer to the Rules Oversight Committee.

The Committee reviewed and discussed the Anesthesia Office Evaluation Safety Workgroup recommendations:

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

The Committee determined the items dealing with the renewal process could be implemented when the OBD gets a new database as the existing database would not support it.

Dr. Fine noted that the recommendation regarding OAR 818-026-0080 highlighting no two patients can be sedated at the same time, and when a patient who was sedated can be released to a qualified anesthesia monitor was added to the proposed rule change previously voted on to go to the Board to refer to the Rules Oversight Committee.

The meeting adjourned at 3:30 p.m.