

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

<b>FILED</b> 8-25-16 11:35 AM ARCHIVES DIVISION SECRETARY OF STATE
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<u>Oregon Board of Dentistry</u> Agency and Division	818 Administrative Rules Chapter Number
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<u>Stephen Prisby</u> Rules Coordinator	(971) 673-3200 Telephone
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<u>Oregon Board of Dentistry, 1500 SW 1st Ave., Suite 770, Portland, OR 97201</u> Address	
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**RULE CAPTION**

Adopts, amends and repeals multiple rules in the Dental Practice Act.

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

Hearing Date	Time	Location	Hearings Officer
10-20-16	7:00 p.m.	1500 SW 1st Ave., Suite 620, Portland, 97201	Board President

**RULEMAKING ACTION**

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

**ADOPT:**

- 818-001-0083 Relief from Public Disclosure
- 818-005-0050 Criminal Records Check for Employees, Volunteers and Applicants
- 818-012-0032 Diagnostic Records
- 818-042-0112 Expanded Functions Preventative Dental Assistants (EFPDA)
- 818-042-0113 Certification - Expanded Function Preventative Dental Assistants (EFPDA)

**AMEND:**

- 818-001-0082 Access to Public Records
- 818-001-0087 Fees
- 818-005-0035 Contesting a Fitness Determination
- 818-012-0005 Scope of Practice
- 818-012-0010 Unacceptable Patient Care
- 818-012-0030 Unprofessional Conduct
- 818-012-0040 Infection Control Guidelines
- 818-012-0060 Failure to Cooperate with Board
- 818-012-0070 Patient Records
- 818-021-0011 Application for License to Practice Dentistry without Further Examination
- 818-021-0025 Application for License to Practice Dental Hygiene without Further Examination
- 818-021-0026 State and Nationwide Criminal Background Checks, Fitness Determinations
- 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor
- 818-026-0050 Minimal Sedation Permit
- 818-026-0060 Moderate Sedation Permit
- 818-026-0065 Deep Sedation
- 818-026-0070 General Anesthesia Permit
- 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
- 818-026-0110 Office Evaluations
- 818-035-0040 Expanded Functions of Dental Hygienists
- 818-042-0020 Dentist and Dental Hygienist Responsibility
- 818-042-0050 Taking of X-Rays-Exposing of Radiographs
- 818-042-0070 General Anesthesia Permit
- 818-042-0115 Expanded Functions-Certified Anesthesia Dental Assistant
- 818-042-0120 Certification by Credential
- 818-042-0130 Application for Certification by Credential

**REPEAL:**

- 818-005-0000 Definitions
- 818-005-0005 Employee Applicant/Employee
- 818-005-0011 Criminal Records Check Required
- 818-005-0015 Criminal Records Check Process

818-005-0021 Potentially Disqualifying Crimes  
818-005-0025 Final Fitness Determination  
818-005-0030 Incomplete Fitness Determination  
818-005-0045 Record Keeping, Confidentiality

**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:**

181.534, 181A.195, 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, 679.535, 680.050, 680.072, 680.075, 680.082, 680.100, 680.150, 680.200, 680.205.

**Other Authority:**

**Statutes Implemented:**

ORS 181.534, 181A.195, 183.325-183.355, 183.400, 679.250, 679.255, 680.150, 680.200, 680.205.

**RULE SUMMARY**

The Board is adopting OAR 818-001-0083 Relief from Public Disclosure. The addition of 818-001-0083 is to be in compliance with HB 4095 (2016) to clarify when a licensee can request relief from public disclosure.

The Board is adopting OAR 818-005-0050 Criminal Records Check for Employees, Volunteers and Applicants. The addition of 818-005-0050 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is adopting OAR 818-012-0032 Diagnostic Records. The addition of 818-012-0032 is to clarify the fees for digital patient records and how long the licensee has to release the digital patient records.

The Board is adopting OAR 818-042-0112 Expanded Functions Preventative Dental Assistants (EFPDA). The addition of 818-042-0112 is to add a new category of dental assistant.

The Board is adopting OAR 818-042-0113 Certification - Expanded Function Preventative Dental Assistants (EFPDA). The addition of 818-042-0113 is to add new duties for this level of expanded function dental assistants.

The Board is amending 818-001-0082 Access to Public Records. The amendment to 818-001-0082 is to clarify that public records requests must be in writing.

The Board is amending 818-001-0087 Fees. The amendment to 818-001-0087 is to clarify that the fee is for a background check and not for the permit itself.

The Board is amending 818-005-0035 Contesting a Fitness Determination. The amendment to 818-005-0035 is to correct a numbering and grammatical error in the rule.

The Board is amending 818-012-0005 Scope of Practice. The amendment to 818-012-0005 is to add the provision for dentists to utilize dermal fillers to treat a condition within the scope of the practice of dentistry and add 4 additional hours to education requirement.

The Board is amending 818-012-0010 Unacceptable Patient Care. The amendment to 818-012-0010 is to clarify that failure to determine and document dental justification prior to ordering a Cone Beam CT series documentation with a field greater than 10x10 cm for patients under 20 years of age, and for failure to advise a patient of any treatment complications or treatment outcomes.

The Board is amending 818-012-0030 Unprofessional Conduct. The amendment to 818-012-0030 is to clarify that duplicates of radiographs must be same quality as originals, to update the language as it pertains to substance use disorder, and to add additional language for what may be considered unprofessional conduct.

The Board is amending 818-012-0040 Infection Control Guidelines. The amendment to 818-012-0040 is to bring the rule in compliance with ORS 679.535.

The Board is amending 818-012-0060 Failure to Cooperate with Board. The amendment to 818-012-0060 is to include failure to attend a Board requested investigative interview and failure to fully cooperate in any way with the Board to the language of the rule.

The Board is amending 818-012-0070 Patient Records. The amendment to 818-012-0070 is to clarify that all licensees are required to prepare and maintain an accurate record and adding that the patient record must include documentation of informing patient of treatment outcomes. The Board is also adding that a licensee must notify the Board within 14 days of transferring patient records.

The Board is amending 818-021-0011 Application for License to Practice Dentistry without Further Examination. The amendment to 818-021-0011 is to clarify that teaching clinical dentistry at a CODA accredited dental school can count towards the 3,500 clinical practice hours.

The Board is amending 818-021-0025 Application for License to Practice Dental Hygiene without Further Examination. The amendment to 818-021-0025 is to clarify that 3,500 clinical teaching hours must be in a CODA accredited dental hygiene program.

The Board is amending 818-021-0026 State and Nationwide Criminal Background Checks, Fitness Determinations. The amendment to 818-021-0026 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is amending 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor. The amendment to 818-026-0030 is to clarify that in addition to the BLS for Health Care Providers certificate or equivalent, dentist permit holders who induce moderate, deep or general anesthesia must also hold an ACLS and/or PALS certificate, or whichever is appropriate for the patient being sedated.

The Board is amending 818-026-0050 Minimal Sedation Permit. The amendment to 818-026-0050 is to clarify the rule and add to dentist, "dentist permit holder".

The Board is amending 818-026-0060 Moderate Sedation Permit. The amendment to 818-026-0060 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Assistant is certified by the Oregon Board of Dentistry.

The Board is amending 818-026-0065 Deep Sedation. The amendment to 818-026-0065 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Assistant is certified by the Oregon Board of Dentistry.

The Board is amending 818-026-0070 General Anesthesia Permit. The amendment to 818-026-0070 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Assistant is certified by the Oregon Board of Dentistry.

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 that the qualified anesthesia provider who induces moderate sedation, deep sedation and general anesthesia has to monitor the patient's condition until the patient is discharged.

The Board is amending 818-026-0110 Office Evaluations. The amendment to 818-026-0110 is to clarify the rule and add to dentist, "dentist permit holder".

The Board is amending 818-035-0040 Expanded Functions of Dental Hygienists. The amendment to 818-035-0040 is add that upon successful completion of a course of instruction approved by the Oregon Health Authority a dental hygienist may purchase epinephrine and administer epinephrine in case of an emergency.

The Board is amending 818-042-0020 Dentist and Dental Hygienist Responsibility. The amendment to 818-042-0020 is to clarify that a dental hygienist may supervise one or more dental assistants at a time, and allows an Expanded Practice Dental Hygienist to hire and supervise one or more dental assistant at a time.

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 can authorize an assistant to take radiographs.

The Board is amending 818-042-0070 Expanded Functions Dental Assistants (EFDA). The amendment to 818-042-0070 is to clarify that when an EFDA polishes the coronal surfaces with a brush or rubber cup, the patient must be checked by a dental hygienist or dentist prior to being discharged.

The Board is amending 818-042-0115 Expanded Functions - Certified Anesthesia Dental Assistant. The amendment to 818-042-0115 is to clarify that only a Certified Anesthesia Assistant by the Oregon Board of Dentistry can perform certain procedures.

The Board is amending 818-042-0120 Certification by Credential. The amendment to 818-042-0120 is to add an additional category of expanded functions to the certification by credentials pathway.

The Board is amending 818-042-0130 Application for Certification by Credential. The amendment to 818-042-0130 is to allow an additional category of expanded functions dental assistants to apply for certification by credentials.

The Board is repealing 818-005-0000 Definitions. Removal of 818-005-0000 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is repealing 818-005-0005 Employee Applicant/Employee. The repeal of 818-005-0005 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is repealing 818-005-0011 Criminal Records Check Required. The repeal of 818-005-0011 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is repealing 818-005-0015 Criminal Records Check Process. The repeal of 818-005-0015 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is repealing 818-005-0021 Potentially Disqualifying Crimes. The repeal of 818-005-0021 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is repealing 818-005-0025 Final Fitness Determination. The repeal of 818-005-0025 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is repealing 818-005-0030 Incomplete Fitness Determination. The repeal of 818-005-0030 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The Board is repealing 818-005-0045 Record Keeping, Confidentiality. The repeal of 818-005-0045 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

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.

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10-20-2016 4:00 p.m.	Stephen Prisby	stephen.prisby@state.or.us
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**  
8-25-16 11:35 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE

Oregon Board of Dentistry  
Agency and Division

818  
Administrative Rules Chapter Number

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

In the Matter of:

OARS:

ADOPT:

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- 818-005-0000 Definitions
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**Statutory Authority:**

181.534, 181A.195, 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, 679.535, 680.050, 680.072, 680.075, 680.082, 680.100, 680.150, 680.200, 680.205.

**Other Authority:**

**Statutes Implemented:**

ORS 181.534, 181A.195, 183.325-183.355, 183.400, 679.250, 679.255, 680.150, 680.200, 680.205.

**Need for the Rule(s):**

The addition of 818-001-0083 is required by House Bill 4095 (2016) to clarify when a licensee can request relief from public disclosure.

The addition of 818-005-0050 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The addition of 818-012-0032 is to clarify the fees for digital patient records and how long the licensee has to release the digital patient records.

The addition of 818-042-0112 is to add a new category of dental assistant.

The addition of 818-042-0113 is to add new duties for this level of expanded function dental assistants.

The amendment to 818-001-0082 is to clarify that public records requests must be in writing.

The amendment to 818-001-0087 is to clarify that the fee is for a background check and not for the permit itself.

The amendment to 818-005-0035 is to correct a numbering and grammatical error in the rule.

The amendment to 818-012-0005 is to add the provision for dentists to utilize dermal fillers to treat a condition within the scope of the practice of dentistry and add 4 hours to education requirement.

The amendment to 818-012-0010 is to clarify that failure to determine and document dental justification prior to ordering a Cone Beam CT series documentation with a field greater than 10x10 cm for patients under 20 years of age, and for failure to advise a patient of any treatment complications or treatment outcomes.

The amendment to 818-012-0030 is to clarify duplicates of radiographs must be same quality as originals, to update the language as it pertains to substance use disorder, and to add additional language for what may be considered unprofessional conduct.

The amendment to 818-012-0040 is to bring the rule in compliance with ORS 679.535.

The amendment to 818-012-0060 is to include failure to attend a Board requested investigative interview or for failure to fully cooperate in any way with the Board.

The amendment to 818-012-0070 is to clarify that all licensees are required to prepare and maintain an accurate record and adding that the patient record must include documentation of informing patient of treatment outcomes. The Board is also adding that a licensee must notify the Board within 14 days of transferring patient records.

The amendment to 818-021-0011 is to clarify that teaching clinical dentistry at a CODA accredited dental school can count towards the 3,500 clinical practice hours.

The amendment to 818-021-0025 is to clarify that 3,500 clinical teaching hours must be in a CODA accredited dental hygiene program.

The amendment to 818-021-0026 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

The amendment to 818-026-0030 is to clarify that in addition to the BLS for Health Care Providers certificate or equivalent, dentist permit holders who induce moderate, deep or general anesthesia must also hold an ACLS and/or PALS certificate whichever is appropriate for the patient being sedated.

The amendment to 818-026-0050 is to clarify the rule and add to dentist, "dentist permit holder".

The amendment to 818-026-0060 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Assistant is certified by the Oregon Board of Dentistry.

The amendment to 818-026-0065 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Assistant is certified by the Oregon Board of Dentistry.

The amendment to 818-026-0070 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Assistant is certified by the Oregon Board of Dentistry.

The amendment to 818-026-0080 is to clarify that the qualified anesthesia provider who induces moderate sedation, deep sedation and general anesthesia has to monitor the patient's condition until the patient is discharged.

The amendment to 818-026-0110 is to clarify the rule and add to dentist, "dentist permit holder".

The amendment to 818-035-0040 is to add that upon successful completion of a course of instruction approved by the Oregon Health Authority a dental hygienist may purchase epinephrine and administer epinephrine in case of an emergency.

The amendment to 818-042-0020 is to clarify that a dental hygienist may supervise one or more dental assistants at a time, and allows an Expanded Practice Dental Hygienist to hire and supervise one or more dental assistant at a time.

**Documents Relied Upon, and where they are available:**

The Oregon Board of Dentistry has a website at [www.Oregon.gov/dentistry](http://www.Oregon.gov/dentistry) where all documents related to the dental practice act are posted.

ORS Chapter 181A is available at [www.oregonlegislature.gov/bills\\_laws/ors/ors181A.html](http://www.oregonlegislature.gov/bills_laws/ors/ors181A.html)

OAR Chapter 125 division 007 is available at [www.arcweb.sos.state.or.us/pages/rules/oars\\_100/oar\\_125/125\\_007.html](http://www.arcweb.sos.state.or.us/pages/rules/oars_100/oar_125/125_007.html)

ORS Chapter 676 is available at [www.oregonlegislature.gov/bills\\_laws/ors/ors676.html](http://www.oregonlegislature.gov/bills_laws/ors/ors676.html)

**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 changes.

**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 changes.

**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 changes.

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

Some licensees may see a small increase in costs to be in compliance with rule changes.

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

Some licensees may see a small increase in costs to be in compliance with rule changes.

**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?: No**

**If not, why?:**

Board of Dentistry Committees did not previously review changes to Division 5 OARs (but reviewed all other proposed rule changes) because Division 5 rule changes are due to Department of Administrative Services' rule changes implemented due to legislation - HB 3168 (2013) and HB 2250 (2015). The Board of Dentistry's Committees would not be able to amend or prevent them from going into effect.

10-20-2016 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



# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## Memorandum

To: Attendees of OBD public rulemaking hearing on October 20, 2016 @ 7 pm.

From: Stephen Prisby, Executive Director

Re: Oregon Medical Board Conference Room – Suite 620 access

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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.



## OREGON BOARD OF DENTISTRY RULEMAKING HEARING

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October 20, 2016

7:00 p.m.

1500 SW 1<sup>st</sup> Ave. 6<sup>th</sup> floor  
Medical Board - Conference Room  
Portland, OR 97201

1 **DIVISION 1**

2  
3 **PROCEDURES**

4  
5  
6 **818-001-0082**

7 **Access to Public Records**

8  
9 (1) Public records not exempt from disclosure may be inspected during office hours at the Board  
10 office upon reasonable notice.

11 (2) Copies of public records not exempt from disclosure may be purchased [upon receipt of a](#)  
12 [written request](#). The Board may withhold copies of public records until the requestor pays for  
13 the copies.

14 (3) The Board establishes the following fees:

15 (a) \$25 per hour for the time required to locate and remove non-public records or for filling  
16 special requests;

17 (b) Up to ten (10) pages at no cost; more than 10 pages, \$0.50 for each page plus postage  
18 necessary to mail the copies;

19 (c) \$0.10 per name and address for computer-generated lists on paper or labels; \$0.20 per  
20 name and address for computer-generated lists on paper or labels sorted by specific zip code;

21 (d) Data files on diskette or CD:

22 (A) All Licensed Dentists -- \$50;

23 (B) All Licensed Dental Hygienists -- \$50;

24 (C) All Licensees -- \$100.

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

26 (f) Written verification of licensure -- \$2.50 per name; and

27 (g) Certificate of Standing -- \$20.

28  
29 Stat. Auth.: ORS 183, 192, 670 & 679

30 Stats. Implemented: ORS 192.420, 192.430 & 192.440

32 [OAR 818-001-0083](#)

33 [Relief from Public Disclosure](#)

34

35 [Upon the receipt of a written request of an individual who has been disciplined by the](#)  
36 [Oregon Board of Dentistry, the Board shall remove from its website, and other](#)  
37 [publicly accessible print and electronic publications under the Board's control, all](#)  
38 [information related to disciplining the individual under ORS 679.140 and any findings and](#)  
39 [conclusions made by the Board during the disciplinary proceeding, if:](#)

40 [\(1\) The request is made 10 years or more after the date on which any disciplinary](#)  
41 [sanction ended;](#)

42 [\(2\) The individual was not disciplined for financially or physically harming a patient as](#)  
43 [determined by the Board;](#)

44 [\(3\) The individual informed the Board of the matter for which the individual was](#)  
45 [disciplined before the Board received information about the matter or otherwise had](#)  
46 [knowledge of the matter;](#)

47 [\(4\) The individual making the request, if the individual is or was a licensee, has not been](#)  
48 [subjected to other disciplinary action by the Board following the imposition of the](#)  
49 [disciplinary sanction; and](#)

50 [\(5\) The individual fully complied with all disciplinary sanctions imposed by the Board.](#)

51

52

53 **818-001-0087**

54 **Fees**

55

56 (1) The Board adopts the following fees:

57 (a) Biennial License Fees:

58 (A) Dental —\$390;

59 (B) Dental — retired — \$0;

60 (C) Dental Faculty — \$335;

61 (D) Volunteer Dentist — \$0;

62 (E) Dental Hygiene —\$230;

63 (F) Dental Hygiene — retired — \$0;

64 (G) Volunteer Dental Hygienist — \$0.

65 (b) Biennial Permits, Endorsements or Certificates:

- 66 (A) Nitrous Oxide Permit — \$40;
- 67 (B) Minimal Sedation Permit — \$75;
- 68 (C) Moderate Sedation Permit — \$75;
- 69 (D) Deep Sedation Permit — \$75;
- 70 (E) General Anesthesia Permit — \$140;
- 71 (F) Radiology — \$75;
- 72 (G) Expanded Function Dental Assistant — \$50;
- 73 (H) Expanded Function Orthodontic Assistant — \$50;
- 74 (I) Instructor Permits — \$40;
- 75 (J) Dental Hygiene Restorative Functions Endorsement — \$50;
- 76 (K) Restorative Functions Dental Assistant — \$50;
- 77 (L) Anesthesia Dental Assistant — \$50;
- 78 (M) Dental Hygiene, Expanded Practice Permit — \$75;
- 79 (N) Non-Resident Dental ~~Permit~~ [Background Check](#) - \$100.00;
- 80 (c) Applications for Licensure:
- 81 (A) Dental — General and Specialty — \$345;
- 82 (B) Dental Faculty — \$305;
- 83 (C) Dental Hygiene — \$180;
- 84 (D) Licensure Without Further Examination — Dental and Dental Hygiene — \$790.
- 85 (d) Examinations:
- 86 (A) Jurisprudence — \$0;
- 87 ~~(B) Dental Specialty:~~
- 88 ~~(i) If only one candidate applies for the exam, a fee of \$2,000.00 will be required at the time of~~
- 89 ~~application; and~~
- 90 ~~(ii) If two candidates apply for the exam, a fee of \$1,000.00 will be required at the time of~~
- 91 ~~application; and~~
- 92 ~~(iii) If three or more candidates apply for the exam, a fee of \$750.00 will be required at the time~~
- 93 ~~of application.~~
- 94 (e) Duplicate Wall Certificates — \$50.
- 95 (2) Fees must be paid at the time of application and are not refundable.
- 96 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to
- 97 which the Board has no legal interest unless the person who made the payment or the person's
- 98 legal representative requests a refund in writing within one year of payment to the Board.
- 99

100 Stat. Auth.: ORS 679 & 680

101 Stats. Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075,

102 680.200 & 680.205

103

104 DIVISION 5

105  
106 CRIMINAL RECORDS CHECK AND FITNESS DETERMINATION RULES

107  
108 **818-005-0000**

109 **Definitions**

110 ~~As used in OAR Chapter 818, Division 005, unless the context of the rule requires otherwise, the~~  
111 ~~following definitions apply:~~

112 ~~(1) Conviction: A final judgment on a verdict or finding of guilty, a plea of guilty, a plea of nolo~~  
113 ~~contendere (no contest); or any determination of guilt entered by a court of law against an~~  
114 ~~employee applicant/employee in a criminal case, unless that judgment has been reversed or set~~  
115 ~~aside by a subsequent court decision.~~

116 ~~(2) Criminal Offender Information: Records and related data as to physical description and vital~~  
117 ~~statistics; fingerprints received and compiled by the Oregon State Police, Bureau of Criminal~~  
118 ~~Identification, for purposes of identifying criminal offenders and alleged offenders; and records of~~  
119 ~~arrests and the nature and disposition of criminal charges, including sentencing, confinement,~~  
120 ~~parole, and release.~~

121 ~~(3) Crime Relevant to a Fitness Determination: A crime listed or described in OAR 818-005-0020.~~

122 ~~(4) Criminal Records Check: One or more of the following processes used to check the criminal~~  
123 ~~history of an employee applicant/employee:~~

124 ~~(a) A name-based check of criminal offender information conducted through use of the Law~~  
125 ~~Enforcement Data System (LEDS) maintained by the Oregon State Police, in accordance with~~  
126 ~~the rules adopted and procedures established by the Oregon State Police (LEDS Criminal~~  
127 ~~Records Check);~~

128 ~~(b) A check of Oregon criminal offender information through fingerprint identification, conducted~~  
129 ~~by the Oregon State Police at the Board's request (Oregon Criminal Records Check); or~~

130 ~~(c) A nationwide check of federal criminal offender information through fingerprint identification,~~  
131 ~~conducted by the Oregon State Police through the Federal Bureau of Investigation at the Board's~~  
132 ~~request (Nationwide Criminal Records Check).~~

133 ~~(5) Denied: A fitness determination by the Board pursuant to a final fitness determination under~~  
134 ~~OAR 818-005-0025 that the subject individual is not fit to be an employee, volunteer, contractor,~~  
135 ~~or vendor in a position covered by OAR 818-005-0025.~~

136 ~~(6) False Statement: In association with an activity governed by these rules, an employee~~  
137 ~~applicant/employee either:~~

138 ~~(a) Provided the Board with materially false information about the employee~~  
139 ~~applicant's/employee's criminal history, such as, but not limited to, materially false information~~  
140 ~~about employee applicant/employee or conviction record; or~~

141 ~~(b) Failed to provide to the Board information material to determining employee~~  
142 ~~applicant's/employee's criminal history.~~

143 ~~(7) Fitness Determination: A determination made by the Board pursuant to the process~~  
144 ~~established in OAR 818-005-0025 that an employee applicant/ employee is or is not fit to be a~~  
145 ~~Board employee, volunteer, contractor, or vendor.~~

146 ~~(8) Employee applicant/employee: An individual identified in OAR 818-005-0025 as someone~~  
147 ~~from whom the Board may require a criminal records check.~~

148

149 ~~Stat. Auth: ORS 181.534, 676.303 & 679.253~~

150 ~~Stats. Implemented: ORS 676.303 & 181.534~~

151 ~~Hist.: OBD 4-2011, f & cert. ef. 11-15-11~~

152

153

154 **818-005-0005**

155 **Employee Applicant/Employee**

156 ~~The Board may require an Employee Applicant/Employee to complete a criminal records check~~  
157 ~~pursuant to these rules if the person:~~

158 ~~(1)(a) Is employed by or applying for employment with the Board; or~~

159 ~~(b) Provides services or seeks to provide services to the Board as a volunteer, contractor, or~~  
160 ~~vendor; and~~

161 ~~(2) Is, or will be, working or providing services in a position in which the person:~~

162 ~~(a) Provides information technology services and has control over, or access to, information~~  
163 ~~technology systems that would allow the person to harm the information technology systems or~~  
164 ~~the information contained in the systems; or~~

165 ~~(b) Accesses information, that state or federal laws, rules or regulations prohibit disclosing or~~  
166 ~~define as confidential.~~

167

168 ~~Stat. Auth: ORS 181.534, 676.303 & 679.253~~

169 ~~Stats. Implemented: ORS 676.303 & 181.534~~

170 ~~Hist.: OBD 4-2011, f & cert. ef. 11-15-11~~

171

172 ~~818-005-0011~~

173 ~~Criminal Records Check Required~~

174 ~~The Board may conduct, or request the Oregon State Police to conduct, a criminal records check~~  
175 ~~when:~~

176 ~~(1) An individual meets the definition of an employee applicant/employee; or~~

177 ~~(2) Required by federal law or regulation, by state or administrative rule, or by contract or written~~  
178 ~~agreement with the Board.~~

179

180 ~~Stat. Auth: ORS 181.534, 676.303 & 679.253~~

181 ~~Stats. Implemented: ORS 676.303 & 181.534~~

182 ~~Hist.: OBD 4-2011, f & cert. ef. 11-15-11~~

183

184 ~~818-005-0015~~

185 ~~Criminal Records Check Process~~

186 ~~(1) Disclosure of Information by employee applicant/employee.~~

187 ~~(a) Preliminary to a criminal records check, an employee applicant/employee shall complete and~~  
188 ~~sign the Oregon Board of Dentistry Criminal Records Request form and, if requested by the Board,~~  
189 ~~a fingerprint card within three business days of having received the card. The Oregon Board of~~  
190 ~~Dentistry Criminal Records Request form shall require the following information: name, birth date,~~  
191 ~~Social Security Number, driver's license or identification card number, prior residency in other~~  
192 ~~states, and any other identifying information deemed necessary by the Board. The Oregon Board~~  
193 ~~of Dentistry Criminal Records Request form may also require details concerning any circumstance~~  
194 ~~listed in OAR 818-005-0020(1).~~

195 ~~**Note:** The Board may extend the deadline for good cause.~~

196 ~~(b) The Board may require additional information from the employee applicant/employee as~~  
197 ~~necessary to complete the criminal records check and fitness determination, such as, but not~~  
198 ~~limited to, proof of identity; or additional criminal, judicial, or other background information.~~

199 ~~(2) When the Board determines under OAR 818-005-0005 that a criminal records check is~~  
200 ~~required, the Board may request or conduct a LEADS Criminal Records Check, an Oregon Criminal~~  
201 ~~Records Check, a Nationwide Criminal Records Check, or any combination thereof.~~

202

203 ~~Stat. Auth: ORS 181.534, 676.303 & 679.253~~

204 ~~Stats. Implemented: ORS 676.303 & 181.534~~

205 ~~Hist.: OBD 4-2011, f & cert. ef. 11-15-11~~

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~~818-005-0021~~

~~Potentially Disqualifying Crimes~~

- ~~(1) Crimes Relevant to a Fitness Determination:~~
  - ~~(a) All felonies;~~
  - ~~(b) All misdemeanors;~~
  - ~~(c) Any Federal crime, United States Military crime or international crime.~~
- ~~(2) Evaluation Based on Oregon and Other Laws. An authorized designee shall evaluate a crime on the basis of Oregon laws and, if applicable, Federal laws or the laws of any other jurisdiction in which a criminal records check indicates an employee applicant/employee may have committed a crime, as those laws are in effect at the time of the fitness determination.~~
- ~~(3) Expunged Juvenile Record. Under no circumstances shall an employee applicant/employee subject individual be denied under these rules on the basis of the existence or contents of a juvenile record that has been expunged pursuant to ORS 419A.260 and 419A.262.~~

~~Stat. Auth: ORS 181.534, 676.303 & 679.253~~  
~~Stats. Implemented: ORS 676.303 & 181.534~~  
~~Hist.: OBD 4-2011, f & cert. ef. 11-15-11~~

~~818-005-0025~~

~~Final Fitness Determination~~

- ~~(1) If the Board elects to conduct a criminal records check, the Board shall make a fitness determination about an employee applicant/employee based on information provided by the employee applicant/employee under OAR 818-005-0005, the criminal records check(s) conducted, and any materially false statements made by the employee applicant/employee.~~
- ~~(2) In making a fitness determination about an employee applicant/employee, the Board shall also consider the factors in subsections (a), (b), and (c) below in relation to information provided by the employee applicant/employee under OAR 818-005-0015, any LEDS report or criminal offender information obtained through a criminal records check, and other information known by the Board. To assist in considering these factors, the Board may obtain any other information deemed relevant, from the employee applicant/employee or any other credible source, including law enforcement and criminal justice agencies or courts within or outside of Oregon. To acquire other criminal offender information from the employee applicant/employee, the Board may request to meet with the employee applicant/employee and may request to receive written materials or~~

240 ~~authorization to obtain other relevant information, from employee applicant/employee. The~~  
241 ~~employee applicant/employee shall meet with the Board when requested and provide additional~~  
242 ~~information or authorization within a reasonable period of time, as arranged with the Board. The~~  
243 ~~Board's final fitness determination regarding an employee applicant/employee will include~~  
244 ~~considerations of:~~

245 ~~(a) Potentially disqualifying crimes or conditions and any mitigating circumstances including, but~~  
246 ~~not limited to:~~

247 ~~(A) False Statement. Any materially false statements made by the employee applicant/employee~~  
248 ~~to the Board;~~

249 ~~(B) Sex Offender. The employee applicant/employee is registered, or is required to register, as a~~  
250 ~~sex offender in Oregon or any other jurisdiction;~~

251 ~~(C) Warrants. An outstanding warrant against the employee applicant/employee for any crime in~~  
252 ~~any jurisdiction;~~

253 ~~(D) Deferred Sentence, Diversion Program, Parole or Probation. The employee~~  
254 ~~applicant/employee has a deferred sentence, conditional discharge, is participating in a diversion~~  
255 ~~program, or has not completed a required diversion program or any condition of post-prison~~  
256 ~~supervision, parole or probation, for any potentially disqualifying crime;~~

257 ~~(E) Parole or Probation Violation. A post-prison supervision, parole or probation violation for any~~  
258 ~~potentially disqualifying crime; or~~

259 ~~(F) Unresolved Arrests, Charges or Indictments. An unresolved arrest, charge, or a pending~~  
260 ~~indictment, for a potentially disqualifying crime.~~

261 ~~(b) Evaluating any potentially disqualifying crime or condition identified in this subsection (a), the~~  
262 ~~department shall consider:~~

263 ~~(A) The nature of the crime;~~

264 ~~(B) The facts that support the conviction or pending indictment or that indicate the making of a~~  
265 ~~false statement;~~

266 ~~(C) The relevancy, if any, of the crime or the false statement to the specific requirements of the~~  
267 ~~employee applicant's/employee's present or proposed position, services, or employment.~~

268 ~~(c) Intervening circumstances, when applicable, relevant to the responsibilities of the employment~~  
269 ~~or services, including, but not limited to:~~

270 ~~(A) The passage of time since the commission or alleged commission of a crime identified under~~  
271 ~~subsection (a);~~

272 ~~(B) The age of the employee applicant/employee at the time of the commission or alleged~~  
273 ~~commission of a crime identified under subsection (a);~~

274 ~~(C) The likelihood of a repetition of offenses or of the commission of another crime;~~  
275 ~~(D) The subsequent commission of another crime;~~  
276 ~~(E) Whether a conviction identified under subsection (a) has been set aside and the legal effect~~  
277 ~~of setting aside the conviction; and~~  
278 ~~(F) A recommendation of an employer.~~  
279 ~~(3) If an employee applicant/employee refuses to consent to a criminal records check, including~~  
280 ~~fingerprint identification, the Board shall deny the employment of the employee~~  
281 ~~applicant/employee or deny any applicable position or authority to provide services. A person may~~  
282 ~~not appeal any determination made based on a refusal to consent.~~  
283 ~~(4) If an employee applicant/employee is denied as not fit, the subject individual may not be~~  
284 ~~employed by the Board, or provide services as a volunteer, contractor, or vendor.~~  
285 ~~(5) A final fitness determination is a final order of the Board unless the affected employee~~  
286 ~~applicant/employee appeals by requesting either a contested case hearing as provided by OAR~~  
287 ~~818-005-0035.~~  
288 ~~(6) The Board shall inform the employee applicant/employee who has been determined not to be~~  
289 ~~fit on the basis of a criminal records check, via courier, or registered or certified mail to the most~~  
290 ~~current address provided by the employee applicant/employee, of such disqualification.~~

291  
292 ~~Stat. Auth: ORS 181.534, 676.303 & 679.253~~  
293 ~~Stats. Implemented: ORS 676.303 & 181.534~~  
294 ~~Hist.: OBD 4-2011, f & cert. ef. 11-15-11~~

295  
296 **818-005-0030**

297 **Incomplete Fitness Determination**

298 ~~(1) The Board will close a fitness determination as incomplete when:~~  
299 ~~(a) Circumstances change so that a person no longer meets the definition of an “employee~~  
300 ~~applicant/employee” under OAR 818-005-0005;~~  
301 ~~(b) The employee applicant/employee does not provide materials or information under OAR 818-~~  
302 ~~015-0015(1)(a) within the time frames established under that rule;~~  
303 ~~(c) The Board cannot locate or contact the employee applicant/employee;~~  
304 ~~(d) The Board applicant/employee fails or refuses to cooperate with the Board’s attempts to~~  
305 ~~acquire other relevant information under OAR 818-005-0015(1)(b);~~  
306 ~~(e) The Board determines that the employee applicant/employee is not eligible or not qualified for~~  
307 ~~the position for a reason unrelated to the fitness determination process; or~~

308 ~~(f) The position is no longer open.~~  
309 ~~(2) An employee applicant/employee does not have a right to a contested case hearing under~~  
310 ~~OAR 818-005-0035(2).~~

311  
312 ~~Stat. Auth: ORS 181.534, 676.303 & 679.253~~  
313 ~~Stats. Implemented: ORS 676.303 & 181.534~~  
314 ~~Hist.: OBD 4-2011, f & cert. of. 11-15-11~~

315 **818-005-0035**

316 **Contesting a Fitness Determination**

317  
318 (1) This rule sets forth a contested case hearing process by which a subject individual may appeal  
319 a fitness determination made under OAR 818-005-00~~25~~50 that he or she is fit or not fit to be a  
320 Board employee, volunteer, contractor, or vendor.

321 (2) The Attorney General's Model Rules of Procedure, OAR 137-003-0001 through 137-003-0092,  
322 apply unless the Board refers the matter to the Office of Administrative Hearings to assign an  
323 Administrative Law Judge. If the Board refers the matter to the Office of Administrative Hearings,  
324 137-003-0501 through 137-003-0700 shall apply.

325 (3) Process.

326 (a) To request a contested case hearing, the employee applicant/employee or the employee  
327 applicant/employee individual's legal representative must submit a written request to the  
328 Executive Director of the Board. To be timely, the request must be received by the Executive  
329 Director of the Board within 21 business days of the postmark of the fitness determination  
330 notification letter.

331 (b) A contested case hearing shall be conducted by an Administrative Law Judge appointed by  
332 the Office of Administrative Hearings once a timely request has been received by the Board as  
333 outlined in section (3)(a).

334 (4) The Administrative Law Judge will establish the time and place of the hearing. Notice of the  
335 hearing shall be served on the Board or designee and participants at least ten working days in  
336 advance of the hearing date.

337 (5) No Public Attendance. Contested case hearings on fitness determinations are closed to non-  
338 participants.

339 (6) A fitness determination made under OAR 818-005-00~~25~~50 becomes final when:

340 (a) A timely request for hearing is not filed; or

341 (b) A party withdraws a hearing request, notifies the Board or the Administrative Law Judge that

342 the party will not appear, or fails to appear for the hearing.

343 (7) The Administrative Law Judge will issue a proposed order following a hearing. Exceptions, if  
344 any, must be received by the Board within 10 working days after the service of the proposed  
345 order.

346 (8) An employee applicant/employee currently employed by the Board who is denied as unfit  
347 pursuant to a final fitness determination may appeal the fitness determination either under the  
348 contested case process made available by this rule or through a process available under  
349 applicable personnel rules, policies and collective bargaining agreements. An employee  
350 applicant's/employee's decision to appeal a fitness determination through applicable personnel  
351 rules, policies, and collective bargaining agreements is an election of remedies as to the rights of  
352 the individual with respect to the fitness determination and is a waiver of the contested case  
353 process made available by this rule.

354 (9) The only remedy that may be awarded is a determination that the employee  
355 applicant/employee is fit or not fit. Under no circumstances shall the Board be required to place  
356 an employee applicant/employee in any position, nor shall the Board be required to accept  
357 services or enter into a contractual agreement with an employee applicant/employee.

358 (10) An employee applicant/employee may not use the appeals process established by this rule  
359 to challenge the accuracy or completeness of information provided by the Oregon State Police,  
360 the Federal Bureau of Investigation, or agencies reporting information to the Oregon State Police  
361 or the Federal Bureau of Investigation. To challenge the accuracy or completeness of information  
362 identified in this section ~~(40)~~, an employee applicant/employee may use any process made  
363 available by the agency that provided the information.

364 (11) Appealing a fitness determination, challenging criminal offender information with the agency  
365 that provided the information, or requesting a new criminal records check and re-evaluation of the  
366 original fitness determination will not delay or postpone the Board's hiring process or employment  
367 decisions.

368 (12) Alternative Process. An employee currently employed by the Board may choose to appeal a  
369 fitness determination either under the process made available by this rule or through a process  
370 made available by applicable personnel rules, policies and collective bargaining provision. A  
371 subject individual's decision to appeal a fitness determination through applicable personnel rules,  
372 polices and collective bargaining provisions is an election of remedies as to the rights of the  
373 individual with respect to the fitness determination and is a waiver of the contested case process  
374 made available by this rule.

375 (13) The only remedy that may be awarded is a determination that the employee is fit or not fit.

376 Under no circumstances shall the Board be required to place an employee in any position, or shall  
377 the Board be required to accept services or enter into a contractual agreement with an employee.

378

379 Stat. Auth: ORS 181.534, 676.303 & 679.253

380 Stats. Implemented: ORS 676.303 & 181.534

381

382 **818-005-0045**

383 **Record Keeping, Confidentiality**

384 ~~Any information obtained in the criminal records check is confidential. The Board must restrict the~~  
385 ~~dissemination of information obtained in the criminal records check. Only those persons, as~~  
386 ~~identified by the Board, with a demonstrated and legitimate need to know the information, may~~  
387 ~~have access to criminal records check records.~~

388

389 ~~Stat. Auth.: ORS 181.534, 676.303 & 679.253~~

390 ~~Stats. Implemented: ORS 676.303 & 181.534~~

391 ~~Hist.: OBD 4-2011, f & cert. ef. 11-15-11~~

392

393 **818-005-0050**

394 **Criminal Records Check for Employees, Volunteers and Applicants**

395 **(1) The Board may require a criminal records check and fitness determination for Board**  
396 **employees, volunteers or applicants for employment with the Board.**

397 **(2) Criminal records checks and fitness determinations are conducted pursuant to ORS**  
398 **181A.170 to 181A.215 and OAR 125-007-0200 to 125-007-0310.**

399 **(a) To complete the criminal records check and fitness determination, the Board may**  
400 **require additional information from the employee, volunteer or applicant, such as, but**  
401 **not limited to, proof of identity or additional criminal, judicial or other background**  
402 **information.**

403 **(b) If the employee, volunteer or applicant has potentially disqualifying criminal offender**  
404 **information, the Board will consider factors listed in ORS 181A.195 before making a**  
405 **fitness determination.**

406 **(c) An approved fitness determination does not guarantee employment.**

407 **(d) An incomplete fitness determination does not entitle the employee, volunteer or**  
408 **applicant the right to appeal under OAR 125-007-0300.**

409 **(3) Pursuant to ORS 181A.195, ORS 676.175, and OAR 125-007-0310, information**

410 obtained in the criminal records check is confidential and will not be disseminated by the  
411 Board except to persons with a demonstrated and legitimate need to know the  
412 information.

413 (4) The Board may charge a fee to the employee, volunteer or applicant for  
414 the criminal records check. The fee will not exceed the fee charged the Board by the OSP  
415 and the FBI to obtain such information.

416

417 Stat. Auth.: ORS 181A.195, 676.303

418 Stats. Implemented: ORS 181A.170, 181A.195, 181A215, 676.175, 676.303, 679.250

419 **DIVISION 12**

420  
421 **STANDARDS OF PRACTICE**

422  
423 **818-012-0005**

424 **Scope of Practice**

425  
426 (1) No dentist may perform any of the procedures listed below:

427 (a) Rhinoplasty;

428 (b) Blepharoplasty;

429 (c) Rhytidectomy;

430 (d) Submental liposuction;

431 (e) Laser resurfacing;

432 (f) Browlift, either open or endoscopic technique;

433 (g) Platysmal muscle plication;

434 (h) Otoplasty;

435 (i) Dermabrasion;

436 ~~(j) Lip augmentation;~~

437 ~~(i)~~ ~~(k)~~ Hair transplantation, not as an isolated procedure for male pattern baldness; and

438 ~~(k)~~ ~~(l)~~ Harvesting bone extra orally for dental procedures, including oral and maxillofacial  
439 procedures.

440 (2) Unless the dentist:

441 (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the  
442 American Dental Association, Commission on Dental Accreditation (CODA), ~~and~~

443 ~~(b) Has successfully completed a clinical fellowship, of at least one continuous year in duration,~~  
444 ~~in esthetic (cosmetic) surgery recognized by the American Association of Oral and Maxillofacial~~  
445 ~~Surgeons or by the American Dental Association Commission on Dental Accreditation,~~ or

446 ~~(b)~~ ~~(c)~~ Holds privileges either:

447 (A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on  
448 Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital  
449 setting; or

450 (B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State  
451 of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory  
452 Health Care (AAAHC).

453 (3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is  
454 within the scope of the practice of dentistry after completing a minimum of ~~46~~ 20 hours in a  
455 hands on clinical course(s), which includes both Botulinum Toxin Type A and dermal  
456 fillers, and in which the provider is approved by the Academy of General Dentistry Program  
457 Approval for Continuing Education (AGD PACE) or by the American Dental Association  
458 Continuing Education Recognition Program (ADA CERP).

459

460 Stat. Auth.: ORS 679 & 680

461 Stats. Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6) & 680.100

462

463 **818-012-0010**

464 **Unacceptable Patient Care**

465

466 The Board finds, using the criteria set forth in ORS 679. 140(4), that a licensee engages in or  
467 permits the performance of unacceptable patient care if the licensee does or permits any person  
468 to:

469 (1) Provide treatment which exposes a patient to risk of harm when equivalent or better  
470 treatment with less risk to the patient is available.

471 (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or  
472 advanced by having recourse to those who have special skills, knowledge and experience;  
473 provided, however, that it is not a violation of this section to omit to seek consultation if other  
474 competent licensees in the same locality and in similar circumstances would not have sought  
475 such consultation.

476 (3) Fail to provide or arrange for emergency treatment for a patient currently receiving  
477 treatment.

478 (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit  
479 any person to perform duties for which the person is not licensed or certified.

480 (5) Render services which the licensee is not licensed to provide.

481 (6) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the  
482 use of x-ray machines.

483 (7) Fail to maintain patient records in accordance with OAR 818-012-0070.

484 (8) Fail to provide goods or services in a reasonable period of time which are due to a patient  
485 pursuant to a contract with the patient or a third party.

486 (9) Attempt to perform procedures which the licensee is not capable of performing due to

- 487 physical or mental disability.
- 488 (10) Perform any procedure for which the patient or patient's guardian has not previously given  
489 informed consent provided, however, that in an emergency situation, if the patient is a minor  
490 whose guardian is unavailable or the patient is unable to respond, a licensee may render  
491 treatment in a reasonable manner according to community standards.
- 492 (11) Use the behavior management technique of Hand Over Mouth (HOM) without first  
493 obtaining informed consent for the use of the technique.
- 494 (12) Use the behavior management technique of Hand Over Mouth Airway Restriction  
495 (HOMAR) on any patient.
- 496 (13) Fail to determine and document a dental justification prior to ordering a Cone Beam  
497 CT series with field greater than 10x10 cm for patients under 20 years of age where  
498 pathology, anatomical variation or potential treatment complications would not be  
499 otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
- 500 (14) Fail to advise a patient of any treatment complications or treatment outcomes.

501

502 Stat. Auth.: ORS 679 & ORS 680

503 Stats. Implemented: ORS 679.140(1)(e), ORS 679.140(4) & ORS 680.100

504

## 505 **Unprofessional Conduct**

### 506 **818-012-0030**

507

508 ~~The Board finds that in addition to the conduct set forth in ORS 679.140(2), a licensee engages~~  
509 ~~in unprofessional conduct if the licensee does or permits any person to:~~ The Board finds that  
510 in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes,  
511 but is not limited to, the following in which a licensee does or knowingly permits any  
512 person to:

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

514 (2) Obtain~~ing~~ a fee by fraud, or misrepresentation.

515 (a) A licensee obtains a fee by fraud if the licensee ~~obtains a fee by~~ knowingly making~~es~~, or  
516 permit~~tings~~ any person to make~~s~~ a material, false statement intending that a recipient~~s~~, who is  
517 unaware of the truth~~s~~, rely upon the statement.

518 (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or  
519 permitting any person to make a material, false statement.

520 (c) Giving cash discounts and not disclosing them to third party payers is not fraud or

521 misrepresentation.

522 (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person  
523 other than a partner, employee, or employer.

524 (4) Accept rebates, split fees, or commissions for services rendered to a patient from any  
525 person other than a partner, employee, or employer.

526 (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior  
527 can include but is not limited to, inappropriate physical touching; kissing of a sexual nature;  
528 gestures or expressions, any of which are sexualized or sexually demeaning to a patient;  
529 inappropriate procedures, including, but not limited to, disrobing and draping practices that  
530 reflect a lack of respect for the patient's privacy; or initiating inappropriate communication,  
531 verbal or written, including, but not limited to, references to a patient's body or clothing that are  
532 sexualized or sexually demeaning to a patient; and inappropriate comments or queries about  
533 the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual  
534 problems, or sexual preferences.

535 (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

536 (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient  
537 or to a patient's guardian upon request of the patient's guardian.

538 (8) Misrepresent any facts to a patient concerning treatment or fees.

539 (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

540 (A) Legible copies of records; and

541 (B) Duplicates of study models, ~~and~~ radiographs of the same quality as the originals, and  
542 ~~photographs or legible copies thereof~~ if they radiographs, photographs or study models have  
543 been paid for.

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

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

- 555 (11) Use prescription forms pre-printed with any Drug Enforcement Administration number,  
556 name of controlled substances, or facsimile of a signature.
- 557 (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a  
558 blank prescription form.
- 559 (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C.  
560 Sec. 812, for office use on a prescription form.
- 561 (14) Violate any Federal or State law regarding controlled substances.
- 562 (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or  
563 mind altering substances, or practice with an untreated substance use disorder diagnosis  
564 that renders the licensee unable to safely conduct the practice of dentistry or dental  
565 hygiene.
- 566 (16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon  
567 licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists  
568 practicing pursuant to ORS 680.205(1)(2).
- 569 (17) Make an agreement with a patient or person, or any person or entity representing patients  
570 or persons, or provide any form of consideration that would prohibit, restrict, discourage or  
571 otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to  
572 truthfully and fully answer any questions posed by an agent or representative of the Board; or to  
573 participate as a witness in a Board proceeding.
- 574 (18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its  
575 equivalent. (Effective January 2015).
- 576 (19) Conduct unbecoming a licensee or detrimental to the best interests of the public,  
577 including conduct contrary to the recognized standards of ethics of the licensee's  
578 profession or conduct that endangers the health, safety or welfare of a patient or the  
579 public.
- 580 (20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board,  
581 or an agent of the Board in any application or renewal, or in reference to any matter  
582 under investigation by the Board. This includes but is not limited to the omission,  
583 alteration or destruction of any record in order to obstruct or delay an investigation by  
584 the Board, or to omit, alter or falsify any information in patient or business records.
- 585 (21) Knowingly practicing with a physical or mental impairment that renders the Licensee  
586 unable to safely conduct the practice of dentistry or dental hygiene.
- 587 (22) Take any action which could reasonably be interpreted to constitute harassment or  
588 retaliation towards a person whom the licensee believes to be a complainant or witness.

589 Stat. Auth.: ORS 679 & 680

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

591

592 818-012-0032

593 Diagnostic Records

594

595 1) Licensees shall provide duplicates of physical diagnostic records that have been paid  
596 for to patient or patient's guardian within 14 days of written request.

597 (A) Physical records include silver emulsion radiographs, physical study models, paper  
598 charting and chart notes.

599 (B) Licensees may require the patient or patient's guardian to pay in advance the fee  
600 reasonably calculated to cover costs of making the copies or duplicates.

601 (1) Licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written  
602 material and no more than \$0.50 per page for 11-50 and no more than \$0.25 for each  
603 additional page, including cost of microfilm plus any postage costs to mail copies  
604 requested and actual costs of preparing an explanation or summary of information, if  
605 requested. The actual costs of duplicating radiographs may also be charged to the  
606 patient.

607 (2) Licensees shall provide duplicates of digital patient records within 5 clinical days of  
608 written request by the patient or patient's guardian.

609 (A) Digital records include any patient diagnostic image, study model, test result or chart  
610 record in digital form.

611 (B) Licensees may require the patient or patient's guardian to pay for the typical retail  
612 cost of the digital storage device, such as a CD, thumb drive, or DVD as well as  
613 associated postage.

614 (C) Licensees shall not charge any patient or patient's guardian to transmit requested  
615 digital records over email if total records do not exceed 25 Mb.

616 (D) A clinical day is defined as a day during which the dental clinic treated scheduled  
617 patients.

618 (E) Licensees may charge up to \$5 for duplication of digital records up to 25Mb and up to  
619 \$30 for more than 25Mb.

620 (F) Any transmission of patient records shall be in compliance with the Health Insurance  
621 Portability and Accountability Act (HIPAA Act) and the Health Information Technology  
622 for Economic and Clinical Health Act (HITECH Act).

623 (G) Duplicated digital records shall be of the same quality as the original digital file.  
624 (3) If a records summary is requested by patient or patient's guardian, the actual cost of  
625 creating this summary and its transmittal may be billed to the patient or patient's guardian.

626  
627 **818-012-0040**

628 **Infection Control Guidelines**

629

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

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

634 (a) ~~(4)~~ Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or  
635 when handling blood or saliva contaminated instruments or equipment. Appropriate hand  
636 hygiene shall be performed prior to gloving.

637 (b) ~~(2)~~ Masks and protective eyewear or chin-length shields shall be worn by licensees and other  
638 dental care workers when spattering of blood or other body fluids is likely.

639 (c) ~~(3)~~ Between each patient use, instruments or other equipment that come in contact with body  
640 fluids shall be sterilized.

641 (d) ~~(4)~~ Environmental surfaces that are contaminated by blood or saliva shall be disinfected with  
642 a chemical germicide which is mycobactericidal at use.

643 (e) ~~(5)~~ Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces  
644 that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The  
645 cover shall be replaced between patients.

646 (f) ~~(6)~~ All contaminated wastes and sharps shall be disposed of according to any governmental  
647 requirements.

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

653

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

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

656

657 **818-012-0060**

658 **Failure to Cooperate with Board**

659

660 **(1)** No licensee shall:

661 **(1a)** Fail to report to the Board violations of the Dental Practice Act.

662 **(2b)** Use threats or harassment to delay or obstruct any person in providing evidence in any  
663 investigation, contested case, or other legal action instituted by the Board.

664 **(3c)** Discharge an employee based primarily on the employee's attempt to comply with or aid in  
665 the compliance with the Dental Practice Act.

666 **(4d)** Use threats or harassment to obstruct or delay the Board in carrying out its functions under  
667 the Dental Practice Act.

668 **(5e)** Deceive or attempt to deceive the Board with respect to any matter under investigation  
669 including altering or destroying any records.

670 **(6f)** Make an untrue statement on any document, letter, or application submitted to the Board.

671 **(7g)** Fail to temporarily surrender custody of original patient records to the Board when the  
672 Board makes a written request for the records. For purposes of this rule, the term records  
673 includes, but is not limited to, the jacket, treatment charts, models, radiographs, photographs,  
674 health histories, billing documents, correspondence and memoranda.

675 **(h) Fail to attend a Board requested investigative interview or failure to fully cooperate in**  
676 **any way with an ongoing Board investigation.**

677 **(2)** No ~~person~~ **applicant** shall:

678 **(8a)** Deceive or attempt to deceive the Board with respect to any matter under investigation  
679 including altering or destroying any records.

680 **(9b)** Make an untrue statement on any document, letter, or application submitted to the Board.

681 **(c) Fail to fully cooperate with the Board during the course of an investigation, including**  
682 **but not limited to, waiver of confidentiality privileges, except attorney-client privilege.**

683

684 Stat. Auth.: ORS 679 & 680

685 Stats. Implemented: ORS 679.060(4), 679.170(5), 679.250(8), 679.290, 679.310(1), 680.050(4)  
686 & 680.100

687

688

689 **818-012-0070**

690 **Patient Records**

691

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

695 (a) Name and address and, if a minor, name of guardian;

696 (b) Date description of examination and diagnosis;

697 (c) An entry that informed consent has been obtained and the date the informed consent was  
698 obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure,  
699 Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their  
700 equivalent.

701 (d) Date and description of treatment or services rendered;

702 (e) Date ~~and~~, description and documentation of informing the patient of treatment  
703 complications or treatment outcomes;

704 (f) Date and description of all radiographs, study models, and periodontal charting;

705 (g) Health history; and

706 (h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.

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

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

711 (a) The patient requests the records, radiographs, and models be transferred to another ~~dentist~~  
712 licensee who shall maintain the records and radiographs;

713 (b) The ~~dentist~~ licensee gives the records, radiographs, or models to the patient; or

714 (c) The ~~dentist~~ licensee transfers the ~~dentist's~~ licensee's practice to another ~~dentist~~ licensee  
715 who shall maintain the records and radiographs.

716 (4) When changing practice locations, closing a practice location or retiring, each  
717 licensee must retain patient records for the required amount of time or transfer the  
718 custody of patient records to another licensee licensed and practicing dentistry in  
719 Oregon. Transfer of patient records pursuant to this section of this rule must be reported  
720 to the Board in writing within 14 days of transfer, but not later than the effective date of  
721 the change in practice location, closure of the practice location or retirement. Failure to  
722 transfer the custody of patient records as required in this rule is unprofessional conduct.

723 (5) Upon the death or permanent disability of a licensee, the administrator, executor,  
724 personal representative, guardian, conservator or receiver of the former licensee must  
725 notify the Board in writing of the management arrangement for the custody and transfer  
726 of patient records. This individual must ensure the security of and access to patient  
727 records by the patient or other authorized party, and must report arrangements for  
728 permanent custody of patient records to the Board in writing within 90 days of the death  
729 of the licensee.

730

731 Stat. Auth.: ORS 679

732 Stats. Implemented: ORS 679.140(1)(e) & ORS 679.140(4)

733

734

735 **DIVISION 21**

736  
737 **EXAMINATION AND LICENSING**

738  
739  
740 **818-021-0011**

741 **Application for License to Practice Dentistry Without Further Examination**

742  
743 (1) The Oregon Board of Dentistry may grant a license without further examination to a dentist  
744 who holds a license to practice dentistry in another state or states if the dentist meets the  
745 requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory  
746 evidence of:

747 (a) Having graduated from a school of dentistry accredited by the Commission on Dental  
748 Accreditation of the American Dental Association; or

749 (b) Having graduated from a dental school located outside the United States or Canada,  
750 completion of a predoctoral dental education program of not less than two years at a dental  
751 school accredited by the Commission on Dental Accreditation of the American Dental  
752 Association or completion of a postdoctoral General Dentistry Residency program of not less  
753 than two years at a dental school accredited by the Commission on Dental Accreditation of the  
754 American Dental Association, and proficiency in the English language; and

755 (c) Having passed the dental clinical examination conducted by a regional testing agency or by  
756 a state dental licensing authority; and

757 (d) Holding an active license to practice dentistry, without restrictions, in any state; including  
758 documentation from the state dental board(s) or equivalent authority, that the applicant was  
759 issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or  
760 has been, the subject of any final or pending disciplinary action; and

761 (e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of  
762 the United States, the United States Public Health Service or the United States Department of  
763 Veterans Affairs for a minimum of 3,500 hours in the five years immediately ~~prior~~ **preceding to**  
764 application. **Licensed clinical practice could include hours devoted to teaching by**  
765 **dentists employed by a dental education program in a CODA accredited dental school,**  
766 **with verification from the dean or appropriate administration of the institution**  
767 **documenting the length and terms of employment, the applicant's duties and**  
768 **responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse**

769 [actions or restrictions](#); and

770 (f) Having completed 40 hours of continuing education in accordance with the Board's  
771 continuing education requirements contained in these rules within the two years immediately  
772 preceding application.

773 (2) Applicants must pass the Board's Jurisprudence Examination.

774 (3) A dental license granted under this rule will be the same as the license held in another state;  
775 i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general  
776 (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty,  
777 the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds  
778 more than one license, the Oregon Board will issue a dental license which is least restrictive.

779

780 Stat. Auth.: ORS 679

781 Stats. Implemented: ORS 679.060, 679.065, 679.070, 679.080 & 679.090

782

783 **818-021-0025**

784 **Application for License to Practice Dental Hygiene Without Further Examination**

785

786 (1) The Oregon Board of Dentistry may grant a license without further examination to a dental  
787 hygienist who holds a license to practice dental hygiene in another state or states if the dental  
788 hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the  
789 Board satisfactory evidence of:

790 (a) Having graduated from a dental hygiene program accredited by the Commission on Dental  
791 Accreditation of the American Dental Association; or

792 (b) Having graduated from a dental hygiene program located outside the United States or  
793 Canada, completion of not less than one year in a program accredited by the Commission on  
794 Dental Accreditation of the American Dental Association, and proficiency in the English  
795 language; and

796 (c) ~~Evidence of h~~[Having](#) passed the clinical dental hygiene examination conducted by a  
797 regional testing agency or by a state dental or dental hygiene licensing authority; and

798 (d) Holding an active license to practice dental hygiene, without restrictions, in any state;  
799 including documentation from the state dental board(s) or equivalent authority, that the applicant  
800 was issued a license to practice dental hygiene, without restrictions, and whether or not the  
801 licensee is, or has been, the subject of any final or pending disciplinary action; and

802 (e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces

803 of the United States, the United States Public Health Service, the United States Department of  
804 Veterans Affairs; ~~or teaching all disciplines of clinical dental hygiene at a dental hygiene~~  
805 ~~education program accredited by the Commission on Dental Accreditation of the American~~  
806 ~~Dental Association~~ for a minimum of 3,500 hours in the five years immediately preceding  
807 application. Licensed clinical practice could include hours devoted to teaching by ~~For~~  
808 dental hygienists employed by a CODA accredited dental hygiene program with verification  
809 ~~documentation~~ from the dean or appropriate administration of the institution documenting the  
810 ~~regarding~~ length and terms of employment, the applicant's duties and responsibilities, the actual  
811 hours involved in teaching ~~all disciplines of~~ clinical dental hygiene, and any adverse actions or  
812 restrictions; and

813 (f) Having completed 24 hours of continuing education in accordance with the Board's  
814 continuing education requirements contained in these rules within the two years immediately  
815 preceding application.

816 (2) Applicants must pass the Board's Jurisprudence Examination.

817

818 Stat. Auth.: ORS 680

819 Stats. Implemented: ORS 680.040, 680.050, 680.060, 680.070 & 680.072

820

821 **818-021-0026**

822 **State and Nationwide Criminal Background Checks, Fitness Determinations**

823

824 (1) The Board requires fingerprints of all applicants for a dental or dental hygiene license to  
825 determine the fitness of an applicant. The purpose of this rule is to provide for the reasonable  
826 screening of dental and dental hygiene applicants and licensees in order to determine if  
827 they have a history of criminal behavior such that they are not fit to be granted or hold a  
828 license that is issued by the Board. ~~These will be provided on prescribed forms provided by the~~

829 ~~Board. Fingerprints may be obtained at a law enforcement office or at a private service. The Board~~  
830 ~~will submit fingerprints to the Oregon State Police for checks against state and national data~~  
831 ~~sources. Any original fingerprint cards will subsequently be destroyed by the Oregon State Police.~~

832 (2)(2) These rules are to be applied when evaluating the criminal history of all licensees and  
833 applicants for a dental or dental hygiene license and for conducting fitness determinations  
834 consistent with the outcomes provided in OAR 125-007-0260.

835 ~~based upon such history. The fact that the applicant has cleared the criminal history check does~~  
836 ~~not guarantee the granting of a license.~~

837 ~~(3) Except as otherwise provided in section (1) in making the fitness determination the Board shall~~  
838 ~~consider:~~

839 (3) Criminal records checks and fitness determinations are conducted according to ORS  
840 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.

841 (a) The Board will request the Oregon Department of State Police to conduct a state and  
842 nationwide criminal records check. Any original fingerprint cards will subsequently be  
843 destroyed.

844 (b) All background checks must include available state and national data, unless obtaining  
845 one or the other is an acceptable alternative.

846 (c) The applicant or licensee must disclose all arrests, charges, and convictions regardless  
847 of the outcome or date of occurrence. Disclosure includes but is not limited to military,  
848 juvenile, expunged, dismissed or set aside criminal records.

849 (4) If the applicant or licensee has potentially disqualifying criminal offender information,  
850 the Board will consider the following factors in making a fitness determination:

851 (a) The nature of the crime;

852 (b) The facts that support the conviction or pending indictment or that indicates the making of the  
853 false statement;

854 (c) The relevancy, if any, of the crime or the false statement to the specific requirements of the  
855 subject individual's present or proposed position, services, employment, license, or permit; and

856 (d) Intervening circumstances relevant to the responsibilities and circumstances of the position,  
857 services, employment, license, or permit. Intervening circumstances include but are not limited  
858 to:

859 (A) The passage of time since the commission of the crime;

860 (B) The age of the subject individual at the time of the crime;

861 (C) The likelihood of a repetition of offenses or of the commission of another crime;

862 (D) The subsequent commission of another relevant crime;

863 (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and

864 (F) A recommendation of an employer.

865 (e) Any false statements or omissions made by the applicant or licensee; and

866 (f) Any other pertinent information obtained as part of an investigation.

867 (5) The Board will make a fitness determination consistent with the outcomes provided in  
868 OAR 125-007-0260.

869 (a) A fitness determination approval does not guarantee the granting or renewal of a  
870 license.

871 **(b) An incomplete fitness determination results if the applicant or licensee refuses to**  
872 **consent to the criminal history check, refuses to be fingerprinted or respond to written**  
873 **correspondence, or discontinues the criminal records process for any reason. Incomplete**  
874 **fitness determinations may not be appealed.**

875 ~~(6)(4)~~ The Board may require fingerprints of any licensed Oregon dentist or dental hygienist, who  
876 is the subject of a complaint or investigation for the purpose of requesting a state or nationwide  
877 criminal records background check.

878 ~~(7)(5)~~ All background checks shall be requested to include available state and national data,  
879 unless obtaining one or the other is an acceptable alternative.

880 ~~(8)(6)~~ Additional information required. In order to conduct the Oregon and National Criminal  
881 History Check and fitness determination, the Board may require additional information from the  
882 licensee/applicant as necessary, such but not limited to, proof of identity; residential history;  
883 names used while living at each residence; or additional criminal, judicial or other background  
884 information.

885 ~~(9)(7)~~ Criminal offender information is confidential. Dissemination of information received ~~under~~  
886 ~~HB 2157~~ may be disseminated ~~is~~ only to people with a demonstrated and legitimate need to  
887 know the information. The information is part of the investigation of an applicant or licensee and  
888 as such is confidential pursuant to ORS 676.175(1).

889 ~~(10)(8)~~ The Board will permit the individual for whom a fingerprint-based criminal records check  
890 was conducted, to inspect the individual's own state and national criminal offender records and,  
891 if requested by the individual, provide the individual with a copy of the individual's own state and  
892 national criminal offender records.

893 ~~(11)(9)~~ The Board shall determine whether an individual is fit to be granted a license or permit,  
894 based on fitness determinations ~~the criminal records background check~~, on any false statements  
895 made by the individual regarding criminal history of the individual, or any refusal to submit or  
896 consent to a criminal records check including fingerprint identification, and any other pertinent  
897 information obtained as a part of an investigation. If an individual is determined to be unfit, then  
898 the individual may not be granted a license or permit. The Board may make fitness determinations  
899 conditional upon applicant's acceptance of probation, conditions, or limitations, or other  
900 restrictions upon licensure.

901 ~~(10) The Board may consider any conviction of any violation of the law for which the court could~~  
902 ~~impose a punishment and in compliance with ORS 670.280. The Board may also consider any~~  
903 ~~arrests and court records that may be indicative of a person's inability to perform as a licensee~~  
904 ~~with care and safety to the public.~~

905 ~~(12)(11) If an~~ An applicant or licensee may appeal a final fitness determination pursuant to  
906 OAR 125-007-0300. ~~is determined not to be fit for a license or permit, they are entitled to a~~  
907 ~~contested case process pursuant to ORS 183.414–183.470.~~ Challenges to the accuracy of  
908 completeness of criminal history information must be made in accordance with OAR 125-  
909 007-0030(7). ~~provided by the Oregon State Police, Federal Bureau of Investigation and agencies~~  
910 ~~reporting information must be made through the Oregon State Police, Federal Bureau of~~  
911 ~~Investigation, or reporting agency and not through the contested case process pursuant to ORS~~  
912 ~~183.~~

913 ~~(12) If the applicant discontinues the application process or fails to cooperate with the criminal~~  
914 ~~history check process, then the application is considered incomplete.~~

915

916 Stat. Auth.: ORS 679 & 680, 181A.195, 181A.215, 676.303

917 Stats. Implemented: ORS 181A.195, 181A.215, 676.303, 183, 670.280, 679.060, 679.115,

918 679.140, 679.160, 680.050, 680.082 & 680.100

919

920 **DIVISION 26**

921

922 **ANESTHESIA**

923

924 **818-026-0030**

925 **Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia**

926 **Monitor**

927 (1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or

928 techniques used to produce sedation shall carry a margin of safety wide enough to prevent

929 unintended deeper levels of sedation.

930 (2) No licensee shall induce central nervous system sedation or general anesthesia without first

931 having obtained a permit under these rules for the level of anesthesia being induced.

932 (3) A licensee may be granted a permit to administer sedation or general anesthesia with

933 documentation of training/education and/or competency in the permit category for which the

934 licensee is applying by any one the following:

935 (a) Initial training/education in the permit category for which the applicant is applying shall be

936 completed no more than two years immediately prior to application for sedation or general

937 anesthesia permit; or

938 (b) If greater than two years but less than five years since completion of initial

939 training/education, an applicant must document completion of all continuing education that

940 would have been required for that anesthesia/permit category during that five year period

941 following initial training; or

942 (c) If greater than two years but less than five years since completion of initial

943 training/education, immediately prior to application for sedation or general anesthesia permit,

944 current competency or experience must be documented by completion of a comprehensive

945 review course approved by the Board in the permit category to which the applicant is applying

946 and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide,

947 Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and

948 General Anesthesia Permits will require at least 120 hours of general anesthesia training.

949 (d) An applicant for sedation or general anesthesia permit whose completion of initial

950 training/education is greater than five years immediately prior to application, may be granted a

951 sedation or general anesthesia permit by submitting documentation of the requested permit

952 level from another state or jurisdiction where the applicant is also licensed to practice dentistry

953 or dental hygiene, and provides documentation of the completion of at least 25 cases in the

954 requested level of sedation or general anesthesia in the 12 months immediately preceding  
955 application; or

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

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

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

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

971 (6) A licensee holding an anesthesia permit for moderate sedation, deep sedation or  
972 general anesthesia at all times maintains a current BLS for Health Care Providers  
973 certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS)  
974 Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is  
975 appropriate for the patient being sedated. If a licensee permit holder sedates only  
976 patients under the age of 12, only PALS is required. If a licensee permit holder sedates  
977 only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates  
978 patients younger than 12 years of age as well as older than 12 years of age, both ACLS  
979 and PALS are required. For licensees with a moderate sedation permit only, successful  
980 completion of the American Dental Association's course "*Recognition and Management  
981 of Complications during Minimal and Moderate Sedation*" at least every two years may be  
982 substituted for ACLS, but not for PALS.

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

985 ~~(7)(6)~~ When a dentist utilizes a single dose oral agent to achieve anxiolysis only, no anesthesia  
986 permit is required.

987 ~~(8)(7)~~ The applicant for an anesthesia permit must pay the appropriate permit fee, submit a  
988 completed Board-approved application and consent to an office evaluation.

989 ~~(9)(8)~~ Permits shall be issued to coincide with the applicant's licensing period.

990 Stat. Auth.: ORS 679 & 680

991 Stats. Implemented: ORS 679.250

992

993 **818-026-0050**

994 **Minimal Sedation Permit**

995 Minimal sedation and nitrous oxide sedation.

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

997 who:

998 (a) Is a licensed dentist in Oregon;

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

1000 (c) Completion of a comprehensive training program consisting of at least 16 hours of training  
1001 and satisfies the requirements of the ADA Guidelines for Teaching Pain Control and Sedation to  
1002 Dentists and Dental Students (2007) at the time training was commenced or postgraduate  
1003 instruction was completed, or the equivalent of that required in graduate training programs, in  
1004 sedation, recognition and management of complications and emergency care; or

1005 (d) In lieu of these requirements, the Board may accept equivalent training or experience  
1006 in minimal sedation anesthesia.

1007 (2) The following facilities, equipment and drugs shall be on site and available for immediate  
1008 use during the procedures and during recovery:

1009 (a) An operating room large enough to adequately accommodate the patient on an operating  
1010 table or in an operating chair and to allow an operating team of at least two individuals to  
1011 freely move about the patient;

1012 (b) An operating table or chair which permits the patient to be positioned so the operating  
1013 team can maintain the patient's airway, quickly alter the patient's position in an emergency,  
1014 and provide a firm platform for the administration of basic life support;

1015 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a  
1016 backup lighting system of sufficient intensity to permit completion of any operation underway  
1017 in the event of a general power failure;

1018 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and  
1019 a backup suction device which will function in the event of a general power failure;

1020 (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is

1021 capable of delivering high flow oxygen to the patient under positive pressure, together with an  
1022 adequate backup system;

1023 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure  
1024 appropriate continuous oxygen delivery and a scavenger system;

1025 (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff;  
1026 and

1027 (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the  
1028 drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives  
1029 and anticonvulsants.

1030 (3) Before inducing minimal sedation, a dentist [permit holder](#) who induces  
1031 minimal sedation shall:

1032 (a) Evaluate the patient;

1033 (b) Give written preoperative and postoperative instructions to the patient or, when appropriate  
1034 due to age or psychological status of the patient, the patient's guardian;

1035 (c) Certify that the patient is an appropriate candidate for minimal sedation; and

1036 (d) Obtain written informed consent from the patient or patient's guardian for the anesthesia.  
1037 The obtaining of the informed consent shall be documented in the patient's record.

1038 (4) No permit holder shall have more than one person under minimal sedation at the same time.

1039 (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be  
1040 present in the room in addition to the treatment provider. The anesthesia monitor may be the  
1041 dental assistant. After training, a dental assistant, when directed by a dentist [permit holder](#),  
1042 may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist  
1043 [permit holder](#) under the direct supervision of a dentist [permit holder](#).

1044 (6) A patient under minimal sedation shall be visually monitored at all times, including recovery  
1045 phase. The dentist [permit holder](#) or anesthesia monitor shall monitor and record the patient's  
1046 condition.

1047 (7) The patient shall be monitored as follows:

1048 (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have  
1049 continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood  
1050 pressure, heart rate, and respiration shall be monitored and documented if they can reasonably  
1051 be obtained.

1052 (b) A discharge entry shall be made by the dentist [permit holder](#) in the patient's record  
1053 indicating the patient's condition upon discharge and the name of the responsible party to  
1054 whom the patient was discharged.

1055 (8) The dentist [permit holder](#) shall assess the patient's responsiveness using preoperative  
1056 values as normal guidelines and discharge the patient only when the following criteria are  
1057 met:

- 1058 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
- 1059 (b) The patient is alert and oriented to person, place and time as appropriate to age and  
1060 preoperative psychological status;
- 1061 (c) The patient can talk and respond coherently to verbal questioning;
- 1062 (d) The patient can sit up unaided;
- 1063 (e) The patient can ambulate with minimal assistance; and
- 1064 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
- 1065 (g) A dentist [permit holder](#) shall not release a patient who has undergone minimal sedation  
1066 except to the care of a responsible third party.

1067 (9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide  
1068 documentation of a current BLS for Healthcare Providers certificate or its equivalent. In  
1069 addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing  
1070 education in one or more of the following areas every two years: sedation, physical evaluation,  
1071 medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of  
1072 drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare  
1073 Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing  
1074 education hours may be counted toward fulfilling the continuing education requirement set forth  
1075 in OAR 818-021-0060.

1076  
1077 Stat. Auth.: ORS 679

1078 Stats. Implemented: ORS 679.250(7) & 679.250(10)

1079

1080 **818-026-0060**

1081 **Moderate Sedation Permit**

1082 Moderate sedation, minimal sedation, and nitrous oxide sedation.

1083 (1) The Board shall issue or renew a Moderate Sedation Permit to an applicant  
1084 who:

1085 (a) Is a licensed dentist in Oregon;

1086 (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either  
1087 maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric

1088 Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being  
1089 sedated. ~~Successful completion of a board approved course on minimal/moderate sedation~~  
1090 ~~at least every two years may be substituted for ACLS, but not for PALS;~~ and  
1091 (c) Satisfies one of the following criteria:  
1092 (A) Completion of a comprehensive training program in enteral and/or parenteral sedation  
1093 that satisfies the requirements described in Part V of the ADA Guidelines for Teaching Pain  
1094 Control and Sedation to Dentists and Dental Students (2007) at the time training was  
1095 commenced.  
1096 (i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus  
1097 management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous  
1098 oxide/oxygen route.  
1099 (ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction  
1100 plus management of at least 20 dental patients by the intravenous route.  
1101 (B) Completion of an ADA accredited postdoctoral training program (e.g., general practice  
1102 residency) which affords comprehensive and appropriate training necessary to administer  
1103 and manage parenteral sedation, commensurate with these Guidelines.  
1104 (C) In lieu of these requirements, the Board may accept equivalent training or experience  
1105 in moderate sedation anesthesia.  
1106 (2) The following facilities, equipment and drugs shall be on site and available for immediate  
1107 use during the procedures and during recovery:  
1108 (a) An operating room large enough to adequately accommodate the patient on an operating  
1109 table or in an operating chair and to allow an operating team of at least two individuals to  
1110 freely move about the patient;  
1111 (b) An operating table or chair which permits the patient to be positioned so the operating  
1112 team can maintain the patient's airway, quickly alter the patient's position in an emergency,  
1113 and provide a firm platform for the administration of basic life support;  
1114 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a  
1115 backup lighting system of sufficient intensity to permit completion of any operation underway  
1116 in the event of a general power failure;  
1117 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and  
1118 a backup suction device which will function in the event of a general power failure;  
1119 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that  
1120 is capable of delivering high flow oxygen to the patient under positive pressure, together with  
1121 an adequate backup system;

- 1122 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure  
1123 appropriate continuous oxygen delivery and a scavenger system;
- 1124 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical  
1125 outlets. The recovery area can be the operating room;
- 1126 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,  
1127 oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration  
1128 equipment, automated external defibrillator (AED); and
- 1129 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to  
1130 the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines,  
1131 antihypertensives and anticonvulsants.
- 1132 (3) No permit holder shall have more than one person under moderate sedation,  
1133 minimal sedation, or nitrous oxide sedation at the same time.
- 1134 (4) During the administration of moderate sedation, and at all times while the patient is under  
1135 moderate sedation, an anesthesia monitor, and one other person holding a current BLS for  
1136 Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition  
1137 to the dentist [permit holder](#) performing the dental procedures.
- 1138 (5) Before inducing moderate sedation, a dentist [permit holder](#) who induces moderate  
1139 sedation shall:
- 1140 (a) Evaluate the patient and document, using the American Society of Anesthesiologists  
1141 Patient Physical Status Classifications, that the patient is an appropriate candidate for  
1142 moderate sedation;
- 1143 (b) Give written preoperative and postoperative instructions to the patient or, when  
1144 appropriate due to age or psychological status of the patient, the patient's guardian; and
- 1145 (c) Obtain written informed consent from the patient or patient's guardian for the  
1146 anesthesia.
- 1147 (6) A patient under moderate sedation shall be visually monitored at all times, including the  
1148 recovery phase. The dentist [permit holder](#) or anesthesia monitor shall monitor and record the  
1149 patient's condition.
- 1150 (7) The patient shall be monitored as follows:
- 1151 (a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub>  
1152 monitors. Patients with cardiovascular disease shall have continuous electrocardiograph  
1153 (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded  
1154 at regular intervals but at least every 15 minutes, and these recordings shall be documented  
1155 in the patient record. The record must also include documentation of preoperative and

1156 postoperative vital signs, all medications administered with dosages, time intervals and route  
1157 of administration. If this information cannot be obtained, the reasons shall be documented in  
1158 the patient's record. A patient under moderate sedation shall be continuously monitored and  
1159 shall not be left alone while under sedation;

1160 (b) During the recovery phase, the patient must be monitored by an individual trained to  
1161 monitor patients recovering from moderate sedation.

1162 (8) A dentist [permit holder](#) shall not release a patient who has undergone moderate  
1163 sedation except to the care of a responsible third party.

1164 (a) When a reversal agent is administered, the dentist [permit holder](#) shall document  
1165 justification for its use and how the recovery plan was altered.

1166 (9) The dentist [permit holder](#) shall assess the patient's responsiveness using preoperative  
1167 values as normal guidelines and discharge the patient only when the following criteria are  
1168 met:

1169 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

1170 (b) The patient is alert and oriented to person, place and time as appropriate to age  
1171 and preoperative psychological status;

1172 (c) The patient can talk and respond coherently to verbal  
1173 questioning; (d) The patient can sit up unaided;

1174 (e) The patient can ambulate with minimal assistance; and

1175 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

1176 (10) A discharge entry shall be made by the dentist [permit holder](#) in the patient's record  
1177 indicating the patient's condition upon discharge and the name of the responsible party to  
1178 whom the patient was discharged.

1179 (11) After adequate training, an assistant, when directed by a dentist [permit holder](#), may  
1180 dispense oral medications that have been prepared by the dentist permit holder for oral  
1181 administration to a patient under direct supervision. [Pursuant to OAR 818-042-0115 a](#)  
1182 [Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may](#)  
1183 introduce additional anesthetic agents into an infusion line under the direct ~~visual~~ supervision  
1184 of a dentist [permit holder](#).

1185 (12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must  
1186 provide documentation of a current BLS for Healthcare Providers certificate or its equivalent;  
1187 a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric  
1188 Advanced Life Support (PALS) certificate; Successful completion of a board approved  
1189 course on minimal/moderate sedation at least every two years may be substituted for ACLS,

1190 but not for PALS; and must complete 14 hours of continuing education in one or more of the  
1191 following areas every two years: sedation, physical evaluation, medical emergencies,  
1192 monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used  
1193 in sedation. Training taken to maintain current ACLS or PALS certification or successful  
1194 completion of the American Dental Association's course "Recognition and Management of  
1195 Complications during Minimal and Moderate Sedation" may be counted toward this  
1196 requirement. Continuing education hours may be counted toward fulfilling the continuing  
1197 education requirement set forth in OAR 818-021- 0060.

1198

1199 Stat. Auth.: ORS 679

1200 Stats. Implemented: ORS 679.250(7) & 679.250(10)

1201

1202 **818-026-0065**

1203 **Deep Sedation**

1204 Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

1205 (1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit  
1206 on or before July 1, 2010 who:

1207 (a) Is a licensed dentist in Oregon; and

1208 (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains  
1209 a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life  
1210 Support (PALS) certificate, whichever is appropriate for the patient being sedated.

1211 (2) The following facilities, equipment and drugs shall be on site and available for immediate  
1212 use during the procedures and during recovery:

1213 (a) An operating room large enough to adequately accommodate the patient on an operating  
1214 table or in an operating chair and to allow an operating team of at least two individuals to  
1215 freely move about the patient;

1216 (b) An operating table or chair which permits the patient to be positioned so the operating  
1217 team can maintain the patient's airway, quickly alter the patient's position in an emergency,  
1218 and provide a firm platform for the administration of basic life support;

1219 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a  
1220 backup lighting system of sufficient intensity to permit completion of any operation underway  
1221 in the event of a general power failure;

1222 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and  
1223 a backup suction device which will function in the event of a general power failure;

1224 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that  
1225 is capable of delivering high flow oxygen to the patient under positive pressure, together with  
1226 an adequate backup system;

1227 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure  
1228 appropriate continuous oxygen delivery and a scavenger system;

1229 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical  
1230 outlets. The recovery area can be the operating room;

1231 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,  
1232 electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and  
1233 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration  
1234 equipment; and

1235 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to  
1236 the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines,  
1237 antihypertensives and anticonvulsants.

1238 (3) No permit holder shall have more than one person under deep sedation, moderate  
1239 sedation, minimal sedation, or nitrous oxide sedation at the same time.

1240 (4) During the administration of deep sedation, and at all times while the patient is under deep  
1241 sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare  
1242 Providers certificate or its equivalent, shall be present in the operatory, in addition to the  
1243 dentist [permit holder](#) performing the dental procedures.

1244 (5) Before inducing deep sedation, a dentist [permit holder](#) who induces deep sedation shall:

1245 (a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient  
1246 Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

1247 (b) Give written preoperative and postoperative instructions to the patient or, when  
1248 appropriate due to age or psychological status of the patient, the patient's guardian; and

1249 (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

1250 (6) A patient under deep sedation shall be visually monitored at all times, including the  
1251 recovery phase. The dentist [permit holder](#) or anesthesia monitor shall monitor and record the  
1252 patient's condition.

1253 (7) The patient shall be monitored as follows:

1254 (a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph  
1255 monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously  
1256 monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at  
1257 regular intervals but at least every 5 minutes, and these recordings shall be documented in the

1258 patient record. The record must also include documentation of preoperative and postoperative  
1259 vital signs, all medications administered with dosages, time intervals and route of  
1260 administration. If this information cannot be obtained, the reasons shall be documented in the  
1261 patient's record. A patient under deep sedation shall be continuously monitored;  
1262 (b) Once sedated, a patient shall remain in the operatory for the duration of treatment  
1263 until criteria for transportation to recovery have been met.  
1264 (c) During the recovery phase, the patient must be monitored by an individual trained to  
1265 monitor patients recovering from deep sedation.  
1266 (8) A dentist [permit holder](#) shall not release a patient who has undergone deep sedation  
1267 except to the care of a responsible third party. When a reversal agent is administered, the  
1268 dentist [permit holder](#) shall document justification for its use and how the recovery plan was  
1269 altered.  
1270 (9) The dentist [permit holder](#) shall assess the patient's responsiveness using preoperative  
1271 values as normal guidelines and discharge the patient only when the following criteria are  
1272 met:  
1273 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;  
1274 (b) The patient is alert and oriented to person, place and time as appropriate to age  
1275 and preoperative psychological status;  
1276 (c) The patient can talk and respond coherently to verbal questioning;  
1277 (d) The patient can sit up unaided;  
1278 (e) The patient can ambulate with minimal assistance; and  
1279 (f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.  
1280 (10) A discharge entry shall be made by the dentist [permit holder](#) in the patient's record  
1281 indicating the patient's condition upon discharge and the name of the responsible party to whom  
1282 the patient was discharged.  
1283 (11) ~~After adequate training, an~~ [Pursuant to OAR 818-042-0115 a Certified Anesthesia](#)  
1284 [Dental Assistant](#), when directed by a dentist [permit holder](#), may administer oral sedative  
1285 agents calculated by a dentist [permit holder](#) or introduce additional anesthetic agents into an  
1286 infusion line under the direct visual supervision of a dentist  
1287 (12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide  
1288 documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current  
1289 Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life  
1290 Support (PALS) certificate; and must complete 14 hours of continuing education in one or  
1291 more of the following areas every two years: sedation, physical evaluation, medical

1292 emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and  
1293 agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates  
1294 may be counted toward this requirement. Continuing education hours may be counted toward  
1295 fulfilling the continuing education requirement set forth in OAR 818-021-0060.

1296

1297 Stat. Auth.: ORS 679

1298 Stats. Implemented: ORS 679.250(7) & 679.250(10)

1299

1300 **818-026-0070**

1301 **General Anesthesia Permit**

1302

1303 General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous  
1304 oxide sedation.

1305 (1) The Board shall issue a General Anesthesia Permit to an applicant

1306 who:

1307 (a) Is a licensed dentist in Oregon;

1308 (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains  
1309 a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life  
1310 Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

1311 (c) Satisfies one of the following criteria:

1312 (A) Completion of an advanced training program in anesthesia and related subjects beyond  
1313 the undergraduate dental curriculum that satisfies the requirements described in the ADA  
1314 Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007)  
1315 consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training  
1316 was commenced.

1317 (B) Completion of any ADA accredited postdoctoral training program, including but not limited to  
1318 Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary  
1319 to administer and manage general anesthesia, commensurate with these Guidelines.

1320 (C) In lieu of these requirements, the Board may accept equivalent training or experience  
1321 in general anesthesia.

1322 (2) The following facilities, equipment and drugs shall be on site and available for immediate  
1323 use during the procedure and during recovery:

1324 (a) An operating room large enough to adequately accommodate the patient on an

1325 operating table or in an operating chair and to allow an operating team of at least three  
1326 individuals to freely move about the patient;

1327 (b) An operating table or chair which permits the patient to be positioned so the operating  
1328 team can maintain the patient's airway, quickly alter the patient's position in an emergency,  
1329 and provide a firm platform for the administration of basic life support;

1330 (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a  
1331 backup lighting system of sufficient intensity to permit completion of any operation underway  
1332 in the event of a general power failure;

1333 (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and  
1334 a backup suction device which will function in the event of a general power failure;

1335 (e) An oxygen delivery system with adequate full face mask and appropriate connectors that  
1336 is capable of delivering high flow oxygen to the patient under positive pressure, together with  
1337 an adequate backup system;

1338 (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure  
1339 appropriate continuous oxygen delivery and a scavenger system;

1340 (g) A recovery area that has available oxygen, adequate lighting, suction and electrical  
1341 outlets. The recovery area can be the operating room;

1342 (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter,  
1343 electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and  
1344 nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration  
1345 equipment; and

1346 (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to  
1347 the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for  
1348 treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics,  
1349 antihypertensives and anticonvulsants.

1350 (3) No permit holder shall have more than one person under general anesthesia, deep  
1351 sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

1352 (4) During the administration of deep sedation or general anesthesia, and at all times while  
1353 the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one  
1354 other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall  
1355 be present in the operatory in addition to the dentist [permit holder](#) performing the dental  
1356 procedures.

1357 (5) Before inducing deep sedation or general anesthesia the dentist [permit holder](#) who  
1358 induces deep sedation or general anesthesia shall:

- 1359 (a) Evaluate the patient and document, using the American Society of Anesthesiologists  
1360 Patient Physical Status Classifications, that the patient is an appropriate candidate for general  
1361 anesthesia or deep sedation;
- 1362 (b) Give written preoperative and postoperative instructions to the patient or, when  
1363 appropriate due to age or psychological status of the patient, the patient's guardian; and
- 1364 (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.
- 1365 (6) A patient under deep sedation or general anesthesia shall be visually monitored at all  
1366 times, including recovery phase. A dentist [permit holder](#) who induces deep sedation or  
1367 general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or  
1368 general anesthesia shall monitor and record the patient's condition on a contemporaneous  
1369 record.
- 1370 (7) The patient shall be monitored as follows:
- 1371 (a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen  
1372 saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and  
1373 End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall  
1374 be assessed every five minutes, and shall be contemporaneously documented in the patient  
1375 record. The record must also include documentation of preoperative and postoperative vital  
1376 signs, all medications administered with dosages, time intervals and route of administration.  
1377 The person administering the anesthesia and the person monitoring the patient may not leave  
1378 the patient while the patient is under deep sedation or general anesthesia;
- 1379 (b) Once sedated, a patient shall remain in the operatory for the duration of treatment  
1380 until criteria for transportation to recovery have been met.
- 1381 (c) During the recovery phase, the patient must be monitored, including the use of pulse  
1382 oximetry, by an individual trained to monitor patients recovering from general  
1383 anesthesia.
- 1384 (8) A dentist [permit holder](#) shall not release a patient who has undergone deep sedation or  
1385 general anesthesia except to the care of a responsible third party. When a reversal agent is  
1386 administered, the dentist [permit holder](#) shall document justification for its use and how the  
1387 recovery plan was altered.
- 1388 (9) The dentist [permit holder](#) shall assess the patient's responsiveness using preoperative  
1389 values as normal guidelines and discharge the patient only when the following criteria are  
1390 met:
- 1391 (a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
- 1392 (b) The patient is alert and oriented to person, place and time as appropriate to age

1393 and preoperative psychological status;  
1394 (c) The patient can talk and respond coherently to verbal  
1395 questioning;  
1396 (d) The patient can sit up unaided;  
1397 (e) The patient can ambulate with minimal assistance; and  
1398 (f) The patient does not have nausea or vomiting and has minimal dizziness.  
1399 (10) A discharge entry shall be made in the patient's record by the dentist [permit holder](#)  
1400 indicating the patient's condition upon discharge and the name of the responsible party to whom  
1401 the patient was discharged.  
1402 (11) ~~After adequate training, an~~ [Pursuant to OAR 818-042-0115 a Certified Anesthesia](#)  
1403 [Dental Assistant](#), when directed by a dentist [permit holder](#), may introduce additional  
1404 anesthetic agents to an infusion line under the direct visual supervision of a dentist [permit](#)  
1405 [holder](#).  
1406 (12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must  
1407 provide documentation of a current BLS for Healthcare Providers certificate or its equivalent;  
1408 a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric  
1409 Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing  
1410 education in one or more of the following areas every two years: sedation, physical  
1411 evaluation, medical emergencies, monitoring and the use of monitoring equipment, or  
1412 pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS  
1413 and/or PALS certificates may be counted toward this requirement. Continuing education  
1414 hours may be counted toward fulfilling the continuing education requirement set forth in OAR  
1415 818-021-0060.

1416  
1417 Stat. Auth.: ORS 679  
1418 Stats. Implemented: ORS 679.250(7) & 679.250(10)

1419  
1420 **818-026-0080**  
1421 **Standards Applicable When a Dentist Performs Dental Procedures and a Qualified**  
1422 **Provider Induces Anesthesia**

1423  
1424 (1) A dentist who does not hold an anesthesia permit may perform dental procedures on a  
1425 patient who receives anesthesia induced by a physician anesthesiologist licensed by the

1426 Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate  
1427 anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon  
1428 Board of Nursing.

1429 (2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform  
1430 dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed  
1431 dental hygienist holding a Nitrous Oxide Permit.

1432 (3) A dentist who performs dental procedures on a patient who receives anesthesia induced by  
1433 a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental  
1434 hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare  
1435 Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and  
1436 drugs available during the procedure and during recovery as required of a dentist who has a  
1437 permit for the level of anesthesia being provided.

1438 (4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who  
1439 performs procedures on a patient who is receiving anesthesia induced by a physician  
1440 anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or  
1441 treat patients for non emergent care during the period of time of the sedation procedure.

1442 (5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until  
1443 criteria for transportation to recovery have been met.

1444 (6) The qualified anesthesia provider who [induces moderate sedation, deep sedation or](#)  
1445 [general anesthesia shall monitor the patient's condition](#) until the patient is discharged and  
1446 record the patient's condition at discharge in the patient's dental record as required by the rules  
1447 applicable to the level of anesthesia being induced. The anesthesia record shall be maintained  
1448 in the patient's dental record and is the responsibility of the dentist who is performing the dental  
1449 procedures.

1450 (7) A dentist who intends to use the services of a qualified anesthesia provider as described in  
1451 section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be  
1452 submitted once every licensing period.

1453

1454 Stat. Auth.: ORS 679

1455 Stats. Implemented: ORS 679.250(7) & (10)

1456

1457 **818-026-0110**

1458 **Office Evaluations**

1459 (1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist,

1460 CRNA, an Oregon licensed dental hygienist [permit holder](#) or another dentist [permit holder](#) to  
1461 administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of  
1462 Dentistry, to assess competence in central nervous system anesthesia and to determine  
1463 compliance with rules of the Board.

1464 (2) The in-office evaluation may include, but is not limited to:

1465 (a) Observation of one or more cases of anesthesia to determine the appropriateness of  
1466 technique and adequacy of patient evaluation and care;

1467 (b) Inspection of facilities, equipment, drugs and records; and

1468 (c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare  
1469 Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies  
1470 that may occur during the administration of anesthesia or during the recovery period.

1471 (3) The evaluation shall be performed by a team appointed by the Board and shall include:

1472 (a) A permit holder who has the same type of license as the licensee to be evaluated and who  
1473 holds a current anesthesia permit in the same class or in a higher class than that held by the  
1474 licensee being evaluated.

1475 (b) A member of the Board's Anesthesia Committee; and

1476 (c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader  
1477 and shall be responsible for organizing and conducting the evaluation and reporting to the  
1478 Board.

1479 (4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee  
1480 to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the  
1481 evaluation which shall be held no sooner than 30 days after the date of the notice or later than  
1482 90 days after the date of the notice.

1483

1484 Stat. Auth.: ORS 679 & 680

1485 Stats. Implemented: ORS 679.250(7) & (10)

1486

1487 **DIVISION 35**

1488  
1489 **DENTAL HYGIENE**

1490  
1491  
1492 **818-035-0040**

1493 **Expanded Functions of Dental Hygienists**

1494  
1495 (1) Upon completion of a course of instruction in a program accredited by the Commission on  
1496 Dental Accreditation of the American Dental Association or other course of instruction approved  
1497 by the Board, a dental hygienist who completes a Board approved application shall be issued an  
1498 endorsement to administer local anesthetic agents and local anesthetic reversal agents under  
1499 the general supervision of a licensed dentist. Local anesthetic reversal agents shall not be used  
1500 on children less than 6 years of age or weighing less than 33 pounds.

1501 (2) Upon completion of a course of instruction in a program accredited by the Commission on  
1502 Dental Accreditation of the American Dental Association or other course of instruction approved  
1503 by the Board, a dental hygienist may administer nitrous oxide under the indirect supervision of a  
1504 licensed dentist in accordance with the Board's rules regarding anesthesia.

1505 **(3) Upon completion of a course of instruction approved by the Oregon Health Authority,**  
1506 **Public Health Division, a dental hygienist may purchase epinephrine and administer**  
1507 **epinephrine in an emergency.**

1508  
1509 Stat. Auth.: ORS 679 & 680

1510 Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

1512 **DIVISION 42**

1513

1514 **DENTAL ASSISTING**

1515

1516

1517 **818-042-0020**

1518 **Dentist and Dental Hygienist Responsibility**

1519

1520 (1) A dentist is responsible for assuring that a dental assistant has been properly trained, has

1521 demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental

1522 office. Unless otherwise specified, dental assistants shall work under indirect supervision in the

1523 dental office.

1524 (2) A dental hygienist who works under general supervision may supervise ~~a~~ dental assistants

1525 in the dental office if the dental assistants ~~is~~ are rendering assistance to the dental hygienist in

1526 providing dental hygiene services and the dentist is not in the office to provide indirect

1527 supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise ~~a~~

1528 dental assistants who will render assistance to the dental hygienist in providing dental hygiene

1529 services.

1530 (3) The supervising dentist or dental hygienist is responsible for assuring that all required

1531 licenses, permits or certificates are current and posted in a conspicuous place.

1532 (4) Dental assistants who are in compliance with written training and screening protocols

1533 adopted by the Board may perform oral health screenings under general supervision.

1534

1535 Stat. Auth.: ORS 679 & 680

1536 Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

1537

1538

1539 **818-042-0050**

1540 **Taking of X-Rays — Exposing of Radiographs**

1541

1542 (1) A dentist may authorize the following persons to place films, adjust equipment preparatory to

1543 exposing films, and expose the films under general supervision:

1544 (a) A dental assistant certified by the Board in radiologic proficiency; or

1545 (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by

1546 the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board  
1547 approved dental radiology course and submitted a satisfactory full mouth series of radiographs  
1548 to the OBD.

1549 (2) A dentist or dental hygienist may authorize a dental assistant who has completed a course of  
1550 instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental  
1551 Radiation Health and Safety Examination administered by the Dental Assisting National Board,  
1552 or comparable exam administered by any other testing entity authorized by the Board, or other  
1553 comparable requirements approved by the Oregon Board of Dentistry to place films, adjust  
1554 equipment preparatory to exposing films, and expose the films under the indirect supervision of  
1555 a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency  
1556 Certificate. The dental assistant must successfully complete the clinical examination within six  
1557 months of the dentist [or dental hygienist](#) authorizing the assistant to take radiographs.

1558

1559 Stat. Auth.: ORS 679

1560 Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

1561

1562 **818-042-0070**

1563 **Expanded Function Dental Assistants (EFDA)**

1564

1565 The following duties are considered Expanded Function Duties and may be performed only after  
1566 the dental assistant complies with the requirements of 818-042-0080:

1567 (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to  
1568 remove stains [providing the patient is checked by a dentist or dental hygienist after the](#)  
1569 [procedure is performed, prior to discharge](#);

1570 (2) Remove temporary crowns for final cementation and clean teeth for final cementation;

1571 (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;

1572 (4) Place temporary restorative material (i.e., zinc oxide eugenol based material) in teeth  
1573 providing that the patient is checked by a dentist before and after the procedure is performed;

1574 (5) Place and remove matrix retainers for alloy and composite restorations;

1575 (6) Polish amalgam or composite surfaces with a slow speed hand piece;

1576 (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand  
1577 instruments providing that the patient is checked by a dentist after the procedure is performed;

1578 (8) Fabricate temporary crowns, and temporarily cement the temporary crown. The cemented  
1579 crown must be examined and approved by the dentist prior to the patient being released;

1580 (9) Under general supervision, when the dentist is not available and the patient is in discomfort,  
1581 an EFDA may recement a temporary crown or recement a permanent crown with temporary  
1582 cement for a patient of record providing that the patient is rescheduled for follow-up care by a  
1583 licensed dentist as soon as is reasonably appropriate; and  
1584 (10) Perform all aspects of teeth whitening procedures.

1585  
1586 Stat. Auth.: ORS 679 & 680

1587 Stats. Implemented: ORS 679.020, 679.025 & 679.250

1588

1589 [818-042-0112](#)

1590 [Expanded Function Preventive Dental Assistants \(EFPDA\)](#)

1591

1592 [The following duties are considered Expanded Function Preventive Duties and may be](#)  
1593 [performed only after the dental assistant complies with the requirements of 818-042-](#)  
1594 [0113:](#)

1595 [\(1\) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral](#)  
1596 [prophylaxis to remove stains providing the patient is checked by a dentist or dental](#)  
1597 [hygienist after the procedure is performed, prior to discharge.](#)

1598

1599 [818-042-0113](#)

1600 [Certification — Expanded Function Preventive Dental Assistants \(EFPDA\)](#)

1601

1602 [The Board may certify a dental assistant as an expanded function preventive dental](#)  
1603 [assistant:](#)

1604 [\(1\) By credential in accordance with OAR 818-042-0120, or](#)

1605 [\(2\) If the assistant submits a completed application, pays the fee and provides evidence](#)  
1606 [of;](#)

1607 [\(a\) Certification of Radiologic Proficiency \(OAR 818-042-0060\); and satisfactory](#)  
1608 [completion of a course of instruction in a program accredited by the Commission on](#)  
1609 [Dental Accreditation of the American Dental Association; or](#)

1610 [\(b\) Certification of Radiologic Proficiency \(OAR 818-042-0060\); and passage of the](#)  
1611 [Oregon Basic or Certified Preventive Functions Dental Assistant \(CPFDA\) examination,](#)  
1612 [and the Expanded Function Dental Assistant examination, or equivalent successor](#)  
1613 [examinations, administered by the Dental Assisting National Board, Inc. \(DANB\), or any](#)

1614 other testing entity authorized by the Board; and certification by an Oregon licensed  
1615 dentist that the applicant has successfully polished the coronal surfaces of teeth with a  
1616 brush or rubber cup as part of oral prophylaxis to remove stains on six patients.

1617

1618 **818-042-0115**

1619 **Expanded Functions — Certified Anesthesia Dental Assistant**

1620 (1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified  
1621 Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant  
1622 certificate from the Oregon Board of Dentistry to:

1623 (a) Administer medications into an existing intravenous (IV) line of a patient under sedation or  
1624 anesthesia under direct visual supervision.

1625 (b) Administer emergency medications to a patient in order to assist the licensee in an emergent  
1626 situation under direct visual supervision.

1627 (2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified  
1628 Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by  
1629 the dentist and given to the anesthesia dental assistant by the supervising dentist for oral  
1630 administration to a patient under Indirect Supervision.

1631 Stat. Auth.: ORS 679

1632 Stats. Implemented: ORS 679.020(1), 679.025(1) & 679.250(7)

1633

1634 **818-042-0120**

1635 **Certification by Credential**

1636

1637 (1) Dental Assistants who wish to be certified by the Board in Radiologic Proficiency or as  
1638 Expanded Function Dental Assistants, ~~or as~~ Expanded Function Orthodontic Dental Assistants,  
1639 or as Expanded Function Preventive Dental Assistants shall:

1640 (a) Be certified by another state in the functions for which application is made. The training and  
1641 certification requirements of the state in which the dental assistant is certified must be  
1642 substantially similar to Oregon's requirements; or

1643 (b) Have worked for at least 1,000 hours in the past two years in a dental office where such  
1644 employment involved to a significant extent the functions for which certification is sought; and

1645 (c) Shall be evaluated by a licensed dentist, using a Board approved checklist, to assure that  
1646 the assistant is competent in the expanded functions.

1647 (2) Applicants applying for certification by credential in Radiologic Proficiency must obtain

1648 certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection  
1649 Services, of having successfully completed training equivalent to that required by OAR 333-106-  
1650 0055 or approved by the Oregon Board of Dentistry.

1651

1652 Stat. Auth.: ORS 679

1653 Stats. Implemented: ORS 679.020, 679.025 & 679.250

1654

1655 **818-042-0130**

1656 **Application for Certification by Credential**

1657

1658 An applicant for certification by credential shall submit to the Board:

1659 (1) An application form approved by the Board, with the appropriate fee;

1660 (2) Proof of certification by another state and any other recognized certifications (such as CDA  
1661 or COA certification) and a description of the examination and training required by the state in  
1662 which the assistant is certified submitted from the state directly to the Board; or

1663 (3) Certification that the assistant has been employed for at least 1,000 hours in the past two  
1664 years as a dental assistant performing the functions for which certification is being sought.

1665 (4) If applying for certification by credential as an EFDA, ~~or~~ EFODA or EFPDA, certification by a  
1666 licensed dentist that the applicant is competent to perform the functions for which certification is  
1667 sought; and

1668 (5) If applying for certification by credential in Radiologic Proficiency, certification from the  
1669 Oregon Health Authority, Center for Health Protection, Radiation Protection Services, or the  
1670 Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-  
1671 ray machine operators, or other comparable requirements approved by the Oregon Board of  
1672 Dentistry.

1673

1674 Stat. Auth.: ORS 679

1675 Stats. Implemented: ORS 679.020, 679.025 & 679.250