

Summary of Comments Received at September 13, 2023 Stakeholder Meeting **Regarding the Administration of Local Infiltration Anesthesia**

1. Caroline Bunce, RDH.

She is the Dental Hygiene Program Director at Concorde Career College, San Antonio. She was in the military. She taught in South Carolina where they do not have a required number of hours because the curriculum is competency based; students are required to pass an examination before moving to the next level. She does not agree with a required number of hours because the education should be based on the individual student.

She disagrees with the two-year practice requirement for a hygienist to administer anesthesia. This two-year practice requirement in addition to requiring students to demonstrate successful use of local infiltration on a minimum of 20 individual live patients and that each student pass a clinical competency examination on 10 live patients is unnecessary, and will be a deterrent for entities to create courses because of increased cost. It will also deter dental hygienists from seeking certification to administer infiltration local anesthesia.

She disagrees that only dentists should teach dental anesthetics because hygienists have been successfully teaching dental anesthetic for years. She does not agree that hygienists should renew their local infiltration certificate, and does not agree that hygienists should complete continuing education (CE) courses as part of their biennial license renewal because there are CE courses (pharmacology, emergency management, etc.) that hygienists are currently required to take. She agrees that a hygienist should self-report a hospitalization or death.

2. Cynthia Sweeney, RDH.

She is an instructor at Concorde Career College, San Antonio. She practiced for 25 years in California. In California, there was a dentist program director and hygiene instructors. There was not a separate examination because there were applicable questions on the national board examination. The students were required to perform an in-person live patient examination; she estimates she treated around 30 patients when she was in school. It was up to the institution/instructors to determine if a student was competent. She does not agree that there should be a required number of educational hours, nor does she agree with a renewal requirement. She agrees that a hygienist should self-report a hospitalization or death.

3. Meriles Goudeau, RDH.

She is an instructor at Concorde Career College, San Antonio. She is licensed in South Carolina, and was in the military where she practiced on a military installation and learned how to administer local anesthesia. She states local infiltration anesthesia is already part of didactic education and applicable questions are on the national examination board. She was taught by hygienists, and a dentist was also on-site. She believes the Board's proposed rule should not include a set number of hours for education because the education should be competency based. She states that South Carolina does not have a renewal requirement nor an additional CE

requirement because a hygienist is continuously demonstrating competency when treating patients. She agrees that a hygienist should self-report a hospitalization or death.

4. Brenda Wertman, RDH.

She is an instructor at UT Health San Antonio. She is also licensed in Washington. She states that the term injections should not be written in the rules, rather it should be clearly stated that it is “local anesthesia therapies provided through the infiltration technique.”

She agrees that 20 hours should be the didactic requirement and 12 hours should be the clinical requirement. She states that currently the didactic portion of dental hygiene can be taught by licensed dental hygienists with higher education without the direct supervision of a licensed dentist. These same hygienists can also teach the clinical portion, but it is under the direct supervision of a dentist. The end of course competency should include a comprehensive written exam and an actual infiltration procedure on both maxillary and mandibular arches. These exams should include and not be limited to proper dosing and documentation of the drug being administered. This education should be considered for both dental hygiene students that are enrolled in a CODA-accredited program and for dental hygienists that have graduated from a CODA-accredited program and have a current active license. She states waiting two years to challenge this local anesthesia process is not necessary because all the information from the dental hygiene programs should still be relevant.

After a dental hygiene student or a licensed dental hygienist successfully passes the 32-hour local anesthesia course and provides proof, they could either take a standardized test proving competency or take the written portion of WREB’s local anesthesia exam.

The Local Anesthesia Examination is not part of the ADEX exam series. It is an optional examination offered to any eligible dental hygiene professional who wishes to take the exam as part of the certification process to administer local anesthesia. Commission on Dental Competency Assessments, the Western Regional Examining Board and Council of Interstate Testing Agencies has a Local Anesthesia Examination that can be challenged two ways. First, being a computerized exam only, and the second has two parts both a computerized written exam and clinically based exam. Texas could choose to just use the written portion.

The best way to standardize the education is to have the hygienist or hygiene student challenge a national examination such as the CDCA-WREB-CITA written exam following the didactic/clinical course.

She does not agree that hygienists should renew their local infiltration certificate, and she does not agree that hygienists should complete CE courses as part of their biennial license renewal. She agrees that a hygienist should self-report a hospitalization or death.

5. David Mintz, Texas Academy of General Dentistry (TAGD).

The TAGD supports the 32-hour educational requirement, with 20 hours in didactic education and 12 hours in clinical education. TAGD believes there should be a renewal requirement every

two years and a CE requirement. TAGD agrees that a hygienist should self-report a hospitalization or death. He posed two questions to the Board for further clarification: (a) How does the board interpret the language about dentists being continuously aware and what is the intent behind that language? and (b) What is the impact of the supervising dentist if an adverse action should occur?

6. Michelle Landrum, RDH. Dental Hygiene Educators of Texas (DHET).

DHET states that board rule 108.6 should require hygienists to self-report hospitalizations and deaths.

Local anesthetic by infiltration certification should be automatically renewed biennially with the license renewal for a dental hygienist in good standing and with no registered incidents involving the administration of local anesthetic by infiltration on the report of patient death or injury requiring hospitalization. DHET does not recommend that hygienists complete CE as part of their license renewal because it is not a requirement for dentists.

DHET recommends requiring 32 education hours provided by a CODA-accredited institution, which includes 20 hours didactic and 12 hours clinical. This is based on average of what is required in other states. For dental hygiene students currently in school, requiring an unnecessarily high number of hours will not be feasible for dental hygiene programs in community colleges because community colleges are limited in the total amount of hours they teach.

Examination requirements should include the following: (a) each dental hygienist or dental hygiene student shall pass a TSBDE-approved examination on the material covered in the didactic section of the training with a minimum passing score of 75% before continuing to the clinical section of the training on a live person. Those who do not pass the didactic competency examination may be offered remediation and retesting before the start of the clinical training on a live person; (b) each dental hygienist or dental hygiene student shall pass a clinical competency evaluation including a demonstration of satisfactorily performing local anesthetic infiltration injections on a live person; and (c) the dental hygienist or dental hygiene student must pass a TSBDE-approved certification examination relating to the administration of a local anesthetic agent by infiltration. The certification examination shall be administered by a CODA-accredited dental hygiene program after the dental hygienist or dental hygiene student has successfully completed the local anesthetic curriculum or CE course of study. The examination should not be administered by a regional examining board because capacity fills up quickly and a majority of those examinations are mannikin based.

7. Cathy Nobles, RDH. Texas Dental Hygienists' Association (TDHA).

TDHA recommends that the local anesthetic dental hygiene curriculum or CE course shall be for dental hygienists who are licensed in Texas or students currently enrolled in a CODA-accredited dental hygiene program. The instruction shall consist of 32 hours, to include 20 hours of didactic education and 12 hours of clinical education. The coursework shall be taught by faculty members

of CODA-accredited institutions who hold a current Texas dental license or a Texas local anesthetic certificate.

TDHA recommends that the dental hygienist or dental hygiene student must pass a TSBDE-approved certification examination relating to the administration of a local anesthetic agent by infiltration. The certification examination shall be administered by the CODA-accredited institution after the dental hygienist or dental hygiene student has successfully completed the local anesthetic curriculum or CE course of study. Each dental hygienist or dental hygiene student must pass a TSBDE-approved examination on the material covered in the didactic section of the training with a minimum passing score of 75% before continuing to the clinical section of the training on a live patient. Remediation may be offered to candidates who do not pass the didactic portion of the course. It must be done prior to the clinical training. The clinical competency exam must include a demonstration of satisfactorily performing local anesthetic infiltration injections on a live patient, but not on a set number of live patients.

Local anesthetic by infiltration certification should be automatically renewed biennially with the license renewal for a dental hygienist in good standing who has no registered incidents involving the administration of local anesthetic by infiltration on the report of patient death or injury requiring hospitalization.

Additional CE hours pertaining specifically to local infiltration anesthesia should not be required by a dental hygienist after initial certification.

Board rule 108.6 should require hygienists to self-report hospitalizations and deaths.

8. Denise Rose – Texas Dental Hygienists' Association (TDHA).

TDHA asks that the Board clarify what “continuously aware” means.

9. Dr. David Reeves, DDS.

He is an instructor at the dental hygiene program at Austin Community College. He is concerned that hands-on simulation is not sufficient, and there should be a live patient education requirement. He agrees with the 32 hours education requirement, with 20 hours in didactic and 12 hours in clinical. He does not think an additional examination from a regional examining board is necessary because students will be qualified when they graduate. He does not agree with a renewal certification requirement, nor a requirement for continuing education as part of a hygienist's biennial renewal. He could not find continuing education courses that are specifically related to infiltration of local anesthesia. He believes in a competency-based educational program instead of requiring a certain number of live patients. He believes an adverse incident should be self-reported, but ultimately the dentist should be responsible for reporting.

10. Victoria Patrounova, RDH.

She is the dental hygiene program director at UT Health School of Dentistry, Houston. All dental hygiene students are required to take the national board examination, which prepares students. However, clinical education pertaining to the administration of local infiltration anesthesia would

need to be added to programs. She believes hygienists can teach a local infiltration course with a supervising dentist. She recommends 20 hours of didactic, and 12 hours of clinical; these courses and exam can be approved by the Board. She doesn't believe a set number of live patients should be required because a program should be competency based. Hygienists who already graduated from a CODA-accredited program, and have clinical experience would need a refresher course prior to becoming certified to administer local infiltration anesthesia.

11. Dr. Brandon Horton, DDS

He believes 6-8 hours of didactic and clinical instruction is a sufficient amount of education; this is in line with the requirement for sedation and the administration of local infiltration anesthesia is low risk. He recommends there should not be an examination requirement, outside the CE requirement. Dental hygienists should not be required to renew their certificates because the procedure is simple and low risk, and dentists are not required to obtain a certificate or renew for local anesthesia. Dental hygienists should not be required to complete CE as part of their biennial license renewal because the procedure is low risk and simple to perform. Dental hygienists should not be required to self-report because it is already the responsibility of the dentist, and he is not aware of an incident occurring as a result of the administration of local infiltration anesthesia.

12. Dr. Brian Coerver, DDS.

He was also a former registered nurse. There should be no need to renew the certificate as nurses are not required to renew. Once you learn the skill of injections, there is no need for further renewal. The certificate should become part of the license. He does not recommend requiring continuing education because once a skill is learned, the individual has it for life. Since injection techniques have basically not changed in many decades, further education is unwarranted. Neither dentists nor registered nurses are required to take continuing education pertaining to how administer injections. Since hygienists cannot practice independently, the reporting of a death after administration of local anesthesia will be the responsibility of the employer. The hygienist will not be notified of a death, but the employer will be notified by the hospital or the patient's family. If courses are limited to only the dental schools, then most hygienists in outlying areas will not want to spend the time or travel to be certified. To add a large fee to the hygiene license would be a disincentive for hygienists to become certified. Currently, Oklahoma only adds a line on the dental hygiene license that states the person is licensed to provide local anesthesia. No additional fee is added to the license. Eventually all hygienists trained in the state through the dental hygiene schools will automatically qualify for a certificate. Oklahoma is currently experiencing this problem. This past spring, there was not enough hygienists interested in taking the ODF course to make a class. If the Board would approve the outside curriculum, hygienists could take the course in another state while the Board decides what to include in the requirements for hygienists that live further out. This would directly benefit the hygienists in North Texas. He provided for the Board's review a copy of the syllabus used by the Oklahoma Dental Foundation, which is the program responsible for the local anesthesia classes for hygienists in Oklahoma.

13. Rhonda Freese, RDH.

She asks the Board consider the dental hygienist who have already taken courses in other states to grandfather those hygienists in after taking a refresher course, but not require them to take the initial course again. She recommends following the initial certification course from Oregon: 15 lecture hours delivered online over 4 weeks; must have a passing grade on the test to take the clinical portion; 6 hours clinical instruction delivered in a 1-day period; emergency office procedure course at each license renewal required to maintain certification; a CE class for local anesthesia at each renewal required to maintain certification. Course objectives should be as follows: identify anatomical structures and neural pathways for the purpose of oral local anesthesia; identify and safely use armamentarium required for local anesthesia; explain the pharmacological factors of the most common anesthetics used in dentistry; identify and manage adverse systemic and local complications associated with local anesthetics; and demonstrate competence in administering local anesthetics for injections used in dentistry.

August 10, 2023

Ms. Casey Nichols
Executive Director
1801 Congress Avenue
Suite 8.600
Austin, Texas 78701

Dear Ms. Nichols and Texas State Board of Dental Examiners Members,

Thank you for taking the time to listen to my verbal comment today regarding the Dental Hygienist Local Anesthetic Recommendations. Below is a written version of my comment. If you or any of the Texas State Board of Dental Examiners Members have any questions, please feel free to contact me at cbunce@concorde.edu or reach me at my cell 228-365-1899.

Good afternoon committee members. First off, I would like to thank each of you for everything you continue to do for our profession.

My name is Caroline Bunce, I'm a United States Air Force Veteran, a registered dental hygienist, and educator. For the last 10-year of active-duty service, I oversaw the Dental Hygiene training, in conjunction with a civilian college, for our Air Force dental hygiene students. Among my duties back then was to take the training of new AF dental hygienists that have graduated from states allowing only infiltration and expanded their training to deliver blocks. I am currently a Dental Hygiene Program Director at a CODA accredited college here in San Antonio.

During my 20-year military career, I received a bachelor's in dental Hygiene, and a master's degree in public health. With all my education, one of the most important lessons I learned came from the military. All great leaders first had to have someone believed in them. As a Program Director I believe in our process, and more importantly, I believe in our students, instructors, and administrators. Hygiene is a partnership of treatment and education with hygienists, dentists and patients and in the early stages of one's career we must add the instructor.

Over the years I have looked at a vast number of CODA accredited colleges who teach local anesthetic, and I believe that the current Texas proposed criteria requirements are on the right track with the overall academia, but we are missing the mark with some of the other requirements.

For example, the 2-year waiting period for a hygienist to administer anesthesia as proposed by TDAs recommendation. As educators our ultimate goal is to provide a complete picture. And to prepare our students to be competent in all aspects of their scope of care. Not providing anesthetic training in the early stages of a hygienist educational journey will be a disservice to the treatment partnership. This is when we already have all the educational elements in place,

and we can ensure that all of the criteria requirements are met without having to put an unwelcome & undue burden on hygienists who are already well into their career.

Throughout my career as a RDH, I've always appreciated the capability to provide my patients with additional comfort from pain beyond topical while also being a better clinician and wingman for my dentist. I have dedicated my life to continue serving our dental community, as a leader and mentor to tomorrow's dental providers.

As a dental hygiene educator and program director, I have always tried to instill the value of bettering our capabilities as clinicians not for self-serving needs but to become better providers for our patients and better clinicians for the dentists we work with and look up to.

I do have significant concerns with the feasibility and burdensome nature included in the TDA's proposal for dental hygienists to be certified in Texas.

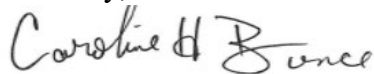
Both Dental and Dental Hygiene programs are governed over by the same accrediting body, CODA. With full disclosure, I am lucky to be a volunteer Site Visitor for CODA. Therefore, I am familiar with the high standards that both programs' curriculum and teaching faculty must meet. Currently, my fellow dental hygienists are successfully teaching infiltration and block local anesthesia across the country. So, with all due respect to Dr. Henderson, I also disagree with your comment regarding only dentists should teach dental anesthetics. I and my colleagues have been successfully teaching dental anesthetic for years.

This 2-year post requirement in addition requiring students to demonstrate successful use of local infiltration on a minimum of 20 individual live patients receiving dental hygiene treatment AND that each student shall pass a clinical competency examination on 10 live patients; is not only unnecessary in order to produce a high caliber education but will ultimately serve as a deterrent for entities to create courses/classes because of the increased logistical cost. It will also deter dental hygienists from wanting to be certified to administer infiltration local anesthesia. I and my fellow colleagues fully understand that when we expand our training, it will not lead to an increase in pay, but we will still pursue certification because we understand that it will help our patients, dentists, and practice.

As we move forward, I am excited to provide our future Texas leaders in dental hygiene with a complete and compatible education program.

Again, I and my students are extremely grateful with your dedication to our profession, and I look forward to assisting in this process in any way I can.

Sincerely,

A handwritten signature in cursive script that reads "Caroline H. Bunce".

Caroline Bunce, CDA, RDH, BSDH, MPH
Dental Hygiene Program Director

Hello Texas Dental Board members.

My name is Brenda Wertman and I have been a registered dental hygienist in Washington State since 2010 and here in Texas since 2021. I have been practicing dentistry since 1991, which is my entire adult life. My undergraduate degree is Environmental Health from the University of Washington, with the focus on epidemiology and toxicology. My graduate degree is a master's in dental public health from AT Still University. I am currently a dental hygiene faculty at UT Health San Antonio.

I am here today to speak on my behalf based on my experiences. What I am going to express is my opinion based on evidence. I have been giving local anesthesia therapies for over 13 years-by using both block and infiltration techniques. My experience with local anesthesia includes traditional local anesthetic therapies for my patients and helped provide anesthetic therapies for restorative treatment for the general dentists that I worked for. I have also been an adjunct faculty for dental hygiene students giving local anesthesia and was a part of a continuing education that provided hygienists from out of state to transition their limited license to a fully registered dental hygienist in the State of Washington. I have also worked for a periodontist who only wanted us to provide local anesthesia via infiltration as a standard of care. I did that and it proved to be a very effective form of local anesthesia without providing the patients with block anesthesia side effects. It is also worth mentioning that the term injections should not be written in the rules, rather it should be clearly stated that it is "local anesthesia therapies provided through the infiltration techniques".

How many hours of didactic and clinical instruction should the rule require?

Ms. Jane Cotter wrote a statement letter to Ms Casey Nichols on behalf of the Dental Hygiene Educators of Texas that outlined this, and I concur.

It states, "Successfully completing 32 hours of Texas State Board of Dental Examiners-approved clinical and didactic education in the administration of local anesthetics taken through a CODA-accredited education institution including passing a written examination and a competency based clinical examination. --20 hours should include the didactic requirements and 12 hours should include clinical education." I believe that this is an adequate amount of education to administer local anesthesia successfully and safely through infiltration techniques.



Dental Hygiene Educators of Texas
Dental Hygienist Local Anesthetic Recommendations
August 8, 2023

Ms. Casey Nichols
Executive Director
1801 Congress Avenue
Suite 8.600
Austin, Texas 78701

Dear Ms. Nichols and Texas State Board of Dental Examiners Members,

As the current President of the Dental Hygiene Educators of Texas (DHET), representing myself and all Texas dental hygiene educators, we support the administration of local anesthetic agent by a licensed dental hygienist as outlined in House Bill (HB) 3824. We respectfully submit the recommendation for the education of dental hygiene professionals and students for the administration of local anesthesia outlined below.

INTRODUCTION

The recommendations outlined in this document were developed by the Dental Hygiene Educators of Texas (DHET) ad-hoc Local Anesthetic Committee and approved by the DHET Board of Directors and leadership. DHET represents dental hygiene faculty members serving in CODA accredited institutions throughout Texas. DHET's mission statement: "As Dental Hygiene Educators who seek excellence through education, we as a group who promote the profession of dental hygiene are devoted to the development of curriculum that allows for the growth of the profession by providing continuous learning opportunities, collaborative resources for educators, and mentorship opportunities, while we develop the next generation of entry-level hygienists."

House Bill 2834 gives a Texas licensed dentist the authority to delegate the administration of local anesthetic by infiltration to a Texas licensed dental hygienist while under direct supervision of the dentist. The statute requires that the patient receiving local anesthetic administered by a dental hygienist is "at least 18 year of age; and is not sedated, or is sedated only using nitrous oxide-oxygen inhalation." In addition, the statute requires the dental hygienists to complete a "board-approved course of study designed to train dental hygienists to administer local anesthetic agent by infiltration", and pass a board-approved certification examination relating to the administration of a local anesthetic agent." Alternatively, dental hygienists are eligible for local anesthetic by infiltration certification if they were "authorized to administer a local anesthetic agent by: (1) a branch of the United States armed forces; or (2) another state with clinical and didactic education requirements substantially equivalent to the requirements of a course approved by the board."

Definition

Local anesthetic by infiltration means the deposition of a local anesthetic solution meant for the elimination of the sensation of pain by the local injection of a drug near the terminal nerve endings and not delivered as a nerve block.



INFORMED CONSENT

DHET concurs with the Texas Dental Association's informed consent recommendation that "patients must be notified in advance of the infiltration injection of local anesthesia that the dentist delegated the local anesthetic infiltration injection(s) to a Texas-licensed dental hygienist holding a TSBDE-issued local anesthetic certificate. The patient shall have an opportunity to give informed consent prior to the procedure."

REPORTING RECOMMENDATIONS

DHET concurs with the Texas Dental Association (TDA) recommendation that "Rule 22 Texas Administrative Code §108.6, *Report of Patient Death or Injury Requiring Hospitalization*, be amended to require licensed dental hygienists holding a TSBDE local anesthetic certificate to report a patient death or patient injury requiring hospitalization that may be a result of administering local infiltration anesthetic."

DHET concurs with the TDA recommendation that "the Advisory Committee on Dental Anesthesia created by Texas Occupation Code Chapter 258 Subchapter E and 22 Texas Administrative Code §100.12, *Advisory Committee on Dental Anesthesia*, include in its yearly *Report and Recommendations* any local anesthesia-related patient deaths or incidents involving the administration of local infiltration anesthesia by dental hygienists."

EDUCATION and EXAMINATION

To qualify for a TSBDE-issued local anesthetic certification, there are two routes for certification:

1. A dental hygienist licensed in Texas must complete a TSBDE-approved continuing education (CE) course of study that includes specific didactic coursework and clinical training related to the administration of local anesthetic agents by infiltration, offered by an educational institution accredited by the Commission on Dental Accreditation (CODA);
2. A dental hygiene student enrolled in a CODA accredited dental hygiene program in Texas must complete a dental hygiene curriculum that is equivalent to the TSBDE-approved didactic and clinical training course requirements related to the administration of local anesthetic by infiltration.

Local Anesthetic Training Requirements

The local anesthetic dental hygiene curriculum or CE course of study must be approved by the TSBDE.

A. The local anesthetic dental hygiene curriculum or CE course:

1. Shall include dental hygienists who are licensed in Texas or students currently enrolled in a CODA accredited dental hygiene program;
2. Shall be taught by faculty members of CODA-accredited institutions who hold a current Texas dental license or a Texas local anesthetic certificate;
3. Shall include direct supervision by a dentist currently licensed in Texas;
4. Shall consist of **32 hours** of formal education in the administration of local anesthetic agents that shall consist of 20 hours of didactic education and 12 hours of clinical education; and
5. Shall require successful completion of maxillary and mandibular local anesthetic infiltration injections in all quadrants on live person(s) that are supervised by a faculty member of CODA-



accredited institutions who holds a current Texas dental license or a Texas local anesthetic certificate.

B. **Didactic requirements (20 hours)** shall include, but not be limited to:

1. Physiology and neurophysiology;
2. Head, neck, and oral anatomy;
3. Adult respiratory and circulatory physiology and related anatomy;
4. Emergency procedures
5. Recognition and management of local complications associated with local anesthetic injections
6. Recognition and management of systemic local anesthetic toxicity related to the administration of local anesthetics
7. Medical history and evaluation procedures to include considerations for medically complex patients;
8. Physiological and psychological aspects of pain control
9. Pharmacology of agents used in local anesthetics and vasoconstrictors, including drug interactions and incompatibilities;
10. Indications and contraindications for use of local anesthetic;
11. Recommended dosages of local anesthetic;
12. Selection and preparation of the armamentaria and record keeping for administering local anesthetic agents via infiltration;
13. Safety and infection control procedures with regard to local infiltration anesthetic techniques and proper disposal of sharps; and
14. Post-operative care and instructions.

C. **Clinical education requirements (12 hours)** shall include, but not be limited to:

1. Selection and preparation of the armamentaria for administering local anesthetic agents;
2. Demonstration of proper infection control techniques regarding local anesthetic agents and proper disposal of sharps;
3. Demonstration of proper evaluation of a person's health status, taking and assessing vital signs and monitoring the person's physical status while under the effects of local anesthetic;
4. Demonstration of the proper techniques for the administration of local anesthetic by local infiltration on a live person:
 - a. Basic technique;
 - b. Aspiration;
 - c. Slow rate of injection; and
 - d. Minimum effective dosage and maximum recommended dose.
5. Clinical experience demonstrating successful completion of maxillary and mandibular local anesthetic infiltration injections on a live person that are supervised by a faculty member of CODA-accredited institutions who holds a current Texas dental license or Texas local anesthetic certificate.

D. Examinations

1. **Each dental hygienist or dental hygiene student shall pass a TSBDE-approved examination on**



the material covered in the didactic section of the training with a minimum passing score of 75% before continuing to the clinical section of the training on a live person. Those who do not pass the didactic competency examination may be offered remediation and retesting before the start of the clinical training on a live person.

2. Each dental hygienist or dental hygiene student shall pass a clinical competency evaluation including a demonstration of satisfactorily performing local anesthetic infiltration injections on a live person.
3. The dental hygienist or dental hygiene student must pass a TSBDE-approved certification examination relating to the administration of a local anesthetic agent by infiltration. The certification examination shall be administered by the CODA-accredited dental hygiene program after the dental hygienist or dental hygiene students has successfully completed the local anesthetic curriculum or CE course of study.

TSBDE Certification Application Requirements and Fee

To be eligible for local anesthetic by infiltration certification issued by the TSBDE, the dental hygiene applicant must:

1. Successfully complete 32 hours of TSBDE-approved clinical and didactic education in the administration of local anesthetics taken through a CODA-accredited educational institution, including passage of a written examination and competency-based clinical examination;
2. Pay all application, licensing, and certification fees required by law and TSBDE rules and regulations;
3. Show proof of current completion of an American Heart Association Basic Life Support for Health Care Providers
4. Pass a TSBDE-approved certification examination relating to the administration of a local anesthetic agent by infiltration.

Local Anesthetic by Infiltration Renewal

Local anesthetic by infiltration certification is automatically renewed biennially with the license renewal for a dental hygienist in good standing and with no registered incidents involving the administration of local anesthetic by infiltration on the *Report of Patient Death or Injury Requiring Hospitalization*.

The overall goal of DHET is "to provide the communities Texas with professionals who are lifelong learners, who provide comprehensive competent oral care with integrity, respect, and compassion for the overall health of those around them." DHET is committed to quality educational standards and training for all dental hygienists in Texas.

Sincerely,

Jane Cotter, RDH, MS, CTTS, FAADH
President, Dental Hygiene Educators of Texas
J_cotter@tamu.edu

September 12, 2023

Ms. Casey Nichols
Executive Director
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Dear Ms. Nichols and Texas State Board of Dental Examiners Members,

As the current President of the Texas Dental Hygienists' Association (TDHA), representing Texas licensed dental hygienists, the association appreciates the opportunity to provide comments on the pending rules regarding the administration of local infiltration anesthesia by dental hygienists.

The passage of HB 3824 allows dental hygienists by delegation and direct supervision of a dentist to administer infiltration anesthetic to patients 18 years or older that are not sedated except by nitrous oxide inhalation. Since 1971, other states have permitted licensed dental hygienists to administer local anesthesia under supervision. Research shows that properly educated dental hygienists can and have administered local anesthetic to patients safely and effectively without patients being harmed. Included in this letter are our recommendations for the draft rules, as well as background information and answers to questions related to these recommendations.

Local Infiltration Anesthesia Education and Certification

Requirements:

- 1) Be a dental hygienist with an active Texas license and/or a dental hygiene student enrolled in a Texas CODA dental hygiene course of study.
- 2) Successful completion of 32 hours of TSBDE-approved didactic and clinical education through a CODA-accredited educational institution that includes both didactic and clinical training.
- 3) Pass a TSBDE-approved certification examination relating to the administration of local infiltration anesthesia.
- 4) A Texas-licensed dental hygienist previously authorized to administer a local anesthetic by a branch of the US military or in another state. Applicant will need to provide TSBDE with written documentation of substantially equivalent education and training.
- 5) Hold a current course completion card from the American Heart Association's Basic Life Support for Healthcare Providers.

Responses/comments regarding educational requirements:

- 1) How many hours of didactic and clinical instruction should the rule require?

The local anesthetic dental hygiene curriculum or CE course shall be for dental hygienists who are licensed in Texas or students currently enrolled in a CODA-accredited dental hygiene program. The instruction shall consist of 32 hours of formal education in the administration of local anesthetic agents, to include 20 hours of didactic education and 12 hours of clinical education. The coursework shall be taught by faculty members of CODA-accredited institutions who hold a current Texas dental license or a Texas local anesthetic certificate.

The didactic requirements (20 hours) shall include, but not be limited to coursework in anatomy, physiology, neurophysiology, infection control and safety procedures, systemic complications, medical emergencies, drug interactions and incompatibilities, recommended dosages, preparation of armamentarium and recordkeeping for administering local anesthetic via infiltration.

The clinical education requirements (12 hours) shall include in-person coursework to include, but not be limited to: selection of the armamentarium for administering local anesthetic agents, demonstration of proper infection control techniques and proper disposal of sharps, assessment of a patient's health status, taking and assessing vital signs, monitoring the patient's physical status, and supervised demonstration of the proper injection techniques for the administration of local anesthetic by infiltration on a live patient.

Currently, there are three other states that allow licensed dental hygienists to administer anesthetic via infiltration only. They are Alabama, New York, and South Carolina. Among these states the requirements for local anesthetic certification vary significantly ([ADHA-Local-Anesthesia-Chart-2023_2023-05-30-1.pdf](#))

2) What examination requirements should the rule include?

The dental hygienist or dental hygiene student must pass a TSBDE-approved certification examination relating to the administration of a local anesthetic agent by infiltration. The certification examination shall be administered by the CODA-accredited institution after the dental hygienist or dental hygiene student has successfully completed the local anesthetic curriculum or CE course of study.

Each dental hygienist or dental hygiene student must pass a TSBDE-approved examination on the material covered in the didactic section of the training with a minimum passing score of 75% before continuing to the clinical section of the training on a live patient.

Remediation may be offered to candidates who do not pass the didactic portion of the course. It must be done prior to the clinical training. The clinical competency exam must include a demonstration of satisfactorily performing local anesthetic infiltration injections on a live patient.

3) Should the rule require dental hygienists to renew their local infiltration anesthesia certificate?

No. Local anesthetic by infiltration certification should be automatically renewed biennially with the license renewal for a dental hygienist in good standing who has no

registered incidents involving the administration of local anesthetic by infiltration on the *Report of Patient Death or Injury Requiring Hospitalization*.

- 4) Should dental hygienists with local infiltration anesthesia certificates complete certain continuing education courses as part of their biennial license renewal?

No. Additional CE hours pertaining specifically to local infiltration anesthesia should not be required by a dental hygienist after initial certification.

- 5) 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?

Yes. While we realize this is not necessarily able to be addressed in these particular draft rules, we do believe that dental hygienists should report any patient death or hospitalization due to a patient receiving local infiltration anesthesia by a licensed dental hygienist. All incidents should be included in the TSBDE's *Advisory Committee on Dental Anesthesia* yearly *Report and Recommendations* as referenced in the Texas Occupation Code Chapter 258 Subchapter E and 22 Texas Administrative Code §100.12, regarding local anesthesia-related patient deaths or incidents involving the administration of local anesthesia by dentists and dental hygienists.

Thank you for the opportunity to participate in the rule-making process. TDHA's mission is to maintain the highest quality standards of care for patients. We want individuals to prioritize prevention and are committed to quality educational standards and training for all dental hygienists. We look forward to working collaboratively with TSBDE to create an environment where patients can receive compassionate and comprehensive oral care from highly trained and competent dental hygiene professionals.

Sincerely,



Cathy Nobles, RDH, FADHA
President, Texas Dental Hygienists' Association
President@texasdha.org
Csqared705@mac.com
972-523-5763

References/Research articles documenting safety

The link and article below contain multiple citations of documents regarding the safety of dental hygienists administering local anesthesia. TDHA reached out to ADHA for information about judgements against a dental hygienist related to local anesthesia. Their response stated that any judgement is recorded in a state's board of dentistry minutes and are published/posted for the public. To ADHA's knowledge, there have never been any incidents brought before a state board against a dental hygienist related to the administration of local anesthesia.

Boynes SG, Basset K, Royer R, DiMarco AC, Johnston A, Newkirk S, Bastin MR, Nuth LK, Hawkins M, Malamed SF. Research Demonstrates the Safety of Local Anesthesia Administration by Dental Hygienists. Dimensions of Dental Hygiene. Jun 16,2023.

<https://dimensionsofdentalhygiene.com/article/research-demonstrates-the-safety-of-local-anesthesia-administration-by-dental-hygienists/>

Liability Insurance follow-up

Dental hygienists are not legally required to have malpractice insurance in Texas. The dentist's malpractice insurance will NOT cover a dental hygienist administering LA should a case be brought against the practice. Currently, ADHA does not collect data on liability insurance. This data will need to be collected through a survey of its members. The article below discusses why a dental hygienist should have malpractice insurance.

<https://www.todaysrdh.com/is-malpractice-liability-insurance-necessary-for-dental-hygienists/>

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The State Board of Dental Examiners (Board) proposes new rule 22 TAC §115.10, concerning the administration of local infiltration anesthesia by a dental hygienist. The proposed new rule pertains to the certification and standards for the administration of a local anesthetic agent by a dental hygienist as set out in House Bill 3824 of the 88th Texas Legislature, Regular Session (2023), and Sections 258.001 and 262.002 of the Texas Occupations Code.

FISCAL NOTE: Casey Nichols, Executive Director, has determined that for the first five-year period the proposed rule is in effect, the proposed rule does not have foreseeable implications relating to cost or revenues of the state or local governments.

PUBLIC BENEFIT-COST NOTE: Casey Nichols has also determined that for the first five-year period the proposed rule is in effect, the public benefit anticipated as a result of this rule will be the protection of public safety and welfare.

LOCAL EMPLOYMENT IMPACT STATEMENT: Casey Nichols has also determined that the proposed rule does not affect local economies and employment.

SMALL AND MICRO-BUSINESS, RURAL COMMUNITY IMPACT STATEMENT: Casey Nichols has determined that no economic impact statement and regulatory flexibility analysis for small businesses, micro-businesses, and rural communities is necessary for this rule.

GOVERNMENT GROWTH IMPACT STATEMENT: The Board has determined that for the first five-year period the proposed rule is in effect, the following government growth effects apply: (1) the proposed rule does not create or eliminate a government program; (2) implementation of the proposed rule may require the creation of an additional employee position. The Board may need to hire an additional full-time license and permit specialist to process applications for certificates issued pursuant to this proposal; (3) the implementation of the proposed rule may require an increase in future appropriations if the agency needs to hire an additional full-time license and permit specialist; (4) the proposed rule does require an increase in fees paid to the agency. The initial certification fee is *[X amount]* and the renewal certification fee is *[X amount]*; (5) the proposed rule does create a new regulation; (6) the proposed rule does not expand an existing regulation; (7) the proposed rule does increase the number of individuals subject to the rule's applicability by including dental hygienists who were not previously approved to administer local infiltration anesthesia; and (8) the proposed rule does not positively or adversely affect the state's economy.

COST TO REGULATED PERSONS: The Board finds that the provisions of Texas Government Code Section 2001.0045(b) do not apply to the proposal because the estimated costs associated with the proposal implement statutory requirements and are necessary to protect the health, safety, and welfare of the people of Texas, as provided in Section 2001.045(c)(6) and (9).

Comments on the proposed rule may be submitted to Casey Nichols, Executive Director, 1801 Congress Avenue, Suite 8.600, Austin, Texas 78701, by fax to (512) 649-2482, or by email to official_rules_comments@tsbde.texas.gov for 30 days following the date that the proposed rule is published in the *Texas Register*. To be considered for purposes of this rulemaking, comments

must be: (1) postmarked or shipped by the last day of the comment period; or (2) faxed or e-mailed by midnight on the last day of the comment period.

This rule is proposed under Texas Occupations Code §254.001(a), which gives the Board authority to adopt rules necessary to perform its duties and ensure compliance with state laws relating to the practice of dentistry to protect the public health and safety.

This proposed rule implements the amendments to Sections 258.001 and 262.002 of the Texas Occupations Code as set out in House Bill 3824 of the 88th Texas Legislature, Regular Session (2023).

Legal counsel for the Board has reviewed the proposed rule and has found it to be within the Board's authority to adopt.

<rule>

§115.10. Administration of Local Infiltration Anesthesia.

(a) "Local infiltration anesthesia" means the deposition of a local anesthetic solution meant for the elimination of the sensation of pain by local injection of a drug near the terminal nerve endings.

(b) General Provisions.

(1) A Texas-licensed dentist may delegate the administration of local infiltration anesthesia to a licensed dental hygienist, if the ~~dental hygienist~~ delegating dentist is physically present in the facility where the procedure is occurring and is continuously aware of the patient's physical status and well-being.

~~(A) works under the direct supervision of the licensed dentist; and~~

(2) (B) The dental hygienist must holds a current local infiltration anesthesia certificate in accordance with the requirements of this section.

(3) The certificate issued pursuant to this section must be issued for a two-year term and must be renewed in accordance with subsection (f) of this section.

(c) Standard of Care Requirements.

(1) Administration of local infiltration anesthesia must be in accordance with the minimum standard of care and limited to a procedure the dental hygienist is authorized to perform on a patient who must be:

(A) at least 18 years of age; and

(B) not sedated, or is sedated using only nitrous oxide-oxygen inhalation.

(d) Requirements for Initial Certification. To receive a dental hygiene local infiltration anesthesia certificate from the Board, a dental hygienist must:

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(1) apply on an application form approved by the Board;

(2) pay an application fee set by Board rule;

~~(3) have been engaged in the clinical practice of dental hygiene for the [X amount of months/years] immediately preceding initial application;~~

~~(3 4) successfully complete~~have a current course in Basic Life Support (BLS) for Healthcare Providers;

~~(45)~~ submit proof to the Board that he or she has fulfilled at least one of the following qualifications:

(A) completed a minimum of ~~[X amount of hours]~~ 12 hours of clinical and 20 hours of didactic education in the administration of local infiltration anesthesia taken in a classroom setting at an educational institution accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) and approved by the Board. The education must fulfill the requirements in subsection (e) of this section;

(B) during the preceding year of initial application, was authorized to administer a local anesthetic agent by:

(i) a branch of the United States armed forces; or

(ii) another state with clinical and didactic requirements substantially equivalent to the requirements of a course approved by the Board as described under subsection (d)(45)(A) of this section, and have practiced for a minimum of three out of five years immediately preceding application to the Board; or

(C) successful completion of a CODA-accredited dental hygiene program that fulfills the requirements of subsection (d)(4)(A) of this section.

~~(56)~~ passed a Board-approved certification examination relating to the administration of a local anesthetic agent as described in subsection (e)(3) of this section.

(e) Education and Examination Requirements.

(1) Didactic component. The program must include at least 20 hours ~~[X amount]~~ of didactic instruction relating to the administration of local infiltration anesthesia in the practice of dental hygiene. Such education must include:

(A) Texas State Board of Dental Examiners laws and regulations;

(B) physiology and neurophysiology;

(C) head, neck, and oral anatomy;

(D) adult respiratory and circulatory physiology and related anatomy;

(E) emergency procedures;

Commented [RD1]: Standard for all out of state applicants

(F) recognition and management of local complications associated with local anesthetic injections;

(G) recognition and management of systemic local anesthetic toxicity related to the administration of local anesthetics;

(H) medical history and evaluation procedures;

(I) considerations for medically complex patients;

(J) behavior context and dental patient management;

(K) definitions and descriptions of physiological and psychological aspects of anxiety and pain;

(L) pharmacology of agents used in local anesthetics and vasoconstrictors, including drug interactions and incompatibilities;

(M) indications and contraindications for use of local anesthetic and vasoconstrictors;

(N) recommended dosages of local anesthetic and vasoconstrictors;

(O) patient monitoring through observation, with particular attention to vital signs and reflexes related to consciousness;

(P) selection and preparation of the armamentaria and record keeping for administering local anesthetic agents via infiltration;

(Q) safety and infection control procedures with regard to local infiltration anesthetic techniques and proper disposal of sharps; and

(R) post-operative care and instructions to patients.

(2) Clinical component. The program must include at least 12 hours ~~{X amount}~~ of clinical instruction relating to the administration of local infiltration anesthesia in the practice of dental hygiene. Such education must include:

(A) selection and preparation of the armamentaria for administering local anesthetic agents;

(B) demonstration of proper infection control techniques regarding local anesthetic agents and proper disposal of sharps;

(C) demonstration of proper evaluation of the patient's health status, taking and assessing vital signs and monitoring the patient's physical status while under the effects of local anesthetic;

(D) demonstration of the proper techniques for the administration of local infiltration anesthesia on a live patient or hands-on simulation:

(i) basic technique;

- (ii) aspiration;
- (iii) slow rate of injection;
- (iv) minimum effective dosage; and

(E) clinical experience demonstrating the successful use of local infiltration anesthetic on ~~a minimum of [X amount]~~ live patients or hands-on simulation receiving dental hygiene treatment. The ~~[X amount]~~ live patient or hands-on simulation clinical experiences required must be performed under the direct supervision of a Texas-licensed dentist associated with the course.

(3) Examination.

(A) Each student must pass a competency examination on the material covered in the didactic section of the training course with a minimum passing score of ~~75~~90% before continuing to the clinical section of the course. Students who do not pass the didactic competency examination may be offered remediation before the start of the clinical experience.

(B) Each student must pass a clinical competency examination administered by a CODA-accredited institution including a demonstration of satisfactorily performing local anesthetic infiltration injections on ~~[X amount]~~ live patients or hands-on simulation.

~~(f) Requirements for Renewal of Certification. To renew a dental hygiene local infiltration anesthesia certificate issued by the Board, a dental hygienist must:~~

~~(1) apply on an application form approved by the Board;~~

~~(2) pay an application fee set by Board rule; and~~

~~(3) complete no less than [X amount] hours of in-person continuing education in the administration of local infiltration anesthesia specific to the procedures to be performed by the dental hygienist administering the local anesthesia. The continuing education must be provided by an educational course provider recognized by the Board. Dental hygienists must maintain documentation of the satisfactory completion of the required continuing education courses.~~

~~(fg)~~ Ineligibility. Applicants of an administration of local infiltration certificate are ineligible if they are in violation of a Board order at the time of application.

Commented [RD2]: This would potentially be limited by the class size (eg, Temple College caps enrollment at 12 students); applicable also to changes in 2(E) above.



Lauren Studdard <lstuddard@tsbde.texas.gov>

Hygiene Anesthesia Comments and Recommendations

2 messages

drhorton@sandylakedentistry.com <drhorton@sandylakedentistry.com>

Mon, Sep 11, 2023 at 1:03 PM

Reply-To: drhorton@sandylakedentistry.com

To: stakeholders@tsbde.texas.gov

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

Brandon H. Horton, DDS, PC
Sandy Lake Dental & Orthodontics
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O: 972-393-7348
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Lauren Studdard <lstuddard@tsbde.texas.gov>

Mon, Sep 11, 2023 at 1:15 PM

To: Bryan Henderson <bhenderson@tsbde.texas.gov>, David Yu <dyu@tsbde.texas.gov>, Daniel Matthews <dmatthews@tsbde.texas.gov>, Casey Nichols <cnichols@tsbde.texas.gov>

Please see the public comment below pertaining to local infiltration anesthesia.

Thanks!

September 8, 2023

Texas State Board of Dental Examiners
1801 Congress Avenue
Suite 8.600
Austin, TX 78701

Dear Honorable Board Members:

Hello. I am Brian Coerver from Mansfield, Texas. My license number is 31837. Before I became a dentist, I was a registered nurse for 8 years. I had a private practice in Oklahoma for 39 years prior to moving to Texas. With my background, I believe I can provide a unique perspective to the matter up for discussion.

A dental hygienist is the dental equivalent to a registered nurse in the medical field. Often times in the college settings these students attend the same basic science and anatomy classes before progressing on to advanced courses in their respective fields. With this knowledge, the Board should easily decide what rules to put in place after a hygienist obtains the local anesthesia certificate. Specifically, 1) There should be no need to renew the certificate as nurses do not to do likewise. Once you learn the skill of injections, there is no need for further renewal. If a patient is in the hospital, they do not ask the nurse if they have had a renewal of the injection technique. The certificate should become part of the license. 2) Continuing education should also be shelved. Once a skill is learned, you have it for life. Since injection techniques have basically not changed in many decades, further education is unwarranted. Dentists nor Registered Nurses are required to take continuing education about how to administer injections. If the Board requires this, they will create '2nd class' citizens and may lead to possible legal action against the Board. 3) As to 22 TAC paragraph 108.6, the reporting of a death. Since hygienists currently cannot practice independently, the reporting of a death after administration of local anesthesia will be the responsibility of the employer. The hygienist will not be notified of a death, but the employer will be notified by the hospital or the pt family.

As far as the content of the proposed course, has the Board looked at the requirement of neighboring states to have a basis to make a decision on what should be included? A good working knowledge of what other states provide for the hygienists, would be a sound basis for the TSBDE to start. The Board with proper input from the faculty at the Dental Schools that teach dental students, should be able to provide background knowledge to help establish the Rule for the Board. Or does the Board propose to start from 'SCRATCH' even though there are 44 states that currently allow this procedure?

Once the Rule is passed and implemented, will the Dental Hygiene schools be allowed to teach the procedure as part of the curriculum?

Can taking a similar course in another state be sufficient to meet the Rule requirement? I am sure there are hygienists already in Texas that have had the training. Is the Board planning to require these persons to retake a course that they have already had and utilized in a different state?

Where will the courses be held? Texas is a big state, if it is limited to just the Dental Schools, the purpose of the course becomes moot as most hygienists in outlying areas will probably not want to spend the time or travel to be certified. The costs also have to be a consideration. I know the Board cannot set the cost for the instruction, but to add a large fee to the hygiene license would be a disincentive for hygienists to become certified. Currently, Oklahoma only adds a line on the Dental Hygiene license that states the person is licensed to provide local anesthesia. No additional fee is added to the license.

If it becomes part of the Hygiene curriculum in the Hygiene schools, will a certificate still be necessary? Eventually all hygienists trained in the state through the state Dental Hygiene schools will automatically qualify for a certificate. Oklahoma is currently experiencing this problem. This past spring, there was not enough hygienists interested in taking the ODF course to make a class. If the Board would approve the outside curriculum, hygienists could take the course in another state while the Board decides what to include in the requirements for hygienists that live farther out. This would directly benefit the hygienists in north Texas. I personally know of 6 that are interested in this option.

Thank you for your time and consideration. I hope I have provided some insight as a practitioner that has utilized two properly trained hygienists.

Sincerely,

Brian D. Coerver, DDS

Rhonda Freese RDH BS
20808 Trotters Ln
Pflugerville, Texas 78660
September 2, 2023

TSBDE
SEP 05 2023
RCEV

General Council TSBDE:

This letter is to address the request for input on local anesthesia for RDH in Texas. I do have some thoughts and suggestions to share. I took a local anesthetic course in Arizona in 1986 and administered block and infiltration injections safely and without any patient complications for 25 years. I know that I can confidently administer them even today after practicing in Texas for the last 17 years so in consideration of the many RDH that have taken courses in other states the board might consider grandfathering in those who take a refresher course but not require to take the initial course again.

My suggestions for curriculum come from an RDH that teaches local anesthetic courses and is considered the leading voice in anesthesia dental education for the RDH. I will share her information at the end of this letter. She teaches the initial certification course for the Oregon State Certification.

15 lecture hours delivered online over 4 weeks. Must have a passing grade on test to take clinical portion.

6 hours clinical instruction delivered in a 1-day period.

Emergency office procedure course at each license renewal required to maintain certification.

A CE class for local anesthesia at each renewal required to maintain certification.

Course objectives should be as follows:

1. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
2. Identify and safely use armamentarium required for local anesthesia.
3. Explain the pharmacological factors of the most common anesthetics used in dentistry.
4. Identify and manage adverse systemic and local complications associated with local anesthetics.
5. Demonstrate competence in administering local anesthetics for injections used in dentistry.

I would recommend this RDH as a contact resource for curriculum development or course presenter. I take her online refresher courses and they have excellent and relevant content.

Tina Clark RDH Med
tina@teachertinardh.com

Respectfully submitted,
Rhonda Freese RDH

