

Memorandum

To: Attendees of OBD public rulemaking hearing on August 27, 2015 @ 6:30 p.m.

From: Stephen Prisby, Executive Director

Re: Oregon Medical Board Conference Room - Suite 620 access

The Crown Plaza closes the 1st floor lobby/access at 6:00 p.m.

The building must be accessed on the 2nd floor. There is a security desk/guard that may require you to sign in with and show I.D.

The parking garage is directly across the street from our building (The Crown Plaza).

The access is via two walkways on the 2nd floor. If you walk up to the building there are stairs that take you to the second floor.

The rulemaking hearing is being held in the Oregon Medical Board's Conference room on the 6th floor.

Please contact the OBD if you have any questions. Thank you.

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED 7-9-15 11:35 AM ARCHIVES DIVISION SECRETARY OF STATE
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Oregon Board of Dentistry Agency and Division	818 Administrative Rules Chapter Number
Stephen Prisby Rules Coordinator	(971) 673-3200 Telephone
Oregon Board of Dentistry, 1500 SW 1st Ave., Suite 770, Portland, OR 97201 Address	

RULE CAPTION

Amending 22 Rules regarding practice, definitions, fees, anesthesia, education, hygiene, assistants and continuing education rules.
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
8-27-15	6:30 p.m.	Crown Plaza in the Oregon Medical Board's Conference Room @ 6:30	OBD President

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

- OAR 818-001-0002 Definitions
- OAR 818-001-0087 Fees
- OAR 818-012-0030 Unprofessional Conduct
- OAR 818-021-0060 Continuing Education - Dentists
- OAR 818-021-0070 Continuing Education - Dental Hygienists
- OAR 818-026-0010 Definitions
- OAR 818-026-0020 Presumption of Degree of Central Nervous System Depression
- OAR 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor
- OAR 818-026-0040 Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit
- OAR 818-026-0050 Minimal Sedation Permit
- OAR 818-026-0060 Moderate Sedation Permit
- OAR 818-026-0065 Deep Sedation
- OAR 818-026-0070 General Anesthesia Permit
- OAR 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
- OAR 818-026-0110 Office Evaluations
- OAR 818-035-0025 Prohibitions
- OAR 818-035-0030 Additional Functions of Dental Hygienists
- OAR 818-035-0065 Expanded Practice Dental Hygiene Permit
- OAR 818-042-0040 Prohibited Acts
- OAR 818-042-0050 Taking of X-Rays - Exposing of Radiographs
- OAR 818-042-0070 Expanded Function Dental Assistants (EFDA)
- OAR 818-042-0090 Additional Functions of EFDAs

REPEAL:

- OAR 818-001-0087 Temporary Rule that will now be permanent
- OAR 818-035-0025 Temporary Rule that will now be permanent
- OAR 818-035-0030 Temporary Rule that will now be permanent

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:

ORS 183.325-183.355, 183.400, 679.250, 679.255, 680.150, 680.200, 680.205.

Other Authority:

Statutes Implemented:

670.260, 676.185, 676.190, 676.195, 676.200, 679.010, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.170, 679.250, 680.050, 680.072, 680.075, 680.082, 680.100, 680.150, 680.200, 680.205.

RULE SUMMARY

The Board is amending 818-001-0002 Definitions. The amendment to 818-001-0002 is to define what a dental study group is.

The Board is repealing Temporary Rule 818-001-0087 Fees which was effective July 1, 2015, to make it permanent. The amendment to 818-001-0087 is to raise the biennial license fee by \$75.

The Board is amending 818-012-0030 Unprofessional Conduct. The amendment to 818-012-0030 is to clarify the lettering of the level of healthcare provider training needed.

The Board is amending 818-021-0060 Continuing Education - Dentists. The amendment to 818-021-0060 is to add attendance at dental study groups as included in counting towards continuing education credit.

The Board is amending 818-021-0070 Continuing Education - Hygienists. The amendment to 818-021-0070 is to add attendance at dental study groups as included in counting towards continuing education credit.

The Board 818-026-0010 Definitions. The amendment to 818-026-0010 is to allow the use of non-intravenous pharmacological methods to induce minimal sedation and define maximum recommended dose (MRD), incremental dosing, supplemental dosing, enteral route and parenteral route.

The Board is amending 818-026-0020 Presumption of Degree of Central Nervous System Depression. The amendment to 818-026-0020 is to delete reference to rapidly acting steroids in the rule.

The Board is amending 818-026-0030 Requirements for Anesthesia Permits, Standards and Qualification of an Anesthesia Monitor. The amendment to 818-026-0030 is to define BLS, PALS and ACLS requirements for different levels of sedation and the ages of patients.

The Board is amending 818-026-0040 Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permits. The amendment to 818-026-0040 is to clarify the level of permit needed if a higher level of sedation is possible.

The Board is amending 818-026-0050 Minimal Sedation Permit. The amendment to 818-026-0050 is to clarify the level of health care provider training needed and define how a patient shall be monitored.

The Board is amending 818-026-0060 Moderate Sedation Permit. The amendment to 818-026-0060 is to clarify the level of health care provider training needed and define how a patient shall be monitored.

The Board is amending 818-026-0065 Deep Sedation. The amendment to 818-026-0065 is to clarify the level of health care provider training needed.

The Board is amending 818-026-0070 General Anesthesia Permit. The amendment to 818-026-0070 is to clarify the level of health care provider training needed.

The Board is amending 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia. The amendment to 818-026-0080 is to clarify the scheduling protocols when treating patients under sedation.

The Board is amending 818-026-0110 Office Evaluations. The amendment to 818-026-0110 is to clarify the criteria for in office evaluations.

The Board is repealing Temporary Rule 818-035-0025 Prohibitions which was effective April 17, 2015, to make it permanent. The amendment to 818-035-0025 is to add prescriptive authority back in the rule.

The Board is repealing Temporary Rule 818-035-0030 Additional Functions of Dental Hygienists which was effective April 17, 2015, to make it permanent. The amendment to 818-035-0030 is to add prescriptive authority back in the rule.

The Board is amending 818-035-0065 Expanded Practice Dental Hygiene Permit. The amendment to 818-026-0065 is to clarify the level of health care provider training needed.

The Board is amending 818-042-0040 Prohibited Acts. The amendment to 818-042-0040 is to delete the word dispense from the rule, add reference to another rule and correct a numbering mistake.

The Board is amending 818-042-0050 Taking of X-Rays - Exposing of Radiographs. The amendment to 818-042-0050 is to clarify that a dental hygienist may authorize the dental assistant regarding films referenced in rule.

The Board is amending 818-042-0070 Expanded Function Dental Assistants (EFDA). The amendment to 818-042-0070 is to clarify the duties of a dental assistant.

The Board is amending 818-042-0090 Additional Functions of EDDAs. The amendment to 818-042-0090 is to allow EFDAs to place cord subgingivally.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

<u>08-27-2015 4:00 p.m.</u>	<u>Stephen Prisby</u>	<u>stephen.prisby@state.or.us</u>
Last Day (m/d/yyyy) and Time for public comment	Rules Coordinator Name	Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED
7-9-15 11:35 AM
ARCHIVES DIVISION
SECRETARY OF STATE

Oregon Board of Dentistry
Agency and Division

818
Administrative Rules Chapter Number

Amending 22 Rules regarding practice, definitions, fees, anesthesia, education, hygiene, assistants and continuing education rules.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The amendment of OARs

- 818-001-0002
- 818-001-0087
- 818-012-0030
- 818-021-0060
- 818-021-0070
- 818-026-0010
- 818-026-0020
- 818-026-0030
- 818-026-0040
- 818-026-0050
- 818-026-0060
- 818-026-0065
- 818-026-0070
- 818-026-0080
- 818-026-0110
- 818-035-0025
- 818-035-0030
- 818-035-0065
- 818-042-0040
- 818-042-0050
- 818-042-0070
- 818-042-0090

Statutory Authority:

ORS 183.325-183.355, 183.400, 679.250, 679.255, 680.150, 680.200, 680.205.

Other Authority:

Statutes Implemented:

670.260, 676.185, 676.190, 676.195, 676.200, 679.010, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.170, 679.250, 680.050, 680.072, 680.075, 680.082, 680.100, 680.150, 680.200, 680.205.

Need for the Rule(s):

- The amendment to 818-001-0002 is to define what a dental study group is.
- The amendment to 818-001-0087 is to raise the biennial license fee by \$75.
- The amendment to 818-012-0030 is to clarify the lettering of the level of healthcare provider training needed.
- The amendment to 818-021-0060 is to add attendance at dental study groups as included in counting towards continuing education credit.
- The amendment to 818-021-0070 is to add attendance at dental study groups as included in counting towards continuing education credit.
- The amendment to 818-026-0010 is to allow the use of non-intravenous pharmacological methods to induce minimal sedation and define maximum recommended dose (MRD), incremental dosing, supplemental dosing, enteral route and parenteral route.
- The amendment to 818-026-0020 is to delete reference to rapidly acting steroids in the rule.
- The amendment to 818-026-0030 is to define BLS,PALS and ACLS requirements for different levels of sedation and the ages of patients.
- The amendment to 818-026-0040 is to clarify the level of permit needed if a higher level of sedation is possible.
- The amendment to 818-026-0050 is to clarify the level of health care provider training needed and define how a patient shall be monitored.
- The amendment to 818-026-0060 is to clarify the level of health care provider training needed and define how a patient shall be monitored.

The amendment to 818-026-0065 is to clarify the level of health care provider training needed.
 The amendment to 818-026-0070 is to clarify the level of health care provider training needed.
 The amendment to 818-026-0080 is to clarify the scheduling protocols when treating patients under sedation.
 The amendment to 818-026-0110 is to clarify the criteria for in office evaluations.
 The amendment to 818-035-0025 is to add prescriptive authority back in the rule.
 The amendment to 818-035-0030 is to add prescriptive authority back in the rule.
 The amendment to 818-035-0065 is to delete reference to overall dental risk assessment in the rule.
 The amendment to 818-042-0040 is to delete the word dispense from the rule, add reference to another rule and correct a numbering mistake.
 The amendment to 818-042-0050 is to clarify that a dental hygienist may authorize the dental assistant regarding films referenced in rule.
 The amendment to 818-042-0070 is to clarify the duties of a dental assistant.
 The amendment to 818-042-0090 is to allow EFDAs to place cord subgingivally.

Documents Relied Upon, and where they are available:

The Oregon Board of Dentistry has a website at www.Oregon.gov/dentistry where all documents are available and posted.

Fiscal and Economic Impact:

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered small businesses. Some licensees may see a small increase in costs to be in compliance with rule change

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered small businesses. Some licensees may see a small increase in costs to be in compliance with rule change

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered small businesses. Some licensees may see a small increase in costs to be in compliance with rule change

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered small businesses. Some licensees may see a small increase in costs to be in compliance with rule change

c. Equipment, supplies, labor and increased administration required for compliance:

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered small businesses. Some licensees may see a small increase in costs to be in compliance with rule change

How were small businesses involved in the development of this rule?

Dentists who are owners of dental practices assisted in the review and writing of the rules as members of the Oregon Board of Dentistry (OBD) Rules Oversight Committee and the Anesthesia Committee. Professional association representatives are also members of the OBD Rules Oversight Committee and participated in the drafting of the proposed rules and amendments.

**Administrative Rule Advisory Committee consulted?: Yes
 If not, why?:**

08-27-2015 4:00 p.m.	Stephen Prisby	stephen.prisby@state.or.us
Last Day (m/d/yyyy) and Time for public comment	Printed Name	Email Address

**DIVISION 1
PROCEDURES**

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.

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

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

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

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

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

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

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

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

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

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

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

86 (14) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-
87 0070 is defined as a group of licensees who come together for clinical and non-clinical
88 educational study for the purpose of maintaining or increasing their competence. This is
89 not meant to be a replacement for residency requirements.

90
91 Stat. Auth.: ORS 679 & 680

92 Stats. Implemented: ORS 679.010 & 680.010

93 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-
94 89, cert. ef. 2-1-89; Renumbered from 818-001-0001; DE 3-1997, f. & cert. ef. 8-27-97; OBD 7-
95 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.
96 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
97 1-2013, f. 5-15-13, cert. ef. 7-1-13

**DIVISION 1
PROCEDURES**

818-001-0087

Fees

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — ~~\$315~~ 390;

(B) Dental — retired — \$0;

(C) Dental Faculty — ~~\$260~~ 335;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — ~~\$155~~ 230;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0.

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — \$40;

(B) Minimal Sedation Permit — \$75;

(C) Moderate Sedation Permit — \$75;

(D) Deep Sedation Permit — \$75;

(E) General Anesthesia Permit — \$140;

(F) Radiology — \$75;

(G) Expanded Function Dental Assistant — \$50;

(H) Expanded Function Orthodontic Assistant — \$50;

(I) Instructor Permits — \$40;

(J) Dental Hygiene Restorative Functions Endorsement — \$50;

(K) Restorative Functions Dental Assistant — \$50;

(L) Anesthesia Dental Assistant — \$50;

(M) Dental Hygiene, Expanded Practice Permit — \$75;

(N) Non-Resident Dental Permit - \$100.00;

(c) Applications for Licensure:

(A) Dental — General and Specialty — \$345;

(B) Dental Faculty — \$305;

(C) Dental Hygiene — \$180;

(D) Licensure Without Further Examination — Dental and Dental Hygiene — \$790.

(d) Examinations:

35 (A) Jurisprudence — \$0;
36 (B) Dental Specialty:
37 (i) If only one candidate applies for the exam, a fee of \$2,000.00 will be required at the time of
38 application; and
39 (ii) If two candidates apply for the exam, a fee of \$1,000.00 will be required at the time of
40 application; and
41 (iii) If three or more candidates apply for the exam, a fee of \$750.00 will be required at the time
42 of application.

43 (e) Duplicate Wall Certificates — \$50.

44 (2) Fees must be paid at the time of application and are not refundable.

45 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to
46 which the
47 Board has no legal interest unless the person who made the payment or the person's legal
48 representative requests a refund in writing within one year of payment to the Board.

49

50 Stat. Auth.: ORS 679 & 680

51 Stats. Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075,
52 680.200 & 680.205

53 Hist.: DE 6-1985(Temp), f. & ef. 9-20-85; DE 3-1986, f. & ef. 3-31-86; DE 1-1987, f. & ef. 10-7-
54 87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, corrected by DE 1-1989, f. 1-27-89, cert. ef. 2-1-89;
55 Renumbered from 818-001-0085; DE 2-1989(Temp), f. & cert. ef. 11-30-89; DE 1-1990, f. 3-19-
56 90, cert. ef. 4-2-90; DE 1-1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-
57 31-91; DE 1-1992(Temp), f. & cert. ef. 6-24-92; DE 2-1993, f. & cert. ef. 7-13-93; OBD 1-1998, f.
58 & cert. ef. 6-8-98; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction, 8-2-99;
59 OBD 5-2000, f. 6-22-00, cert. ef. 7-1-00; OBD 8-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-
60 05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 3-2007, f. & cert. ef. 11-30-07;
61 OBD 1-2009(Temp), f. 6-11-09, cert. e. 7-1-09 thru 11-1-09; OBD 2-2009, f. 10-21-09, cert. ef.
62 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-
63 11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2012, f. & cert. ef. 1-27-12; OBD
64 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

DIVISION 12
STANDARDS OF PRACTICE

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

35 (B) Duplicates of study models and radiographs, photographs or legible copies thereof if the
36 radiographs, photographs or study models have been paid for.

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

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

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

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

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

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

55 (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or
56 mind altering substances.

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

60 (17) Make an agreement with a patient or person, or any person or entity representing patients
61 or persons, or provide any form of consideration that would prohibit, restrict, discourage or
62 otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to
63 truthfully and fully answer any questions posed by an agent or representative of the Board; or to
64 participate as a witness in a Board proceeding.

65 (18) Fail to maintain at a minimum a current [BLS](#) Health Care Provider ~~Basic Life Support~~
66 ~~(BLS)~~ /Cardio Pulmonary Resuscitation (CPR) training or its equivalent. (Effective January 1,
67 2015)

68

69 [Publications: Publications referenced are available from the agency.]
70 Stat. Auth.: ORS 679 & 680
71 Stats. Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6) & 680.100
72 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;
73 DE 2-1982, f. & ef. 3-19-82; DE 5-1982, f. & ef. 5-26-82; DE 9-1984, f. & ef. 5-17-84;
74 Renumbered from 818-010-0080; DE 3-1986, f. & ef. 3-31-86; DE 1-1988, f. 12-28-88, cert. ef.
75 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-011-0020; DE 1-1990, f.
76 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-
77 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. &
78 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.
79 11-1-09; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

DIVISION 21
EXAMINATION AND LICENSING

818-021-0060

Continuing Education — Dentists

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, [dental](#) study ~~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.

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

37

38 Stat. Auth.: ORS 679

39 Stats. Implemented: ORS 679.250(9)

40 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,
41 cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0072; DE 1-
42 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,
43 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;
44 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-
45 11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

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1 **DIVISION 21**

2 **EXAMINATION AND LICENSING**

3 **818-021-0070**

4 **Continuing Education — Dental Hygienists**

5 (1) Each dental hygienist must complete 24 hours of continuing education every two years. An
6 Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing
7 education every two years. Continuing education (C.E.) must be directly related to clinical
8 patient care or the practice of dental public health.

9 (2) Dental hygienists must maintain records of successful completion of continuing education for
10 at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for
11 dental hygienists is October 1 through September 30.) The licensee, upon request by the Board,
12 shall provide proof of successful completion of continuing education courses.

13 (3) Continuing education includes:

14 (a) Attendance at lectures, [dental](#) study ~~clubs~~ [groups](#), college post-graduate courses, or
15 scientific sessions at conventions.

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

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

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

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

32 (5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in
33 OAR 818-026-0040(9) for renewal of the Nitrous Oxide Permit.

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

36

37 Stat. Auth.: ORS 679

38 Stats. Implemented: ORS 279.250(9)

39 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-
40 89, cert. ef. 2-1-89; Renumbered from 818-020-0073; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90;
41 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-
42 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.
43 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-
44 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

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DIVISION 26
ANESTHESIA

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

34 the ability to independently and continuously maintain an airway and to respond purposefully to
35 physical stimulation and to verbal command.

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

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

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

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

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

55
56 Stat. Auth.: ORS 679

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

58 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-
59 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-
60 10, cert. ef. 7-1-10

DIVISION 26
ANESTHESIA

818-026-0030

Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

68

69 Stat. Auth.: ORS 679 & 680
70 Stats. Implemented: ORS 679.250
71 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
72 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-
73 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,
74 cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

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DIVISION 26
ANESTHESIA

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;

35 (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and
36 (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The
37 obtaining of the informed consent shall be documented in the patient's record.

38 (4) If a patient chronically takes a medication which can have sedative side effects,
39 including, but not limited to, a narcotic or benzodiazepine, the practitioner shall
40 determine if the additive sedative effect of nitrous oxide would put the patient into a level
41 of sedation deeper than nitrous oxide. If the practitioner determines it is possible that
42 providing nitrous oxide to such a patient would result in minimal sedation, a minimal
43 sedation permit would be required.

44 ~~(4)~~ (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or
45 by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal
46 stimulation, oral mucosal color and preoperative and postoperative vital signs.

47 ~~(5)~~ (6) The permit holder or anesthesia monitor shall record the patient's condition. The record
48 must include documentation of all medications administered with dosages, time intervals and
49 route of administration.

50 ~~(6)~~ (7) The person administering the nitrous oxide sedation may leave the immediate area after
51 initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is
52 continuously observing the patient.

53 ~~(7)~~ (8) The permit holder shall assess the patient's responsiveness using preoperative values as
54 normal guidelines and discharge the patient only when the following criteria are met:

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

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

58 (c) The patient can sit up unaided or without assistance;

59 (d) The patient can ambulate with minimal assistance; and

60 (e) The patient does not have nausea, vomiting or dizziness.

61 (8) (9) The permit holder shall make a discharge entry in the patient's record indicating the
62 patient's condition upon discharge.

63 ~~(9)~~ (10) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must
64 provide proof of having a current Health Care Provider BLS/CPR level certificate, or its
65 equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of
66 continuing education in one or more of the following areas every two years: sedation, nitrous
67 oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring
68 equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain

69 current Health Care Provider BLS/CPR level certification, or its equivalent, may not be counted
70 toward this requirement. Continuing education hours may be counted toward fulfilling the
71 continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

72

73 Stat. Auth.: ORS 679 & 680

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

75 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

76 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

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DIVISION 26
ANESTHESIA

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 Providers certificate, or its equivalent; and

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the 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;

- 35 (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff;
36 and
- 37 (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
38 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives
39 and anticonvulsants.
- 40 (3) Before inducing minimal sedation, a dentist who induces minimal sedation shall:
- 41 (a) Evaluate the patient;
- 42 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
43 due to age or psychological status of the patient, the patient's guardian;
- 44 (c) Certify that the patient is an appropriate candidate for minimal sedation; and
- 45 (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
46 The obtaining of the informed consent shall be documented in the patient's record.
- 47 (4) No permit holder shall have more than one person under minimal sedation at the same time.
- 48 (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be
49 present in the room in addition to the treatment provider. The anesthesia monitor may be the
50 dental assistant.
- 51 (a) After training, a dental assistant, when directed by a dentist, may administer oral sedative
52 agents or anxiolysis agents calculated and dispensed by a dentist under the direct supervision
53 of a dentist.
- 54 (6) A patient under minimal sedation shall be visually monitored at all times, including recovery
55 phase. The dentist or anesthesia monitor shall monitor and record the patient's condition.
- 56 (7) The patient shall be monitored as follows:
- 57 (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have
58 continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood
59 pressure, heart rate, and respiration shall be monitored and documented if they can
60 reasonably be obtained.
- 61 (b) A discharge entry shall be made by the dentist in the patient's record indicating the patient's
62 condition upon discharge and the name of the responsible party to whom the patient was
63 discharged.
- 64 (8) The dentist shall assess the patient's responsiveness using preoperative values as normal
65 guidelines and discharge the patient only when the following criteria are met:
- 66 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
- 67 (b) The patient is alert and oriented to person, place and time as appropriate to age and
68 preoperative psychological status;

- 69 (c) The patient can talk and respond coherently to verbal questioning;
70 (d) The patient can sit up unaided;
71 (e) The patient can ambulate with minimal assistance; and
72 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
73 (g) A dentist shall not release a patient who has undergone minimal sedation except to the care
74 of a responsible third party.

75 (9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide
76 documentation of having a current ~~Health-Care-Provider~~ BLS/CPR-level Health Care
77 Providers certificate, or its equivalent. In addition, Minimal Sedation Permit holders must also
78 complete four (4) hours of continuing education in one or more of the following areas every two
79 years: sedation, physical evaluation, medical emergencies, monitoring and the use of
80 monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to
81 maintain current ~~Health-Care-Provider~~ BLS/CPR-level Health Care Providers certification, or
82 its equivalent, may not be counted toward this requirement. Continuing education hours may be
83 counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

84

85 Stat. Auth.: ORS 679

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

87 Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f.
88 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.
89 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

- 33 (b) An operating table or chair which permits the patient to be positioned so the operating team
34 can maintain the patient's airway, quickly alter the patient's position in an emergency, and
35 provide a firm platform for the administration of basic life support;
- 36 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a
37 backup lighting system of sufficient intensity to permit completion of any operation underway in
38 the event of a general power failure;
- 39 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a
40 backup suction device which will function in the event of a general power failure;
- 41 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is
42 capable of delivering high flow oxygen to the patient under positive pressure, together with an
43 adequate backup system;
- 44 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate
45 continuous oxygen delivery and a scavenger system;
- 46 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets.
47 The recovery area can be the operating room;
- 48 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral
49 and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration
50 equipment, automated external defibrillator (AED); and
- 51 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
52 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives
53 and anticonvulsants.
- 54 (3) No permit holder shall have more than one person under moderate sedation, minimal
55 sedation, or nitrous oxide sedation at the same time.
- 56 (4) During the administration of moderate sedation, and at all times while the patient is under
57 moderate sedation, an anesthesia monitor, and one other person holding a **Health Care**
58 **Provider BLS/CPR certificate or its equivalent** Health Care Provider certification or its
59 equivalent, shall be present in the operatory, in addition to the dentist performing the dental
60 procedures.
- 61 (5) Before inducing moderate sedation, a dentist who induces moderate sedation shall:
- 62 (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient
63 Physical Status Classifications, that the patient is an appropriate candidate for moderate
64 sedation;
- 65 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
66 due to age or psychological status of the patient, the patient's guardian; and

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

68 (6) A patient under moderate sedation shall be visually monitored at all times, including the

69 recovery phase. The dentist or anesthesia monitor shall monitor and record the patient's

70 condition.

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

72 (a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2

73 monitors. Patients with cardio vascular disease shall have continuous ECG monitoring.

74 The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals

75 but at least every 15 minutes, and these recordings shall be documented in the patient record.

76 The record must also include documentation of preoperative and postoperative vital signs, all

77 medications administered with dosages, time intervals and route of administration. If this

78 information cannot be obtained, the reasons shall be documented in the patient's record. A

79 patient under moderate sedation shall be continuously monitored and shall not be left alone

80 while under sedation;

81 (b) During the recovery phase, the patient must be monitored by an individual trained to monitor

82 patients recovering from moderate sedation.

83 (8) A dentist shall not release a patient who has undergone moderate sedation except to the

84 care of a responsible third party.

85 (a) When a reversal agent is administered, the doctor shall document justification for its

86 use and how the recovery plan was altered.

87 (9) The dentist shall assess the patient's responsiveness using preoperative values as normal

88 guidelines and discharge the patient only when the following criteria are met:

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

90 (b) The patient is alert and oriented to person, place and time as appropriate to age and

91 preoperative psychological status;

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

93 (d) The patient can sit up unaided;

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

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

96 (10) A discharge entry shall be made by the dentist in the patient's record indicating the patient's

97 condition upon discharge and the name of the responsible party to whom the patient was

98 discharged.

99 (11) After adequate training, an assistant, when directed by a dentist, may dispense oral

100 medications that have been prepared by the dentist permit holder for oral administration to a

101 patient under direct supervision or introduce additional anesthetic agents into an infusion line
102 under the direct visual supervision of a dentist.
103 (12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must
104 provide documentation of having current [BLS for Health Care Providers certification or its](#)
105 [equivalent and](#) ACLS [and/](#)or PALS certification or current certification of successful completion
106 of the American Dental Association’s course “Recognition and Management of Complications
107 during Minimal and Moderate Sedation” and must complete 14 hours of continuing education in
108 one or more of the following areas every two years: sedation, physical evaluation, medical
109 emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and
110 agents used in sedation. Training taken to maintain current ACLS or PALS certification or
111 successful completion of the American Dental Association’s course “Recognition and
112 Management of Complications during Minimal and Moderate Sedation” may be counted toward
113 this requirement. Continuing education hours may be counted toward fulfilling the continuing
114 education requirement set forth in OAR 818-021-0060.

115

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

117 Stat. Auth.: ORS 679

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

119 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-
120 1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-
121 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,
122 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-
123 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
124 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-
125 2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

1 **DIVISION 26**
2 **ANESTHESIA**

3 **818-026-0065**

4 **Deep Sedation**

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

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

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

9 (b) In addition to a current BLS Health Care Provider certification or its equivalent **H**
10 holds a current Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support
11 (PALS) certificate, whichever is appropriate for the patient being sedated.

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

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

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

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

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

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

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

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

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

34 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment;
35 and
36 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the
37 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives
38 and anticonvulsants.

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

41 (4) During the administration of deep sedation, and at all times while the patient is under deep
42 sedation, an anesthesia monitor, and one other person holding a Health Care Provider
43 BLS/CPR level certificate or its equivalent, shall be present in the operatory, in addition to the
44 dentist performing the dental procedures.

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

46 (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient
47 Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;
48 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate
49 due to age or psychological status of the patient, the patient's guardian; and
50 (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

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

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

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

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

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

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

68 **(a) When a reversal agent is administered, the doctor shall document justification for its**
69 **use and how the recovery plan was altered.**

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

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

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

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

76 (d) The patient can sit up unaided;

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

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

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

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

85 (12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide
86 documentation of having current **BLS for Health Care Providers certification or its**
87 **equivalent and** ACLS **and/or** PALS certification and must complete 14 hours of continuing
88 education in one or more of the following areas every two years: sedation, physical evaluation,
89 medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of
90 drugs and agents used in sedation. Training taken to maintain current ACLS or PALS
91 certification may be counted toward this requirement. Continuing education hours may be
92 counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

93

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

95 Stat. Auth.: ORS 679

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

97 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

98 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

99 1-2014, f. 7-2-14, cert. ef. 8-1-14

DIVISION 26
ANESTHESIA

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;

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

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

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

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

43 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,
44 electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and
45 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment;
46 and

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

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

53 (4) During the administration of deep sedation or general anesthesia, and at all times while the
54 patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other
55 person holding a ~~Health Care Provider BLS/CPR certificate or its equivalent~~ Health Care
56 Provider certification or its equivalent, shall be present in the operatory in addition to the
57 dentist performing the dental procedures.

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

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

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

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

66 (6) A patient under deep sedation or general anesthesia shall be visually monitored at all times,
67 including recovery phase. A dentist who induces deep sedation or general anesthesia or

68 anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia
69 shall monitor and record the patient's condition on a contemporaneous record.

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

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

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

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

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

85 (a) When a reversal agent is administered, the doctor shall document justification for its
86 use and how the recovery plan was altered.

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

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

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

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

93 (d) The patient can sit up unaided;

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

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

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

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

101 (12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must
102 provide documentation of having current [BLS Health Care Provider certification or its](#)
103 [equivalent and](#) ACLS [and](#)/or PALS certification and complete 14 hours of continuing education
104 in one or more of the following areas every two years: deep sedation and/or general anesthesia,
105 physical evaluation, medical emergencies, monitoring and the use of monitoring equipment,
106 pharmacology of drugs and agents used in anesthesia. Training taken to maintain current ACLS
107 or PALS certification may be counted toward this requirement. Continuing education hours may
108 be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-
109 0060.

110
111 [Publications: Publications referenced are available from the agency.]

112 Stat. Auth.: ORS 679

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

114 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;

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

116 00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f.

117 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,

118 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.

119 ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

DIVISION 26
ANESTHESIA

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 hygienist or an 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.

~~(4)~~ **(6)** 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)~~ **(7)** A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

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36 Stat. Auth.: ORS 679

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

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DIVISION 26
ANESTHESIA

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

DIVISION 35
DENTAL HYGIENE

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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

DIVISION 35
DENTAL HYGIENE

818-035-0030

Additional Functions of Dental Hygienists

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) Prescribe, Administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
- (h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.025(2)(j)

Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; 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

DIVISION 35
DENTAL HYGIENE

818-035-0065

Expanded Practice of Dental Hygiene Permit

The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and

(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or

(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and

(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.

(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.

(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs 6(a) to (d) of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.

(6) The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to:

(a) Administering local anesthesia;

(b) Administering temporary restorations without excavation;

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and

(d) **Overall dental risk assessment and r**Referral parameters.

(7) The collaborative agreement must comply with ORS 679.010 to 680.990.

(8) From the date this rule is effective, the Board has the authority to grant a Limited Access Permit through December 31, 2011, pursuant to ORS 680.200.

Stat. Auth.: ORS 680

35 Stats. Implemented: ORS 680.200
36 Hist.: OBD 1-1998, f. & cert. ef. 6-8-98; OBD 3-2001, f. & cert. ef. 1-8-01; OBD 3-2007, f. & cert.
37 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
38 2-2012, f. 6-14-12, cert. ef. 7-1-12

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DIVISION 42
DENTAL ASSISTING

818-042-0040

Prohibited Acts

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

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (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.

35 (18) Place any type of cord subgingivally. except as provided by in OAR 818-042-
36 0090.

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

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

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

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

48 (23) Perform periodontal probing.

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

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

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

53

54 Stat. Auth.: ORS 679 & 680

55 Stats. Implemented: ORS 679.020, 679.025 & 679.250

1 **DIVISION 42**
2 **DENTAL ASSISTING**

3 **818-042-0050**

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

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

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

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

12 (2) A dentist or [dental hygienist](#) may authorize a dental assistant who has completed
13 a course of instruction approved by the Oregon Board of Dentistry, and who has
14 passed the written Dental Radiation Health and Safety Examination administered by
15 the Dental Assisting National Board, or comparable exam administered by any other
16 testing entity authorized by the Board, or other comparable requirements approved by
17 the Oregon Board of Dentistry to place films, adjust equipment preparatory to
18 exposing films, and expose the films under the indirect supervision of a dentist, dental
19 hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate.
20 The dental assistant must successfully complete the clinical examination within six
21 months of the dentist authorizing the assistant to take radiographs.

22
23 Stat. Auth.: ORS 679

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

1 **DIVISION 42**
2 **DENTAL ASSISTING**

3 **818-042-0090**

4 **Additional Functions of EFDAs**

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

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

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

15 **(3) Place cord subgingivally.**

16
17 Stat. Auth.: ORS 679

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