

GEORGIA BOARD OF DENTISTRY
Sedation Committee Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
December 3, 2021
2:00 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

The following Board members were present:

Ms. Misty Mattingly
Dr. David Reznik

Visitors:

Scott Piper

Dr. Maron established that a quorum was present and called the meeting to order at 2:01 p.m.

Introduction of Visitors

Dr. Maron welcomed the visitors.

Approval of Minutes

Dr. Stiehl made a motion to approve the November 5, 2021, minutes. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

Discussion Topics

Venipuncture/Phlebotomy: Dr. Maron reported that he has done some research regarding phlebotomy certification. He asked if Ms. Emm was able to find any information regarding courses. Ms. Emm responded that she did research courses as well. She stated that there are a wide variety of educational options. She further stated that there are courses specific to just phlebotomy training versus phlebotomy certification. Ms. Emm explained that the law change does not go to the extent of requiring certification; however, she stated that the Board needed to weigh in as to what it feels would be the necessary training for a dental assistant and dental hygienist to do these procedures.

Dr. Maron stated that he has seen course length be anywhere from 4-8 months to as long as twelve (12) months. He stated the shortest program length was four (4) months, which seemed to be a lot for what the Board was trying to establish. Dr. Maron stated that it may be better for the Board to establish its own criteria. Ms. Emm stated that there is a two day course offered in Minnesota, with a six hour weekend of hands-on training. She discussed the course description and added that the hands-on portion is conducted at one of the colleges. Dr. Maron stated that he saw that course as well.

Dr. Maron discussed DAANCE (Dental Anesthesia Assistant National Certification Examination). He stated that DAANCE was open to any dental assistant now, not just oral surgery assistants. Dr. Maron stated the reality is the Board could look at this as a two-fold requirement, with the first requirement being certification through a written program and then follow up with a hands-on program. He further stated he would like to get something similar set up in Georgia. Dr. Maron stated that he would be teaching a course, along with Dr. Steve Roser, Emory Hospital, regarding the dental management of the elderly patient. Dr. Maron stated that he would speak to Dr. Roser about putting together a

venipuncture/phlebotomy course for dental assistants. He stated that, in his opinion, that would be the best way to establish oversight and be in compliance with the new law.

Dr. Maron asked if there were any comments. Dr. Knight inquired as to how often the course would be offered. Dr. Maron responded by stating once a year, but maybe twice a year or more if there were enough faculty for such. Dr. Knight stated that he spoke with Dr. Troy Lawhorn, who stated that there was a group of oral surgeons that would offer a weekend phlebotomy course in South Georgia. Dr. Knight stated that he does not have any information about the course, but would reach out to Dr. Lawhorn about it.

Dr. Lee Whitesides was on the call and spoke to the committee. Dr. Whitesides stated he had been in communication with Mr. Scott Piper, Director Continuing Education, Georgia Dental Association. He explained that he and Mr. Piper discussed the idea of a phlebotomy course, not involving sedation. Dr. Whitesides discussed a PRP Seminars course offered by Dr. Arun Garg. He explained that the course is a relatively inexpensive one-day course about drawing blood from platelet rich plasma (PRP). He added that there is no sedation training with this course. Dr. Whitesides stated that many dental clinicians are using PRP in his/her practice every day. He stated that the course is a more straightforward phlebotomy course that was more affordable and could be an option in terms of getting dental assistants and dental hygienists certified.

Dr. Reznik inquired if the training had to be equal what a trained phlebotomist have now. Dr. Whitesides responded by stating that if the individual was going to be a hospital phlebotomist, it would involve a more extensive course and would be a different certification from the PRP course.

Ms. Emm discussed O.C.G.A. § 43-11-23. She explained that subsection (a) pertains to dental assistants and dental hygienists performing phlebotomy and venipuncture without sedation or anesthesia and states the following:

“(a) A dental assistant or licensed dental hygienist performing phlebotomy and venipuncture procedures shall be required to complete board approved training in phlebotomy, intravenous access, infection control, the handling of any medical or dental emergencies associated with such procedures, and any other safety related topics required by the board.”

Ms. Emm continued by stating that subsection (b) pertains to a dental assistant or dental hygienist assisting with procedures in offices offering conscious sedation or general anesthesia and states the following:

“(b) A dental assistant or licensed dental hygienist assisting a licensed dentist during the lawful administration of conscious sedation under Code Section 43-11-21 or general anesthesia under Code Section 43-11-21.1 shall complete board approved training on the applicable procedures, protocols, patient monitoring techniques, equipment, and any other safety related topics required by the board. A dental assistant or licensed dental hygienist performing phlebotomy and venipuncture procedures while assisting the supervising dentist pursuant to this subsection shall also complete the training requirements contained in subsection (a) of this Code section.”

Dr. Maron stated that the PRP course would be a course the Board would consider for those just trying to do phlebotomy only; however, he stated it does not cover everything the law requires. Dr. Whitesides agreed and stated it was a course for venipuncture/phlebotomy only and not a substitute course for sedation training. Dr. Whitesides further stated if the Board was interested in a limited course, he and Mr. Piper would submit it to the Board for consideration.

Mr. Piper was on the call and spoke to the Committee. He stated the course would fit right into the dental assistant training courses GDA has offered. He stated that GDA would be happy to work with the Board to facilitate a course to accommodate the sedation aspect as well.

Ms. Newkirk was on the call and spoke to the Committee. She stated that Kentucky offers a dental hygiene course regarding placing the IV lines. She explained that the course is a two day course. She added that they also provide the proposed curriculum and believes it would meet the parameters of the new law. She offered to email the proposed curriculum to Mr. Lacefield. Dr. Maron thanked Ms. Newkirk and stated that the more information the Committee has on this subject, the better.

Amendment to Sedation Applications: The Committee discussed proposed language to be added to each of the sedation applications. Ms. Emm read the proposed language:

If you are applying for more than one location, please include a written statement addressing how you will handle post operative issues/complications, including how patients will be able to contact you about post operative issues/complications, your anticipated response time to those patients, and the physical location(s) where you would anticipate seeing those patients, if necessary. Please also address how patients will be notified of how post operative issues/complications will be handled.

Dr. Stiehl made a motion to approve the language and refer it to the full Board for consideration. Dr. Knight seconded and the Board voted unanimously in favor of the motion.

Rule 150-13-.01 Conscious Sedation Permits: Dr. Maron stated this item was not on the December agenda; however, the Committee discussed requiring CO2 monitoring for all levels of sedation and proposed language at its November meeting. Ms. Emm responded that she held those suggested amendments as the Board still needed to work out the phlebotomy and venipuncture aspects that would affect the rule. She added that multiple versions did not need to be submitted to the Governor's office. Ms. Emm stated that she was not sure the Board was at a point where it wanted to publish the proposed amendments. Dr. Maron stated that he felt the Committee was ready to send those particular amendments to the Board for consideration. Dr. Knight and Dr. Stiehl agreed.

Dr. Maron went back to the venipuncture/phlebotomy discussion. He thanked Dr. Whitesides and Ms. Newkirk for their input on the courses. Dr. Maron discussed in-office certification.

Ms. Newkirk stated that the state of Washington authorizes a dental hygienist and dental assistant to initiate an IV line, and in order to do so, the dental hygienist and dental assistant are required to have DAANCE certification. Ms. Newkirk discussed what must be provided as evidence of completion. Dr. Maron stated that he felt the logical thing for the Sedation Committee to do was to forward this matter to the full Board and allow the community to assist the Board with establishing programs. He added that the Sedation Committee would then make the decision as to what programs could be approved.

At this point in the meeting, Ms. Emm requested the Committee review drafts of Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation/General Anesthesia that were posted to Sharepoint. She explained the drafts contain the most current proposed amendments by the Sedation Committee.

Dr. Stiehl made a motion to refer the proposed amendments to Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation/General Anesthesia to the full Board for consideration. Dr. Knight seconded and the Board voted unanimously in favor of the motion.

Rule 150-13-.01. Conscious Sedation Permits

- (1) When the intent is minimal sedation (anxiolysis), which is defined as a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway with unaffected ventilatory and cardiovascular function and respond normally to tactile and verbal stimulation, a permit for conscious sedation is not required.
 - (a) When the intent is minimal sedation for adults, the initial dosing is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. For adults, supplemental dosing that may be necessary for prolonged procedures should not exceed one-half of the initial drug dose and should not be administered until the dentist has determined that the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
 - (b) The use of preoperative sedatives for children (age 12 and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals. Children can become moderately sedated despite the intended level of minimal sedation. Should this occur, the guidelines for moderate sedation apply. For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
- (2) No dentist shall administer conscious sedation at the moderate level in Georgia in accordance with the definition of conscious sedation as defined by O.C.G.A. 43-11-1 unless such dentist possesses a permit based on a credentials review. The permits issued are Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation.
- (3) Moderate Conscious Sedation is defined as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (4) Moderate Enteral Conscious Sedation is any technique of administration in which the drugs are absorbed through the gastrointestinal tract or oral mucosa, i.e. oral, rectal, and sublingual.
 - (a) To obtain a Moderate Enteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
 1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training necessary to administer and manage moderate enteral conscious sedation; or
 2. 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.
 - (b) 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.
- (5) Moderate Parenteral Conscious Sedation is any technique utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation.

- (a) To obtain a Moderate Parenteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
 - (1) Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation; or
 - (2) Completion of a continuing education course of a board approved organization consisting of a minimum of sixty (60) hours of didactic instruction plus in-person management of at least twenty (20) patients, which provides competency in moderate parenteral conscious sedation.
 - (b) To obtain a Moderate Parenteral 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 not less than sixty (60) hours didactic and in-person supervised administration of sedation of twenty (20) patients; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.
- (6) The dentist issued a permit in either Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation shall maintain a properly equipped facility for the administration of such sedation, staffed with appropriately trained and supervised personnel. The facility must have equipment capable of delivering positive pressure oxygen ventilation, a pulse oximeter, suction equipment that allows aspiration of the oral and pharyngeal cavities, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, a fail-safe inhalation system if nitrous oxide/oxygen is used, equipment necessary to establish intravascular access, equipment to continuously monitor blood pressure and heart rate, appropriate emergency drugs per ACLS or PALS protocol, a manual or automatic external defibrillator, and a recovery area with available oxygen and suction. 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." All of the aforementioned equipment, drugs, and supplies must be stationary and not subject to transfer from one facility to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection. The dentist and all support personnel must be certified in cardiopulmonary resuscitation at the basic life support healthcare provider level given by a board approved sponsor with update not to exceed two years per board rules 150-3-.08, 150-3-.09, 150-5-.04, 150-5-.05. Additionally, the dentist must have current certification in advanced cardiovascular life support (ACLS) for adult permits or pediatric advanced life support (PALS) for pediatric permits or an appropriate dental sedation/anesthesia emergency management course as approved by the board. Any dental hygienist or dental assistant, expanded or general, performing phlebotomy or venipuncture procedures must be in compliance with O.C.G.A. § 43-11-23.
- (a) The dentist must take four (4) hours of continuing education every two (2) years in pharmacology, anesthesia, emergency medicine or sedation, as part of the 40 hour requirement for license renewal, to maintain certification for the Enteral and/or Parenteral Conscious Sedation Permits. Certification of this continuing education must be submitted at renewal.
 - (b) The Georgia Board of Dentistry shall be given a written, thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant change to the facility.
 - (c) When a Certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist for the administration of conscious sedation, the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board that incorporates the level and mode of sedation administered by the CRNA.

- (d) The dentist must be certified in cardiopulmonary resuscitation at the basic and advanced levels and all support personnel who provide direct hands-on patient care must be certified in cardiopulmonary resuscitation at the basic life support level given by a board approved provider with an update not to exceed two years. While any conscious sedation procedure is underway, a minimum of two support personnel certified in basic cardiopulmonary resuscitation must be present.
- (7) 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.
- (78) The requirements as set forth in this rule apply to all new permit applicants upon its effective date. Current, active sedation permit holders are grandfathered for educational requirements and will have until December 31, 2011 to comply with facility requirements including monitoring and emergency equipment, drugs, and supplies, and periodic emergency training requirements for the dentist and all support personnel.
- (89) Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.
- (910) Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.
- (4011) Late Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

Rule 150-13-.02. Deep Sedation/General Anesthesia Permits

- (1) The educational requirements for a permit to use deep sedation/general anesthesia in Georgia shall be equal to those set forth in O.C.G.A. § 43-11-21.1.
- (2) The following guidelines shall apply to the administration of deep sedation/general anesthesia in the dental office or a site approved by the Board:
 - (a) When administration of deep sedation/general anesthesia is provided by another qualified dentist holding a current (Georgia) deep sedation/general anesthesia permit or by a physician anesthesiologist, the operating dentist and the staff must be certified in cardiopulmonary resuscitation at the basic life support level given by a board-approved sponsor with an update not to exceed two years per board Rules 150-3-.08, 150-3-.09, 150-5-.04, and 150-5-.05.
 - (b) When a certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist, administration of deep sedation/general anesthesia by a CRNA shall require the operating dentist to have completed training in deep sedation/general anesthesia, commensurate with these guidelines.
 - (c) A dentist administering deep sedation/general anesthesia must document current successful completion of an advanced cardiac life support (ACLS) course (or an appropriate equivalent).
 - (d) All staff must be certified in cardiopulmonary resuscitation at the basic life support level given by a board-approved sponsor with an update not to exceed two years per board Rules 150-3-.08, 150-3-.09, 150-5-.04, and 150-5-.05.
 - (e) Any dental hygienist or dental assistant, expanded or general, performing phlebotomy or venipuncture procedures must be in compliance with O.C.G.A. § 43-11-23.
 - (f) 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.
- (3) In all areas in which this level of anesthesia is being conducted, the dentist shall maintain a properly equipped facility for the administration of deep sedation/general anesthesia, staffed with appropriately trained and supervised personnel. The facility must have equipment capable of delivering positive pressure oxygen ventilation, a pulse oximeter, suction equipment that allows aspiration of the oral and pharyngeal cavity, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, a fail-safe inhalation system if nitrous oxide/oxygen is used, equipment to continuously monitor blood pressure and heart rate and rhythm, EKG monitor, appropriate emergency drugs per ACLS

protocol including reversal agents for narcotics and/or benzodiazepines depending on which is actually utilized, a manual or automatic external defibrillator, and a recovery area with available oxygen and suction. 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." All of the aforementioned equipment and supplies must be stationary and not subject to transfer from one facility to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection.

- (a) The dentist must be certified in cardiopulmonary resuscitation at the basic and advanced levels and all immediate support personnel who provide direct hands-on patient care must be certified in cardiopulmonary resuscitation at the basic life support level given by a board approved provider with an update not to exceed two years. While any deep sedation/general anesthesia procedure is underway, a minimum of two immediate support personnel certified in basic cardiopulmonary resuscitation must be present.
- (4) The Georgia Board of Dentistry shall be given a written thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant changes in the facility. Changes in the method of administration of deep sedation/general anesthesia should also be brought to the attention of the Board. The permit holder shall be subject to an on-site inspection.
- (5) The dentist must take four (4) hours of continuing education every two (2) years in pharmacology, anesthesia, emergency medicine or sedation as part of the forty (40) hour requirement for license renewal to maintain certification for the deep sedation/general anesthesia permit. Certification of this continuing education must be submitted at renewal.
- (6) Permit fees: As shown in the schedule of fees adopted by the Board.
- (7) Renewal fees: As shown in the schedule of fees adopted by the Board.
- (8) Late renewal fees: As shown in the schedule of fees adopted by the Board.

There being no further business to come before the Committee, the meeting was adjourned at 2:36 p.m.

The next scheduled meeting of the Sedation Committee of the Georgia Board of Dentistry will be held via conference call on Friday, January 7, 2022, at 1:00 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