

GEORGIA BOARD OF DENTISTRY
Sedation Committee Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
November 5, 2021
1:00 p.m.

The following Committee members were present:

Dr. Glenn Maron, Chair
Dr. Michael Knight
Dr. Brent Stiehl

Staff present:

Eric Lacefield, Executive Director
Kimberly Emm, Attorney
Brandi Howell, Business Support Analyst I

Visitors:

Suzanne Newkirk
Thomas Busey, GDA
Emily Yona, Impact Public Affairs

Dr. Maron established that a quorum was present and called the meeting to order at 1:34 p.m.

Introduction of Visitors

Dr. Maron welcomed the visitors.

Approval of Minutes

Dr. Knight made a motion to approve the July 2, 2021 minutes. Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion.

Discussion Topics

O.C.G.A. § 43-11-23 Training for dental assistants or hygienists performing phlebotomy procedures, venipuncture procedures, assisting in conscious sedation, or general anesthesia; supervision by dentist: Dr. Maron stated dental assistants or hygienists performing phlebotomy or venipuncture procedures will require formal of training. He further stated that it would have to be a certification type training course. Dr. Maron added that the wording in the rule needs to be amended to adapt to the law. He asked if there was any discussion. Ms. Emm responded by stating that O.C.G.A. § 43-11-23 lays out a specific structure of what the course needs to provide. She inquired as to how the Board would determine the certification courses have what the law required and did the Board feel there was anything additional that would be required. Dr. Maron stated that what was written in the law was sufficient and did not feel the Board should require anything additional.

Ms. Emm inquired if the Board would want to review the certification courses. Dr. Maron responded by stating the Board would need to review each course. Dr. Knight suggested reviewing the courses on a case by case basis. Ms. Emm stated the process would be similar to what the Board did for coronal polishing courses. For example, she said the GDA and GDHA submitted their courses for the Board to review, the Board provided feedback, and ultimately approved both courses. She asked if this would be the process the Board wanted to take. Dr. Maron commented that Dr. Knight suggested reviewing each course on a case by case basis. Dr. Maron stated that there should not be a high volume of submissions. He further stated that if someone takes a course, the Board should have the ability review the course to ensure it meets the standards.

Dr. Stiehl asked if there will not be a high number of people taking the course, what would be the incentive for people to teach the course and whether it would be difficult for someone to find an appropriate course. Additionally, Dr. Stiehl asked if anyone would be grandfathered in that have been doing phlebotomy and/or venipuncture for years. Ms. Emm responded by stating that the law does not provide for grandfathering. Dr. Maron stated that the American Association of Oral and Maxillofacial Surgeons is researching coursework that would be for any assistant doing these procedures. He stated Dr. Stiehl was correct in that the incentive is low in terms of the coursework. Discussion was held regarding this being required by law.

Ms. Newkirk stated she provides volunteer services at a community clinic. She asked if she passed a didactic and clinical course with completing a number of blood draws and/or needlesticks and was provided a certificate of completion of the course, if that would be adequate. Dr. Maron stated that it would be. He stated that the Board would have to review the course to determine if it would be allowed under the law.

Discussion was held regarding if it were possible for the course to be optional or an elective for dental assistant programs. Ms. Emm stated that most dental assisting programs are not CODA approved because they do not have to be. Dr. Maron stated the Board needs to look at what the requirements are for a phlebotomy training program and/or certification and what steps need to be taken to be in compliance with the law, while ensuring patient safety. Ms. Emm responded that she would research that and would also see what it would take to become a certified phlebotomy technician in Georgia. Ms. Emm stated that, based on what Ms. Newkirk stated, there would be both a clinical and didactic portion, which the law does not directly address, and would need to be added into the rule. She stated the course would need to have a certain amount didactic and clinical hours; identify number of procedures the Board would want the person to be trained on.

Ms. Newkirk commented that when the coronal polishing course was approved, the Board created an addendum which authorized the dentist to train the assistant in the office. She stated there was certain criteria that was specific to on-the-job training for coronal polishing. Ms. Newkirk inquired if the Board could write an addendum regarding phlebotomy training that could be provided by a dentist certified in oral sedation to train his/her dental assistant or dental hygienist in the office. Dr. Maron stated that he would have to defer to Ms. Emm. Ms. Emm stated that the way the law was written, it states in part, “shall be required to complete board approved training...”. Dr. Maron stated that Ms. Newkirk made a great point. He inquired if the Board could establish that the dentist would provide the training in his/her office and then certify the assistant. Ms. Emm responded by stating that it would be an option the Board could pursue. With regard to the coronal polishing program, Ms. Emm stated the Board requires public programs to be submitted for review and approval. She further stated that the Board has not required private practitioners to provide that information if they choose to do on-the-job training for coronal polishing. Dr. Maron inquired as to how it was verified. Ms. Emm responded that it is an honor system. She stated the Board may need to create an application and the course syllabus would need to be submitted. Ms. Emm further stated that the dentist would have to create his/her own course for their office staff. Ms. Newkirk asked if that was something that could be addressed with an addendum and approved by the Governor. Ms. Emm stated that it would be done via rule rather than an addendum. After further discussion, the Committee suggested gathering information and reporting back at its next meeting.

Rule 150-13-.01 Conscious Sedation Permits: Dr. Maron stated this rule was discussed at the public hearing and referred back to the Committee. Ms. Emm stated that section (4)(a)(2) requires a minimum of twenty-four (24) hours of didactic instruction plus management of at least ten (10) adult case experiences which provides competency in moderate enteral conscious sedation which may include simulated cases. She stated the proposed amendment was to remove “which may include simulated

cases” and make it ten (10) in person adult case experiences which provides competency in moderate enteral conscious sedation. Ms. Emm further stated the same change was proposed for (4)(b). Dr. Maron stated that he felt it needed to be in person and not online. He added that simulated cases were sufficient, but felt the course needed to be in person.

Dr. Knight commented that he personally felt oral sedation was easier and less complicated than IV moderate or deep sedation. He stated that he has seen very few cases involving oral sedation when it is properly taught and done the right way. Dr. Maron stated that he just did not want an individual to take an online course and then be granted a sedation permit. Ms. Emm suggested changing the language in section (4)(a)(2) to read, “Completion of an in person continuing education course of a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction plus management of at least ten (10) adult case experiences which provides competency in moderate enteral conscious sedation which may include simulated cases.” The Committee agreed.

In regard to section (4)(b), Ms. Emm stated the previous suggested amendment read, “To obtain a Moderate Enteral Conscious Sedation Permit for pediatric patients (age 12 and under) a dentist must provide certification of a continuing education course of a board approved organization in pediatric sedation including twenty-four (24) hours of pediatric-specific instruction after adult training and ten (10) in-person supervised administration pediatric patient experiences ~~to include supervised administration of sedation of at least five (5) patients~~; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.”

After discussion, the Committee agreed to amend section (4)(b) to read, “To obtain a Moderate Enteral Conscious Sedation Permit for pediatric patients (age 12 and under) a dentist must provide certification of an in-person continuing education course of a board approved organization in pediatric sedation including twenty-four (24) hours of pediatric-specific instruction after adult training and ten (10) pediatric patient experiences to include supervised administration of sedation of at least five (5) patients; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.”

Ms. Emm commented that the Sedation Committee previously discussed requiring CO2 monitoring for all levels of sedation. She stated that Rule 150-13-.02(3) contains language that states in part, “The facility shall have continual monitoring of end tidal CO2 (expired carbon dioxide) unless invalidated by the nature of the patient, procedure or equipment. "Continual" shall mean "repeated regularly and frequently in steady rapid succession." Ms. Emm further stated that the same language could be incorporated into Rule 150-13-.01(6). The Committee agreed. Dr. Maron commented that the goal is to ensure the safety and efficacy of having the availability of CO2 monitoring, which is the most adequate way to measure for all levels of sedation in case of emergency. He stated that the monitor does not have to be hooked up, but it must be available.

Ms. Emm commented that the following sentence would be added to both Rule 150-13-.01 and Rule 150-13-.02: “A licensed dentist shall not delegate to a dental assistant or a dental hygienist the administration of any medication or drugs given to a patient through phlebotomy and venipuncture procedures.” Ms. Emm explained that this information was taken directly from the law. The Committee agreed.

Amendment to Sedation Applications: The Committee discussed suggested language to be added to the sedation applications for those applying for additional sites to address how post-operative issues would be handled. After discussion, Ms. Howell will make the necessary corrections and bring back to the Committee’s next meeting for consideration.

There being no further business to come before the Committee, the meeting was adjourned at 2:16 p.m.

The next scheduled meeting of the Sedation Committee of the Georgia Board of Dentistry will be held via conference call on Friday, December 3, 2021, at 2:00 p.m. at the Department of Community Health's office located at 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303.

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