MEETING NOTICE

ANESTHESIA COMMITTEE

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

February 26, 2014
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.

Daniel Rawley, D.D.S.
Henry Windell, D.M.D.
Jay Wylam, D.M.D.
Richard Park, D.M.D.

AGENDA

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

Review Minutes of December 18, 2012

Minutes December 18, 2012 Attachment #1

Review recent Anesthesia Rule Changes for Hawaii Attachment #2

Review Correspondence from DOCS Attachment #3

Review Correspondence from Dr. Douglas Boyd E-Mail regarding Anesthesia Issue Attachment #4

Review E-mail form Ashley Schaaf, DDS regarding sedation level/End Tidal-Co2 Attachment #5

Discussion and possible rule change regarding Anxiolysis

Discussion regarding mandatory office inspections based on the AAOME OAE Model Attachment #6

Discussion regarding scavenging systems for Nitrous Oxide Administration

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.
Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rule changes to 818-026-0055 Dental Hygiene and Dental Assistants Procedures Performed Under Nitrous Oxide or Minimal Sedation

Draft 818-026-0055 Dental Hygiene and Dental Assistants Procedures Performed Under Nitrous Oxide or Minimal Sedation. Attachment #7

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to 818-026-0040 Qualifications, Standards Applicable and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

Draft 818-026-0040 Qualifications, Standards Applicable and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit Attachment #8

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

Draft 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia Attachment #9

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to 818-042-0040(6) Prohibited Acts

Draft 818-042-0040(6) Prohibited Acts Attachment #10

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to 818-026-0050 (5) (a) Minimal Sedation Permit

Draft 818-026-0050 (5) (a) Minimal Sedation Permit Attachment #11

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to 818-026-0060 (11) Moderate Sedation Permit

Draft 818-026-0060 (11) Moderate Sedation Permit Attachment #12

Review, discuss and make possible recommendations to the OBD Rules Committee regarding proposed rules changes to 818-026-0065(11) Deep Sedation Permit

Draft 818-026-0065 (11) Deep Sedation Permit Attachment #13

Any Other Business

Adjourn

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.
Call to Order: The meeting was called to order by Dr. Smith at 7:00 p.m. at the Board office; 1600 SW 4th Ave., Suite 770, Portland, Oregon.

MINUTES
Dr. Schwindt moved and Dr. Nichols seconded that the minutes of the December 7, 2011 Committee meeting be approved as published. The motion passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler and Dr. Park voting aye.

818-026-0020 Presumption of Degree of Central Nervous System Depression
Dr. Schwindt stated that this was coming to the Anesthesia Committee from the Board due to multiple cases where doses that exceeded those needed for anxiolysis were used in children. Previous issues and cases regarding this were discussed in which disciplinary action was considered. The practitioners and their attorneys referenced the medical uses as proof the agents used were considered an anxiolysis medication and the rule the Board currently has stating that any licensee without a sedation permit can provide a single dose oral sedative for anxiolysis. This was regarding 4 and 5 year olds and was again, way over the amount that would be considered needed for a child of that age and weight. There was general agreement among the committee that children do not fall into the same category as adults when it comes to sedation and anxiolysis and that something should be clarified regarding this situation.

Dr. Nichols moved and Dr. Mutschler seconded that the Anesthesia Committee recommend the Board send 818-026-0020 to the Rules Oversight committee as presented below. The motion passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler and Dr. Park voting aye.

December 18, 2012
Anesthesia Committee Meeting
Page 1 of 5
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;
(f) Rapidly acting steroid preparations; and
(g) 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 who does not hold a Moderate, Deep Sedation or General Anesthesia
Permit may not administer, for purposes of anxiolysis or sedation,
Benzodiazepines or narcotics in children under 6 years of age.

818-026-0000 Proposed Rules
Dr. Smith stated that in the current rule as written, it has been used to allow people who do not
hold a sedation permit to administer sedation in the locations referenced. Removing this language
would allow the Board to tighten that up and keep people from misusing the rule.

Dr. Mutschler moved and Dr. Nichols seconded that the Anesthesia Committee recommend the
Board send 818-026-0020 to the Rules Oversight Committee as presented below. The motion
passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler and Dr. Park voting
aye.

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 in facilities not accredited by the Joint
Commission on Accreditation of Health Care Organizations (JCAHO/TJC), the
Accreditation Association for Ambulatory Health Care (AAAHC), the American
Association for Accreditation of Ambulatory Surgical Facilities (AAAASF), the
American Osteopathic Association (AOA) or their successor organizations. 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).
818-026-0060 Moderate Sedation Permit
Dr. Smith stated that this amendment would require ECG and ETCO2 for the Moderate Anesthesia Permit. Dr. Nichols moved and Dr. Schwindt seconded that the Anesthesia Committee recommend the Board send 818-026-0060 to the Rules Oversight Committee as amended below. The motion passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, and Dr. Mutschler voting aye. Dr. Park and Dr. Rawley were opposed.

818-026-0060 Moderate Sedation Permit
(h) Sphygmomanometer, precordial/pretracheal stethoscope or capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and
(7) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2. 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;

818-026-0070 General Anesthesia Permit
Dr. Schwindt moved and Dr. Mutschler seconded that the Anesthesia Committee recommend the Board send 818-026-0070 to the Rules Oversight Committee as presented below. The motion passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler and Dr. Park voting aye.

818-026-0070 General Anesthesia Permit
General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.
(h) Sphygmomanometer, precordial/pretracheal stethoscope or capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
(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 monitor (ECG) and End-tidal CO2 Monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

818-026-0065 Deep Sedation
Dr. Nichols moved and Dr. Mutschler seconded that the Anesthesia Committee recommend the Board send 818-026-0065 to the Rules Oversight Committee as presented below. The motion passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler and Dr. Park voting aye.

Attachment # 1
Deep Sedation
Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

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

Presumption of Degree of Central Nervous System Depression
Dr. Smith stated the below language was being presented to the committee because at the current time only one person may be under sedation for any licensee and that is a problem for the school setting. After some discussion Mr. Braatz stated that training programs are not limited by this rule.

Dr. Schwindt moved to accept the presented change with the addition of a (3) limiting the number of people under Nitrous Oxide to two. There was no second and the motion failed.

Dr. Mutschler moved and Dr. Rawley seconded to leave the rule as is and not make any changes at this time. The motion passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler and Dr. Park voting aye.

Nitrous Oxide Application Form
Dr. Smith stated that this was being brought to the Anesthesia Committee from the Board per request of the Dental Hygiene Committee. It has been suggested that the current Nitrous Oxide Application was too confusing and applicants didn't understand that they could use the schools guidelines to complete the application. Mr. Braatz had staff add additional language to the application shown below.

The Oregon Board of Dentistry understands that protocols and forms may change throughout your career, however, if you are not currently practicing but wish to apply for a nitrous oxide permit you may use the protocols and forms used in your dental or dental hygiene programs, or you may also prepare your own forms to attach to the nitrous oxide permit application.

If you have any questions, please contact the Board office at (971) 673-3200.

Dr. Schwindt moved and Dr. Nichols seconded that the Anesthesia Committee recommend the Board adopt the additional language to the Nitrous Oxide Application as presented. The motion passed with Dr. Smith, Dr. Schwindt, Dr. Nichols, Dr. Rawley, Dr. Mutschler and Dr. Park voting aye.

Discussion regarding the ability to perform Anesthesia dependent upon appropriate level of life support without a specific permit.
A question was brought to the Anesthesia Committee regarding higher levels of anesthesia permit holders being allowed to do lower levels of anesthesia if they held the appropriate level CPR card while their higher level CPR card had expired. And example would be a Moderate Sedation permit holder had their ACLS card expire. They also held a BLS CPR card. Should that permit holder, be allowed to use Nitrous Oxide because they held the appropriate CPR card for that sedation form, which was a lower level permit than the Moderate Sedation permit. The general consensus of the committee was that the Licensee must meet the level of requirement needed for the permit held or...
it's no longer a valid permit. Without a valid permit no sedation could be administered outside of single dose anxiolysis.

The meeting was adjourned at 8:32 p.m.
HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 79

DENTISTS AND DENTAL HYGIENISTS

Subchapter 1 General Provisions

§16-79-1 Objective
§16-79-2 Definitions
§16-79-3 Renewal of a dental or dental hygiene license
§16-79-3.1 Restoration of forfeited license
§16-79-4 Repealed
§16-79-5 Prosthetic appliances
§16-79-6 Repealed
§16-79-7 Approved apron
§16-79-8 Approved infection control practices

Subchapter 2 Applications

§16-79-9 Who may apply for a dental or dental hygiene license
§16-79-10 Application forms
§16-79-11 Documentation and credentials required for dental applicants
§16-79-11.5 Documentation and credentials required for dental hygiene applicants
§16-79-12 Repealed
§16-79-12.7 Application for inactive license
§16-79-13 Repealed
§16-79-14 Denial of application
§16-79-15 Contested case hearing
§16-79-16 Repealed

Subchapter 3 Repealed

§§16-79-20 to 16-79-24 Repealed

79-1
Subchapter 4 Repealed

§§16-79-28 to 16-79-33 Repealed

Subchapter 5 Repealed

§§16-79-40 to 16-79-50 Repealed

Subchapter 6 Repealed

§§16-79-54 to 16-79-63 Repealed

Subchapter 7 Dental Assistants and Licensed Dental Hygienists

§16-79-67 Definitions
§16-79-68 Repealed
§16-79-69 Repealed
§16-79-69.1 Allowable duties and training for a dental assistant
§16-79-69.5 Prohibited duties of dental assistants
§16-79-69.10 Allowable duties of licensed dental hygienists
§16-79-69.15 Prohibited duties of licensed dental hygienists
§16-79-70 Repealed
§16-79-71 Penalty

Subchapter 8 Anesthesia

§16-79-75 Definitions
§16-79-76 Administration of local anesthesia
§16-79-77 Administration of sedation and analgesia
§16-79-78 Administration of general anesthesia and sedation
§16-79-79 Reporting of adverse occurrences

Subchapter 9 Fees

§16-79-83 Fees

Subchapter 10 Practice and Procedure

§16-79-84 Administrative practice and procedure
Subchapter 11 Oral Testimony
§16-79-85 Oral testimony

Subchapter 12 Licensure Examination Remediation

§§16-79-90 to 16-79-113 Repealed
§16-79-114 Postgraduate studies after three failures
§16-79-115 Repealed

Subchapter 13 Repealed

§§16-79-116 to 16-79-137 Repealed

Subchapter 14 Continuing Education

§16-79-140 Purpose
§16-79-141 Continuing education categories
§16-79-142 Approved sponsoring organizations
§16-79-143 Requirements for approval by the board
§16-79-144 Biennial renewal
§16-79-145 Record keeping
§16-79-146 Certification of compliance and audit
§16-79-147 Waiver or modification of requirements
§16-79-148 Penalty for false certification

SUBCHAPTER 1
GENERAL PROVISIONS

§16-79-1 Objective. This chapter adopted by the board of dental examiners, hereafter referred to as "board", is intended to clarify and implement chapters 447 and 448, Hawaii Revised Statutes ("HRS"), to the end that the provisions thereunder may be best effectuated. [Eff 7/2/64; am and ren §16-79-1, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; comp 1/27/14] (Auth: HRS §448-6) (Imp: HRS §448-6)

§16-79-2 Definitions. For the purposes of this chapter, the following definitions are applicable:
§16-79-75 Definitions. For purposes of this subchapter, the following definitions are applicable:

"Analgesia" means the diminution or elimination of pain in a conscious patient.

"Certified nurse anesthetist" means a licensed nurse with special training in all phases of anesthesia.

"Deep sedation" means a drug-induced, depression of consciousness accompanied by a partial loss of protective reflexes during which patients cannot be easily aroused, but respond purposefully to physical stimulation or verbal command. Patients under deep sedation may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate.

"Infiltration anesthesia" means local anesthetic solution deposited near the terminal nerve endings in the area of prospective dental treatment.

"Moderate (conscious) sedation" means a drug-induced, depression of consciousness that allows a patient to maintain protective reflexes, retain the ability to independently and continuously maintain a patent airway, and respond purposefully to light tactile stimulation or verbal command.

"Nitrous oxide analgesia" means an inhalation analgesic that allows a patient to maintain protective reflexes, retain the ability to independently and continuously maintain a patent airway, and respond appropriately to light tactile stimulation or verbal command. [Eff 10/7/76; am and ren §16-79-75, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

§16-79-76 Administration of local anesthesia. (a) Any licensed dentist may administer local anesthesia.

(b) Any licensed dental hygienist may administer intra-oral local infiltration, intra-oral block anesthesia, or both under the direct supervision of a licensed dentist, upon meeting the following:

(1) A licensed dental hygienist may apply to the board for certification to administer intra-oral infiltration local anesthesia by providing to the board documentation of having been certified by a CODA accredited dental hygiene school or by a certification program approved by the board.
(2) A licensed dental hygienist may apply to the board for certification to administer intra-oral block anesthesia by providing to the board documentation which shall include:

(A) A certificate of completion from a CODA accredited dental hygiene school or by a certification program approved by the board; and

(B) Program documentation or transcript listing the intra-oral block anesthesia categories, the course content, and number of injections that are consistent with section 447-3.5, HRS.

c) The board certification to administer intra-oral block anesthesia procedures shall automatically expire upon the revocation or suspension of the license to practice dental hygiene. [Eff 10/7/76; am and ren §16-79-76, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-3, 447-3.5, 448-1, 448-6)

§16-79-77 Administration of sedation and analgesia. A licensed dentist may administer nitrous oxide; or a single oral sedative medication administered in an appropriate dose to reduce anxiety. [Eff 10/7/76; am and ren §16-79-77, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

§16-79-78 Administration of general anesthesia and sedation. (a) No licensed dentist shall administer or employ another person, such as a nurse anesthetist or a physician, who is otherwise qualified in this State to administer general anesthesia, deep sedation, or moderate (conscious) sedation for dental patients, unless the licensed dentist possesses a written authorization or permit from the board. Sedation is continuum and it is not always possible to predict how an individual will respond. Therefore, licensed dentists intending to produce a given level of sedation shall have the capability to rescue patients whose level of sedation becomes deeper than initially intended.

(b) In order to receive a written authorization or permit, the licensed dentist shall apply to the board, pay an application fee, and submit documentary evidence showing that the following requirements are met:

(1) Educational training requirements.

(A) General anesthesia and deep sedation: Applicant has completed an advanced dental education program accredited by CODA and approved by the board that provides
comprehensive training necessary to administer deep sedation or general anesthesia and includes documented proficiency in Basic and Advanced Cardiac Life Support. Evidence of that comprehensive training shall include but not be limited to: being a Diplomate of the American Board of Oral and Maxillofacial Surgery, a Fellow/member of the American Association of Oral and Maxillofacial Surgery or completion of an ADA accredited residency in Oral and Maxillofacial Surgery or Dental Anesthesiology and shall practice in compliance with that training.

(B) Moderate (conscious) sedation: Applicant has completed a comprehensive training program at the postgraduate level that meets the moderate (conscious) sedation program objectives and content as outlined in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The training program shall be a minimum of sixty hours of instruction, include supervised management of at least twenty moderate (conscious) sedation patients with clinical experience in managing the compromised airway and establishment of intravenous access, and provide current documented proficiency in Basic and Advanced Cardiac Life Support.

(2) In lieu of the requirements in paragraph (1)(A) and (B), a licensed dentist may receive a written authorization or permit to use general anesthesia, deep sedation or moderate (conscious) sedation, if the licensed dentist employs or works in conjunction with a physician licensed pursuant to chapter 453, HRS, who is a member of the anesthesiology staff of an accredited hospital, provided that the anesthesiologist shall remain on the premises of the dental facility until the patient is fully recovered and discharged from the facility.

(3) Facilities and staff requirements. Applicant has a properly equipped facility for the administration of general anesthesia, deep sedation, or moderate (conscious) sedation staffed with a supervised team of auxiliary personnel capable of reasonably handling anesthesia procedures, problems, and emergencies incident thereto. The current ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists and the current American Association of Oral and Maxillofacial Surgery Office Anesthesia Evaluation Manual are referenced as minimum standards of care. Adequacy of the facility
and competence of the anesthesia team may be determined by the consultants appointed by the board as outlined below in this chapter.

(c) Prior to the issuance of a written authorization or permit, the board may, at its discretion, require an on-site inspection of the facility, equipment, and personnel to determine whether the facilities and staff requirements have been met. This evaluation to determine whether the facility is adequate and properly equipped, may be carried out in a manner and generally following the guidelines, standards, requirements, and basic principles as described in the current American Association of Oral and Maxillofacial Surgeons Office Anesthesia Manual. The inspection and evaluation shall be carried out by a team of consultants appointed by the board.

(d) The board shall appoint a team of advisory consultants to conduct the on-site inspection and evaluation of the facilities, equipment, and personnel of a licensed dentist applying for a written authorization or permit to administer or to employ a qualified person to administer general anesthesia, deep sedation, or moderate (conscious) sedation; thereafter, re-inspections may be conducted. The advisory consultants shall also aid the board in the adoption of criteria and standards relative to the regulation and control of general anesthesia, deep sedation, or moderate (conscious) sedation.

(e) A licensed dentist who has received a written authorization or permit to administer or to employ a qualified person to administer general anesthesia, deep sedation, or moderate (conscious) sedation shall renew the authorization or permit biennially and pay a biennial fee.

(f) The board may, at any time, reevaluate the credentials, facilities, equipment, personnel, and procedures of a licensed dentist who has previously received a written authorization or permit from the board to determine if the dentist is still qualified to have a written authorization or permit. If the board determines that the licensed dentist is no longer qualified to have a written authorization or permit, it may revoke or refuse to renew the authorization, after an opportunity for a hearing is given to the licensed dentist.

(g) A licensed dentist, who has received a written authorization or permit to administer general anesthesia, deep sedation, or moderate (conscious) sedation and who has qualified for a written authorization or permit pursuant to subsection (b)(1)(A) and (B), may have a practicing certified nurse anesthetist administer general anesthesia, deep sedation, or moderate (conscious) sedation to a patient for the licensed dentist, provided the licensed dentist is present at all times and supervises the procedures.

(h) A licensed dentist who currently has a written authorization or permit to administer general anesthesia or sedation may continue to administer general anesthesia or sedation without the need to meet the additional requirements under subsection (b). However, if that dentist's license becomes
§16-79-78

forfeited and that dentist seeks a restoration of the license, that dentist shall comply with all of the requirements of this section in existence at the time of the restoration. [Eff 10/7/76; am and ren §16-79-78, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14] (Auth: HRS §§448-6) (Imp: HRS §§448-1, 448-6)

§16-79-79 Reporting of adverse occurrences. (a) All licensed dentists in the practice of dentistry in this State shall submit a report within a period of thirty days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during or as a direct result of anesthesia related thereto. The report shall include at the minimum responses to the following:

(1) Description of the dental procedure;
(2) Description of the physical condition of the patient unless the patient has a Class I status as defined by the American Society of Anesthesiologists;
(3) List of drugs and dosage administered;
(4) Detailed description of techniques utilized in administering the drugs utilized;
(5) Description of the adverse occurrence:
   (A) Symptoms of any complications, including but not limited to onset and type of symptoms of the patient;
   (B) Treatment instituted on the patient;
   (C) Response of the patient to the treatment; and
(6) Description of the patient's condition on termination of any procedure undertaken.

(b) Failure to comply with subsection (a) when the occurrence is related to the use of general anesthesia, deep sedation, or moderate (conscious) sedation shall result in the loss of the written authorization or permit of the licensed dentist to administer or to employ another person to administer general anesthesia, deep sedation, or moderate (conscious) sedation. [Eff 10/7/76; am and ren §16-79-79, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14] (Auth: HRS §448-7) (Imp: HRS §§448-1, 448-6)
December 11, 2013

Via Email to Patrick.Braatz@state.or.us
Mr. Patrick D. Braatz, Executive Director
Oregon Board of Dentistry
1500 SW First Avenue, Suite 770
Portland, OR 97201

RE: Minimal Sedation and Enteral Moderate Sedation Permits

Dear Mr. Braatz and Board Members:

Some issues have been brought to my attention by a handful of Oregon dentists regarding (1) the scope of practice under a Minimal Sedation Permit, and (2) the training requirements for an Enteral Moderate Sedation Permit. I bring these issues to the Board’s attention so that we may all end up on the same regulatory “page” and alleviate the ongoing confusion of Oregon dentists. This will allow the Board to continue fulfilling its mission to protect the public by assuring that the citizens of Oregon receive the highest possible quality oral health care. Thus, I respectfully request that this letter be presented at the Board’s December 20, 2013 meeting, even if it is only to refer this matter to the Anesthesia Committee. Thank you very much for your time.

ISSUES PRESENTED: Minimal Sedation dosages:

Staff at the Board have been informing dentists who possess or want to obtain a Minimal Sedation permit that:

ISSUE #1: They cannot exceed the so-called “MRD” (manufacturer’s maximum recommended dose for at-home unmonitored use);

ISSUE #2: They are limited to a strict single-dose rule; and

ISSUE #3: They can only use one type of oral drug during minimal sedation.

The current sedation regulations that became effective on July 1, 2010 (revised July 1, 2013) define “minimal sedation” as follows:

818-026-0010
Definitions
(6) “Minimal Sedation” means minimally depressed level of consciousness, produced by non-intravenous pharmacological methods, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for
unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous pharmacological method in minimal sedation. [emphasis added.]

RESOLUTION #1: Here, the word “initial” is critical. A plain language reading of “initial” would lead a reasonable person to interpret it as meaning “first,” as in the first dose of an oral sedative on the day of treatment is no more than the MRD, e.g., up to 0.5mg triazolam. This makes sense because the standard of care would include not exceeding the MRD for the first dose on the day of treatment. This necessarily implies that the dentist may exceed the MRD on the day of treatment.

RESOLUTION #2: Because the word “initial” implies “first,” this also necessarily implies that multiple doses are contemplated and thus should be allowed under Minimal Sedation Permit as long as the patient continues exhibiting a minimally depressed level of consciousness and retains the ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command.

RESOLUTION #3: Here, the word "method" is critical. A plain language reading of "method" would lead a reasonable person to interpret it as meaning "route" as opposed to "drug" or "agent." Read in its entirety, “single non-intravenous pharmacological method,” would mean “single enteral route,” i.e., the dentist must choose between oral, sublingual, or rectal, as opposed to a combination of those routes. Thus, under a Minimal Sedation Permit, dentists should be able to add a single-dose of a second agent, e.g., hydroxyzine, in addition to the triazolam at least for patients who are nicotine users.

NOTE: DOCS teaches nine minimal sedation protocols. These protocols contain one- and two-drug protocols for the day of treatment. The two-drug protocols are a single benzodiazepine (e.g., triazolam or lorazepam) with hydroxyzine being the only other additional agent. Also, our courses advise that nitrous should only be used during administration of local anesthetic since it isn’t necessary to leave it on when the patient is already minimally sedated.

ISSUE PRESENTED: Enteral Moderate Sedation training:

Staff at the Board have been informing dentists who possess or want to obtain an Enteral Moderate Sedation permit that:

ISSUE: The 24-hour ADA-compliant course required for the permit must include 10 LIVE patient cases.

The current sedation regulations that became effective on July 1, 2010 (revised July 1, 2013) require, inter alia, the following training for issuance of an Enteral Moderate Sedation permit:
818-026-0060
Moderate Sedation Permit
(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.

[emphasis added.]

The 2007 ADA sedation guidelines recommend, inter alia, the following training before dentists provide Moderate Enteral Sedation:

Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, Part IV, Minimal Sedation (ADA House of Delegates, October 2007)
"C. Moderate Enteral Sedation Course Duration: A minimum of 24 hours of instruction, plus management of at least 10 adult case experiences by the enteral and/or enteral-nitrous oxide/oxygen route are required to achieve competency. These ten cases must include at least three live clinical dental experiences managed by participants in groups no larger than five. The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient from deep to moderate sedation. Participants combining enteral moderate sedation with nitrous oxide-oxygen must have first completed a nitrous oxide competency course."

[emphasis added.]

RESOLUTION: A moderate enteral sedation course with 10 live patient cases doesn't exist. A moderate parenteral sedation course contains at least 20 live patient cases, but parenteral those cases are almost entirely intravenous sedation, not enteral sedation. Parenteral sedation courses don't teach enteral sedation and, on the off-chance that they do, they certainly do not have 10 live enteral sedation cases. Since the Oregon regulations expressly reference the 2007 ADA guidelines, which only require 3 live patients, the Oregon regulations should likewise only require 3 live patients, if any.

NOTE #1: To wit, DOCS is the only sedation training provider that has a 3-live-patient module in a dedicated moderate enteral sedation course. The module is actually in a 5:2:1 participant-instructor-patient ratio. All of the instructors are IV-permitted and ACLS-certified and the module is closely monitored by our very seasoned ACLS/PALS faculty. We held this module as part of our 25-hour “Oral Sedation Dentistry” course twice this year in Washington, DC and Memphis; it was a big hit with the attendees and became board-approved in Virginia and Missouri. We are holding it twice next year in Chicago and Atlanta.
have a special module at our pediatric faculty's office in Salinas, CA that meets the Mississippi requirement and also provides extra experience for enthusiastic dentists who desire it.

In conclusion, the DOCS faculty and I would like to cordially invite the Anesthesia Committee to audit our complete set of courses at our upcoming seminars AT NO CHARGE (if the Oregon ethics rules allow). This is the best way to experience what we teach and how we teach it. The next two offerings are in San Francisco on February 21-23, 2014 and Chicago on May 16-18, 2014. (The Chicago course will offer the 3-live-patient module.) Please contact me to register.

If you have any questions, please don’t hesitate to contact me. Again, thank you very much for your time.

Respectfully submitted,

John P. Bitting, Esq. Regulatory and CE Counsel  
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Cc: Oregon DOCS Members
From: Douglas Boyd [mailto:dougduckboyd@yahoo.com]
Sent: Tuesday, January 14, 2014 3:14 PM
To: Patrick Braatz
Subject: Re: Feb. 28th Meeting

Dear Mr Braatz:  There are three issues 1.  The ACLS course is necessary for those dentists doing moderate sedation.  I have taken the course twice, which is focused on emergency treatment in a hospital environment.  The drugs called for are not necessary for our office emergency kits nor have I ever been trained to use them.  To repeat, the course covers hospital emergency treatment, not what is expected in a dental office.  I think this course is unnecessary for the kind of sedation I do in my office. 2. Capnography has been mandated by the Board starting in 2014.  I have attended many lectures and spoken to many instructors of moderate sedation, they all say the same thing; "capnography is not necessary for moderate sedation".  I use and have always used a pulse oximeter and precordial stethoscope, why is capnography necessary?  If so, where are the courses one can take to figure out how to use capnography. 3. The Board has over-reacted to the spore testing issue.  A warning to a dentist who has not properly spore tested is all that is necessary the first time around. The second time a dentist is deficient, then the Board came come down.

Dr. Douglas Boyd

dr douglas c boyd
11082 se oak st.
milwaukie or 97222
(503)654-3456
(503)652-1582(fax)

From: Patrick Braatz <Patrick.Braatz@state.or.us>
To: Douglas Boyd <dougduckboyd@yahoo.com>
Sent: Tuesday, January 14, 2014 2:41 PM
Subject: RE: Feb. 28th Meeting

I need to know what issues you want to talk about before I can review with the Board President an appearance on the Board Agenda.

Thanks

Patrick D. Braatz
Patrick D. Braatz, Executive Director
Oregon Board of Dentistry
1500 SW 1st Ave., Suite 770
Portland, OR  97201-5519
PH. 971-673-3200
FAX 971-673-3202

“Our Constitution works; our great Republic is a government of laws and not of men. Here the people rule.”  President Gerald R. Ford
"The Mission of the Oregon Board of Dentistry is to protect the public by assuring that the citizens of Oregon receive the highest possible quality oral health care."

From: Douglas Boyd [mailto:dougduckboyd@yahoo.com]
Sent: Tuesday, January 14, 2014 2:26 PM
To: Patrick Braatz
Subject: Feb. 28th Meeting

Dear Mr. Braatz: I would like to talk with the Board about several situations. Can I be put on their agenda so I am able to do this.

Sincerely,
Dr. Douglas Boyd

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11082 se oak st.
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(503)652-1582(fax)
Hello Ms. Haynes,

First off thank you for taking the time to help with my questions this morning. Here is the follow up email that you requested concerning my sedation category and the need for an End-Tidal CO2 monitor.

I am a board certified pediatric dentist licensed to perform moderate sedation (enteral).

After the pre-op interview, vitals, and exam I administer IV Midazolam nasally with an atomizer at the dose of 0.3-0.35mg/kg. After 10 minutes the child is then moved into the treatment room where monitors are then reapplied, N2O is administered at 30%.

During this time patients are watching television (conscious), have full airway control, respond normally to tactile stimulation and verbal commands.

I have had a 5 or so patients fall asleep, but this was likely due to being comfortable and calm. I would estimate that 30% of patients remain awake and quite, 60% patients remain awake and respond with varying degrees of noise in response to stimuli, and the remainder of patients are uncooperative from the start of Tx or during, and Tx is then aborted and the parents and I discuss other forms of sedation such as in office IV sedation that can be used on another date with an Anesthesiologist.

I never re-dose medication or add any additional drugs other than N2O.

What category do I fall: Minimal or Moderate Sedation?

Is an End-Tidal CO2 monitor needed for my cases?

If a second medication were to be added to the sedation regimen would a CO2 End-Tidal monitor be needed?

Thank you for your time.

--
Sincerely,

Ashley P. Schaaf, DDS, MPH
Board Certified Pediatric Dentist
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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 include:

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

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

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

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

(c) An anesthesia monitor, in addition to the dental hygienist performing the authorized procedures, is present with the patient at all times.

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

(c) if a patient is under nitrous oxide and a dental hygienist who holds a nitrous oxide permit is performing the authorized procedures, is present with the patient at all times, no additional anesthesia monitor is required.

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

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

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

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

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

Stat. Auth.: ORS 679 & 680
Stats. Implemented: ORS 679.250(7) & 679.250(10)
Hist.: 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 2-2012, f. 6-14-12, cert. ef. 7-1-12
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit

Nitrous Oxide Sedation.

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

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

(b) 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) 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, and oral mucosal color and preoperative and postoperative vital signs.

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

(9) 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
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) 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) 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.

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

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
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 OAR 818-026-0030(6), OAR 818-026-0050(5)(a) 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.

(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
Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 3-2OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10005, f. 10-26-05, cert. ef. 11-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12
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) Holds a valid and current Health Care Provider BLS/CPR level 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 chairside Dental assistant.

(a) After training, a dental assistant, when directed by a dentist, may administer oral sedative agents calculated and dispensed by a dentist under the indirect 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) 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. 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 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 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.

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. 1-31-05, 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
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) Either holds a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, or successfully completes the American Dental Association’s course “Recognition and Management of Complications during Minimal and Moderate Sedation” at least every two years; 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 level certificate 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. 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;

(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 dentists for oral administration to a patient under indirect supervision or introduce additional anesthetic agents to 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 ACLS 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
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) Holds a current Advanced Cardiac Life Support (ACLS) 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 CO2 monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) 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 to 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 ACLS 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.

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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