

Hello,

I am writing to give recommendations on how the new Hygiene Local Infiltration Anesthesia should be implemented. It is good that the TSBDE is finally up to date with the rest of the country in regards to hygiene giving anesthesia, considering 48 out of the 50 states have had this ability for several decades.

The following questions were provided and I provided comments in Red:

- How many hours of didactic and clinical instruction should the rule require? **6-8 hours of didactic and clinical instruction is more than adequate, especially for only allowing local infiltration. This is in line with the requirement for sedation, and considering the almost non-existent risk and difficulty of local anesthesia via infiltration, should be more than adequate.**
- What examination requirements should the rule include? **None, outside of the CE requirement**
- Should the rule require dental hygienists to renew their local infiltration anesthesia certificate? **No, it should be a one time permit, the procedure is too easy and low risk so it is not necessary. Also, dentists are not required to have a permit or renew it for local anesthesia, and neither should hygienists.**
- Should dental hygienists with local infiltration anesthesia certificates complete certain continuing education courses as part of their biennial license renewal? **No, the procedure has such low risk and is so easy to perform that no additional CE should be required.**
- Should 22 TAC §108.6 (Report of Patient Death or Injury Requiring Hospitalization) require a dental hygienist to submit a report to the Board when a patient death or hospitalization may have occurred as a possible consequence of a patient receiving local infiltration anesthesia? **No, this is already the responsibility of the doctor. Additionally, I have never, in 20+ years of seeing tens of thousands of patients, experienced, or even heard of a single incidence of this happening due to infiltration of local anesthesia.**

Thank you,
Dr. Horton

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