HEALTH WORKFORCE PILOT PROJECTS

ABSTRACT

APPLICATION: #176

TRAINING REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTION, LEVEL 2 (EF2) - LOCAL ANESTHESIA

APPLICANT/SPONSOR:
Rolling Hills Clinic
MS
Damon Safranek, CEO, Paskenta Band of Nomiaki Indians
22580 Olivewood Avenue
Corning, CA 96021

PROJECT DIRECTOR:
Joan G. Greenfield, RDAEF2, OAP,

J Productions Dental Seminars, Inc.

SPONSOR TYPE:
Non-profit, Tribally-Owned Community Clinic

PURPOSE:
To teach Registered Dental Assistant in Extended Functions 2 (RDAEF2) how to administer local anesthesia to patients receiving dental treatment.

APPLICATION CHRONOLOGY:

Application submitted:	May 6, 2024
Application Approved for Completeness:	July 11, 2025
45-day Public Review Process	September 18 to October 31, 2025
Public Meeting	December 18, 2025
Project Approved/Denied	TBD
Project Report Due	TBD

ESTIMATED COST AND FUNDING SOURCE:
Estimated Cost: **$60,760.00**

Funding Source Committed

Armamentarium	$7,000.00
Patterson Dental	
Onpharma Company	
Septodont Corp.	
Pier 210 Dental, Dr. David Roholt	$6,000.00
Study.com	$3,000.00
California Extended Functions Association	$10,000.00
California Association of Dental Assisting Teachers	$500.00
Expanded Functions Dental Assistants Association	$10,000.00
Thomas Rutner Professional Corporation	$15,000.00
Alizadeh and Saleh Dental Corporation	$10,000.00
Total Committed:	**$61,500.00**

PROJECT DESCRIPTION:
Extracted from the HWPP #176 Application.

The pilot project is designed for a cohort of registered dental assistants in extended functions 2 (RDAEF2s) who have successfully completed a post-secondary education program offered by private sector or university dental school, passed state examinations, are currently licensed as EF2s and are employed in a dental practice or clinic. The individual must possess a valid, active, and current license as a Registered Dental Assistant in Extended Functions that was issued on or after January 1, 2010. The project is designed to teach local anesthesia to the RDAEF2 as an optional post-licensure permit.

PROJECT OBJECTIVES:
Extracted from the HWPP #176 Application.

The proposed project provides the student/trainee with the educational didactic, laboratory, pre-clinical, and clinical information and skills necessary to successfully provide local anesthesia to patients receiving dental treatment.

- The didactic portion of the program will occur at a post-secondary level, online through a variety of online formats including target specific content in anatomy/physiology, dental, oral and histology review, head and neck anatomy, oral pathology review, medical emergencies review, pharmacology review and as it relates to local anesthesia, an overview of chemistry, and all aspects related to instruction in local infiltrations, nerve blocks and field block local anesthesia limited to the oral cavity and specific locations.
- The didactic portion of the pilot program is designed for completion within a 350-hour time period.
- The laboratory, pre-clinical and clinical sessions is designed for completion within 52 hours; one faculty to each four-student/trainees ratio. The employment/workforce portion is designed for completion within 5 months with data collected each month for analysis and at least one site visit per trainee during that time.

Short-Term Objectives:

- Educate and evaluate competencies to administer local anesthesia to specific Locals (locations) in the oral cavity.

Long-Term Objectives:

- To facilitate a new model of pain/comfort control delivery by the RDAEF2.
- To facilitate a Legislative change in the scope of practice for the RDAEF2 to include the administration of local anesthesia to specific locals (locations) in the oral cavity.

In order to meet these objectives, the project was created with a robust, target specific approach to the educational background needed in order to successfully provide local anesthesia to dental patients. Rather than requiring pre-requisite courses in specific sciences, as is often required in many allied health occupations, we have taken a completely different approach. Pre-requisite courses are often completed years prior to acceptance into an allied health program and are rarely germane by the time that subject matter is required within a program. Instead, we have developed a target specific educational model for the Local Anesthesia for the Extended Functions Assistant 2 (LAEF2) pilot program and ultimately for all programs should local anesthesia be added to the scope of Practice for the EF2. Our target specific approach includes all necessary components into one course or program. That makes all the information necessary to perform the specific task of administering local anesthesia both current, and directly relatable to the primary focus of the

HWPP. The objectives of the project shall be met by providing the student/trainee with the educational, didactic, laboratory, pre-clinical, and clinical information and skills necessary to successfully administer local anesthesia to patients receiving dental treatment. The didactic portion of the program will occur at a post-secondary level, online through a variety of online formats including target specific content in anatomy/physiology, dental, oral and histology review, head and neck anatomy, and physiology, oral pathology review, medical emergencies review, pharmacology review and as it relates to local anesthesia, an overview of chemistry, and all aspects related to instruction needed in local infiltrations, nerve blocks and field block limited to the oral cavity and specific locations.

Proposed Number of Trainees	12
Proposed Number of Supervisors	3
Number of Collaborating Dentists	1
Proposed Number of Sites	1

BACKGROUND AND HISTORY OF THE PROJECT:

Selected passages from the HWPP #176 Application.

In 2009, the California Legislature passed an Assembly Bill, which at the time created the most comprehensive scope of practice for performing restorative dentistry by a Non-Dentist, in the United States. Since January 1, 2010, the California RDAEF2s, have successfully completed millions of advanced procedures, including impressions for permanent restorations, fillings, crowns, bridges, oral cancer screenings, patient assessment, and root canal fillings. Most RDAEF2s are performing full quadrant or full mouth advanced direct restorative dental treatment previously only allowed by a Dentist. In addition, the RDAEF2s also, adjust and seat multiple unit indirect restorations and obtains final impressions for tooth-borne and implant-borne permanent prosthodontics and corresponding bite registrations.

In layman terms the dentist can now remove the decayed or damaged portion of the tooth structure and move-on to other patients or procedures, while the RDAEF2 completes the remainder and more time-consuming portion of the dental treatment. The American Dental Association lists “pain control and patient comfort paramount in a good, ethical dental practice”. Under current state administrative and regulatory language, a RDAEF2 may not give injections of local anesthesia to a patient.

Essentially, this leaves the EF2 with two options when performing a potentially uncomfortable restorative dental procedure: the EF2 may ask a dentist or hygienist in the office to administer or re administer the anesthesia or the EF2 may ask the patient to "tough it out." Neither of these options are acceptable. Most importantly, the patient who is being treated by the RDAEF2 is, at best in discomfort, or in significant pain and anxiety at worst while waiting for another individual to be located to administer or re administer local anesthesia. Secondarily, in a busy office, asking the dentist or hygienist to interrupt their procedures and essentially abandon their own patient takes valuable time, continuity, and contact away from their own patient’s.

Forty-seven plus years ago hygienists in Washington state were able to convince the legislature that local anesthesia was a very important part of their scope of practice. The primary reason hygienists sought this change was so that they could provide better delivery of dental services themselves without interrupting the dentist’s schedule. Amid much controversy and claims that only dentists had the skills and education to perform these procedures the hygienists prevailed.

Forty-four states plus the District of Columbia currently authorize non-dentists to administer local anesthesia with no reported incidents of complications arising from any injections in the 47 years that non-dentists have been allowed to do so.

LAWS AND REGULATIONS PERTINENT TO THE PROPOSED PROJECT:

California Business and Professions Code (B & P), Chapter 4, Dentistry
Article 7 - Dental Auxiliaries,
Section 1752.4 - Duties Of Registered Dental Assistant,
Section 1753.5 - Duties Of Registered Dental Assistant In Extended Functions
Section 1753.55 - Additional Duties.
Section 1753.6 - Imitations on Procedures Performed by Registered Dental Assistant in Extended Functions
California Code of Regulations, Title 16, Division 10, Dental Board of California Chapter 3. Dental Auxiliaries, Article 5, Duties and Settings
Section, 1085 - Dental Assistant Duties and Settings,
Section 1087 - Registered Dental Assistants -Extended Functions

Health and Safety Code, Division 107, Part 3, Chapter 3, Article 1, commencing with Section 128125, the Health Workforce Pilot Projects Program.
California Code of Regulations: Title 22, Division 7, Chapter 6.