



Administration of Local Anesthetics by Dental Assistants

Dental assistants play a vital role in the dental team and their contributions are essential to safe, efficient patient care. In an OMS office, they anticipate the surgeon's needs, coordinate instruments, support patient comfort and help maintain order during surgical procedures.

However, the American Association of Oral and Maxillofacial Surgeons (AAOMS) is concerned about the administration of local anesthesia by dental assistants due to their limited clinical training and the level of available supervision. Although proponents highlight potential gains in efficiency and access, the associated risks to patient safety outweigh the anticipated benefits.

Training pathways for dental assistants vary widely across states. Some states require formal CODA-accredited education, while others leave training to the discretion of the practice. This inconsistency creates gaps in knowledge. Administering local anesthesia requires extensive knowledge, technical skill and the ability to respond immediately to complications. Dental assistants receive less education in anatomy, pharmacology and patient assessment than hygienists, dentists or OMSs. Limited training increases the risk of dosing errors, nerve injury and inadvertent intravascular injections. Adverse events from local anesthesia can escalate quickly, and assistants are not trained to recognize or manage such emergencies, which increases the likelihood of delayed intervention and patient harm.

Allowing dental assistants to perform anesthesia injections also raises liability concerns for supervising dentists and surgeons, who remain legally responsible for patient care. Effective supervision may be difficult to maintain in busy clinical environments, creating gaps in oversight and accountability. Additionally, dental hygienists, who receive more formal education than dental assistants and whose licensure includes a broader clinical scope, do not have the ability to administer local anesthesia in some states.

Accordingly, AAOMS opposes the administration of local anesthesia by dental assistants. It is the position of AAOMS that the administration of local anesthesia should remain with those who have had appropriate training and licensure to ensure patient safety and preserve the quality of patient care. Potential increases to clinic efficiency do not justify the risk of compromising patient safety. Expanding the role of dental assistants in local anesthesia administration introduces risks to patient safety that outweigh potential advantages.

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