Ms. Casey Nichols, Executive Director Texas State Board of Dental Examiners 1801 Congress Avenue Austin, TX 78701

Dear Ms. Nichols:

Please find enclosed copies of letters to be distributed to the Board at the upcoming Stakeholder Meeting. A copy for you is also present to be included in the minutes if that is part of the Board procedures. I am sorry I am unable to attend the meeting. (I am the only dentist in the office that day).

Also included is a copy of the Syllabus that is used by the Oklahoma Dental Foundation which is responsible for the Local Anesthesia classes for Hygienists in Oklahoma that have not been trained in the Hygiene Schools. This should be a good starting point or even an acceptable course, for the Board to decide on the didactic and clinical aspects of the proposed Rule. Please feel free to copy them and give to Board members prior to the meeting.

Will the meeting be on YouTube so I can review it at a later date? Will the final Rule be published for comment prior to implementation? When will the the minutes be published?

Thank you for your time and consideration.

Sincerely,

Brian D. Coerver, DDS

License # 31837 682-273-8277 (c)

Brand Coever

I have filled out the online Public Comment form

SYLLABUS

Local Anesthesia Course



The course shall be designed and conducted to provide the student with detailed knowledge of local anesthesia sedation and its use in dentistry. Upon successful completion of the course, the hygienist shall be trained in the administration of local anesthesia in an office setting safely and as needed.

Participants are required to have 1) proof of Healthcare Provider or Professional Rescuer CPR training and 2) proof of liability insurance before enrolling in the course.

I. Background information, including:

- a. Introduction and objectives of the course;
- b. History of local anesthesia;
- c. Instruction in the philosophy and psychology of the use of local anesthesia;
- d. A review of the physiology of nerve conduction;
- e. A review of regional anatomy;
- f. A survey of local anesthetic agents on nerve conduction;
- g. A review of the metabolism and excretion of local anesthetics;
- h. Instruction on the toxicity of local anesthetic drugs;
- i. Instruction on the clinical manifestations of toxic reactions;
- j. Instruction on the treatment of toxic reactions;
- k. Instruction on allergic reactions to local anesthetic drugs;
- 1. Instruction on the clinical manifestations of allergic reactions;
- m. Instruction on the treatment of allergic reactions to local anesthetics;
- n. Instruction regarding vasoconstrictor drugs used in local anesthetics;
- o. Instruction on the clinical manifestations of toxic reactions to vasoconstrictor drugs used in local anesthesia;
- p. Instruction on the treatment of toxic reactions to vasoconstrictors used in local anesthesia;
- q. Instruction on drug interactions related to local anesthesia; and
- r. Instruction on the technical aspects of syringe and cartridge care.

II. Students shall be trained in aspects of patient status assessment to include:

- a. Taking and recording a thorough health history, including vital signs;
- b. Assessing the implications of health history problems related to local anesthesia;
- c. Evaluating the indications and contraindications for the use of local anesthesia drugs.

III. Students shall be trained in the proper administration of local anesthesia, including:

- The use of syringes;
- b. The selection of anesthetic solutions;
- c. The identification of anatomic landmarks;
- d. The application of proper depth;
- e. The insertion of the needle to the proper depth;
- f. Performing an aspiration technique;
- g. The depositing of the anesthetic solution at the proper rate;
- h. Maintaining a sterile field throughout a procedure;
- i. Accurately evaluating the effectiveness of an anesthetic;
- j. Reinjecting when necessary:
- k Estimating the highest safe dosage of local anesthesia according based upon the weight and/or age of the patient.

IV. Students shall be instructed in pertinent legal aspects of the administration of local anesthetics.

7. The clinical experience of the course shall include:

- a. Evaluating the patient's health status;
- b. Taking the patient's vital signs;
- c. Administering local anesthetic infiltrations;
- d. Administering local anesthetic nerve blocks;

- e. Monitoring the patient's physical status while under the effects of local anesthetics;
- VI. Course work shall be provided in post-anesthetic care.

Upon completion of the course, students shall be evaluated by course presenters by written examination. The examination shall cover both the didactic and clinical portions of the course. The passing grade is set at 70%.

TOTAL HOURS OF INSTRUCTION: 26 (19.25 HOURS DIDACTIC; 6.75 HOURS CLINICAL)

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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?

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 father 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

Brian D Carewer

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

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