



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
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## MEETING NOTICE

### **ANESTHESIA COMMITTEE**

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

**April 2, 2015**  
**7:00 p.m.**

#### Committee Members:

Julie Ann Smith, D.D.S., M.D., Chair  
Brandon Schwindt, D.M.D.  
Rodney Nichols, D.M.D.  
Mark Mutschler, D.D.S.  
Ryan Allred, D.D.S.

Daniel Rawley, D.D.S.  
Normund Auzins, D.M.D.  
Jay Wylam, D.M.D.  
Eric Downey, D.M.D.

## AGENDA

Call to Order Julie Ann Smith, D.D.S., M.D., Chair

Review Minutes of November 12, 2014

Minutes November 12, 2014 **Attachment #1**

Rules Oversight Committee Meeting Minutes from January 22, 2015 **Attachment #2**

Rules Oversight Committee Meeting Minutes from March 26, 2015 will be provided as supplemental material at the meeting due to the timing of the meeting.

Review E-mail Correspondences from Dr. Normund Auzins **Attachment #3**

Routes of Administration from the FDA- Data Standards Manual **Attachment #4**

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to OAR 818-026-0010 Definitions that were proposed at the November 12, 2014 Anesthesia Committee meeting.

Draft OAR 818-026-0010 Definitions **Attachment #5**

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to OAR 818-026-0020(2)(f) Presumption of Degree of Central Nervous System Depression.

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Stephen Prisby, (971) 673-3200.

Draft OAR 818-026-0020(2)(f) Presumption of Degree of Central Nervous System Depression. **Attachment #6**

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to OAR 818-026-0060(8)(a) Moderate Sedation Permit that were proposed at the November 12, 2014 Anesthesia Committee meeting. See **Attachment #1**.

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to OAR 818-026-0065(8)(a) Deep Sedation that were proposed at the November 12, 2014 Anesthesia Committee meeting. See **Attachment #1**.

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to OAR 818-026-0070(a) General Anesthesia Permit that were proposed at the November 12, 2014 Anesthesia Committee meeting. See **Attachment #1**.

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to OAR 818-026-0070(12) General Anesthesia Permit.

Draft OAR 818-026-0070(12) General Anesthesia Permit **Attachment #7**

Any Other Business

Adjourn

**Draft 1**  
**Anesthesia Committee Meeting**  
**Minutes**  
**November 12, 2014**

MEMBERS PRESENT: Julie Ann Smith, M.D., D.D.S., Chair  
Brandon Schwindt, D.M.D.  
Rodney Nichols, D.M.D., Via Telephone  
Daniel Rawley, D.D.S  
Mark Mutschler, D.D.S.  
Eric Downey, D.D.S.

STAFF PRESENT: Patrick D. Braatz, Executive Director  
Lori Lindley, Sr. Assistant Attorney General  
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator  
Teresa Haynes, Licensing Manager

VISITORS PRESENT: Les Sturgis, CRNA; Fariba Mutschler, D.D.S.

**Call to Order:** The meeting was called to order by the Chair at 7:05 p.m. at the Board office; 1500 SW 1st Ave., 7<sup>th</sup> Floor Conference Room, Portland, Oregon.

**Minutes**

Dr. Schwindt moved and Dr. Mutschler seconded that the minutes of the August 27, 2014 Committee meeting be approved as amended. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, and Dr. Downey voting aye.

**818-026-0050(10) – Minimal Sedation Permit**

Dr. Schwindt moved and Dr. Downey seconded that the Committee recommend 818-026-0050(10) to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Downey voting aye.

**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 Holds** a valid and current **Health Care Provider** BLS/CPR level **for Health Care Provider** 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 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) 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 who induces minimal sedation shall:

(a) Evaluate the patient;

(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.
- (a) After training, a dental assistant, when directed by a dentist, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist under the direct supervision of a dentist.
- (6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.
- (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 blood pressure, heart rate, and respiration shall be taken if they can reasonably be obtained.~~ The dentist and/or appropriately trained individual must observe chest excursions continually. The dentist and/or appropriately trained individual must verify respirations continually. Blood pressure and heart rate should be evaluated pre-operatively, postoperatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring). If the information cannot be obtained, the reasons shall be documented in the patient's record. The record must also include documentation of all medications administered with dosages, time intervals and route of administration.
- (b) A discharge entry shall be made by the dentist 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.
- (8) The dentist 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 shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.
- (9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of having a current ~~Health Care Provider~~ BLS/CPR-level Health Care Provider 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 ~~Health Care Provider~~ BLS/CPR-level Health Care Provider certification, 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.

(10) 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 an enteral minimal sedative agent would put the patient into a level of sedation deeper than minimal sedation. If the practitioner determines it is possible that providing enteral sedation to such a patient would result in moderate sedation, a moderate sedation permit would be required.

Stat. Auth.: ORS 679

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

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

#### **818-026-0040(4) Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide**

Dr. Mutschler moved and Dr. Downey seconded that the Committee recommend 818-026-0040(4) to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, Dr. Downey voting aye.

**818-026-0040 -**

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) Holds a valid and current Health Care Provider BLS/CPR level 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.

~~(4)~~ (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.

~~(5)~~ (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.

~~(6)~~ (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.

~~(7)~~ (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.

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

~~(9)~~ (10) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of having a current Health Care Provider BLS/CPR level 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 Health Care Provider BLS/CPR level certification, 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.

Stat. Auth.: ORS 679 & 680

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0060(8)(a) – Moderate Sedation Permit**

Dr. Nichols moved and Dr. Rawley seconded that the Committee recommend 818-026-0060(8)(a) to the Rules Oversight Committee as amended below. The motion died with Dr. Nichols, Dr. Rawley and Dr. Smith vote aye, and Dr. Schwindt, Dr. Mutschler, and Dr. Downey voting nay.

#### **818-026-0060(8)(a)**

**(a) If a reversal agent such as naloxone or flumazenil is administered, the patient is to be observed and monitored for resedation in the office for a minimum of 2 hours.**

### **818-026-0060(8)(a) – Moderate Sedation Permit**

Dr. Downey moved and Dr. Schwindt seconded that the Committee recommend 818-026-0060(8)(a) to the Rules Oversight Committee as amended below. The motion passed with Dr. Downey, Dr. Schwindt, Dr. Mutschler and Dr. Smith voting aye. Dr. Nichols and Dr. Rawley voted nay.

**(a) If a reversal agent such as naloxone or flumazenil is administered, the patient is to be observed and monitored for resedation in the office for a minimum of 2 times the half life of the reversal agent that was administered.**

### **818-026-0060 – Moderate Sedation Permit**

Dr. Schwindt moved and Dr. Downey seconded that the Committee recommend 818-026-0060 to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Rawley, Dr. Mutschler, and Dr. Downey voting aye. Dr. Nichols voted nay.

**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 Health Care Provider certification or its equivalent, ~~E~~ either holds a current Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated. ~~or s~~ Successfully completes ion 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; 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 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) 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 ~~Health Care Provider BLS/CPR certificate or its equivalent~~ Health Care Provider certification or its equivalent, shall be present in the operatory, in addition to the dentist performing the dental procedures.
- (5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists 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.

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

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2 monitors. Patients with cardio vascular disease shall have continuous 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.

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

(a) If a reversal agent such as naloxone or flumazenil is administered, the patient is to be observed and monitored for re-sedation in the office for a minimum of 2 times the half lives of the reversal agent that was administered.

(9) The dentist 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.

(10) A discharge entry shall be made by the dentist 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.

(11) After adequate training, an assistant, when directed by a dentist, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of having current [BLS for Health Care Providers certification or its equivalent](#) and ACLS and/or PALS certification or current certification of successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" 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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

### **818-026-0065 – Deep Sedation**

Dr. Schwindt moved and Dr. Downey seconded that the Committee recommend 818-026-0065 to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Rawley, Dr. Mutschler, and Dr. Downey voting aye. Dr. Nichols voted nay.

### **818-026-0065 Deep Sedation**

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 Health Care Provider certification or its equivalent **H** holds a current Advanced Cardiac Life Support (ACLS) and/or 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 Health Care Provider BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition to the dentist performing the dental procedures.

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

(a) Evaluate the patient and document, using the American Society of Anesthesiologists 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.

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

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

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

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

(8) A dentist shall not release a patient who has undergone deep sedation except to the care of a responsible third party.

**(a) If a reversal agent such as naloxone or flumazenil is administered, the patient is to be observed and monitored for re-sedation in the office for a minimum of 2 hours.**

(9) The dentist 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.

(10) A discharge entry shall be made by the dentist 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.

(11) After adequate training, an assistant, when directed by a dentist, may administer oral sedative agents calculated by a dentist or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of having current [BLS for Health Care Providers certification or its equivalent](#) and ACLS [and/or](#) PALS certification 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 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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

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

Hist. : OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

## **818-026-0070 – General Anesthesia Permit**

Dr. Schwindt moved and Dr. Mutschler seconded that the Committee recommend 818-026-0070 to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Rawley, Dr. Mutschler and Dr. Downey voting aye. Dr. Nichols voted nay.

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 Health Care Provider certification or its equivalent, ~~H~~ holds a current Advanced Cardiac Life Support (ACLS) and/or 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 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) 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 ~~Health Care Provider BLS/CPR certificate or its equivalent~~ Health Care Provider certification or its equivalent, shall be present in the operatory in addition to the dentist performing the dental procedures.

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

(a) Evaluate the patient and document, using the American Society of Anesthesiologists 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.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist 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) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

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

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

(8) A dentist shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party.

**(a) If a reversal agent such as naloxone or flumazenil is administered, the patient is to be observed and monitored for re sedation in the office for a minimum of 2 hours.**

(9) The dentist 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.

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

(11) After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of having current [BLS Health Care Provider certification or its equivalent and](#) ACLS [and](#)/or PALS certification and complete 14 hours of continuing education in one or more of the following areas every two years: deep sedation and/or general anesthesia, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, pharmacology of drugs and agents used in anesthesia. Training taken to maintain current ACLS or PALS certification 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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

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

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

### **818-026-0110 – Office Evaluations**

Dr. Schwindt moved and Dr. Mutschler seconded that the Committee recommend 818-026-0110 to the Rules Oversight Committee as amended below. The motion passed with Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler, and Dr. Downey voting aye.

#### **818-026-0110 Office Evaluations**

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an Oregon licensed dental hygienist or another dentist to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board

of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation ~~shall~~ may include, but may not be limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold current Health Care Provider Basic Life Support level certification, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated,

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **818-026-0000 – Purpose**

The Committee reviewed and discussed 818-026-0000 but took no action.

### **818-026-0000 Purpose**

(1) These rules apply to the administration of substances that produce general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation in patients being treated by licensees. These regulations are not intended to prohibit training programs for licensees or to prevent persons from taking necessary action in case of an emergency.

(2) Nothing in this Division relieves a licensee from the standards imposed by ORS 679.140(1)(e) and 679.140(4).

Stat. Auth.: ORS 679 & 680

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

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

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

The Committee directed staff to come up with language that would prohibit a licensee from treating scheduled, non emergent patients, during the same time the licensee has a patient under sedation by a qualified provider.

#### **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 hold a current and valid Health Care Provider BLS/CPR level certificate, or 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 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 not schedule or treat patients for non emergent care during the period of time of the sedation procedure.**

~~(4)~~ (5) The qualified anesthesia provider who induces anesthesia shall monitor the patient's condition until the patient is discharged and record 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 anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

~~(5)~~ (6) 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.

Stat. Auth.: ORS 679

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

#### **Correspondence – DOCS -818-026-0010**

The Committee reviewed a letter from DOCS requesting the Committee changing the maximum dosage from 1.5 of the MRD to tying the dosage to the patient's body weight. The Committee felt the rules did not need to be changed.

The Meeting was adjourned at 9:00 p.m.

**Rules Oversight Committee Meeting  
Minutes  
January 22, 2015**

MEMBERS PRESENT:       Committee Members:  
Todd Beck, D.M.D., Chair  
Yadira Martinez, R.D.H., E.P.P.  
Alton Harvey, Sr.  
Jill Price, D.M.D., ODA Representative  
Lynn Ironside, R.D.H., ODHA Representative

STAFF PRESENT:         Patrick D. Braatz, Executive Director  
Teresa Haynes, Licensing and Exam Manager  
Stephen Prisby, Office Manager

ALSO PRESENT:         Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT:     Jonna Hongo, D.M.D., Board Member; Julie Ann Smith, M.D.,  
D.D.S., Board Member; Heidi Jo Grubbs, R.D.H.; R. Owen Combe,  
D.M.D.; T. Lant Haymore, D.M.D.; Christina Schwartz, ODA; Vickie  
Woodward, R.D.H., ODHA

**Call to Order:** The meeting was called to order by the Chair at 7:30 p.m. at the Board office; 1500 SW 1<sup>th</sup> Ave., 7<sup>th</sup> Floor, Conference Room, Portland, Oregon.

**MINUTES**

Ms. Ironside moved and Mr. Harvey seconded that the minutes of the April 24, 2014 Committee meeting be approved as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

**OAR 818-012-0030 Unprofessional Conduct**

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-012-0030 to a public rulemaking hearing as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

***818-012-0030***

***Unprofessional Conduct***

*The Board finds that in addition to the conduct set forth in ORS 679.140(2), a licensee engages in unprofessional conduct if the licensee does or permits any person to:*

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

*(2) Obtaining a fee by fraud or misrepresentation.*

*(a) A licensee obtains a fee by fraud if the licensee obtains a fee by knowingly making or permitting 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 payors 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 and radiographs, photographs or legible copies thereof if the radiographs, photographs or study models have been paid for.*

*(b) The dentist 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 dentist 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 x-rays 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.

(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](#) Health Care Provider **Basic Life Support (BLS)** /Cardio Pulmonary Resuscitation (CPR) training or its equivalent. (Effective January 1, 2015)

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6) & 680.100

Hist.: DE 6, f. 8-9-63, ef. 9-11-63; DE 14, f. 1-20-72, ef. 2-10-72; DE 5-1980, f. & ef. 12-26-80; DE 2-1982, f. & ef. 3-19-82; DE 5-1982, f. & ef. 5-26-82; DE 9-1984, f. & ef. 5-17-84; Renumbered from 818-010-0080; DE 3-1986, f. & ef. 3-31-86; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-011-0020; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 2-1997, f. & cert. ef. 2-20-97; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2007, f. & cert. ef. 3-1-07; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

### **OAR 818-026-0010 Definitions**

Ms. Ironside moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0010 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

#### **818-026-0010**

##### **Definitions**

As used in these rules:

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

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

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

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

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

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by ~~non-intravenous pharmacological methods~~, an enteral drug, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single ~~non-intravenous pharmacological method~~ enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single ~~non-intravenous pharmacological method~~ enteral drug in minimal sedation.

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

(8) "Maximum recommended dose" (MRD) means ~~maximum Food and Drug Administration-recommended dose of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored dose~~ maximum FDA recommended dose of a drug, as printed in Food and Drug Administration approved labeling for unmonitored home use.

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

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

(11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), and rectal administration are included.

(12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, intranasal and subcutaneous routes are included.

Stat. Auth.: ORS 679

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **OAR 818-026-0030 Requirements for Anesthesia Permits, Standards and Qualification of an Anesthesia Monitor**

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-012-0030 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

#### **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.)

~~(5) A licensee holding an anesthesia permit shall at all times hold a current Health Care Provider BLS/CPR level certificate or its equivalent, or a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated.~~

(5) A licensee holding a nitrous or minimal sedation permit, shall at all times hold a current BLS for Health Care Providers certificate or its equivalent. A licensee holding an anesthesia permit for moderate sedation or deeper levels of sedation, at all times maintains a current BLS for Health Care Providers certificate, or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate and/or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee sedates only patients under the age of 12, only PALS is required. If a licensee sedates only patients 12 and older, only ACLS is required. If a licensee 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.

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

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

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

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

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250

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

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

Dr. Price moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0040 to a public rulemaking hearing as presented. The motion passed with Ms. Martinez, Ms. Ironside, Mr. Harvey, and Dr. Price voting aye.

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

- (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) Holds a valid and current Health Care Provider BLS/CPR level 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.
- ~~(4)~~ (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.
- ~~(5)~~ (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.
- ~~(6)~~ (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.
- ~~(7)~~ (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.
- ~~(8)~~ (9) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

~~(9)~~ **(10)** Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of having a current Health Care Provider BLS/CPR level 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 Health Care Provider BLS/CPR level certification, 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.

Stat. Auth.: ORS 679 & 680  
Stats. Implemented: ORS 679.250(7) & (10)

### **OAR 818-026-0050 Minimal Sedation Permit**

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0050 to a public rulemaking hearing as amended. The motion passed with Ms. Martinez, Mr. Harvey, Dr. Price and Ms. Ironside voting aye.

#### **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 Holds a valid and current ~~Health Care Provider~~ BLS/CPR level for Health Care Provider 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 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) 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 who induces minimal sedation shall:

(a) Evaluate the patient;

(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.

(a) After training, a dental assistant, when directed by a dentist, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist under the direct supervision of a dentist.

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

(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 ~~taken~~ monitored and documented if they can reasonably be obtained. The dentist and/or appropriately trained individual must observe chest excursions continually. The dentist and/or appropriately trained individual must verify respirations continually. Blood pressure and heart rate should be evaluated pre-operatively, postoperatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring). If the information cannot be obtained, the reasons shall be

documented in the patient's record. The record must also include documentation of all medications administered with dosages, time intervals and route of administration.

(b) A discharge entry shall be made by the dentist 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.

(8) The dentist 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 shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of having a current ~~Health Care Provider~~ BLS/CPR-level ~~Health Care Provider~~ 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 ~~Health Care Provider~~ BLS/CPR-level ~~Health Care Provider~~ certification, 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.

(10) 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 an enteral minimal sedative agent would put the patient into a level of sedation deeper than minimal sedation. If the practitioner determines it is possible that providing enteral sedation to such a patient would result in moderate sedation, a moderate sedation permit would be required.

Stat. Auth.: ORS 679

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

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

### **OAR 818-026-0060 Moderate Sedation Permit**

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0060 to a public rulemaking hearing as amended.

The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

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 Health Care Provider certification, or its equivalent ~~E~~ either holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, both ACLS and PALS may be required, depending upon the patient population. ~~or-s~~ Successfully completes ion 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; 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 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) 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 ~~Health Care Provider BLS/CPR certificate or its equivalent~~ for Health Care Provider, or its equivalent shall be present in the operatory, in addition to the dentist performing the dental procedures.

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

(a) Evaluate the patient and document, using the American Society of Anesthesiologists 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.

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

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's 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.

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

(9) The dentist 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.

(10) A discharge entry shall be made by the dentist 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.

(11) After adequate training, an assistant, when directed by a dentist, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of having current [BLS for Health Care Providers certification, or its equivalent and ACLS and/or PALS certification or may substitute for ACLS, but not PALS](#), current certification of successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" 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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

## **OAR 818-026-0065 Deep Sedation**

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend

the Board send OAR 818-026-0065 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

**818-026-0065**

**Deep Sedation**

*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 Health Care Provider certification or its equivalent ~~H~~ holds a current Advanced Cardiac Life Support (ACLS) and/or 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 Health Care Provider BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition to the dentist performing the dental procedures.

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

(a) Evaluate the patient and document, using the American Society of Anesthesiologists 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.

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

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

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

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

(8) A dentist shall not release a patient who has undergone deep sedation except to the care of a responsible third party.

(9) The dentist 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.*

(10) *A discharge entry shall be made by the dentist 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.*

(11) *After adequate training, an assistant, when directed by a dentist, may administer oral sedative agents calculated by a dentist or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.*

(12) *Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of having current **BLS for Health Care Providers certification or its equivalent and ACLS and/or PALS certification** 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 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.*

*[Publications: Publications referenced are available from the agency.]*

*Stat. Auth.: ORS 679*

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

*Hist. : OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14*

### **OAR 818-026-0070 General Anesthesia Permit**

Ms. Ironside moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0070 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

#### **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 Health Care Provider certification or its equivalent** **H** holds a current Advanced Cardiac Life Support (ACLS) **and/or** 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 ADA Guidelines*

for *Teaching Pain Control and Sedation to Dentists and Dental Students (2007)* 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 ~~Health Care Provider BLS/CPR certificate or its equivalent~~ Health Care Provider certification, or its equivalent shall be present in the operatory in addition to the dentist performing the dental procedures.

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

*(a) Evaluate the patient and document, using the American Society of Anesthesiologists 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.*

*(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist 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) The patient shall be monitored as follows:*

*(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;*

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

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

*(8) A dentist shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party.*

*(9) The dentist 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.*

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

(11) After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of having a current [BLS Health Care Provider Certification or its equivalent and ACLS](#) and/or PALS certification and complete 14 hours of continuing education in one or more of the following areas every two years: deep sedation and/or general anesthesia, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, pharmacology of drugs and agents used in anesthesia. Training taken to maintain current ACLS or PALS certification 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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

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

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

Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00;

Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-

05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef.

6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13;

OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

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

Mr. Harvey moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0080 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

#### ***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 hold a current and valid Health Care Provider BLS/CPR level certificate, or 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 hygienists or a Expanded Functions Dental Assistant (EFDA) who performs procedures on a patient who receives 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) During the administration of moderate sedation, deep sedation or general anesthesia, and at all times while the patient is under moderate sedation, deep sedation or general anesthesia, three people shall be present in the operatory, the physician anesthesiologist, another dentist holding an anesthesia permit, or a CRNA; one other person holding a BLS Health Care Provider certification, or its equivalent; and the dentist, dental hygienist or EFDA performing the procedures.

~~(4)~~ (7) The qualified anesthesia provider who induces anesthesia shall monitor the patient's condition until the patient is discharged and record 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 anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

~~(5)~~ (8) 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.

Stat. Auth.: ORS 679

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

### **OAR 818-026-0110 Office Evaluations**

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-026-0110 to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

#### **818-026-0110**

##### **Office Evaluations**

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an Oregon licensed dental hygienist or another dentist to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation ~~shall~~ **may** include, but is not be limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold current Health Care Provider Basic Life Support level certification, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated,

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **OAR 818-042-0040 Prohibited Acts**

Mr. Harvey moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-043-0040 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

#### **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 (818-042-0070 and 818-042-0090) or Expanded Orthodontic Function duty (818-042-0100) 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 **or dispense** 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), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 and 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.
- (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 or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR

818-042-0095.

(18) Place any type of cord subgingivally- except as provided by 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) Apply denture relines except as provided in OAR 818-042-0090(2).

(21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 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) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(23) Perform periodontal probing.

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

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

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

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

### **OAR 818-042-0050 Taking of X-Rays – Exposing of Radiographs**

Mr. Harvey moved and Ms. Ironside seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0050 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

**818-042-0050**

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

1) A dentist may authorize the following persons to place films, adjust equipment preparatory to exposing films, and expose the films 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 and submitted a satisfactory full mouth series of radiographs to the OBD.

(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, adjust equipment preparatory to exposing films, and expose the films under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must successfully complete the clinical examination within six months of the dentist authorizing the assistant to take radiographs.

Stat. Auth.: ORS 679

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

### **OAR 818-042-0070 Expanded Function Dental Assistants (EFDA)**

Dr. Price moved and Ms. Martinez seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0050 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

## 818-042-0070

### Expanded Function Dental Assistants (EFDA)

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

- (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to Remove. stains if a licensed dentist or dental hygienist has determined the teeth are free of calculus;
  - (2) Remove temporary crowns for final cementation and clean teeth for final cementation;
  - (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;
  - (4) Place temporary restorative material (i.e., zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;
  - (5) Place and remove matrix retainers for alloy and composite restorations;
  - (6) Polish amalgam or composite surfaces with a slow speed handpiece;
  - (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
  - (8) Fabricate temporary crowns, and temporarily cement the temporary crown. The cemented crown must be examined and approved by the dentist prior to the patient being released;
  - (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
  - (10) Perform all aspects of teeth whitening procedures.
- Stat. Auth.: ORS 679 & 680  
Stats. Implemented: ORS 679.020, 679.025 & 679.250

### **OAR 818-042-0090 Additional Functions of EFDAs.**

Ms. Ironside moved and Mr. Harvey seconded that the Rules Oversight Committee recommend the Board send OAR 818-042-0090 to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

## 818-042-0090

### Additional Functions of EFDAs

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

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

Stat. Auth.: ORS 679

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

**Continuing Education Rules referenced in OAR 818-021-0060 and OAR 818-021-0070.** Ms. Ironside moved and Ms. Martinez seconded the Board move to send to a public rulemaking hearing as amended. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

**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, study **clubs 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 hours of continuing education must be related to infection control. (Effective January 1, 2015.)

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(9)

Hist.: DE 3-1987, f. & ef. 10-15-87; DE 4-1987(Temp), f. & ef. 11-25-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0072; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; OBD 9-2000, f. & cert. ef. 7-28-00; OBD 16-2001, f. 12-7-01, cert. ef. 4-1-02; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

**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, study **clubs 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(9) for renewal of the Nitrous Oxide Permit.

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

Stat. Auth.: ORS 679

Stats. Implemented: ORS 279.250(9)

Hist.: DE 3-1987, f. & ef. 10-15-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0073; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; OBD 9-2000, f. & cert. ef. 7-28-00; OBD 2-2002, f. 7-31-02, cert. ef. 10-1-02; OBD 2-2004, f. 7-12-04, cert. ef. 7-15-04; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

**OAR 818-001-0002 - Definitions**

Ms. Ironside moved and Ms. Martinez seconded the Board move to send to a public rulemaking hearing as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms.

Ironside voting aye.

**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)(a) "Licensee" means a dentist or hygienist.
  - (b) "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." Specialty areas of dentistry are as defined by the American Dental Association, Council on Dental Education. 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 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) "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) "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.

(d) "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) "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) "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.

(g) "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.

(h) "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.

(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).

(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.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.010 & 680.010

Hist.: DE 11-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-001-0001; DE 3-1997, f. & cert. ef. 8-27-97; OBD 7-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert., ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

### **OAR 818-035-0025 Prohibitions and OAR 818-035-0030**

Ms. Ironside moved and Mr. Harvey seconded the Board move to send to public rulemaking hearing as either a Temporary Rule or Permanent Rule as presented. The motion passed with Mr. Harvey, Ms. Martinez, Dr. Price and Ms. Ironside voting aye.

#### **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.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020(1)

Hist.: DE 2-1992, f. & cert. ef. 6-24-92; DE 2-1997, f. & cert. ef. 2-20-97; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

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Stats. Implemented: ORS 679.020(1)

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Meeting adjourned at 9:25 p.m.

## Stephen Prisby

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**Subject:** FW: Anesthesia Committee Meeting

-----Original Message-----

**From:** Normund Auzins [<mailto:nkauzins@msn.com>];

**Sent:** 11/10/2014 9:19:26 PM

**To:** Julie Ann Smith [<mailto:smitjuli@ohsu.edu>];

**Subject:** Anesthesia Committee Meeting

Hi Julie Ann,

I am unable to attend the meeting Wednesday due to a CE course that I'm actually putting on.

Anyhow, I wanted to chime in on a couple items that we were not able to discuss at the previous meeting. I'll try to be to the point.

First is the reversing agent rule that any administration of any reversing agent requires an automatic 2 hour in office recovery period, does not seem to provide the flexibility practitioners need to provide the best care for their patients. Although, it is understood that the half life of a reversing agent can be shorter than that of the sedative administered, there are dose dependent situations where there is little to no risk of a life threatening "re-sedation episode" within that 2 hour window.

First and foremost, the real concern is when a "rescue dose" of a reversing agent is administered to respond to an inadvertent "overdose" of a benzodiazepine or narcotic. Remi-fentanyl may not fall into this category.

In other applications, reversals are also quite effective, especially romazicon, in lower doses, to help ease dysphoria or a hyper-emotional state during recovery. In those cases, the patient is not obtunded, they are responding to verbal commands, and can often walk with minimal assistance, but are not in the best emotional state to discharge to home with their parents or escorts. The "one size fits all" language as is proposed does not allow practitioners to provide the best possible care, as it would be unreasonable to keep a patient sitting awake and monitored in the office for 2 extra hours.

The 2 hour rule is a guideline that we may find in PACU's or emergency rooms, etc. I believe we must be very conscientious in remembering that setting a guideline, and making law are two very different concepts. Guidelines allow a necessary flexibility, laws do not. Also, the two hour rule is somewhat arbitrary. The pharmico-kinetics of Romazicon vary from benzodiazepine to benzodiazepine. Plus, the pharmico-kinetics for Naloxone not only vary from narcotic to narcotic, it also varies from romazicon.

I would rather see language that recognizes a prudent need for a longer recovery period, for more specific situations where "rescue doses" are administered for the treatment of an overdose. The merits of any claim brought in front of the board can be judged on a case by case basis and disciplinary action can be administered if it is obvious that a practitioner was not considering the shorter half-lives of reversing agents compared to some sedatives at certain doses.

Regarding Moderate Sedation requirements. I think capnography is truly the best change that the board introduced. Perhaps, ECGs should only be recommended or required on patients with known cardiac disease. There is plenty of data showing the benefits of capnography during various levels of sedation having a more profound impact on reducing morbidity or desaturation than ECG. I don't think we are making the public

safer by requiring ECG on moderately sedated patients, especially with no known cardiac disease.

Please share this email with the committee members.

Kind Regards,

Norm

Normund K. Auzins, D.D.S.

U.S. Food and Drug Administration  
Protecting and Promoting Your Health

## Route of Administration

FDA Data Element Number. None.

CDER Data Element Number. C-DRG-00301

Data Element Name. Route of Administration.

Data Element OID: 2.16.840.1.113883.3.26.1.1.1

Data Element NCI Concept ID: C38114

Version Number. 004

Description. This standard provides for all routes of administration for drugs.

Source. COMIS Reference table (which is used by the Drug Product Reference File to generate Approved Drug Products with Therapeutic Equivalence Evaluations (a.k.a. "The Orange Book")), and the Drug Registration and Listing Database, Office of Epidemiology and Biosurveillance Database. Also, the names (but not the definitions or the numeric codes) that are represented in blue have been harmonized with the E2B route of administration terms for the International Conference on Harmonization (ICH).

Relationship.

FDA Specifications. None.

CDER Specifications. Route of Administration shall consist of an alphabetic term which has a maximum length shall be restricted to 60 characters, with the hyphen and virgule being only punctuation permissible. Codes representing these Routes of Administration shall consist of three digits. In addition, since the prefixes intra- and endo- both mean within, the NSC generally felt that most US clinicians prefer the intra- prefix rather than the endo- prefix for route terms, with some exceptions (e.g., endotracheal). Some general terms (e.g., parenteral) should be reserved for instances when a particular route of administration is unknown (e.g., MedWatch forms). When possible E2B terms should take precedence.

FDA Approved Date. None.

CDER Approved Date. April 14, 1992

FDA Revised Date.

CDER Revised Dates. November 10, 1992; October 11, 1994; November 8, 1996; January 29, 1997; April 21, 1997; November 14, 1997; December 21, 2000; October 20, 2005; January 11, 2006

Data Values.

NAME	DEFINITION	SHORT NAME	FDA CODE	NCI CONCEPT ID
AURICULAR (OTIC)	Administration to or by way of the ear.	OTIC	013	C38192
BUCCAL	Administration directed toward the cheek, generally from within the mouth.	BUCCAL	030	C38193

CONJUNCTIVAL	Administration to the conjunctiva, the delicate membrane that lines the eyelids and covers the exposed surface of the eyeball.	CONJUNC	068	C38194
CUTANEOUS	Administration to the skin.	CUTAN	130	C38675
DENTAL	Administration to a tooth or teeth.	DENTAL	038	C38197
ELECTRO-OSMOSIS	Administration of through the diffusion of substance through a membrane in an electric field.	EL-OSMOS	357	C38633
ENDOCERVICAL	Administration within the canal of the cervix uteri. Synonymous with the term intracervical..	E-CERVIC	131	C38205
ENDOSINUSIAL	Administration within the nasal sinuses of the head.	E-SINUS	133	C38206
ENDOTRACHEAL	Administration directly into the trachea.	E-TRACHE	401	C38208
ENTERAL	Administration directly into the intestines.	ENTER	313	C38209
EPIDURAL	Administration upon or over the dura mater.	EPIDUR	009	C38210
EXTRA-AMNIOTIC	Administration to the outside of the membrane enveloping the fetus	X-AMNI	402	C38211
EXTRACORPOREAL	Administration outside of the body.	X-CORPOR	057	C38212
HEMODIALYSIS	Administration through hemodialysate fluid.	HEMO	140	C38200
INFILTRATION	Administration that results in substances passing into tissue spaces or into cells.	INFIL	361	C38215
INTERSTITIAL	Administration to or in the interstices of a tissue.	INTERSTIT	088	C38219
INTRA-ABDOMINAL	Administration within the abdomen.	I-ABDOM	056	C38220
INTRA-AMNIOTIC	Administration within the amnion.	I-AMNI	060	C38221
INTRA-ARTERIAL	Administration within an artery or arteries.	I-ARTER	037	C38222
INTRA-ARTICULAR	Administration within a joint.	I-ARTIC	007	C38223

INTRABILIARY	Administration within the bile, bile ducts or gallbladder.	I-BILI	362	C38224
INTRABRONCHIAL	Administration within a bronchus.	I-BRONCHI	067	C38225
INTRABURSAL	Administration within a bursa.	I-BURSAL	025	C38226
INTRACARDIAC	Administration with the heart.	I-CARDI	027	C38227
INTRACARTILAGINOUS	Administration within a cartilage; endochondral.	I-CARTIL	363	C38228
INTRACAUDAL	Administration within the cauda equina.	I-CAUDAL	413	C38229
INTRACAVERNOUS	Administration within a pathologic cavity, such as occurs in the lung in tuberculosis.	I-CAVERN	132	C38230
INTRACAVITARY	Administration within a non-pathologic cavity, such as that of the cervix, uterus, or penis, or such as that which is formed as the result of a wound.	I-CAVIT	023	C38231
INTRACEREBRAL	Administration within the cerebrum.	I-CERE	404	C38232
INTRACISTERNAL	Administration within the cisterna magna cerebellomedularis.	I-CISTERN	405	C38233
INTRACORNEAL	Administration within the cornea (the transparent structure forming the anterior part of the fibrous tunic of the eye).	I-CORNE	406	C38234
INTRACORONAL, DENTAL	Administration of a drug within a portion of a tooth which is covered by enamel and which is separated from the roots by a slightly constricted region known as the neck.	I-CORONAL	117	C38217
INTRACORONARY	Administration within the coronary arteries.	I-CORONARY	119	C38218
INTRACORPORUS CAVERNOSUM	Administration within the dilatable spaces of the corpus cavernosa of the penis.	I-CORPOR	403	C38235
INTRADERMAL	Administration within the dermis.	I-DERMAL	008	C38238
INTRADISCAL	Administration within a disc.	I-DISCAL	121	C38239
INTRADUCTAL	Administration within the duct of a gland.	I-DUCTAL	123	C38240

INTRADUODENAL	Administration within the duodenum.	I-DUOD	047	C38241
INTRADURAL	Administration within or beneath the dura.	I-DURAL	052	C38242
INTRAEPIDERMAL	Administration within the epidermis.	I-EPIDERM	127	C38243
INTRAESOPHAGEAL	Administration within the esophagus.	I-ESO	072	C38245
INTRAGASTRIC	Administration within the stomach.	I-GASTRIC	046	C38246
INTRAGINGIVAL	Administration within the gingivae.	I-GINGIV	307	C38247
INTRAILEAL	Administration within the distal portion of the small intestine, from the jejunum to the cecum.	I-ILE	365	C38249
INTRALESIONAL	Administration within or introduced directly into a localized lesion.	I-LESION	042	C38250
INTRALUMINAL	Administration within the lumen of a tube.	I-LUMIN	310	C38251
INTRALYMPHATIC	Administration within the lymph.	I-LYMPHAT	352	C38252
INTRAMEDULLARY	Administration within the marrow cavity of a bone.	I-MEDUL	408	C38253
INTRAMENINGEAL	Administration within the meninges (the three membranes that envelope the brain and spinal cord).	I-MENIN	409	C38254
INTRAMUSCULAR	Administration within a muscle.	IM	005	C28161
INTRAOCULAR	Administration within the eye.	I-OCUL	036	C38255
INTRAOVARIAN	Administration within the ovary.	I-OVAR	354	C38256
INTRAPERICARDIAL	Administration within the pericardium.	I-PERICARD	314	C38257
INTRAPERITONEAL	Administration within the peritoneal cavity.	I-PERITON	004	C38258
INTRAPLEURAL	Administration within the pleura.	I-PLEURAL	043	C38259
INTRAPROSTATIC	Administration within the prostate gland.	I-PROSTAT	061	C38260
INTRAPULMONARY	Administration within the lungs or its bronchi.	I-PULMON	414	C38261
INTRASINAL	Administration within the nasal or periorbital sinuses.	I-SINAL	010	C38262
INTRASPINAL	Administration within the vertebral column.	I-SPINAL	022	C38263

INTRASYNOVIAL	Administration within the synovial cavity of a joint.	I-SYNOV	019	C38264
INTRATENDINOUS	Administration within a tendon.	I-TENDIN	049	C38265
INTRATESTICULAR	Administration within the testicle.	I-TESTIC	110	C38266
INTRATHECAL	Administration within the cerebrospinal fluid at any level of the cerebrospinal axis, including injection into the cerebral ventricles.	IT	103	C38267
INTRATHORACIC	Administration within the thorax (internal to the ribs); synonymous with the term endothoracic.	I-THORAC	006	C38207
INTRATUBULAR	Administration within the tubules of an organ.	I-TUBUL	353	C38268
INTRATUMOR	Administration within a tumor.	I-TUMOR	020	C38269
INTRATYMPANIC	Administration within the aurus media.	I-TYMPAN	366	C38270
INTRAUTERINE	Administration within the uterus.	I-UTER	028	C38272
INTRAVASCULAR	Administration within a vessel or vessels.	I-VASC	021	C38273
INTRAVENOUS	Administration within or into a vein or veins.	IV	002	C38276
INTRAVENOUS BOLUS	Administration within or into a vein or veins all at once.	IV BOLUS	138	C38274
INTRAVENOUS DRIP	Administration within or into a vein or veins over a sustained period of time.	IV DRIP	137	C38279
INTRAVENTRICULAR	Administration within a ventricle.	I-VENTRIC	048	C38277
INTRAVESICAL	Administration within the bladder.	I-VESIC	128	C38278
INTRAVITREAL	Administration within the vitreous body of the eye.	I-VITRE	311	C38280
IONTOPHORESIS	Administration by means of an electric current where ions of soluble salts migrate into the tissues of the body.	ION	055	C38203
IRRIGATION	Administration to bathe or flush open wounds or body cavities.	IRRIG	032	C38281

LARYNGEAL	Administration directly upon the larynx.	LARYN	364	C38282
NASAL	Administration to the nose; administered by way of the nose.	NASAL	014	C38284
NASOGASTRIC	Administration through the nose and into the stomach, usually by means of a tube.	NG	071	C38285
NOT APPLICABLE	Routes of administration are not applicable.	NA	312	C48623
OCCLUSIVE DRESSING TECHNIQUE	Administration by the topical route which is then covered by a dressing which occludes the area.	OCCLUS	134	C38286
OPHTHALMIC	Administration to the external eye.	OPHTHALM	012	C38287
ORAL	Administration to or by way of the mouth.	ORAL	001	C38288
OROPHARYNGEAL	Administration directly to the mouth and pharynx.	ORO	410	C38289
OTHER	Administration is different from others on this list.	OTHER	135	C38290
PARENTERAL	Administration by injection, infusion, or implantation.	PAREN	411	C38291
PERCUTANEOUS	Administration through the skin.	PERCUT	113	C38676
PERIARTICULAR	Administration around a joint.	P-ARTIC	045	C38292
PERIDURAL	Administration to the outside of the dura mater of the spinal cord.	P-DURAL	050	C38677
PERINEURAL	Administration surrounding a nerve or nerves.	P-NEURAL	412	C38293
PERIODONTAL	Administration around a tooth.	P-ODONT	040	C38294
RECTAL	Administration to the rectum.	RECTAL	016	C38295
RESPIRATORY (INHALATION)	Administration within the respiratory tract by inhaling orally or nasally for local or systemic effect.	RESPIR	136	C38216
RETROBULBAR	Administration behind the pons or behind the eyeball.	RETRO	034	C38296
SOFT TISSUE	Administration into any soft tissue.	SOFT TIS	109	C38198

SUBARACHNOID	Administration beneath the arachnoid.	S-ARACH	066	C38297
SUBCONJUNCTIVAL	Administration beneath the conjunctiva.	S-CONJUNC	096	C38298
SUBCUTANEOUS	Administration beneath the skin; hypodermic. Synonymous with the term SUBDERMAL.	SC	003	C38299
SUBLINGUAL	Administration beneath the tongue.	SL	024	C38300
SUBMUCOSAL	Administration beneath the mucous membrane.	S-MUCOS	053	C38301
TOPICAL	Administration to a particular spot on the outer surface of the body. The E2B term TRANSMAMMARY is a subset of the term TOPICAL.	TOPIC	011	C38304
TRANSDERMAL	Administration through the dermal layer of the skin to the systemic circulation by diffusion.	T-DERMAL	358	C38305
TRANSMUCOSAL	Administration across the mucosa.	T-MUCOS	122	C38283
TRANSPLACENTAL	Administration through or across the placenta.	T-PLACENT	415	C38307
TRANSTRACHEAL	Administration through the wall of the trachea.	T-TRACHE	355	C38308
TRANSTYMPANIC	Administration across or through the tympanic cavity.	T-TYMPAN	124	C38309
UNASSIGNED	Route of administration has not yet been assigned.	UNAS	400	C38310
UNKNOWN	Route of administration is unknown.	UNKNOWN	139	C38311
URETERAL	Administration into the ureter.	URETER	112	C38312
URETHRAL	Administration into the urethra.	URETH	017	C38271
VAGINAL	Administration into the vagina.	VAGIN	015	C38313

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**Data Standards Manual (monographs)**

**(/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualm**

**Authority**

**(/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualm**

**Drug Nomenclature Monographs**

**(/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualm**

**General Nomenclature Monograph**

**(/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualm**

**Geographic Nomenclature Monographs**

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**Nomenclature Control Policies**

**(/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualm**

**Organization Nomenclature Monographs**

**(/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualm**

## 818-026-0010

### Definitions

As used in these rules:

- (1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.
- (2) "Anxiolysis" means the diminution or elimination of anxiety.
- (3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- (4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (6) "Minimal Sedation" means minimally depressed level of consciousness, produced by ~~non-intravenous pharmacological methods~~, an enteral drug, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single ~~non-intravenous pharmacological method~~ enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single ~~non-intravenous pharmacological method~~ enteral drug in minimal sedation.
- (7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.
- (8) "Maximum recommended dose" (MRD) means ~~maximum Food and Drug Administration-recommended dose of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored dose~~ maximum FDA recommended dose of a drug, as printed in Food and Drug Administration approved labeling for unmonitored home use.
- (9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).
- (10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
- (11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), and rectal administration are included.

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

Stat. Auth.: ORS 679

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

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

## **DIVISION 26**

818-026-0020

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

- (1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.
- (2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:
- (a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;
  - (b) Alkylphenols -- propofol (Diprivan) including precursors or derivatives;
  - (c) Neuroleptic agents;
  - (d) Dissociative agents -- ketamine; (e) Etomidate; **(and)**
  - (f) Rapidly acting steroid preparations; and**
  - (g) (f)** Volatile inhalational agents.
- (3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.
- (4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.

Stat. Auth.: ORS 679 & 680

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

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

1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05;

OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

**DIVISION 26**  
**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) Holds a current Advanced Cardiac Life Support (ACLS) Certificate or 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 *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007)* 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 Health Care Provider BLS/CPR level certificate, or its equivalent, shall be present in the operatory in addition to the dentist performing the dental procedures.

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

(a) Evaluate the patient and document, using the

*American Society of Anesthesiologists 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.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist 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) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

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

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

(8) A dentist shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party.

(9) The dentist 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.

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

(11) After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist.

(12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of having current ACLS or PALS certification and complete 14 hours of continuing education in one or more of the following areas every two years: deep sedation and/or general anesthesia, physical evaluation, medical emergencies, monitoring and the use of

monitoring equipment, pharmacology of drugs and agents used in anesthesia. Training taken to maintain current ACLS or PALS certification 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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

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

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

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