

**GEORGIA BOARD OF DENTISTRY**  
**Infection Control Committee Conference Call**  
**2 Peachtree St., N.W. 6<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**January 27, 2023**  
**10:00 a.m.**

**The following Committee members were present:**

Dr. David Reznik, Chair  
Ms. Lisa Selfe  
Dr. JC Shirley  
Dr. Debra Wilson

**Staff present:**

Eric Lacefield, Executive Director  
Max Changus, Senior Asst Attorney General  
Stacy Altman, Chief Investigator  
Clint Joiner, Attorney  
Brandi Howell, Business Support Analyst I

**Open Session**

Dr. Reznik established that a quorum was present and called the meeting to order at 10:00 a.m.

**Introduction of Visitors**

Mr. Lacefield asked the visitors on the call to send an email via the “Contact Us” portal on the website if he/she would like his/her name reflected as being in attendance in the minutes.

**Discussion Items**

**Dental Unit Waterline Safety and OSAP Boot Camp Infection Control Update:** Dr. Reznik stated that the purpose of the meeting is to ensure the safest dental visit is being provided whether children or adults are being treated and to put the focus of infection control in the Board’s realm.

Dr. Reznik explained that two public events have occurred. One being in Georgia and the other in California. He added that the CDC did send out a health alert concerning dental unit waterline safety. He explained that this issue is not just specific to Georgia.

Dr. Reznik provided an update on the OSAP Boot Camp meeting held in Atlanta. He stated that OSAP covers a wide range of issues such as dental unit waterline safety. He further stated that Chief Investigator Altman attended the meeting so he could have a better understanding of some of the infection control issues. Dr. Reznik suggested dentists, dental hygienists, and dental assistants attend the meeting as well. He discussed a program where people can become certified in infection control as well as become credentialed. He stated that he has a dental assistant in his office who is now credentialed and is the infection control coordinator.

At this time, Dr. Shirley provided a presentation to the committee members regarding the 2015 incident that occurred in Georgia. He explained that patients from one dental practice in Georgia all had similar procedures and ended up having serious mycobacterium abscessus infections that required hospitalization and it was related to the organism in the water line at one specific practice. He stated that a health advisory was issued due to another cluster of patients from another location with the suspicion being mycobacterium abscessus.

Dr. Reznik thanked Dr. Shirley for his informative presentation. He stated that there is a great deal of information on dental unit waterlines on Sharepoint for the members to review.

Dr. Shirley provided information on another outbreak that has occurred in Georgia. Dr. Shirley stated that the reason he is aware of this situation is because the patients most often come to the Children's Hospital. He added that the Infectious Disease Department will reach out to them for assistance. Dr. Shirley explained that he has worked with them on previous cases. He stated that around March 2022, patients presented to the Infectious Disease Clinic with various symptoms such as jaw swelling. He added that three patients had dental treatment at the same dental clinic. He explained that the Department of Public Health and the County Health Department conducted an evaluation; however, he has not seen the results of such. Dr. Shirley continued by stating that the families were interviewed and surveys were conducted to determine what procedures were done during a certain window of time. He stated about thirteen cases were identified that had a procedure done in the same practice. He further stated that a notice was sent out to primary care pediatricians and anyone associated with children's healthcare regarding the matter. He explained that the significant difference with this case and the previous case is that with the previous case in Georgia they were able to isolate the organism and do an analysis and identify it was the same organism in that practice. Dr. Shirley noted that what is interesting in these particular patients is that the clinical presentation has been less severe. He stated that some had swelling, but not bony destruction. He continued by stating that with this most recent case, they have not been able to isolate an organism in any of the patients or practice. Dr. Shirley stated that the Board needs to consider what system should be put in place in order to prevent something like this from happening.

Dr. Reznik stated that OSAP is a great resource to use. He stated that dental unit waterlines have been an issue since the 2015 outbreak. He inquired as to what could be done that is reasonable and will protect the safety of the patients and do it in a way where the Committee can get support from the Board and community. He commented that there are potential rules that can be put in place. He continued by stating that the ADA and CDC recommends routine testing of dental unit waterlines on a quarterly basis. Dr. Reznik stated that currently, there is nothing in place in the Board's rules. He further stated that the rule simply states to follow CDC guidelines, which is a broad statement. He added that he thinks the rule needs to be more specific because this is affecting children. He inquired if the rules should mirror what the CDC and ADA recommends. He continued by stating that quarterly testing should be done and logs of the results should be kept onsite for three years as well as keeping sterilization logs for three years. Dr. Reznik stated that the purpose is not for Chief Investigator Altman to go in and inspect dental unit waterlines. He stated that Chief Investigator Altman should have guidelines in case a complaint is received regarding unsanitary conditions.

Discussion was held regarding the requirement of continuing education in the area of infection control. Dr. Reznik stated that he is very passionate about infection control and having a few hours on this subject would be very easy to obtain.

Dr. Shirley commented that quarterly testing of dental unit waterlines is the standard of care. He discussed the need for routine maintenance of dental unit waterlines or the equipment. He stated that in the first case, they were doing pulpotomies and irrigating directly from the water source. He explained that the guidelines from the Academy of Pediatric Dentistry specify that any pulp therapy should not use water directly from dental unit waterlines. He added that they should be using a sterile water for irrigation.

Dr. Reznik responded by stating that may be the recommendation of the Academy of Pediatric Dentistry and there may be a state that is enforcing that, but it is putting additional burdens on the practices in Georgia and he is afraid it would not pass muster with the Board. He stated that if you have a dental unit waterline that has less than 500 CFUs, and if you have a line that goes above that, then you shock it. Dr. Reznik stated that this is the very first Infection Control Committee the Board has ever had. He added that this will not be the only meeting. He continued by stating that he thinks the Committee should do what it can at this point to improve safety. He added that using tap water that has not been measured going directly into a unit is not a good thing. Dr. Reznik stated that if it is being monitored and goes

above 500 CFUs, then there are ways of addressing it. He further stated that if there is a complaint received about unsanitary conditions, Chief Investigator Altman has a checklist that he can use as a tool when investigating.

Dr. Wilson agreed that mandatory continuing education regarding infection control is essential. She stated that many people are not up to speed on ADA and OSAP recommendations. The Committee discussed requiring two hours of continuing education in the area of infection control.

Ms. Pam Cushenan spoke to the Committee. She stated to remember that they are a dental team and dental hygienists and dental assistants are often the ones doing the testing. She further stated that all team members should be on the same page. Dr. Reznik agreed and stated that the person who is in charge of his infection control is a dental assistant, who is credentialed in infection control. He added that he agrees this is a team effort. He continued by stating that dental hygienists and dental assistants can be credentialed in infection control through DANB DALE and OSAP.

Ms. Selfe discussed compliance with maintenance. She stated that she has worked at some offices where some do maintenance and some do not. She suggested not only keeping a log on testing of dental unit waterlines, but to also require a log of maintenance. Dr. Reznik asked if Ms. Selfe was saying to ask if the practice is keeping logs on testing and are they replacing straws annually, for example. Ms. Selfe responded affirmatively and stated that they should be asked how often they are using the tablets and are they going by the manufacturer's recommendations for use. Dr. Shirley responded by stating that was a great point about manufacturer recommendations for use. He stated that with testing, whether it is with a straw or tablet, there are specific instructions for that, but units can be renovated and sometimes it is difficult to figure out what are you following as far as manufacturer's instructions for that equipment. He continued by stating that OSAP states to follow manufacturer's instructions, which is typical in an infection prevention document. Dr. Shirley stated that he supports the maintenance, the testing requirements, and requiring continuing education. He further stated that if one does all of that and still does not follow the ADA and Academy of Pediatric Dentistry guidelines of when you open into the pulp chamber, whether it is a permanent or primary tooth, you should not irrigate with dental unit waterlines. He added that you should irrigate with sterile solution, which is a standard of practice. Dr. Shirley inquired if the Committee should try to implement that. Dr. Reznik responded by stating that he realizes when surgery or implants are done, sterile saline is used. He stated that he had not seen where the ADA recommendations show if one is doing endodontics then the use of sterile saline is needed. Dr. Shirley commented that what is written is if you open to a pulp chamber you switch to a sterile solution. He added that has been the standard for permanent teeth, and people want to do it for primary teeth. He continued by stating that the recommendations are that it should be done for both. Dr. Reznik requested Dr. Shirley forward that information to the Committee as he was not aware of such.

Ms. Selfe inquired if that was considered an infection control issue. She stated that it is considered substandard care. She asked if that could even be combined into infection control. Dr. Reznik responded that it could not. Dr. Shirley inquired as to how it could be regulated. He continued by stating that the Board needs to be cognizant of that and it is a critical part of why this occurred. Dr. Reznik responded by stating that this was the Infection Control Committee and as such, it needs to focus on dental unit waterline issues, which is what the Committee was trying to address today. He added that everything could not be resolved in an hour.

Dr. Reznik inquired if the Committee agreed that one item to bring before the Board is two hours of infection control continuing education should be a requirement for renewal for dentists and dental hygienists. The Committee agreed. Mr. Joiner requested clarification as to whether the two hours of continuing education would be an addition to the current requirement or would it be two hours of the current requirement. The Committee stated that the two hours would be part of the current requirement.

Dr. Reznik stated that another matter to discuss with the Board is keeping logs on dental unit waterline maintenance as well dental unit waterline testing, and requiring the logs be kept for a period of three years. Mr. Changus commented that requiring continuing education is something that could be done as the statute states the Board can determine what the course content should be or what category of continuing education is required. In terms of setting out requirements for dental offices in general with regard to infection control may be beyond what the Board could do. Mr. Changus stated the rule states a dentist or dental hygienist has to comply with CDC guidelines. He further stated that he does not know if dental unit waterlines was part of that already. He stated that he was not saying it could not be done, but just wanted to raise the concern. He further stated that it was not in the powers assigned to the Board in talking about what needs to be done at a dental facility in contrast to unprofessional conduct. Dr. Reznik stated that he understood. He further stated that based on conversations last month, there will be opposition to treating dental unit waterlines and he finds that to be unacceptable. He added that he does not want to put the children of Georgia at risk. Dr. Reznik continued by stating that there has been another incident in Georgia, which is not widely known, and it would be embarrassing if the Board has not taken some kind of action. He stated that he was suggesting following manufacturer's instructions for use and keeping a record of what is being done in case of another outbreak. He further stated that he wants to come up with a compromise that will provide safety for the citizens of Georgia.

Dr. Shirley stated that Mr. Changus referred to CDC guidelines. Dr. Shirley commented that they are not guidelines, but only recommendations. He added that the CDC is not a regulatory authority and the Board is a regulatory authority. He stated that the Board already requires sterilization logs and records be kept, and inquired as to why this is different as it is in the realm of infection control. He asked why would that be any different than sterilization logs. Mr. Changus responded by stating that he does not know that it is any different. He continued by stating that he was not saying it could not be done. He just wanted to note what the specifics are in the statute. He added that when the Board starts getting into regulating all the issues that may be with the equipment or what should be done by dentists in those facilities, that may be beyond the maintenance of records. Mr. Changus stated that there are not specifics over regulating dental offices that one might wish to be there.

Mr. Lacefield stated that Rule 150-8-.01(a) states in part that "Failing to conform to current recommendations of the Centers for Disease Control and Prevention (C.D.C.)..." He commented that he does not know how much of what is being discussed is part of that CDC recommendation and the Board is telling dentists they have to conform to and whether anything additional is necessary. In regards to the sterilization of records, Mr. Lacefield stated that there was a proposed rule amendment for that. Mr. Joiner commented that the proposed rule was tabled at the Board's November Public hearing in order to revisit the requirements of sterilization records. Dr. Reznik inquired as to who tabled it. Mr. Joiner responded that it was Dr. Reznik who suggested it be tabled. Mr. Lacefield stated that Rule 150-8-.01 is still in play that we are making changes to in a few sections.

Mr. Lacefield referenced California regulations. He stated that appears to have been legislation and not board rule. Dr. Reznik affirmed that was correct. Mr. Joiner commented that even though CDC guidelines may be guidelines on their own, the Board's unprofessional conduct rule is enforceable and binding on dentists in Georgia and failure to conform is subject to discipline.

Dr. Reznik commented that there is a problem. He added that the problems deal with sterilization and dental unit waterlines, which are two big infection control concerns. He asked how the Board can legally and appropriately, in addition to the two hours of continuing education, bring to light that there is an issue with dental unit waterlines. He stated that there is a problem and that is why the ADA and other organizations are weighing in. He asked what is within the Board's purview that can be done to bring this issue to attention. Mr. Lacefield responded by stating that adding continuing education requirements is a

start. He added that the Board can be specific in requiring the continuing education deal with dental unit waterlines so licensees understand what is important. Dr. Wilson agreed and stated that requiring continuing education should take care of a lot of the other issues, or at least address and bring them to the forefront. Dr. Reznik stated that he was open to that process and suggested that a portion of the continuing education must be in dental unit waterline safety. He added that this is a new committee and would like to see how things can further proceed at future meetings. He continued by stating that he does feel that continuing education will help and is a start, but it is not the final answer. Dr. Reznik stated that at some point the Committee does need to look at maintenance.

Dr. Reznik inquired as to what Chief Investigator Altman should be looking for if a complaint is received regarding unsanitary conditions and he asks about dental unit waterlines. Mr. Changus responded by stating that water line sanitation can be brought up. He added that the Committee can say it talked about requiring maintenance of records in this particular area. Mr. Changus stated there is a recommendation on requiring continuing education and the Committee is discussing the issue of requiring records for dental unit waterline maintenance.

Dr. Shirley stated that the most current CDC recommendations are from 2003. He inquired if those had been updated. Dr. Reznik responded by stating that it is part of One Health, which has been updated. Dr. Shirley stated that it needs to be clarified if there is anything in the recommendations that talks about testing and maintenance of dental unit waterlines. He continued by stating that he is aware that the Department of Public Health is interested in discussing dental unit waterlines with the Board. Mr. Lacefield responded by stating that the representative from the Department of Public Health can send a request to him and Mr. Lacefield will discuss it with Dr. Maron.

Dr. Reznik stated that the Committee should meet again after the next Board meeting and the Committee should discuss how to have the Department of Public Health provide a presentation. Mr. Lacefield confirmed that staff will add review of CDC and ADA guidelines to the next agenda and will find out who can provide a presentation concerning dental unit waterlines and maintenance of records.

**Facility Inspection Form:** Dr. Reznik discussed the Facility Inspection Form developed for Chief Investigator Altman. He stated that this will be used when a complaint is received regarding unsanitary conditions and will provide Chief Investigator Altman guidance on what to look for when he goes into an office. He asked if there were any concerns. Mr. Changus commented that the checklist is very detailed and how it will be utilized when there is a particular complaint looks more like a public health inspection rather than a dental board inspection. Dr. Shirley commented that it should be put together by subject matter experts. He stated that the legal advice is does it conform to the rules. He further stated that the Committee can take the advice, but if the Committee felt there was a need to use the checklist, then it should use the checklist. Mr. Changus stated that this may be beyond what the statute may allow as the Board is charged with regulating individuals rather than facilities. He further stated that he was not saying it could not be used, but most of the cases involve someone adhering to the standards of practice. He added that he will take this under advisement.

Dr. Reznik commented that the form does not contain things the Board would expect offices to have, but would be more of a guide. He stated that the form can be edited and be more simplified. He explained that the subject matter expert who put this form together is someone he works with. He added that it is just meant to be a tool for Chief Investigator Altman to use if a complaint regarding unsanitary conditions is received. Mr. Lacefield suggested adding this topic to the next meeting agenda, along with discussion of the CDC and ADA recommendations.

Dr. Wilson made a motion to refer the Committee's recommendation that two hours of the existing continuing education requirement for dentists and dental hygienists involve dental unit waterlines. Ms. Selfe seconded, and the Committee voted unanimously in favor of the motion.

Ms. Cushenan commented that she did not see a link on the Board's website about how to submit a complaint. Mr. Lacefield responded by stating that there is a link for submitting a complaint online under the "Online Services" tab.

There being no further business to come before the Committee, the meeting was adjourned at 11:13 a.m.

Minutes recorded by Brandi Howell, Business Support Analyst I  
Minutes edited by Eric R. Lacefield, Executive Director