

TITLE 195. BOARD OF DENTISTRY
CHAPTER 1. ORGANIZATION, OPERATION, AND PURPOSES

195:1-1-1. Purpose

The Oklahoma Board of Dentistry is a constitutionally created and statutorily codified Board created for the purposes specified within 59 O.S. § 328.1 et. seq., the State Dental Act.

195:1-1-2. Board authority and purposes, composition and duties, quorum

(a) Upon statehood, the Board of Dentistry was created in Article 5 section 39 and required to be statutorily codified. The Oklahoma legislature has declared in 59 O.S. § 328.2 that dentistry in the state of Oklahoma affects the public health safety and welfare of its citizens. This Board is duty bound by the Constitution and legislature to protect safety and welfare of all the people of Oklahoma through the powers vested in the Board as listed in 59 O.S. § 328.1 et. seq.

(quorum covered in 328.10) (powers covered in 328.15)

(b) The Oklahoma legislature has authorized and empowered the Board to enact Rules as may be necessary to regulate the practice of Dentistry, pursuant to 59 O.S. § 328.15.

195:1-1-4. Board office

The office of the Board of Governors of the Registered Dentists of Oklahoma is in Oklahoma City, Oklahoma. Regular office hours shall be maintained each day except Saturday and Sunday and any day authorized by State Officials to be closed.

195:1-1-6. Public inspection of certain records

All public records of the Board shall be made available for public inspection pursuant to the Oklahoma Open Records Act 51 O.S. § 24A.5. at the office during regular office hours. Copies of public records of the Board shall be made and certified upon pre-payment of the copying fee set forth in the fee schedule enacted by the Board.

TITLE 195. BOARD OF DENTISTRY
CHAPTER 2. INTERNAL OPERATIONS AND PURPOSES

195:2-1-5. Annual meeting of the Board

A regularly scheduled meeting of the Board will be held in the second quarter of each calendar year. Board member positions up for election shall be elected. Newly elected Board members shall serve in an ex-officio capacity until the beginning of the next fiscal year pursuant to 59 O.S. § 328.10.

195:2-1-7. Fees

Fees charged by the Board are hereby set as follows:

- (A) Theoretical or Written Only Re-Examination Dentist or Hygienist - \$10.00
- (B) Copies of Public Records - per page - \$0.25

TITLE 195. BOARD OF DENTISTRY
CHAPTER 3. COMPLAINTS, INVESTIGATIONS AND HEARINGS

195:3-1-1.1 Definitions

The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"**Act**" or "**Dental Act**" means the State Dental Act, Title 59 O.S. § 328.1 et. seq.

"**Board**" means the Board of Dentistry.

"**Complaint**" means a written statement of complaint filed with the Board which is investigated or to be investigated by the Board and which may result in a formal Statement of Complaint in an individual proceeding filed pursuant to Article II of the Administrative Procedures Act.

"**Hearing**" means the trial mechanism employed by the Board in an individual proceeding.

"**Individual proceeding**" means the formal process by which the Board takes administrative action against a person licensed by the Board.

"**License**" means a license issued by the Board.

"**Parties**" "means" the respondent and the special prosecutor for the Board.

"**Executive Director**" shall be defined pursuant to 59 O.S. § 328.15(B).

"**Respondent**" means the person against whom an individual proceeding is initiated.

"**Review and investigative panel**" "means" two Board members assigned to investigate complaints against persons licensed by the Board pursuant to 59 O.S. § 328.43(a)

"**Staff**" means the personnel of the Board.

195:3-1-3.1. Emergency hearing

In the event the investigative and review panel determines that an emergency exists for which immediate action on a license is warranted, including but not limited to suspension or revocation, the investigative and review panel shall so advise the President of the Board. Upon concurrence of the President of the Board, the President may convene a special or emergency hearing of the Board pursuant to the Administrative Procedures Act of the Oklahoma Statutes to summarily take action on such license. A written statement of the allegations constituting the emergency shall be provided to the Board as soon as practicable before the hearing. Notice of the hearing and the written statement of allegations constituting the emergency shall be provided to the respondent as soon as practicable before an emergency hearing of the Board.

195:3-1-4. Statement of Complaint and notice of hearing; Setting of hearing date

(a) The Statement of Complaint issued by the investigative review panel shall set forth all allegations of violations of the Act, proposed sanctions and requests for costs and attorneys' fees. The Statement of Complaint shall be prepared by the Executive Director or by the attorney who will prosecute the respondent in a hearing before the Board.

(b) Upon the receipt of the statement of complaint, the Board President, shall serve as the Administrative Judge for the hearing with the assistance of judicial council, The statement of complaint shall be reviewed for sufficiency and he or she with the assistance of the judicial counsel shall set a hearing date which shall be no less than thirty (30) days after service of the Statement of Complaint on the respondent.

(c) A "Notice of Hearing" shall be prepared by the Executive Director or the attorney assisting with the prosecution or acting as the prosecutor, and served on the respondent with the Statement of Complaint. The Notice of Hearing shall specify the time, place and nature of the hearing, the

legal authority under which it is to be conducted and cite any relevant statutory provisions. Service of the Statement of Complaint and Notice of the Hearing may be in person or by certified mail at the official address as listed with the Board. Service of the Notice of the Hearing shall be complete upon return to the Board of a card showing receipt of certified mail by the respondent or return to the Board of an affidavit of personal service.

(d) For the purpose of all hearing matters, in the event of a conflict of the President, the acting board president shall serve as the administrative judge.

195:3-1-4.1. -Preliminary hearing matters, discovery and subpoenas

- (a) The President of the Board may delegate any ministerial duties to the judicial counsel who shall serve as the Administrative Law Judge for all preliminary matters.
- (b) Attorneys representing Respondents shall file a formal entry of appearance with the Board and/or Administrative Law Judge.
- (c) A scheduling order shall be issued by the Administrative Law Judge and shall advise the parties of the closing date for the exchange of and filing of witness and exhibit lists, the discovery cut-off date, the cut-off date for the filing of dispositive motions and any other matters determined to be necessary. A prehearing conference date, shall also be set in the scheduling order. Either party may file a written motion for modification of the scheduling order for good cause. The filing party must indicate whether the other party objects to the modification of the scheduling order.
- (d) Either party may file a written motion for a change in the hearing date. The motion shall state the amount of time desired and the reason or reasons for the request. The motion shall be filed no less than ten (10) working days before the date of the action for which the motion is filed.

195:3-1-5. Subpoenas and discovery

- (a) The parties may make written requests to the Board for the issuance of Subpoena or Subpoena Duces Tecum to persons desired as witnesses for depositions or for the hearing, and such Subpoenas Duces Tecum for the production of documents for discovery or the hearing. Such subpoenas may be issued by the President of the Board, the Administrative Law Judge or the Executive Director in the name of the Board. The requestor shall furnish the names and addresses of all such witnesses.
- (b) Requests for admission, requests for the production of documents, requests for inspection of property and depositions shall be permitted prior to the hearing. Objections to discovery requests will be permitted as in civil actions in the State of Oklahoma. Any dispute to the discovery requests will be decided by the Administrative Law Judge.

195:3-1-6. Procedure for hearings

(a) The hearing shall be conducted under the Administrative Procedures Act of the Oklahoma statutes and shall be presided over by the President of the Board, with the assistance of the judicial counsel the President shall designate a member of the Board to preside at the hearing in the case of absence or conflict. The rules of evidence used during the hearing shall be those specified by the Administrative Procedures Act. Witnesses shall be sworn upon oath and are subject to cross-examination. The President of the Board shall rule upon the admissibility of evidence or objections thereto, or upon other motions or objections arising in the hearing. The

rulings of the President, in all questions, shall be the rulings of the Board unless reversed or modified by a majority vote of the Board.

(b) The Board may utilize the services and advice of the judicial counsel regarding any matter of evidence, law, or procedure in the conduct of the hearing. All decisions concerning objections or procedure shall be made by the presiding Board member. A Board Attorney shall act as Special Prosecutor for the Board although any Board member may inquire of any witness concerning matters deemed relevant and competent and not otherwise offered into evidence.

(c) The Board shall admit and give probative effect all competent, relevant, and probative evidence, both oral and documentary, which tends to prove or disprove the allegations of the complaint. The board may exclude incompetent, irrelevant, immaterial and unduly repetitious evidence. The Board shall, insofar as possible, give effect to the fundamental rules of evidence recognized in courts of law. True copies of documents may be received if the original is unavailable. The Board is possessed of specialized knowledge, and such knowledge will be utilized along with all the evidence in arriving at a decision, when the complaint or investigation involves questions calling for such specialized knowledge. The standard of proof upon the Board in such hearing is by clear and convincing evidence.

(d) Whenever all the evidence has been presented, the respondent shall be afforded an opportunity to be heard in argument relative to the matters in issue.

195:3-1-7. Issuance of final agency order

After all parties involved in the individual proceeding have concluded their presentation, the Board jury panel shall deliberate, in executive session if desired. The Board jury panel shall vote in open session whether the Act was violated by the respondent. The Board shall make findings of fact and conclusions of law if it determines that the respondent violated the Act. If the Board finds that the Act was violated, the Board shall deliberate, in executive session if desired, to determine what, if any, sanctions shall be imposed upon the respondent. A final agency order will be prepared later in written form and mailed or to respondent at his official address as listed by the Board and/or their attorney. The final agency order shall include separately stated Findings of Fact and Conclusions of Law and if respondent is found guilty of violations of the State Dental Act or enters his admissions thereof, the final agency order shall include the sanction or sanctions assessed. Appeals from the decision of the Board may be taken as provided by law.

195:3-1-8. Record of hearing

(a) A record of all hearings shall be made. The record may be made by means of electronic, digital or stenographic means whichever the presiding officer designates. A transcript of the proceeding shall not be prepared except upon written application. The party requesting the transcript shall pay for its costs. Parties to any proceeding may have the proceeding transcribed by a court reporter at their own expense.

(b) The record of the hearing and the file containing the pleadings, motions, final agency order and other administrative records will be maintained in a place designated by the Director of the Board. The digital or other type of recording audio or video or transcript of the proceeding shall be maintained for a period of one year. If the matter is on appeal, these records will be maintained until all appeals have been finally exhausted.

(c) If the respondent desires a stenographic record at the hearing, he or she shall make arrangements for the court reporter to be present at the hearing. If the stenographic record is transcribed, a copy shall be provided to the other party and the Board at the respondent's expense.

TITLE 195. BOARD OF DENTISTRY
CHAPTER 10. EXAMINATIONS AND LICENSING OF DENTISTS, DENTAL
HYGIENISTS AND DENTAL SPECIALISTS

SUBCHAPTER 1. EXAMINATION FOR DENTISTS AND DENTAL HYGIENISTS

The rules of this subchapter set forth the application procedures for the Board's requirements for licensing examination for dentists or dental hygienists.

195:10-1-2. Application procedure

All persons desiring to practice dentistry or dental hygiene in the State of Oklahoma fulfill the following requirements:

- (1) Applicants must fill out and return a fully completed official application to the Board.
- (2) The requirements for dental hygiene licenses are set forth in 59 O.S. § 328.21.
- (3) Applicants must complete and return the official application of the Board, at least thirty (30) days prior to the next scheduled board meeting. The application must be accompanied by a check or money order to pay the application fee as set forth by law.
- (4) If the applicant has not completed his or her last term in Dental or Dental Hygiene School prior to making application, the Dean of the School shall certify that he or she is a candidate for graduation, in order that the application can be processed.
- (5) Applicants who are licensed and practicing dentistry in another state must present with the application a photostatic copy of his or her degree(s) and a letter of good standing from any state in which they ever held a dental or dental hygiene license.
- (6) The Board recognizes only those applicants who are students or graduates of Dental Schools in the United States--approved, conditionally, or provisionally approved by the Commission on Dental Accreditation of the American Dental Association, and the applicant must have or will receive a D.D.S. or D.M.D. Degree from that school.
- (7) Applicant must attach a recent passport type photograph of self in place so designated on application blank.
- (8) Applicant must present with application, a (official) transcript of his or her grades received during his or her academic years of training in dental school.
- (9) Applicant will appear for personal interview, as requested by the Board.
- (10) Clinical examinations are recognized for a period of five-years.
- (11) Clinical examinations are recognized for a period of five-years.
- (12) Address communications to the current address of the BOARD OF DENTISTRY office. Any licensee moving must notify the Board within 30 days of their new address.
- (13) Applicants must pass the Oklahoma Jurisprudence examination with a 70% or higher grade.

SUBCHAPTER 5. RECIPROCITY AND CRITERIA APPROVAL

195:10-5-2. Requirements for reciprocal licensure

- (a) The Board of Dentistry of the State of Oklahoma pursuant to the State Dental Act may license without examination any person who has been duly licensed to practice dentistry or dental hygiene in any state or territory of the United States, if said person produces satisfactory evidence to the Board that he or she has the required education and training and is in good standing, and does meet every other requirement set forth in 59 O.S. § 328.21(H) of the State Dental Act and meet the following requirements:

- (b) The applicant must:
 - (1) Have completed required application form with all supporting data and certification of licensure in good standing from all states licensed.
 - (2) Have paid required fee (non-refundable).
 - (3) Have taken and passed the Oklahoma Jurisprudence Examination with a 70% passage rate.
 - (4) Have completed or satisfied any other requirements as may be set by the Board.
 - (5) Have successfully completed the National Board examinations administered by the Joint Commission on National Dental Examinations.
 - (6) Meet all requirements of the State Dental Act.
 - (7) Submit recent color passport type photograph.
 - (8) Application must also include copy of diploma, National Board examination grades and transcript of dental and/or dental hygiene school grades.
 - (9) Three letters of recommendation from professional associates, i.e.: Associations, Boards, including letters from employers and associates listed under Practice History. These letters should be mailed directly to the Board.
- (c) The applicant may be requested to appear for personal interview.

SUBCHAPTER 9. RECOGNITION OF SPECIALTIES

The rules of this subchapter set forth the requirements for applications for a specialty license pursuant to 59 O.S. § 328.22

195:10-9-2. Specialties recognized by the Board and qualifying requirements

- (a) The Board will recognize specialties as listed in 59 O.S. § 328.22 and approved by the Commission on Dental Accreditation of the American Dental Association or a Board or Program recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards
- (b) Candidates for licensure must meet all educational or other requirements of the CODA program or certifying specialty board to apply for a specialty dental license.
- (c) Candidates must complete all sections of the application form as requested by the Board, submit fees and proper documents in the manner as requested in the application.
- (d) A complete application with all requested documents for a specialty license must be submitted at least thirty (30) days prior to the meeting date to be heard.
- (e) Definitions of dental specialties may be considered or utilized from the Commission on Dental Accreditation and/or a CODA approved program or a definition as recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.

TITLE 195. BOARD OF DENTISTRY

CHAPTER 15. DUTIES FOR DENTAL ASSISTANTS AND THE RULES REGULATING THE PRACTICE OF DENTAL HYGIENE

195:15-1-1.1. Definitions

The definitions in 59 O.S. Section 328.3 shall apply to this chapter.

195:15-1-2. Responsibility of employing dentist for dental hygienists and dental assistants

Every dentist who employs or supervises one or more dental hygienists or dental assistants has the primary responsibility to ensure that the dental hygienists or dental assistants do not perform any procedure or duty except as authorized by this Chapter or the State Dental Act. No dentist shall delegate to a dental hygienist or dental assistant, nor shall any dental hygienist or dental assistant perform, any procedure or duty not authorized by this Chapter or the State Dental Act.

195:15-1-4. Education and Training for expanded duty permits for dental assistants;

Dental assistants may apply for up to seven (7) expanded duty permits as found at 59 O.S., Section 328.24, upon successful completion of the following education and training requirements:

(b) Courses for dental assistant expanded duties as found at 59 O.S. §328.24(D), shall be provided in a CODA (Commission on Dental Accreditation) accredited school or affiliated with a CODA approved program, or another course meeting the same requirements as a CODA approved program and approved by the Board. Within thirty (30) days of completion of the course, each program shall send a copy of the syllabus and a list of the students that have passed the course to the Board. Programs must maintain class and syllabus records for five (5) years. Courses offered pursuant to this rule are subject to unannounced audits by the Board. Any Board member or designee of the Board shall be provided full access to course materials or the classroom or clinic during instruction. Failure to provide access pursuant to this provision may subject the provider to invalidation of course results.

(c) Courses and/or certification programs for assisting a dentist with anesthesia, vaccinations, venipuncture and phlebotomy shall be approved by the Board.

(d) All courses shall include State Dental Act statutes and rules and the United States Center for Disease Control (CDC) and United States Safety and Health Administration (OSHA) guidelines, safety protocols and requirements as utilized with each expanded duty.

(e) Written examinations over didactic portions shall have a requirement of a 70% accuracy rate.

(f) Student faculty ratio for each course shall be as required by CODA.

(g) Students must submit an application for the expanded duty to the Board within two (2) years after the date of the completion of the course or the course will have to be repeated.

(h) A dental assistant that has a previous action or sanction by the board within the previous (5) five years, shall not be eligible for an elder care public health permit.

(1) Radiation Safety.

(A) Definition: A dental assistant holding this expanded duty permit may expose intraoral and extraoral radiographs.

(B) Requirements: Satisfactory completion of a course of study in radiation safety and protection, consisting of a minimum of four (4) hours of instruction.

(C) The Radiation safety course shall be taught by licensed dentists or hygienists; or a dental assistant with a minimum of five (5) years of experience with a valid expanded duty permit. This course will train dental assistants with a valid permit, to expose intraoral and extraoral radiographs.

(D) The didactic portion shall include radiation physics and biology, health safety and protection and radiographic quality.

(2) Coronal Polishing/Topical Fluoride.

(A) Definition: A dental assistant holding this expanded duty permit may:

(i) polish coronal surfaces of teeth, or prepare teeth for band cementation or bonding of brackets utilizing a slow speed rotary hand piece and rubber cup or brush, polishing agent and the polishing is not prophylaxis.

Examinations, for calculus and scaling must be done by a dentist or dental hygienist.

(ii) apply topical fluoride and desensitizing agents. A dental assistant may not use a prophy jet or any other instrument unless approved by the Board.

(B) Requirements: Satisfactory completion of a course including two (2) hours of didactic education and six (6) hours of clinical training, including demonstration, in coronal polishing and the application of topical fluoride and desensitizing agents.

(C) The coronal polishing course shall be taught by a licensed dentist or licensed dental hygienist; or a dental assistant who have current expanded duty permits in coronal polishing and five (5) years of experience. Upon completion of the course, the student should be able to manipulate polishing instruments correctly and remove all plaque and extrinsic stains that do not require scaling from the exposed surfaces of teeth without trauma to the teeth or gingiva- and demonstrate the ability to apply desensitizing and fluoride agents to accomplish caries prevention.

(D) The didactic portion of the course shall include instruction in:

(i) Principles and clinical appearance of plaque, stain formation and clinical appearance of clean and polished teeth;

(ii) Tooth morphology and the anatomy of the oral cavity as they relate to the retention of plaque, stain and polishing techniques;

(iii) Principles of selecting abrasives and polishing agents and their effect on tooth structure and restorative materials;

(iv) Principles of polishing, including the selection and care of the armamentarium, instrumentation techniques and precautions, including the care of the mouth with fixed or removable prostheses and/or orthodontic appliances;

(v) Principles of selecting and applying fluoride and disclosing agents, including armamentarium, isolation of teeth, technique and precautions;

(vi) Principles of the preparation of teeth and the oral cavity for fluoride application-and the reaction of fluorides with tooth structure;

(E) The clinical portion of the course shall include significant portions of the didactic portion and a patient-based experience in:

(i) Identifying calculus, plaque, and intrinsic and extrinsic stains and evaluating the extent of plaque and stain removal;

(ii) Polishing exposed surfaces of teeth including the application of disclosing agents and fluoride to the exposed surface of teeth;

(3) Sealants.

(A) Definition: A dental assistant holding this expanded duty permit may place pit and fissure sealants.

(B) Requirements: Satisfactory completion of a course of study in the placement of pit and fissure sealants, consisting of a minimum of six (6) hours, to include 1 hour of didactic training and 5 clinical hours of training.

(C) The course shall be taught by licensed dentists or a dental hygienists with two (2) years of experience. The course shall require a clinical portion in which each student shall successfully complete pit and fissure sealants on at least four teeth on a mannequin or live patient.

(ii) The Course shall be designed to provide the student with a thorough knowledge of placement of pit and fissure sealants.

(D) The didactic portion of the course shall include instruction in

(i) Indication/contraindications for sealants;

(ii) Preparation, materials, armamentarium and proper isolation of teeth for sealants;

(iii) Education of patient and/or parent regarding sealants;

(iv) The clinical portion of the course shall include:

(4) Nitrous Oxide.

(A) Definition: A dental assistant holding this expanded duty permit may monitor and assist a dentist or a dental hygienist who holds an advanced procedure permit in the administration of nitrous oxide. A dental assistant may turn on oxygen, but the level and adjustment of nitrous oxide can only be determined and administered by the dentist or hygienist. A dental assistant may adjust the level of nitrous oxide at the verbal direction of a dentist under direct supervision. Patients utilizing nitrous oxide must be visually monitored at all times.

(B) Requirement: Satisfactory completion of a course of study in nitrous oxide administration, consisting of a minimum of twelve (12) hours, approved by the Board. Student must have a current basic life support (B.L.S.) certification prior to beginning this course. The course shall be taught by licensed dentists or a licensed dental hygienist with a minimum of one (1) year of clinical experience in nitrous oxide administration. The minimum course length shall be twelve (12) hours including ten (10) hours of didactic and two (2) hours of clinical instruction.

(C) The didactic portion of the course shall include:

(i) The history, philosophy and psychology of nitrous oxide-oxygen inhalation sedation;

(ii) Definition and descriptions of the physiological and psychological aspects of pain and anxiety;

(iii) A description of the stages of drug induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and unconscious state;

(iv) The anatomy and physiology of respiration, including the pharmacological and physiological effects of nitrous oxide for

- analgesia and sedation, including physical properties, action, side effects, absorption, excretion and toxicity;
- (v) The advantages and disadvantages of inhalation sedation with nitrous oxide;
- (vi) The management of reaction to, or complications of nitrous oxide;
- (vii) Matters regarding patient status assessment, including:
 - a. Taking and reviewing a thorough health history, including vital signs;
 - b. Implications of health history problems related to sedation;
 - c. Indications and contraindications of inhalation sedation;
 - d. Patient monitoring, specifically to include vital signs and reflexes related to consciousness;
 - e. Possible reaction to nitrous oxide;
 - f. The recognition, prevention and management of complications and life-threatening situations related to nitrous oxide;
- (viii) Return of the patient to pre inhalation sedation status and instructions for post-operative care;
- (ix) Hazards of nitrous oxide to the patient and operator;
- (x) The introduction to potential health hazards of trace anesthetics and proposed techniques for the elimination thereof.

(D) The clinical portion of the course shall include:

- (i) Patient status assessment, introduction and monitoring of nitrous oxide to the patient;
 - (ii) Return of the patient to pre inhalation sedation status; and post-operative care of the patient and provision of instructions to the patient including basic life support;
- (b) An application by a dental assistant for an expanded duty permit shall be made on a form prescribed by the Board, which shall be accompanied by the fee set forth in 195: 2-1-7.

(5) Assisting a dentist who holds a parenteral or pediatric anesthesia permit.

(A) Definition: A dental assistant may assist a dentist while the dentist administers anesthesia and assess the patient's level of sedation. No dental assistant shall administer, evaluate or assess a level of anesthesia on a patient. This permit shall only include training for rescue of a patient as directed by a dentist with a valid provider permit during the administration of anesthesia on a patient.

(B) Requirements: The requirements of this permit shall be the same as required for an OMS assistant pursuant to 59 O.S. §328.25.

(6) Vaccinations, venipuncture and phlebotomy.

(A) Definition: A dental assistant may administer vaccinations or draw blood for a platelet rich plasma procedure (PRP) or other testing under the direct supervision of a dentist.

(B) Requirements: Completion of a phlebotomy certification program as approved by the Board. A course approved by the Board shall include a minimum of four (4) hours of safe-needle and blood-borne pathogens procedures under the guidelines of the CDC.

(7) Elder care advanced procedure pursuant to meeting the requirements in 59 O.S. § 328.58.

195:15-1-5. Duties not assignable to dental assistants

A dentist shall not delegate to a dental assistant, nor shall a dental assistant perform, any of the following procedures and duties:

- (1) Any procedure that may contribute to or result in an irreversible alteration of the human oral anatomy;
- (2) Diagnosis;
- (3) Treatment planning;
- (4) Prescription of medications;
- (5) Removal of fully hardened cement with a high-speed hand piece;
- (6) Surgery or the cutting or severance of hard and soft tissue;
- (7) Final cementation of fixed prosthesis or delivery of a removable prosthesis;
- (8) Adjustment of a prosthesis intraorally;
- (9) Placement or removal of restorative materials in a human oral cavity;
- (10) Administration of injectable local anesthesia or any other form of injectable including anesthesia including IV sedation;
- (11) Utilization of a laser, high-speed hand piece, power scaler, prophylaxis jet or ultrasonic;
- (12) Administration of nitrous oxide;
- (13) An expanded duty as set forth in 195:15-1-4, when the dental assistant does not hold a current permit issued by the Board for the expanded duty; and
- (14) Those procedures allocated exclusively to dental hygienists or pursuant to the rules or the State Dental Act.

195:15-1-6. Procedures that may be delegated to dental hygienists

(a) The following procedures may be delegated to a dental hygienist with a valid hygiene license pursuant to 59 O.S. 328.21.

(b) The same expanded duties as a dental assistant as listed in 195:15-1-4(b). A hygienist may also be delegated duties under 195: 15-1-4. (5) and (6) upon presenting proof of similar training to the Board.

(c) The procedures set forth in 59 O.S., Section 328.34;

(d) Health history information and assessment that may include, vitals, medications, nutritional and dietary evaluation and other information as it pertains to oral health and patient care.

(e) Dental hygiene examination and the charting of intraoral and extraoral conditions, which include periodontal charting, dental charting, ~~and~~-classifying occlusion, oral cancer screenings, airway assessments and other information as requested by the supervising dentist;

(f) Dental hygiene assessment and treatment planning for procedures authorized by the supervisory dentist;

(g) Preventive and/or therapeutic interventions, including prophylaxis, scaling and root planing, which means the removal of calcareous deposits, stains, accretions, or concretions from the supragingival and subgingival surfaces of the teeth utilizing hand or power instrumentation by on the crown and root surfaces of human teeth.

- (h) Placement of preventative and/or therapeutic subgingival prescription drugs for periodontal disease and recommend or apply topical fluoride agents including varnish, foam, gel dentifrice, silver diamine and other agents as requested by the supervising dentist;
- (i) Soft tissue curettage;
- (j) Placement of temporary fillings;
- (k) Removal of overhanging margins;
- (l) Dental implant maintenance;
- (m) Removal of periodontal packs, ~~and~~;
- (n) Polishing of amalgam restorations, ~~and~~;
- (o) Taking final impressions.
- (p) The procedures specified in this section may be performed by a dental hygienist only on a patient of record and only under the supervision of a dentist pursuant to 328.34.

195:15-1-6.1. Advanced procedures for dental hygienists

- (a) It is the determination of the Board that certain procedures may be performed by a dental hygienist who has satisfactorily completed a course of study regarding the performance of such procedures. Pursuant to 59 O.S., Section 328.34, the Board hereby establishes six (6) advanced procedures for dental hygienists with requirements, and course guidelines as follows:
- (b) Each training program for an advanced procedure for hygienists must meet the same requirements as listed in 195:15-1-4(a) through (g).
- (c) An application by a dental hygienist for authorization to perform an advanced procedure shall be made on a form prescribed by the Board.
- (d) Advanced procedures permitted for dental hygienists who graduate from accredited dental hygiene programs in Oklahoma which provide Board approved instruction, will automatically be authorized after licensure.

(1) Nitrous oxide.

- (A) Definition: A dental hygienist authorized by the Board to perform this advanced procedure may administer nitrous oxide.
- (B) Requirement: Hygienists must complete the requirements as listed in 195:15-1-4 (4) all requirements for a permit to administer nitrous oxide and in addition:
 - (i.) Students shall be trained in the proper administration of nitrous oxide, to include:
 - (ii) Determining dosages and needs of a patient.

(2) Local anesthesia.

- (A) Definition: A dental hygienist authorized by the Board to perform this advanced procedure may administer local anesthesia.
- (B) Requirement: Satisfactory completion of a course of study in local anesthesia, consisting of a minimum of 20 ½ hours, approved by the Board.
 - (i) Instruction shall be provided in a properly equipped setting and under the supervision of CODA approved program or a program affiliated with a CODA approved school or other program as approved by the Board.
 - (ii) The course shall train students in B.L.S. This requirement may be waived for students with current B.L.S. training.

- (iii) The course provider shall conduct formal clinical testing of the student's ability to perform the advanced procedure involved.
- (iv) Each student in the course shall competently administer injections on patients.
- (v) Faculty shall be licensed dentists and licensed dental hygienists who are currently employed or have been employed in a dental or dental hygiene school and have experience in teaching or providing this advanced procedure.
- (vi) Course instruction shall include:
 - (I) Theory of pain control;
 - (II) Selection of pain control modalities;
 - (III) Anatomy;
 - (IV) Neurophysiology;
 - (V) Pharmacology of local anesthetics and vasoconstrictors;
 - (VI) Pharmacological aspects of pain control;
 - (VII) Systematic complications;
 - (VIII) Techniques of maxillary and mandibular anesthesia;
 - (IX) Safe needle and bloodborne pathogens including infection control;
 - (X) Local anesthesia medical emergencies;

(3) Neuromodulator administration.

- (A) Definition: A dental hygienist authorized by the Board to perform this advanced procedure may administer neuromodulator under direct supervision of a dentist.
- (B) A holder of a license to practice dental hygiene with a minimum of two (2) years of experience and holds an advanced procedure for the administration of local anesthesia, may apply for an advanced procedure permit to allow them to inject a neuromodulator that is derived from Clostridium botulinum or that is biosimilar to or the bioequivalent of such a neuromodulator or who injects a dermal or soft tissue filler upon completion of a course approved by the Board that meets the minimum requirements:
- (C) Each hygienist must provide a statement along with their application for this advanced procedure certifying that each neuromodulator that has been or will be injected by the holder, and each dermal or soft tissue filler that has been or will be injected by the holder is approved for the use in dentistry by the United States Food and Drug Administration and;
- (D) Maintain malpractice insurance and provide proof of insurance annually.
- (E) A hygienist holding this advanced procedure permit shall not administer such an injection to a person other than a patient of record;
- (F) The training must be a minimum of twenty-four (24) total hours in length including a minimum of 4 hours of didactic and 4 hours of clinical training in each of the following subjects;
 - (i) The use of neuromodulators that are derived from Clostridium botulinum or that are biosimilar to or the bioequivalent of such a

neuromodulator in the treatment of temporomandibular joint disorder and myofascial pain syndrome;

(ii) The use of neuromodulators that are derived from *Clostridium botulinum* that are biosimilar to or the bioequivalent of such a neuromodulator for dental and facial esthetics; and

(iii) The use of dermal and soft tissue fillers for dental and facial esthetics;

(4) Therapeutic use of lasers.

(A) A hygienist may apply for an Advanced Procedure permit for the therapeutic use of lasers under the direct/indirect supervision of a dentist.

(B) Definition: A hygienist with an advanced procedure permit to use a laser may be used, but limited to soft tissue decontamination, sulcular bacterial reduction, tissue disinfection.

(C) Requirements:

(i) The hygienist must successfully complete an educational program as approved by the Board on laser use that is a minimum of 8 hours and includes both didactic and live, in-person clinical simulation training;

(ii) A certificate of successful course completion from the dental laser training entity shall be submitted to the Board of Dentistry.

(I) A hygienist may use the laser within the scope of hygiene practice;

(II) A laser may not be used for the intentional cutting of hard or soft tissue;

(III) All lasers must be used in accordance with accepted safety guidelines and approved by the United States Federal Drug Administration for use in dentistry.

(IV) When utilizing a laser pursuant to this Rule, at a minimum, the type of laser, settings used and details of procedures performed, must be documented in the patient's record.

(5) Elder care and public health advanced procedure

(A) A dental hygienist having a minimum of two (2) years of experience may apply for a Public Health Advanced Procedure permit pursuant to 59 O.S. § 328.58.

(B) A hygienist with a prior action from the Board within the previous five (5) years shall not be eligible for this advanced procedure.

(6) Vaccinations, venipuncture and phlebotomy

(A) Definition: A dental hygienist may administer vaccinations or draw blood for a platelet rich plasma procedure (PRP) or other testing under the direct or indirect supervision of a dentist.

(B) Requirements: Completion of a phlebotomy certification program as approved by the Board. A course approved by the Board shall include a minimum of four (4) hours of safe-needle and blood-borne pathogens procedures under the guidelines of the CDC.

(b) An application by a dental hygienist for authorization to perform an advanced procedure shall be made on a form prescribed by the Board.

Chapter 16 Micropigmentation

195:16-1-1.1. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.

“Board” means the Oklahoma Board of Dentistry.

“Dentist” means a graduate of an accredited dental college who has been issued a license by the Board to practice dentistry or a specialty in a particular branch of dentistry recognized by the Board.

“Direct Supervision” means that the supervising dentist is present in the office before, during and after the procedure and includes the authorization and evaluation of the procedure with the doctor/patient relationship remaining intact.

“Medical Micropigmentologist” means a person credentialed according to the provisions of Title 63 O.S., Section 1-1450 et seq. enacted June 2001.

“Patient” means any person undergoing a micropigmentation procedure in a dental office.

“Records” means a health history form and a proper legal consent form maintained in the dental office on each patient.

“Supervise” means to oversee for direction. Supervision implies that there is appropriate referral, consultation and collaboration between the supervisor and the supervised with the doctor/patient relationship remaining intact.

195:16-1-2 Responsibility of the dentist supervising a medical micropigmentologist

- (a) To be eligible to serve as a supervising dentist for a medical micropigmentologist a dentist shall meet the following criteria:
 - (1) Have possession of a full and unrestricted license to practice dentistry or a specialty in a particular branch of dentistry in Oklahoma.
 - (2) The supervising dentist shall be in full time practice with a minimum of twenty (20) hours per week of direct patient contact.
- (b) Medical micropigmentation procedures may only be undertaken within the context of an appropriate doctor/patient relationship wherein a proper patient record shall be maintained for three-years after the procedure has been completed.
- (c) The employment of a medical micropigmentologist requires direct supervision by the supervising dentist.
- (d) A supervising dentist or a certified micropigmentologist in a dental office shall only perform medical micropigmentation procedures on the hard and soft tissues of the oral and maxillofacial region. Medical micropigmentation procedures outside the oral and maxillofacial region in a dental office are prohibited.

195:16-1-3 Local anesthesia

A person who performs medical micropigmentation under the direct supervision of a dentist shall not perform local anesthesia unless they also possess a local anesthesia advanced procedure permit as set forth in 195:15-1-6.1. A registered nurse licensed in good standing with the Oklahoma Board of Nurse Registration may perform infiltrations only as prescribed in Title 59, Section 567.1 et. seq. or OAC 485.

195:16-1-4 Restriction

A dentist may not, at any time, directly supervise more than two micropigmentologists in his dental office. For the purposes of this rule a micropigmentologist is a separate person from that of a dental assistant or a dental hygienist.

Chapter 20 Rules Governing the Administration of Anesthesia

195:20-1-1 Purpose

The rules of this chapter set forth the requirements for dentists and facilities when specific sedation or anesthesia is administered.

195:20-1-2. Definitions

The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise. These words and terms are as defined in the Guidelines for “Teaching the Comprehensive Control of Pain and Anxiety in Dentistry,” approved by the American Dental Association.

“**Analgesia**” means the diminution or elimination of pain in the conscious patient. The conscious patient is defined as one with intact protective reflexes; including the ability to maintain an airway, and who is capable of rational response to questions or command.

“**Anxiolysis**” means the diminution or elimination of anxiety.

“**Certified Registered Nurse Anesthetist (CRNA)**” means any person who holds a valid license to practice as a registered nurse in Oklahoma and who administers anesthesia under the supervision of a licensed dentist as defined by the Oklahoma Board of Nursing Practice Act (Title 59 O.S. Section 567.1 et.seq.).

“**Combination inhalation-enteral conscious sedation**” (**combinedconscious sedation**) means conscious sedation using inhalation and enteral agents except when the only intent is anxiolysis.

“**Conscious sedation**” means a minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or combination thereof. The caveat that loss of consciousness should be unlikely is a particularly important aspect of the definition of conscious sedation, and the drugs and techniques utilized should carry a margin of safety wide enough to render unintended loss of consciousness highly unlikely.

“**Deep sedation**” means a controlled state of depressed consciousness, accompanied by partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

“**Direct Supervision**” means the dentist responsible for the sedation/ anesthesia procedure shall

be physically present in the office and shall be continuously aware of the patient's physical status and well being.

“Enteral” means any technique of administration in which the agent is absorbed through the gastrointestinal tract (oral, rectal, sublingual).

“General anesthesia” means a controlled state of unconsciousness, accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

“Parenteral” means a technique of administration in which the drug bypasses the gastrointestinal tract and includes intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO).

195:20-1-3.1 Pediatric conscious sedation utilizing enteral methods (oral, rectal, sublingual)

(a) **Required training.** Every dentist who administers pediatric conscious sedation using enteral methods (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages to dental patients ages twelve (12) years and under must satisfy at least one of the following requirements:

(1) Has accrued a minimum of sixteen (16) hours training in enteral conscious sedation techniques given by a faculty member of a recognized teaching institution or hospital, or must have participated in an education program approved by the Board. Didactic and clinical training shall follow the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, a publication of the American Dental Association. These sixteen (16) hours are in addition to those accrued completing certification or re-certification in

Basic Life Support (BLS) for Health Care Providers by the American Heart Association.

(2) Currently holds a provider permit in the state of Oklahoma to administer conscious sedation utilizing parenteral method or to provide general anesthesia (to include deep sedation).

(3) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery or pediatric dentistry at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the Board.

(4) Satisfactory completion of a general practice residency or other advanced education in a general dentistry program approved by the Board.

(5) Licensed dentists in the state of Oklahoma who have provided pediatric conscious sedation utilizing enteral methods to dental patients ages twelve (12) years and under in a safe, competent, ethical, and effective manner in the past. Such dentists will be grandfathered for one year from the time this rule takes effect on July 1, 2002. The required training ((a) 1,2,3, or 4) shall be completed and/or submitted for permit application prior to July 1, 2003.

(b) **Permit for Dentists.** No dentist shall administer pediatric conscious sedation using enteral methods (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages for dental patients ages twelve (12) and under unless such dentist possesses a permit or authorization issued by the Oklahoma Board of Dentistry for the administration of pediatric conscious sedation using enteral methods. Application for such permit will be made to the Board on the prescribed form. A successful credentials review will result in a notification that a formal evaluation can be scheduled. The dentist holding such permit shall

- be subject to review and such permit must be renewed annually, along with payment of the required fee.
- (c) **Current training.** A dentist who holds a permit for pediatric enteral conscious sedation shall satisfy all of the following:
- (1) Current certification in Basic Life Support (BLS).
 - (2) At least one (1) assistant involved in the procedure currently certified in Basic Life Support for Health Care Providers by the American Heart Association.
 - (3) Complete every three (3) years at least six (6) hours of courses related to the administration of sedation and medical emergencies. These six (6) hours are in addition to those accrued completing certification or re-certification in BLS.
- (d) **Facility Permit Inspections.** Each facility of every dentist who authorizes the administration of pediatric enteral conscious sedation (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages in his or her office to dental patients ages twelve (12) years and under shall successfully pass inspection by a consultant or consultants appointed by the Board. This will include an evaluation of the facility's equipment and personnel and will follow the American Dental Association's Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry. This evaluation will be on a prescribed form approved by the Board and be available to the applicant for review prior to a request for an inspection. Such dentist is permitted to work with or employ:
- (1) A dentist holding a valid pediatric enteral conscious sedation permit.
 - (2) A dentist holding a valid parenteral conscious sedation permit.
 - (3) A dentist holding a valid general anesthesia permit.
 - (4) A Certified Registered Nurse Anesthetist licensed to practice in the State of Oklahoma, provided the dentist who directly supervises the CRNA satisfies the requirements stated in 195:20-1-3(f).
 - (5) A licensed and trained Allopathic or Osteopathic physician on the anesthesia staff of a hospital accredited by the State of Oklahoma and currently certified in Advanced Cardiac Life Support (ACLS) by the American Heart Association. He or she must personally administer the pediatric conscious sedation using enteral methods and remain on the premises of the dental facility until a full evaluation of the dental patient prior to discharge to a responsible adult is complete.
- (e) **Provider Permit Inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages shall successfully pass inspection by a consultant or consultants appointed by the Board. This evaluation will be completed on a prescribed form approved by the Board and be available to the applicant for review prior to an inspection. This form shall follow the American Dental Association Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry. New provider permit applicants will not be required to demonstrate the administration of pediatric enteral conscious sedation to a minor patient in the presence of an evaluation team unless requested to do so at the Board's discretion. In the case of a mobile or portable dentist provider, all inspections of that provider shall be conducted in the office of an Oklahoma licensed dentist where pediatric enteral conscious sedation is administered.
- (f) **Direct Supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages to dental patients by a CRNA provided the following requirements are satisfied:

- (1) Hold a valid pediatric conscious sedation by enteral methods provider permit as described in 195:20-1-3(d).
 - (2) Hold a valid facility permit as described in 195:20-1-3(d).
- (g) **Restrictions.** No dentist providing pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages to dental patients ages twelve (12) years and under shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness and would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of conscious sedation stated in section 195:20-1-2. Oral administration of all short acting medications including but not limited to Versed⁷ (Midazolam HCL) and Actiq^â (oral transmucosal fentanyl) shall be performed on the dental premise only. Prescriptions for these drug therapies intended for at home pre-medication shall be prohibited.
- (h) **Exceptions.**
- (1) The administration of nitrous oxide and oxygen with or without local anesthesia to patients of any age does not require this permit.
 - (2) A dentist providing enteral conscious sedation or minor tranquilizers in anxiolytic dosages to any dental patients ages thirteen (13) years and older is not required to have an enteral conscious sedation permit. However, the minimum standards for dentists utilizing enteral conscious sedation as described in 195:20-1-7 shall apply.

195:20-1-4 Conscious Sedation utilizing parenteral methods

- (a) **Required training.** Every dentist who administers conscious sedation using parenteral methods (includes intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO) for dental patients must satisfy at least one of the following requirements:
- (1) Has accrued a minimum of sixty (60) hours training in parenteral conscious sedation techniques given by a faculty member of a recognized teaching institution or hospital, or must have participated in an education program approved by the Board. Didactic and clinical training shall follow the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, a publication of the American Dental Association.
 - (2) Currently hold a permit in the State of Oklahoma to provide general anesthesia (to include deep sedation).
 - (3) Completion of an American Dental Association Commission on Dental Accreditation approved advanced dental education program which includes at least sixty (60) hours of comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation.
- (b) **Permits for dentists.** No dentist shall administer conscious sedation using parenteral methods for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Dental Board for the administration of conscious sedation using parenteral methods. Application for such permit will be made to the Board on the prescribed form. A successful credentials review will result in a notification that a formal evaluation can be

scheduled. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.

- (c) **Current training.** A dentist who holds a permit for parenteral conscious sedation shall satisfy all of the following:
- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
 - (2) Two (2) assistants involved in the procedure currently certified in Basic Life Support for Health Care Providers by the American Heart Association.
 - (3) Complete every three (3) years at least six (6) hours of courses related to the administration of sedation, anesthesia or medical emergencies in the dental office. These six (6) hours are in addition to those accrued completing certification or re-certification in BLS and ACLS or PALS.
- (d) **Facility permit inspections.** Each facility of every dentist who authorizes or directly supervises the administration of parenteral conscious sedation in his or her office shall successfully pass inspection by a consultant or consultants appointed by the Board. This will include an evaluation of the facility's equipment and personnel and will follow the American Dental Association's Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry. This evaluation will be on a prescribed form approved by the Board and available to the applicant for review prior to a request for an inspection. A written list of all monitors, emergency equipment, drugs, and other materials which the mobile or portable anesthesia provider agrees to have available at all times while administering parenteral conscious sedation in this facility will be required at the time of inspection. The dentist holding a facility permit can work with or employ:
- (1) A dentist holding a valid parenteral conscious sedation permit.
 - (2) A dentist holding a valid general anesthesia provider permit.
 - (3) A Certified Registered Nurse Anesthetist licensed to practice in the State of Oklahoma, provided the dentist who directly supervises the CRNA satisfies the requirements stated in 195:20-1-4(f).
- (e) **Provider permit inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers parenteral conscious sedation shall successfully pass inspection by a consultant or consultants appointed by the Board. This evaluation will be completed on a prescribed form approved by the Board and available to the applicant for review prior to an inspection. This form shall follow the American Dental Association Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry. New permit applicants will be required to demonstrate the administration of parenteral conscious sedation to a patient in the presence of an evaluation team. In the case of a mobile or portable dentist provider, all inspections of that provider shall be conducted in the office of an Oklahoma licensed dentist where parenteral conscious sedation is administered. At least fifty percent (50%) of the inspection team shall be composed of a like trained dentist, unless the dentist to be inspected waives the provision.
- (f) **Direct supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of parenteral conscious sedation to patients by a CRNA provided the following requirements are satisfied:
- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac Life Support

- (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
- (2) Complete every three (3) years at least eighteen (18) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. Hours accrued completing certification or re-certification in BLS and ACLS or PALS shall be accepted towards completion of this eighteen (18) hour requirement.
- (3) Hold a valid facility permit as described in 195:20-1-4(d).
- (g) **Restrictions.** No dentist providing parenteral conscious sedation shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness and would likely render a patient deeply sedated, generally anesthetized, or otherwise not meeting the conditions of the definition of conscious sedation as stated in section 195: 20-1-2.

195:20-1-5 General anesthesia (to include deep sedation)

- (a) **Required training.** Every dentist who administers general anesthesia or deep sedation must meet one of the following requirements:
- (1) A minimum of two years of post-doctoral training in anesthesiology as described by the American Dental Association in Part II of Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry.
 - (2) A dentist with one year of post-doctoral training in anesthesiology with a current general anesthesia permit will be grandfathered,
 - (3) Specialty certification in oral and maxillofacial surgery.
 - (4) Certification as a fellow in Anesthesia by the American Dental Society of Anesthesiology.
- (b) **Permit for dentists.** No dentist shall administer general anesthesia (including deep sedation) for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Board for the administration of general anesthesia (including deep sedation). Application for such permit will be made to the Board on the prescribed form. A successful credentials review will result in a notification that a formal evaluation can be scheduled. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.
- (c) **Current training.** A dentist who holds a permit to provide general anesthesia (including deep sedation) shall satisfy all of the following:
- (1) Current certification in Basic Life Support (BLS) and Advanced Life Support (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
 - (2) Two (2) assistants involved in the procedure currently certified in Basic Life Support for Health Care Providers by the American Heart Association.
 - (3) Complete every three years at least six (6) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. These hours are in addition to those accrued completing certification or re-certification in BLS and ACLS or PALS.
- (d) **Facility permit inspections.** Each facility of every dentist who authorizes or directly supervises the administration of general anesthesia (to include deep sedation) in his or her office shall successfully pass inspection by a consultant or consultants appointed by the Board. This will include an evaluation of the facility's equipment and personnel and

will follow the American Dental Association's Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual". This evaluation will be on a prescribed form approved by the Board and available to the applicant for review prior to a request for an inspection. A written list of all monitors, emergency equipment, drugs, and other materials which the mobile or portable anesthesia provider agrees to have available at all times while administering general anesthesia in this facility will be required at the time of inspection. The dentist holding a facility permit can work with or employ:

- (1) A dentist holding a valid general anesthesia provider permit.
- (2) A Certified Registered Nurse Anesthetist licensed to practice in the State of Oklahoma, provided the dentist who directly supervises the CRNA satisfies the requirements stated in 195:20-1-5(f).

(e) **Provider permit inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers general anesthesia (including deep sedation) shall successfully pass inspection by a consultant or consultants appointed by the Board. This evaluation will be completed on a prescribed form approved by the Board and available to the applicant for review prior to an inspection. This form shall follow the ADA Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual". New permit applicants will be required to demonstrate the administration of general anesthesia (including deep sedation) to a patient in the presence of an evaluation team. In the case of a mobile or portable dentist provider, all inspections of that provider shall be conducted in the office of an Oklahoma licensed dentist where general anesthesia (including deep sedation) is administered. At least fifty percent (50%) of the inspection team shall be composed of a like trained dentist unless the dentist to be inspected waives the provision.

(f) **Direct supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of general anesthesia (including deep sedation) to patients by a CRNA provided that the following requirements are satisfied:

- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric "Advanced Life Support (PALS) by the American Heart Association.
- (2) Complete every three (3) years at least eighteen (18) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. Hours accrued completing certification or re-certification in BLS and ACLS or PALS shall be accepted towards completion of this eighteen (18) hour requirement.
- (3) Hold a valid facility permit as described in 195:20-1-4(d).

195:20-1-7. Minimal standards for dentists utilizing enteral conscious sedation (oral, rectal, sublingual)

(a) Every dentist who utilizes enteral conscious sedation (oral, rectal, sublingual) shall be responsible for all aspects of the procedure as outlined in Part I, Section V of the American Dental Association Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists. This shall include careful patient evaluation and informed consent prior to the start of any sedation procedure. Continuous monitoring of oxygenation,

ventilation, and circulation with documentation of all procedures, drugs, and agents on an appropriate time-oriented anesthesia record shall be completed for each patient. The dentist performing the sedation is required to be in the patient's presence at all times during the procedure. No provider shall have more than one (1) patient under any form of sedation at the same time, exclusive of recovery. Supervised recovery and complete evaluation of the patient prior to discharge to a responsible adult is required. Minimal monitoring equipment shall include **blood pressure apparatus** (manual or automatic) and a **pulse oximeter**.

- (b) The anesthesia provider is responsible for the anesthetic management, adequacy of the facility, and treatment of emergencies associated with administration of enteral conscious sedation, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

195:20-1-8 Minimal standards for dentists utilizing conscious sedation by parenteral methods

- (a) Every dentist who utilizes conscious sedation by parenteral methods shall be responsible for all aspects of the procedure as outlined in Part I, Section V of the American Dental Association Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists. This shall include careful patient evaluation and informed consent prior to the start of any sedation procedure. Continuous monitoring of oxygenation, ventilation, and circulation with documentation of all procedures, drugs, and agents on an appropriate time-oriented anesthesia record shall be completed for each patient. The dentist performing the sedation is required to be in the patient's presence at all times during the procedure. No provider shall have more than one (1) patient under any form of sedation at the same time, exclusive of recovery. Supervised recovery and complete evaluation of the patient prior to discharge to a responsible adult is required. Minimal monitoring equipment shall include **blood pressure apparatus** (manual or automatic) **pulse oximeter**, and **electrocardiograph** (adult patients). A defibrillator is recommended per ACLS protocol.
- (b) The anesthesia permit provider is responsible for the anesthetic management, adequacy of the facility, and treatment of emergencies associated with administration of parenteral conscious sedation, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

195:20-1-9 Minimal standards for dentists utilizing general anesthesia or deep sedation

- (a) Every dentist who utilizes general anesthesia or deep sedation shall be responsible for all aspects of the procedure as outlined in Part I, Section V in the American Dental Association Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for dentists and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual." This shall include careful patient evaluation and informed consent prior to the start of any anesthetic procedure. Continuous monitoring of oxygenation, ventilation, and circulation with documentation of all procedures, drugs, and agents on an appropriate time-oriented anesthesia record shall be completed for each patient. A device capable of measuring body temperature should be readily available, if needed, during the administration of deep sedation/general anesthesia. When agents implicated in precipitating malignant hyperthermia are utilized, continual monitoring of body temperature must be performed. The dentist performing the anesthesia is required to be in the patient's presence at all times during the procedure. No provider shall have more than one patient under any form of sedation or anesthesia at the same time, exclusive of recovery. Supervised recovery and complete evaluation of the patient prior to discharge to a responsible adult is required. Minimal monitoring equipment shall include blood pressure apparatus (manual or

automatic), pulse oximeter, end-tidal carbon dioxide monitor (intubated patients), temperature monitor, electrocardiograph, and a defibrillator.

- (b) The anesthesia permit provider is responsible for the anesthetic management, adequacy of the facility, and treatment of emergencies associated with the administration of general anesthesia, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

195:20-1-10 Application for permits

- (a) In order to receive a permit to administer (provider permit), authorize (facility permit), or be directly supervised by a CRNA (facility permit) parenteral conscious sedation or general anesthesia (including deep sedation), the dentist must apply on the prescribed form to the Board, and pay any required fee. No permit shall be required for any type of sedation or anesthesia by any dentist in a hospital licensed by the state of Oklahoma or an accredited ambulatory surgery unit. In the event the Board deems the application or evaluation unsatisfactory, a written explanation documenting the deficiencies and suggested remedies shall be forwarded to the applicant within twenty-one (21) days. The Board may issue a permit based on documentation that deficiencies have been corrected; or the Board may require a formal re-evaluation. The dentist holding such permit shall be subject to review at the discretion of the Board. The Board shall re-inspect all permit holders every five (5) years. Observation of a sedation or anesthetic procedure shall not routinely be performed during the re-inspection of provider permits.
- (b) The Board shall renew the permit annually upon payment of the required renewal fee as specified herein, unless the holder is informed in writing that a re-evaluation of his credentials or facility is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints or reports of adverse occurrences. Observation of one or more sedation or anesthetic procedures may be required.

195:20-1-11 Temporary permits

A temporary permit may be granted to dentists to administer or authorize parenteral conscious sedation or general anesthesia and deep sedation. The granting of such permit shall be based upon an evaluation of the applicant's educational qualifications, and shall, at the Board's discretion, be valid for up to one hundred twenty (120) days. At this time, a new temporary permit may be issued. Only permanent permits may be issued to the applicant after this time.

195:20-1-12 Adverse Occurrences

All licensees engaged in the practice of dentistry in the State of Oklahoma must submit a complete report to the Board of any fatality occurring during the practice of dentistry or the discovery of the death of a patient whose death is causally related to the practice of dentistry by the licensee within a period of thirty (30) days from such occurrence.

195:20-1-13 Inspection Schedule

The Board shall randomly divide all current permit holders into five (5) equal groups. The groups shall then be designated as Group 1, Group 2, Group 3, Group 4 and Group 5. Group 1 shall be inspected no later than December 31, 2000, Group 2 no later than December 31, 2001, Group 3 no later than December 31, 2002, Group 4 no later than December 31, 2003, and,

Group 5 no later than December 31, 2004. Thereafter, each permit holder shall be re-inspected every five (5) years.

195:20-1-14 Anesthesia Advisory Committee

(a) An Anesthesia advisory Committee shall be formed to advise the Board concerning the administration of anesthesia and sedation. This Committee shall have the following functions:

- (1) Advise the Board in rulemaking regarding anesthesia and sedation;
- (2) Submit names of dentists to the Board for its consideration in appointing provider permit and facility inspectors;
- (3) Formulate and revise checklists for provider permits and facility inspections for the Board's consideration;
- (4) Hold meetings at least annually and no more than quarterly.

(b) The Anesthesia Advisory Committee shall be composed of:

- (1) One (1) dentist who holds a general anesthesia provider permit;
- (2) One (1) dentist who holds a conscious sedation provider permit;
- (3) One (1) dentist provider permit holder at large;
- (4) One (1) current dentist member of the Board;
- (5) One (1) dentist who holds a pediatric conscious sedation provider permit.

(c) Members of this committee shall be appointed by the Board and serve a term of three years. Appointments shall be made so that approximately one-third of the committee is re-appointed each year.

Chapter 25 Rules for continuing education

195:25-1-1 Purpose

The rules of this chapter set forth the requirements for continuing education for dentists and dental hygienists.

195:25-1-2 Continuing education required

- (a) Requirements for continuing education are listed in Title 59 O.S. 328.41.

195:25-1-8 Procedure for reporting continuing education hours

- (a) Form for reporting. Continuing education credits shall be reported by dentists and dental hygienists on the online licensing system of the Board. All continuing education reporting shall be completed and entered on the online system no later than June 30th at the end of the (2) two year. New licenses shall be prorated by year of licensure. New graduate licensees shall be prorated pursuant to 59 O.S. §328.41(C)(3.).
- (b) Random audits shall be conducted as directed by the Board at the end of the reporting period. An audit shall require documentation to match the information submitted to the Board on the continuing education online system.

195:25-1-9 Monetary fine for failing to report continuing education hours

All licensed dentists or dental hygienists who fail to submit the prerequisite number of hours during the reporting period(s) ending on June 30th shall receive a monetary fine. The Board shall send a certified notice at their official address as listed with the board, to all dentists

and dental hygienists who fail to comply with the requirement after the June 30 ending date of the reporting period. A monetary fine of one thousand dollars (\$1000.00) for dentists and five hundred dollars (\$500.00) for dental hygienists shall be assessed for failing to submit the required continuing education. All monetary fines shall be paid within sixty (60) days. All missing continuing education shall be completed and submitted to the Board within ninety (90) days after notification by the Board to the licensee. Failure to complete the continuing education requirement and/or submit the monetary fine shall be considered grounds for an individual action against a licensee pursuant to 59 O.S. § 328.32.

Chapter 30 Rules on annual registration of dispensers of dangerous drugs

195:30-1-1 Purpose

The rules of this chapter establish procedures for the annual registration as dispensers of persons licensed to practice dentistry in this State who desire to dispense dangerous drugs, as authorized by provisions of 59 O.S. Sections 355.1 and 355.2.

195:30-1-2. Statutory citations

Citations to statutes in the rules of this chapter refer to the most recent codifications of the statute.

195:30-1-3. Definitions

The following words and terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise.

Masculine words shall include the feminine and neuter, and the singular includes the plural.

“Board” means the Board of Governors of Registered Dentists of Oklahoma, and includes the Executive Secretary/Director of the Board unless the context indicates otherwise.

“Dangerous drugs” means any drug intended for use by people which, because of its toxicity or other potentiality for harmful effects, or the method of its use, or the collateral measures necessary for its use, is not safe for use except under the supervision of a practitioner licensed by law to administer such drugs. This shall include all drugs upon which the manufacturer or distributor has, in compliance with federal law and regulations, placed the following: **“Caution-Federal Law prohibits dispensing without prescription.”**

“Dentist” means a professionally trained individual who has fulfilled the educational requirements and is a graduate of an accredited dental school and who has been licensed by the Board to administer to the general public through the practice of dentistry.

“Dispense” means to deliver, sell, distribute, leave with, give away, dispose of, or supply.

“Dispenser” means a dentist registered with the Board pursuant to these rules to dispense dangerous drugs.

“Professional samples” means complimentary drugs packaged in accordance with federal and state statutes and regulations and provided to a dentist free of charge by manufacturers or distributors and distributed free of charge in such package by the dentist to his patients.

195:30-1-4. Dispensing dangerous drugs

(a) **Dispensing only by dentist.** Except as provided for in 59 O.S.,

353.1 et seq., only a dentist, who is with the Board pursuant to this chapter, may dispense dangerous drugs to his patients, and only for the expressed purpose of serving the best interest, and promoting the welfare of his patients.

- (b) **Labelling requirements.** The dangerous drugs shall be dispensed in an appropriate container to which a label has been affixed. Such label shall include the name and office address of the dentist, date dispensed, name of patient, directions for administration, prescription number, the trade or generic name, and the quantity and strength, not meaning ingredients, of the drug therein contained; provided, this requirement shall not apply to compounded medicines. 195:30-1-5.

195:30-1-5. Record keeping

- (a) **Record of dangerous drugs dispensed.** A dentist shall keep a suitable book, file or record in which shall be preserved for a period of not less than five (5) years a record of every dangerous drug compounded or dispensed by the dentist.
- (b) **Records to be maintained separate from other records.** A dentist shall maintain said book, file or record separate from all other records.
- (c) **Board inspection of records.** A dentist shall allow the Board or the Board's agent to inspect and copy said book, file or record whenever requested by the Board.

195:30-1-6. Annual registration; fee

- (a) **Registration with Board.** A dentist desiring to dispense dangerous drugs shall register as a dispenser annually with the Board.
- (b) **Registration forms.** The Board shall provide registration forms. A dentist may obtain a registration form from the Board's office.
- (c) **Registration as a dispenser.** A dentist desiring to register as a dispenser shall file a completed registration form at the Board's office on or before the first day of January of each year following the year in which the dentist initially registers as a dispenser.
- (d) **Registration fee.** At the time a dentist files a completed registration form he shall pay to the Board a fee sufficient to cover the cost of processing the registration in an amount to be determined by the Board.

195:30-1-7. Exemptions

A dentist who dispenses professional samples to his patients shall be exempt from the provisions of this chapter if:

- (1) The dentist furnishes the professional sample to the patient in the package provided by the manufacturer;
- (2) No charge is made to the patient;
- (3) An appropriate record is entered in the patient's chart.

195:30-1-9. Violations

- (a) **Penalties.** A dentist who violates the provisions of 59 O.S., Sections 355 et seq., or the rules of this chapter, shall be subject to disciplinary action by the Board including but not limited to revocation of license, suspension, probation or public or private reprimand, as provided in 59 O.S., Section 328.32.

- (b) **Procedure.** Any disciplinary action for violation of 59 O.S., Section 355 et seq., or the rules of this chapter, shall be conducted according to the provisions of 59 O.S., Sections 328.32, 328.43, 328.45, 328.46, any applicable rules of the Board, and any applicable provisions of the Administrative Procedures Act.

Chapter 35 Infection Control

195:35-1-1 Purpose

The purpose of rules contained herein is to establish proper sterilization, disinfection, and other infection control procedures in the practice of dentistry. Failure of a dental health care worker to practice and maintain these procedures constitutes a significant danger to public health and safety. Any violation of the rules regarding infection control in this chapter and applicable statutes, rules, or regulations that may be incorporated by reference herein or that may apply otherwise through federal or state mandate or regulation shall be considered a failure to safeguard the public interest and thus shall constitute, at a minimum, negligence in the performance of dental services and failure to use proper diligence in the conduct of dental practice.

195:35-1-2. Definitions

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise.

“Barrier techniques” means the use of protective items against infection transmission during any intraoral or invasive procedure to include appropriate gloves for the procedure performed. This definition shall include protective eye wear and nasal/oral masks when “splash” splatter, or aerosol of body fluids is possible or expected.

“Dental Health Care Worker” means a dentist or dental specialist, dental hygienist, dental assistant, dental laboratory technician, dental student, dental hygiene student, or dental assisting student.

“Disinfection” means the partial elimination of active growth stage bacteria and the inactivation of some viruses. The potential for infection remains after disinfection, including infection with M tuberculosis, hepatitis A virus (HAV) and hepatitis B virus (HBV). The human immunodeficiency virus (HIV) may also remain active following disinfection.

“Sterilization” means a process by which all forms of life within a defined environment are completely destroyed.

195:35-1-3. Required sterilization and disinfection

- (a) Sterilization is required for all surgical and other instruments that may be used intra orally or extra orally, where these instruments may be used invasively in penetration of soft tissue, bone, or other hard tissue. Other non-surgical instruments, such as plastic instruments, that may come in contact with tissue must be disinfected with a solution that is tuberculocidal.
- (b) All instruments subject to sterilization must undergo at least one of the following procedures:
- (1) Steam autoclave
 - (2) Chemical vapor autoclave
 - (3) Dry-heat oven
 - (4) Ethylene oxide

- (5) Chemical sterilant (used in concentrations and time periods approved by the manufacturer)
- (c) Sterilization equipment and its adequacy shall be tested and verified on a regular basis.
- (d) Following a dental procedure, all instrumentation and equipment that may have become contaminated with blood, saliva, or tissue debris must be, at a minimum, disinfected and preferably sterilized before utilization for patient care.
- (e) Prior to sterilization, all instruments must be free of any visible debris and must be either scrubbed thoroughly with a detergent and water solution or debrided in an ultrasonic cleaning device.
- (f) Oral prosthetic appliances and devices from a dental laboratory must be washed with a detergent and water solution, rinsed, disinfected, and rinsed before the appliance or device is placed into a patient's mouth.
- (g) Disposable (non-resterilizable) items, including but not limited to gloves, needles, intravenous fluids, intravenous administration tubing, intravenous catheters/needles, and like items, shall not be used in the treatment of more than one patient.
- (h) All items contaminated by body fluids during patient care must be treated as biohazardous material. All contaminated single-use items must be disposed of through established Occupational Safety and Health Administration (OSHA) guidelines for such disposal. Teeth or tissue fragments to be used for microscopic, testing, or educational purposes must be sterilized prior to use. Such tissues must be handled and stored as biohazardous material until sterilization is performed.

195:35-1-4. Dental health care workers

- (a) All dental health care workers shall comply with the following:
 - (1) The universal precautions; recommended for dentistry by the Centers for Disease Control and Prevention (CDC);
 - (2) The Guidelines on HIV Infected Health Care Workers adopted by the State Department of Health; and
 - (3) The Guidelines on Hepatitis B Infected Health Care Workers adopted by the State Department of Health in the care, handling, and treatment of patients in the dental office or other setting where dental procedures of any type may be performed.
- (b) All dental health care workers who have infected or exudative lesions or weeping dermatitis shall;
 - (1) Refrain from contact with equipment, devices and appliances that may be used for or during patient care, where such contact holds potential for blood or body fluid contamination, and
 - (2) Refrain from all patient care and contact; until the condition(s) resolves.

195:35-1-5. Assessment and practice management of HIV and HBV infected dental health care workers

- (a) A dental health care worker who is subject to the counsel and prescribed conditions for practice of the State Department of Health Advisory Committee for HIV and/or HBV Infected Health Care Workers (henceforth known as the Advisory Committee), and who is allowed to continue to practice in whole or in part, shall comply with all terms and conditions of the Advisory Committee's

determinations and conditions for practice.

- (b) A dental health care worker who experiences a break in a barrier technique while treating a patient is required to temporarily cease treatment until the barrier technique can be fully restored. If bleeding or body fluid exposure to the patient presents a continued potential exposure after barrier techniques restoration, the dental health care worker must cease further direct contact with or treatment of the patient and shall be responsible for arranging for completion of the procedure being performed on the patient.
- (c) Following a break in a barrier technique, a dental health care worker who exposes the mucous membrane or non-intact skin of a patient to his or her blood shall undergo HIV and HBV surface antigen testing and ensure that the patient is notified of the exposure.
The patient must be notified of the dental health care worker's test results, observing the provisions of the Oklahoma Public Health Code regarding confidentiality of communicable disease test results.
- (d) A dental health care worker infected with HIV or HBV must notify the State Epidemiologist or his designee when a risk exposure noted in (c) has occurred.