



Maryland Mighty Tooth School Dental Sealant Program

**Guidelines and Operations Manual
2023 - 2024**

Prevention and Health Promotion Administration

Cancer and Chronic Disease Health Bureau

Office of Oral Health

<https://health.maryland.gov/phpa/oralhealth/Pages/home.aspx>

TABLE OF CONTENTS

Director’s Message	4
SECTION 1: Introduction.....	5
SECTION 2: General Information and Administrative Protocols.....	7
a. Contact Information.....	7
i. Licensing.....	7
ii. Workforce Utilization	7
c. Infection Control Resources	8
Through a series of webinars between August and December 2014, the CDC provided the following infection control resources for school-based dental sealant programs:.....	8
d. OSHA.....	8
e. Immunizations.....	9
f. OOH Grant Policies	10
SECTION 3: Operating Effective Community Programs	11
a. Benchmarks, Performance Standards, and Evaluation	11
b. Community Relations	11
c. Uninsured Program Participants	12
d. Types of Dental Sealant Programs.....	13
i. Clinical.....	13
ii. School-Based Programs	13
iii. School-Linked Programs	13
iv. Mobile.....	13
v. Hybrid Programs.....	13
a. Staffing.....	13
f. Supplies.....	14
g. Equipment.....	15
h. Moving Company	16
i. Preliminary Program Tasks.....	17
i. School Letter – 1 (To Principal or Program Coordinator).....	17
ii. School Year Schedule and Program Scheduling	17
iii. School Letter – 2 (For Teachers)	17
iv. Forms	18
v. Collection of Sealant Day Packets/ Signature Verification/ Name Tags.....	18
j. Sealant Day Set-Up.....	18
i. Data System or Chart.....	18
ii. Equipment Set-Up.....	18
iii. Sterilization:.....	19
iv. Test Strip:.....	19
k. Clinical Procedures	19
i. Getting Students from Class	19
ii. Students in the Dental Sealant Program Area.....	20
iii. Dental Procedures (Set-up and Break-down)	20
iv. Recheck of Dental Sealants (Sealant Retention)	20

l.	End of Day Procedures and Sterilization	21
i.	Dental Assistant	21
ii.	Practitioner	21
m.	End of School/Site Procedures.....	22
i.	Supplies.....	22
ii.	Equipment	22
iii.	Final Inspection.....	22
	SECTION 4: Tooth Surface Selection, Materials, and Application Techniques.....	23
a.	Deciding whether or not to reseal or repair:	23
b.	Sealant Materials and Application Techniques.....	23
	SECTION 5: Assessment and Data Collection.....	24
	SECTION 6: Health Education Curriculum	24
	SECTION 7: Training.....	26
	SECTION 8: Reports, Comprehensive/Focused Site Reviews and Technical Assistance	27
a.	Reports	Error! Bookmark not defined.
b.	Guidelines for Completing Reports	Error! Bookmark not defined.
c.	Comprehensive Site Reviews	Error! Bookmark not defined.
d.	Focused Site Reviews	Error! Bookmark not defined.
e.	Technical Assistance.....	Error! Bookmark not defined.
	SECTION 9: Appendices.....	29
Appendix A.	Principal Letter.....	29
Appendix B.	Article for Newsletter	30
Appendix C.	Informed Consent and Medical History Template.....	31
Appendix D.	Dental Screening Results/Follow-Up	32
Appendix E.	Principal/School Coordinator Instructions for Forms.....	33
Appendix F.	Teacher Letter	34
Appendix G.	Informational Parent Letter (Letter 1).....	35
Appendix H.	Follow-Up Letter for Parents of Child with URGENT Dental Needs...36	
Appendix I.	Checklist for Chart Review.....	37

Director's Message

On behalf of the Office of Oral Health, I wish to welcome you to our Dental Sealant Guidelines and Operations Manual for school-based dental sealant programs. While the intended users of this manual are dental public health programs, we invite any organization instituting a school-based dental sealant program to make use of this material. We hope that all users of the Dental Sealant Guidelines and Operations Manual will find it a valuable resource.

The provision of dental sealants is an evidence-based preventive strategy known to effectively reduce rates of dental caries on targeted teeth. A national objective to increase the percentage of children and adolescents who have received dental sealants on their molar teeth is included in the U.S. Public Health Service, *Healthy People 2030* objectives for the nation. The Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Pew Center on the States highly promote and monitor the use of dental sealants.

School-based dental sealant programs target school children from low-income backgrounds at high risk for dental caries. These children are less likely to receive oral health services from a private practice dental care provider. Sealant programs are not intended to compete with private dental practitioners, and instead serve to offer a needed safety net service for children without a current dental home. School-based dental sealant programs have been successful throughout the country at reducing the risk of pit-and-fissure dental caries and the racial and economic disparities in sealant prevalence among children.

This manual intends to address the following elements of dental sealant programs:

- Best practices
- Framework to start a dental sealant program
- How to evaluate and modify your current program
- Provision/terms for funding
- Continuity for delivery of care, reporting programmatic statistics, and administrative procedures

As important as these aspects are, this manual was written with the understanding that there is a wide variety of school-based dental sealant programs adhering to differing logistical, political, legal, and environmental circumstances. Users of this manual are encouraged to adapt this information to meet their program's specific needs.

Debony R. Hughes, D.D.S.

Director, Office of Oral Health

SECTION 1: Introduction

Dental caries is the most common chronic disease among children in the United States and is largely preventable. As public health professionals, we have a responsibility to ensure that the children in our communities benefit from available resources and current clinical technologies, which can ensure a healthy quality of life.

Dental sealants, in conjunction with the use of systemic and topical fluorides, proper nutrition, and good oral health habits, are shown to be very effective in reducing dental caries and tooth loss in children and adolescents. The use of dental sealants alone, in the pits and fissures of chewing surfaces of molars, are being proven to be a safe and cost-effective means for preventing the occurrence of dental caries, as well as stopping the progression of early dental caries. Dental sealants are bonded onto susceptible tooth surfaces of permanent molars soon after eruption. Increasing the use of dental sealants is a top national oral health objective as outlined in *Healthy People 2030*, a series of national health objectives aimed at preventing disease and improving overall health.

According to a [CDC Press Release of October 2016](#), School-based dental sealant programs are an effective way to get sealants to children and to prevent cavities. School-age children without sealants have almost three times more cavities than children with sealants. School-based dental sealant programs are cost effective and could save millions of dollars in dental treatment costs.

The Association of State and Territorial Dental Directors (ASTDD) states that, “school-based sealant programs generally are designed to maximize effectiveness by targeting high-risk children.” ASTDD, “fully supports, endorses, and promotes expansion of school-based and school-linked dental sealant programs that follow evidence-based guidelines as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease” ASTDD also recommends that “school-based and school-linked dental sealant programs as an important and effective public health approach that complements clinical care systems in promoting the oral health of children and adolescents.”

This Dental Sealant Guidelines and Operations Manual is an inclusive reference manual and programmatic guide designed for use with the Maryland Mighty Tooth Dental Sealant Program. This statewide program is overseen by the Office of Oral Health (OOH) to promote the establishment of new dental sealant programs and the evaluation and revamping of existing ones. Local Health Departments (LHDs), Federally Qualified Health Centers (FQHCs), and other community health programs applying for the School Dental Sealant grant through the annual Request for Applications (RFA) can use this manual to learn about requirements and recommendations for the RFA, including funding, local demographics, target populations, and State regulatory compliance. Most importantly, it is anticipated that the Dental Sealant Guidelines and Operations Manual establishes a framework for best practices in dental sealant administration, training, clinical care delivery, data collection, reporting, evaluation, and funding for Maryland programs. This manual is found on the OOH’s website at:

<https://health.maryland.gov/phpa/oralhealth/Documents/DentalSealantGuidelinesOperationsManual.pdf>.

For additional state and national resources, please refer to:

- **MightyTooth.com:** This website aims to increase public awareness of the benefits of dental sealants within dental offices and in school-based programs. The site includes information for parents and health professionals with links to various oral health resources. <http://mightytooth.com/>
- **Maryland Mighty Tooth Dental Sealant Training Program:** This link contains a Maryland-specific dental sealant training curriculum. Dental hygienists can receive two continuing education credits by completing the online curriculum. All program coordinators of dental sealant programs funded through the OOH are required to complete the curriculum every other year. <http://mightytoothcurriculum.com>
- **The 2022 ASTDD Best Practice Approach Report for State, Community and Territorial Oral Health Programs:** This resource describes the public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful implementation of school-based dental sealant programs. <https://www.astdd.org/bestpractices/school-based-dental-sealant-programs-bpar-2022-final.pdf>
- **Seal America:** This Prevention Intervention assists health professionals in establishing and implementing a school-based dental sealant program. <http://www.mchoralhealth.org/Seal>
- **Ohio's School-Based Dental Sealant Program:** The Ohio Department of Health operates a model statewide school-based dental sealant program. This includes several resources that may be of interest, including a five-part distance-learning course module. [Click here to access](#)
- **School-Based Health Alliance's School Oral Health Resource Library:** This resource is designed to help strengthen oral health services in schools. It is organized around eight components of school oral health: education; screening and risk assessment; preventive care; care coordination; cleaning, exams, and treatments; integrated services; data and program evaluation; and sustainability. [Click here to access](#)
- **School-Based Health Alliance OH2020 White Paper, “Confronting the Consent Conundrum: Lessons from a School Oral Health Learning Community”**
- **ADA and CDC 2009 Joint Consensus Report on Dental Sealants, “Preventing Dental Caries Through School-Based Sealant Programs”**

SECTION 2: General Information and Administrative Protocols

a. Contact Information

Office of Oral Health

201 W. Preston Street
Baltimore, MD 21201
Phone: (410) 767-5300
Fax: (410) 333-7392

<https://health.maryland.gov/oral-health>

Director

Debony R. Hughes, D.D.S.
Phone: (410) 767-5942
Email: Debony.Hughes@maryland.gov

Deputy Director

Eric Biagioli, M.P.M.
Phone: (667) 318-0677
E-mail: Eric.Biagioli@Maryland.gov

Financial Reports/Questions

Office of Oral Health – Grants Administration
Email: mdh.ugaoralhealth@maryland.gov

b. Regulatory Compliance (*Supervisors are expected to enforce all policies*)

i. Licensing

There are no specific requirements to lead a school-based dental sealant program. However, administrative knowledge and managerial skills are recommended.

All dentists and dental hygienists must be licensed to practice by the Maryland State Board of Dental Examiners (MSBDE). Licensure may be verified by accessing the MSBDE website at <https://health.maryland.gov/dental/Pages/home.aspx>.

ii. Workforce Utilization

Dental hygienists employed or contracted by public health programs may provide dental sealants, fluoride varnish, administer fluoride rinse, and render oral assessments without the direct supervision of a dentist. A dental hygienist may provide sealants without the dentist being physically present or there being an initial dentist examination (HB: 10.44.21.09.htm). The use of this law—the Public Health Dental Hygienist Act—can be a catalyst for the creation of similar new programs and an enhancement for existing ones.

c. Infection Control Resources

Through a series of webinars between August and December 2014, the CDC provided the following infection control resources for school-based dental sealant programs:

1. [CDC Summary of Infection Prevention Practices in Dental Settings](#)
2. [Organization for Safety, Asepsis and Prevention \(OSAP\) Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Equipment FACT SHEET](#)
3. [OSAP Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment](#)
4. [OSAP Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans](#)
5. [Practical Infection Control for Dental Sealant Programs in a Portable Dental Care Environment](#) (1994)
6. [Sterilization Log Template](#)

Infection Control Resources can be found at:

<https://www.cdc.gov/oralhealth/infectioncontrol/>

d. OSHA

While a relatively low risk procedure for exposure to blood borne pathogens, all dental sealant programs are strongly expected to adhere to *Occupational Safety and Health Administration (OSHA) Infection Control Guidelines* to prevent injuries and protect the health of workers. In Maryland, OSHA guidelines are established and monitored by the Maryland Occupational and Safety Administration or MOSH. Guidelines are available at: <https://www.osha.gov/healthcare/infectious-diseases>. Please review your infection control protocols. You may want to include the following procedures to ensure compliance and to avoid risk:

- A written exposure control plan which is reviewed and updated annually
- Blood borne Pathogens training as an annual requirement
- Infection control training given to all workers working in an environment where exposure to blood or other potentially infectious materials (OPIM) may occur prior to beginning employment
- Personal protective equipment (mask, gloves, face shield, eyewear, gown, smock or other protective clothing) worn by dental personnel
- Appropriate hand cleansing must be instituted. Soap and water, along with alcohol-based hand sanitizers are acceptable. Hands should be cleansed before and after treating each patient and before and after removing gloves. Ungloved hands must be cleansed upon touching contaminated surfaces which contain blood or OPIM, before leaving the operatory and when hands are visibly soiled. Soap and water must be used when hands are visibly soiled. The CDC provides hand-washing instructions available at: <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/index.html>

- All autoclavable instruments must be heat sterilized in an autoclave. All disposable items should be put in the appropriate receptacle and not re-used
- If using autoclavable instruments, a spore test must be conducted weekly and results verified by a spore-testing company to ensure proper use and functioning of the autoclave. All environmental surfaces must be cleaned and disinfected with a proper antimicrobial agent
- Barrier protection should be used for items that are difficult to clean or disinfect, i.e. light handles. Plastic wrap, small plastic sandwich bags and foil, are the most cost effective; if using barrier protection, change between patients
- Sharps containers are to be used for all sharps and red bags are to be used for all waste disposals for OPIM containing items, if present
- All detachable hand-pieces and motors should be autoclaved between patients.
- Ultrasonic cleaners should be used for preliminary disinfection
- All transported instruments should be marked “DIRTY” or “CLEAN” and transported in plastic containers with a lid to avoid cross contamination
- All non-disposable and autoclavable instruments should be autoclaved either on or off-site

CDC recommends that water used for routine dental treatment meets Environmental Protection Agency (EPA) reference standards for drinking water. Please follow the manufacturer’s recommendation for all portable equipment for water use.

These regulations can be found on the following websites:

- <http://www.osha.gov/SLTC/dentistry/index.html>
- <http://www.osha.gov/SLTC/bloodborne pathogens/index.html>
- <https://www.osha.gov/healthcare/infectious-diseases>
- http://mightytoothcurriculum.com/module2/mod2_0.html

PLEASE NOTE: Selecting the best location in a school or other facility is imperative to ensure safety and sterility for both practitioners and students. The following are helpful criteria for site selection:

- Area large enough to setup all portable equipment (i.e.: cafeteria, stage, medical suite, library, computer room)
- Access to electrical outlets with the number of circuits recommended by equipment manufacturers (Often a dedicated circuit per autoclave)
- Access to running water
- Ability to create a sterilization area which can accommodate autoclaves and separate sterile and soiled instrument areas

e. Immunizations

All staff should remain current with their immunizations as recommended by the CDC. Current documentation should be kept on file for each staff member in the Infection Control Manual established by the health department program coordinator. Each staff member must provide

current proof of immunity or immunization. A medical waiver signed by a health care provider must be provided for each staff member unable to receive a vaccine.

f. OOH Grant Policies

All grantees must comply with OOH policies detailed in the RFA and in the Maryland Department of Health (MDH) Conditions of Award. For further information on grant compliance, visit the OOH website or contact OOH Grants Administration at <mailto:mdh.ugaoralhealth@maryland.gov>.

SECTION 3: Operating Effective Community Programs

a. Benchmarks, Performance Standards, and Evaluation

Goals and performance measures should be established at the beginning of the program planning process. This will enable measurement of results throughout the life of the program. The OOH has established the following goals for the end of fiscal year 2024:

- 45% of title 1 schools will implement dental sealant programs onsite
- The prevalence of dental caries among 3rd grade children will decrease to 49.9%
- The proportion of children who received dental sealants will increase to 57.8%
- The proportion of children with untreated decay will decrease to 23.6%

The OOH and partners throughout Maryland reached the following performance measures in fiscal year 2023:

- Number of children seen: 15,322
- Number of children receiving dental sealants: 4,4772
- Number of dental sealants placed: 14,228

To gauge a program's success, regular evaluation should be incorporated into the sealant plan. Guidance for program evaluation can be found on the [Seal America website](#).

In addition, the OOH has developed an Environmental Assessment tool that can be used by community health programs to gauge various measures that inhibit or promote the success of a school-based/linked dental sealant program. Programs are encouraged to complete an Environmental Assessment periodically, specifically when developing a program or a significant change occurs (i.e. staff turnover, reorganization, school changes, etc.). This tool can be used to identify strengths, weaknesses, and focus areas for attention and growth. Evaluating the dental sealant program's environment regularly contributes to the overall sustainability of the program. The OOH's Environmental Assessment is available online at <https://health.maryland.gov/phpa/oralhealth/Documents/DentalSealantEnvironmentalAssessmentGuidelines.pdf>.

b. Community Relations

Program success can depend greatly on establishing and developing community relationships. Every community is different; therefore, your approach may vary with each school. The key is to find the decision makers for each school or cluster of schools and gauge their level of support for the program. One or more of the following personnel may need to get involved to get a program into a school: the county school superintendent; the school health coordinator; the school nurse; the school principal; local PTA; or a parent. Take a written prospectus of the program, outlining benefits, implementation, and other programmatic strategies. Never underestimate the influence of any of these individuals when attempting to establish a program.

The OOH has developed an at-a-glance reference sheet for school administrators. Programs are encouraged to use this one pager to reach out to potential school sealant sites to provide information on dental sealant programs and the corresponding roles of various school professionals.

Once a program has been established, it will be imperative to nurture the relationships you have established and continue to seek opportunities to create awareness and market the program successfully. The following are examples:

- Annual School Nurse Conferences
- Back-to-School Night
- PTA Meetings
- School Health Fairs
- School Website
- School Calendar
- School Newsletter
- School Lunch Menu

Other tips for increasing program awareness and participation:

- Programs are encouraged to include school sealant consent forms with other forms during distribution at the beginning of the school year. Response rate is highest when included with all other beginning of year forms. Two distributions may be helpful, with the second marked “Second Notice”
- Schedule school visits at the beginning of the school year to allow for working out small problems
- Consider incentives to increase the return rate of consent forms, such as school-determined points or donated supplies like pencils or stickers

Key Fact: Planning is important in operating an efficient school-based sealant program. All logistics should be worked out prior to the arrival of the dental team for the sealant day. This will allow the dental team to work efficiently to complete a school in a shorter time frame, treat more children, and operate with lower costs.

CMS released [federal policy guidance](#) on the free care rule in December 2015. Once Maryland Medicaid issues its rules for the revised interpretation of the CMS “Free Care Rule”, that will allow State and local supported LHD’s to bill Medicaid for school-based sealant services. Scion Dental, Inc. will provide guidelines to assist in the utilization of the Medicaid system. To maximize billing potential, it is recommended that school lists are reviewed and verified ahead of time for Medicaid eligibility before the first day the program is to begin. However, at this time, all LHD’s should first contact either Scion Dental, Inc. or Maryland Medicaid prior to billing Medicaid for school-based sealant services. Once there is further clarification of this matter, the OOH will issue a communique regarding Medicaid billing.

c. Uninsured Program Participants

Until Maryland Medicaid issues its rules for the new CMS interpretation of the Free Care Rule (see above), there are a number of ways to handle uninsured participants. It is suggested that your approach is one that best works for your specific situation. The following are example approaches that can be adapted:

- Off-set billing costs with OOH Funds
- Use a sliding fee scale
- Utilize other grant money to off-set costs

d. Types of Dental Sealant Programs

i. Clinical

A clinical program is a dental sealant program that is operated onsite in a clinical setting such as an LHD, a Federally Qualified Health Center (FQHC), or a private dental practice.

ii. School-Based Programs

A school-based program is a dental sealant program that is operated entirely within a school setting with dental providers utilizing portable equipment. According to the CDC, this is one of the most effective ways to target high-risk children who otherwise are unlikely to receive the treatment.

iii. School-Linked Programs

A school-linked program is a dental sealant program that is operated outside of a school in a clinic, LHD, or private dental office but still connected to the school. Operations can be both clinical and administrative. School-linked programs may provide screenings on-site and refer children to clinics for sealant placement.

iv. Mobile

A mobile program is any dental sealant program that is operated by transporting portable dental equipment in an automobile or fixed dental equipment in a mobile van that is parked on school grounds. School-based and school-linked programs can be mobile programs. Mobile programs can be administered by public health programs or be operated independently by for-profit entities and private dental practices. More information on mobile and portable equipment can be found at: <https://www.astdd.org/docs/mobile-portable> or through the ASTDD policy statement issued in February 2012 entitled “[School-Based or School-Linked Mobile or Portable Dental Services](#).”

v. Hybrid Programs

A hybrid dental sealant program is any dental sealant program which offers more than one mode of treatment and can be any combination of the above programs listed above.

a. Staffing

Staffing of a dental sealant program can be provided based on availability of workforce, budget, size of program and need. The recommendation is to use teams of two or three that

include one staff member as a recorder and two practitioners, usually dental hygienists or one recorder, and/or a dental assistant.

f. Supplies

To procure supplies at a discount, your program or center will need to receive tax exempt status, which is a public health discount of approximately 21 percent. This discount varies by vendor. Your vendor should be made aware of this status by contacting your program's fiscal or procurement manager. The following is a list of recommended items:

Clinicians and Student Protection

- Air/water syringe tips
- Bib clips
- Bibs
- Sunglasses/Orange Glasses (for patient use during treatment)
- Gloves (vinyl or nitrile gloves recommended) –DO NOT USE latex gloves because of the potential for latex-related allergic reactions
- Face masks and/or shields and protective eyewear if not wearing shields
- Gowns
- Hand soap
- Antibacterial gel
- Headrest covers or paper towels
- Light-handle covers
- Plastic sleeves for air/water syringe and evacuator hoses

Sterilization and Disinfection

- Separate and labeled containers for clean and soiled instruments
- Dishpan
- Distilled water (if required for sterilizer)
- Gauze squares
- Foil wraps or disposable sticky tape to place on lights to prevent the spread of bacteria when lights are adjusted (must be changed between every patient)
- Paper towels
- Sterilizer cleaner
- Surface disinfectant
- Trash can liners
- Two large kitchen trash cans
- Ultrasonic cleaner solution and containers to decontaminate instruments
- Vacuum system cleaner
- Red bags/sharps containers for use in case of infectious waste

Student Treatment

- Cotton roll holders
- Cotton rolls
- Disposable bite blocks
- Dry angles (for isolation)
- Etch gel
- Evacuator tips
- Explorers
- Mouth mirrors (metal)
- Sandwich bags (for toothbrushes)
- Sealant material
- Toothbrushes
- Trays and tray covers

Additional Supplies

- Extra light bulb for dental light
- First-aid kit, including eye wash kit
- Heavy-duty extension cords
- Office supplies (stapler, paperclips, tape, pens, extra forms)
- Plug adapters (three-prong, two-prong)
- Toolkit for equipment repair
- Two tray tables (1 for practitioner, 1 for assistant)

g. Equipment

Portable equipment is typically used for school-based, school-linked and hybrid programs. Information on mobile and portable equipment, including guidelines to select a portable dental equipment, can be found at: <https://www.astdd.org/docs/mobile-portable> or at <https://www.mchoralhealth.org/seal/step-4-3.php>

The following is a list of basic start-up equipment:

- Practitioner stool
- Assistant stool
- Dental table
- L.E.D. headband light, loupes or freestanding fiber optic light
- Patient chair
- Compressor
- Basic delivery unit with suction
- Curing light
- Autoclave
- Ultrasonic cleaner
- Cart/dolly (Optional)
- Fan (Optional)

In addition, according to the new COVID-19 guidelines the following equipment is recommended to control cross-contamination in the dental office. This information can be found at: <https://www.osha.gov/coronavirus/control-prevention/dentistry> and https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360679150

- High-evacuation suction
- Dental dams
- Easy-to-clean floor-to-ceiling barriers
- Portable HEPA air filtration systems
- UV light disinfection system

Please Note: Plastic bins are recommended to store supplies. They should be large enough to hold an ample amount of supplies but easy to carry.

h. Moving Company

Use of moving companies or volunteer groups can alleviate the burden of moving supplies and equipment from school to school. It can also save staff time and energy in getting the program up and running. Depending on the number of schools served and budget availability, it may be sensible to utilize a moving company for sealant day equipment. Potential volunteer groups may include the school sports teams, Boy Scouts, and others.

It is important to note that the equipment will need to be stored at the end of the school term and it is most helpful to label and color code all equipment and bins if there are several clinical teams. The following is a sample contract between the program and the moving company:

SAMPLE:

Bid Specifications for Portable Dental Equipment Moving Contract

- Hourly rate to begin from arrival at the pick-up site to completion at the drop off site
- Items to be moved:
 - Portable dental equipment (disassembled and packed in bags) including but not limited to patient chairs, compressors and stands, dental lights, and operator chairs
 - Storage containers and boxes
 - Depending on the size of the operation, the equipment and boxes can be divided up into about three teams. Each team's equipment and supplies should be transported in three to four commercial bins—size 48 x 24 x 28.
- Items that have their own wheels are to be transported using a cart and not rolled across the concrete using their own wheels. The wheels are designed for indoor use only
- Equipment is to be moved onto a truck and secured for transport. The equipment will be unloaded at the site into the room where the Dental Sealant Program is located. The moving company will not be responsible for setting up the equipment or unloading the storage containers once at the site
- A schedule will be provided at the beginning of the school year (usually September although October may be a more logical start month). This schedule will include all dates from September through May or June
- The company must be able to accommodate modifications to the schedule within 24 to 48 hours of the original date for the scheduled move. The Dental Administrator will contact the company to make arrangements
- The schedule may have to be modified on short notice due to inclement weather the morning of the move. For example, Baltimore County schools are closed or opening late: The Dental Administrator will contact the moving company to make other arrangements for delivery

i. Preliminary Program Tasks

Contact should be made with the local school system in March or April of the prior curricular year to obtain program and schedule approvals. Individual schools should then be contacted to set up appointments to discuss program logistics and confirm dates and processes for program activities.

i. School Letter – 1 (To Principal or Program Coordinator)

Once a school has agreed to participate in the dental sealant program for the following school year, and the sealant day(s) are scheduled, a letter on LHD stationary is recommended to go out to the school confirming and providing the following:

- Date(s) of dental sealant services at school
- Sealant program description
- Information on the benefits of dental sealants
- Blank consent forms/blank medical history forms (may be combined)
- Signature Verification Protocol forms
- Dental Health Education Curriculum
- Sealant day logistics
- Follow-up (dental home) procedure

Sealant coordinators should request:

- A volunteer to assist with getting the children from the classroom to the treatment area
- A list of all 2nd and 3rd grade students for the following school year, including classroom number, teachers, and student names

ii. School Year Schedule and Program Scheduling

The dental sealant program should maintain a calendar with sealant days for all participating schools. Check with the principal, school nurse, teachers, and/or secretary at each school to make sure there are no field trips, testing, special guests, parties, etc., scheduled for the classes that will conflict with children getting screened and sealed.

For large programs, it may be beneficial to complete schools in close proximity to one another in succession. When scheduling the dentist or dental hygienist for screenings, schedule short-term retention checks at a school nearby or screen in multiple schools in one day.

iii. School Letter – 2 (For Teachers)

A second school letter with all the participating classrooms is recommended to be sent out at least one month prior to the start of the dental sealant program along with **Teacher Instruction Forms** and **Sealant Day Packets**. The **Teacher Instruction Form** provides guidance on how to collect Sealant Day Packets. Packets can be collected at least one month before the program begins.

iv. Forms

It is recommended that a **Sealant Day Packet** be sent to parents at least three weeks prior to the event. This packet should have a letter from the principal containing the principal's signature on school stationery stapled to the front of the envelope. The envelope should contain information about the benefit of dental sealants, medical history, the consent form describing the program and requesting permission to place/replace dental sealants (On bright colored paper).

v. Collection of Sealant Day Packets/ Signature Verification/ Name Tags

At least two weeks before the program is to begin, review all consent forms for parent signatures completed in ink. All signatures should be verified and matched with the emergency signature card in the nurse's office at school. The emergency card will indicate if there is a custody order that exists for that child. Non-custodial parent signatures or non-guardian signatures are not acceptable and are illegal. Name tags can only be placed on a child by the classroom teacher, school nurse or other school staff familiar with the child. Also, clarify any questions you may have regarding medical histories with the school nurse.

j. Sealant Day Set-Up

Schedules, class lists, and signed consent forms should be organized and ready when the program begins. Most schools will require a sign-in and visitor's pass at the school's front office. Notify the school program coordinator, school nurse, or person in charge of your presence and how long each child will be out of the classroom. The school volunteer or teacher should also be notified of your presence, the time in which you will be ready to see the first student, and how long each child will be out of the classroom.

i. Data System or Chart

The following information is necessary to develop a student chart/record before beginning the examination and/or treatment:

- | | | |
|----------------|------------------|--------------------|
| ● Student name | ● Room number | ● Medical history |
| ● School name | ● Date of Birth | ● Insurance status |
| ● Teacher name | ● Race/ethnicity | |
| ● Grade | | |

ii. Equipment Set-Up

Tables and Bins:

- Tables are to be wiped down with a disinfectant and then covered.
- Supplies are to be set out and left closed/or covered until ready for use
- All extra supplies are to be kept in the bins until needed
- Store bins under tables and/or away from work area

Equipment:

- Plug in all equipment
- Run autoclave if applicable
- Set-up and wipe down all equipment with a disinfectant
- Place water in dishpan and clean water container
- Empty autoclave if applicable
- Re-check supplies and make note of items that are low

iii. Sterilization:

Set-up the following items:

- Dishpan (to rinse dirty instruments)
- Ultrasonic cleaner (if sterilizing on-site)
- Autoclave (if sterilizing on-site)
- Sterilization pouches
- Patient bibs
- Paper Towels (can be used for dental bibs and head rest covers)
- Dirty and clean Cassettes (if cassettes are used, sterilization monitor must be in the cassettes and cassettes must be wrapped and dated with external monitor)

iv. Test Strip:

For programs that have on-site autoclaves, a test strip is used weekly in all autoclaves to check for sterilization efficacy and should be placed in the autoclave drum before running the first load of instruments.

k. Clinical Procedures

The clinical flow of children should be steady, allowing for the least interruption possible to the classroom and the clinical area. The following will assist with efficiency of service:

i. Getting Students from Class

Sealant programs utilize several methods for getting students to and from the classroom:

- Option 1:
 1. Have the volunteer take several students from the classroom
 2. Students should assemble and walk quietly in the hallways
 3. Students can return to the class by themselves unless the school does not permit it
 - Give the returning student the name of the next student to be seen
 - If the school does not permit students to walk in the halls by themselves, then have each small group wait until the last student is seen and ask the volunteer to walk the group back to their classroom and get the next group
 4. Always have one child in the chair receiving sealants and one waiting to be next

- Option 2:
 1. Have the volunteer escort one child from the classroom to the sealant area
 2. When the first child is complete, that child walks back to the classroom and sends the next student
 3. The time between each child can be used to clean the area and set up new supplies

- ii. Students in the Dental Sealant Program Area

- If children are waiting, this time can be used for oral health education
 - Give the student an oral health kit, book, or activity
 - Try to keep students quiet if in an area where others may be disturbed
- Call their name and escort them to sit in the patient chair
- Once seated, have the student say their name to verify that the correct student is being seen and verify with the student record

- iii. Dental Procedures (Set-up and Break-down)

These procedures should take no longer than 15 minutes to complete.

- Team's treatment areas should be set-up and ready to go prior to the start of the school day, so students can be seen as soon as possible after the school bell rings
- Maximize time by working until dismissal
- Set-up table with the items that will be needed for the dental procedure
- Only items being used for the dental procedure should be on the table
- Put barriers on dental equipment
- Once the procedure has been completed, dismiss the student from the chair and disinfect their safety glasses
- Disposable instruments and supplies should be discarded in the appropriate receptacle
- Non-disposable dirty instruments should be placed in the appropriate disinfectant container
 - When this container is full, keep it in the dishpan and carry the dishpan over to the sterilization area
 - Place the dirty instruments in the rinse water/ultrasonic cleaner
- Remove all infection control barriers
- Wipe down the table and patient chair with disinfectant
 - Let dry before setting up for the next student
 - Run water through suction between students

- iv. Recheck of Dental Sealants (Sealant Retention)

OOH funded programs should conduct sealant retention checks at least every other year. New permission slips (active) are sent out at the beginning of the year to all 3rd grade parents. Retention checks are only done on students who have returned their permission slips and who were sealed the previous year. An exam is done to assess if resealing is needed. If a sealant is needed because of a missing or defective sealant, it is charted and sealed. Best practice guidelines recommend sealant retention checks to be performed within one year of sealant placement (ASTDD).

The timing of sealant retention evaluation can depend on several factors:

- Program objectives
- Changes in dental materials, techniques or personnel
- Student movement in and out of the school and school district

1. End of Day Procedures and Sterilization

These procedures should take no longer than 20 minutes to complete.

i. Dental Assistant

- Remove barriers and instruments from table
- If applicable, take dirty instruments to sterilization area and process (if time allows) — clearly mark that they are dirty instruments to be run in the morning
- Run suction cleaner through hose and let suction run about one minute, dry out hose after all suction cleaner is gone
- Remove covered waste water container and place container in bucket with a handle
- Remove clean water reservoir and empty into the same bucket
- Transport covered waste water container to designated area to be disposed of, i.e.: toilet, custodial sink, etc
- Run air/water syringe until clear of water
- Rinse wastewater container with water and empty into toilet
- Spray area with a disinfectant and spray containers with disinfectant
- Wipe waste water container with disinfectant and leave open overnight if returning to the same location, if not, wipe dry
- Leave clean water container open to dry overnight if returning to the same location, if not, wipe dry
- Wipe down patient chair, operator chair, light and dental units with disinfectant
- Close or cover containers and supplies
- Disinfect safety glasses
- Tie up trash bags and dispose in appropriate place
- Unplug dental unit and autoclave, if applicable

PLEASE NOTE: An equipment and maintenance schedule should be developed and adhered to.

ii. Practitioner

- Distribute “Letter to Parents”, one copy each to parent/nurse/chart on NCR paper (triple copy paper)
- Review charts for completeness and when done, place back in file box
- Take charts to the appropriate office (usually the nurse’s office) to be locked up if used
- Help dental assistant finish other tasks
- Do final inspection of area

m. End of School/Site Procedures

Follow End of Day Procedures and Sterilization first

i. Supplies

Combine several small amounts of one item into one container.

- Mark boxes (gloves, masks, syringe covers, etc.) that have been opened as “OPEN”
- Pack bins, placing the open supplies on top. All items should be placed in their assigned bin. Refer to the bin content sheet as a guide
- Note any supplies that will need restocking!

ii. Equipment

- Wipe down, disassemble and pack:
 - Patient chair
 - Light
 - Compressor
 - Autoclave
 - Curing light
 - Extension cords

iii. Final Inspection

- Move bins and equipment to one area
- Inspect floor for dropped items
- Return any borrowed items from the school
- Inform the school office, nurse and custodian that the program is finished and tell them what day the equipment and supplies will be picked up if not moving everything at that time, MAKE SURE THE AREA IS LEFT IN THE CONDITION AND/OR BETTER CONDITION THAN IT WAS FOUND

SECTION 4: Tooth Surface Selection, Materials, and Application Techniques **(All recommendations are ADA and CDC approved)**

PLEASE NOTE: The goal is to provide efficiently placed sealants with quality materials to achieve good retention rates. Medicaid will only pay for a child to receive one sealant per tooth per lifetime if enrolled in the program.

Maryland's statewide program primarily concentrates on 2nd and 3rd grade children in Title I schools unless an established program has a different demographic population already in place. Therefore, the first permanent molar is the primary target of this program.

a. Deciding whether or not to reseal or repair:

- Inconsistent pit and fissure coverage detected visually
- Sealant material that can be dislodged easily with an explorer
- Sealing previously inaccessible areas from the prior year, i.e.: lingual and/or buccal groove
- Missing dental sealant

b. Sealant Materials and Application Techniques

There are many sealant materials commercially available, with some more effective than others. However, consideration should be given to sealant materials which are recommended by Seal America: The Prevention Invention, *Step 4: Selecting Supplies and Equipment*, as well as *Step 8: Implementing the Program* available at: <http://www.mchoralhealth.org/seal/>

For more information, please visit the Maryland Mighty Tooth Dental Sealant Training Program at www.mightytoothcurriculum.com.

SECTION 5: Assessment and Data Collection

All data collection forms can be accessed from the OOH website at: <https://health.maryland.gov/phpa/oralhealth/Pages/funding-ops.aspx>.

The OOH recommends the use of electronic data collection and entry using tablets and/or laptops in the field to maximize program efficiency.

Demographic and other background data should be collected through the informed consent/medical history forms distributed through the schools, and pre-populated into the data reporting forms prior to the school visit date.

Detailed clinical data definitions and other data collection information can be found on the OOH website at: <https://health.maryland.gov/phpa/oralhealth/Pages/funding-ops.aspx>.

School Dental Sealant Activity Reporting Form

	Grand Totals	Head Start	PK	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Other
Uninsured	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Screening																	
Untreated Decay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caries Experience (treated or untreated)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Dental Need	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Early Dental Need	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Teeth SDF Applied To	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Referral	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
At Least One Sealant Present	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Erupted 1M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of 1M w/ Caries (treated or untreated)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Erupted 2M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of 2M w/ Caries (treated or untreated)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sealants																	
Sealant(s) Placed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 1M Sealed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 2M Sealed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Other Teeth Sealed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retention																	
Retention Check	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 1M Sealants Retained	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 2M Sealants Retained	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 1Ms Receiving Sealant at Retention Check	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 2Ms Receiving Sealant at Retention Check	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fluoride																	
Received Fluoride Mouth Rinse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Received Fluoride Varnish	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION 6: Health Education Curriculum

An oral health education curriculum for children should be one that is fun, interactive, easy to use and informative. Curriculum should be age specific with information and props generic to that group. The following is a list of curriculum components, which will provide for a comprehensive dental health program:

Curriculum Components:

- Nutrition
- Oral Hygiene Instructions Function (Why Teeth are Important)
- The Disease Process
- Fluoride
- Dental Sealants
- Mouth Guards and Helmets (Safety)

There are many curricula that can be used to educate and reinforce good oral health habits. Listed below are some of the most popular sites. All curricula have modules designed for 2nd and 3rd graders, which are Maryland’s target populations for dental sealants. Many of these curricula also contain information and materials for other grades.

Suggested Oral Health Curriculum:

- Smile Smarts Oral Health Curriculum, “A Lifetime of Healthy Smiles” – [Smile Smarts Dental Health Curriculum Oral Health Information from the ADA](#)
- National Children’s Oral Health Foundation, Teacher in a box – www.toothfairyisland.com
- Washington State, Tooth Tutor – <http://here.doh.wa.gov/materials/tooth-tutor/>
- National Institutes of Health, NIDCR – <http://www.nidcr.nih.gov/oralhealth/>
- National Maternal and Child Health Resource Center, MCHB – www.mchoralhealth.org

SECTION 7: Training

The following training resources are available for grantees:

- **State Dental Sealant Guidelines and Operations Manual:** Data collection, staffing, sealant day logistics, budgeting, sealant placement, health curriculum, community relations, funding strategies, height/weight assessment, dental assessment, etc.
- **Maryland Mighty Tooth Dental Sealant Training Program:** This Maryland-specific curriculum was adapted from the Ohio Department of Health’s dental sealant training modules. Dental hygienists who complete the free online training modules will receive two continuing education credits. Dental Sealant Program Coordinators are required to complete these modules every other year. The modules are available at: www.mightytoothcurriculum.com.

P.A.N.D.A - <https://midatlanticpanda.org/m-a-p-course/> (Abuse, Neglect, Family Violence and Human Trafficking)

Ohio Safety Net -

<https://odh.ohio.gov/resources/training-on-fluoride-varnish-for-medical-professionals>

(School-Based Dental Sealants, Special Care and Fluoride Varnish Training for Medical Care Providers)

Annual Meeting – The OOH will host in-person or webinar meetings with all program coordinators and stakeholders on an annual basis. The purpose of the annual meeting is to discuss program successes and challenges, identify best practices and network with professionals.

SECTION 8: Reports, Comprehensive/Focused Site Reviews and Technical Assistance

a. Reports

To MDH/OOH

Grantees submit quarterly reports to OOH throughout the year:

- Quarterly Expenditure Reports
- Quarterly Activity Reports
- Optional Word Document (to report additional information)

To Parent/ Schools/ LHDs

- Dental Report Card

b. Guidelines for Completing Reports

A prerequisite of awards provided by the Office of Oral Health are quarterly activity reports, in conjunction with quarterly expenditure reports. The due dates are as follows:

<u>Quarter</u>	<u>Due Date</u>
July 1 - September 30	October 15
October 1 - December 31	January 15
January 1 - March 31	April 15
April 1 - June 30	July 15

These reports are to be submitted electronically to: mdh.ugaoralhealth@maryland.gov

It is suggested that programs save reports electronically each quarter.

Prior to each quarter's due date, an email reminder will be sent out to the appropriate program personnel. Please make sure that OOH has an up-to-date email addresses for the program person responsible for submitting these reports.

c. Comprehensive Site Reviews

Once per year during the program cycle, a site review may be conducted. The site review will assess program strengths and challenges and overall program performance. The following may be discussed/reviewed during a site visit:

- A review of all submitted documentation (prior to site visit)
- An assessment of clinical delivery, sterilization techniques and infection control
- An assessment of procedures
- An assessment of data collection
- Administrative review of policies and operations
- Assessment of community relations, staffing and equipment
- Discussion of notable findings

d. Focused Site Reviews

Occasionally situations may arise that necessitate a site visit to address a problem that may present itself. Information will be gathered prior to the visit as well as on-site to address the situation.

e. Technical Assistance

Technical assistance is available to help programs improve performance, attain goals and adhere to standards. A review of grant proposals, reports, site reviews, interviews and any other information that can provide the desired outcome will be used. Technical assistance may be provided through meetings, site visits, telephone or email. The goal is to provide recommendations and strategies for favorable outcomes.

SECTION 9: Appendices

Note: All letters and forms included in appendices are samples and may be edited to fit the needs of individual programs.

Appendix A. Principal Letter

XYZ County Health Department

Health Officer

Telephone Number

Address

Fax Number

Website Address

To: XYZ School

From: Name, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Dental Sealant Program

Attached is an article for your school newsletter and a schedule for the School-Based Dental Sealant Program.

You will be receiving permission forms from (NAME) within (TIME FRAME). Permission forms are sent according to when your school is scheduled for sealant placement. (ANY ADDITIONAL INFORMATION YOU MAY WANT TO ADD).

Thank you for your support. Should you have any questions, please contact (NAME) at (CONTACT INFO).

Appendix B. Article for Newsletter

XYZ County Health Department

Health Officer

Telephone Number

Address

Fax Number

Website Address

To: XYZ School

From: Name, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Article for School Newsletter, Dental Sealant Program

Dental sealants are plastic coatings that are applied to the grooves of the chewing surfaces of the permanent molar teeth, where tooth decay occurs most often. The dental sealant acts as a barrier, protecting the decay prone areas from plaque and acids that cause tooth decay.

Dental sealants for children in the 2nd and 3rd grades will be offered (or: offered again) this year by the XYZ County Health Department. The dental team will be visiting your elementary school to provide your child with dental assessments, dental sealants, and reseals to 3rd graders previously sealed at no cost to you. Permission forms will be sent home from the school for you to complete and return to the school. Parents are encouraged to complete the permission form so your child can benefit from this program.

(PLEASE ADD ANY OTHER DETAILS THAT YOU WOULD LIKE TO CONVEY ALONG WITH A CONTACT NUMBER).

Appendix C. Informed Consent and Medical History Template

Dental Sealant Program | Informed Consent and Medical History Form



Dear Parent or Guardian(s):

The County Health Department Dental Program is offering free dental screenings, fluoride varnish and dental sealants at your child's school. Please fill out this form and return it to your child's school to allow your child to participate. Dental screenings provide a quick and easy way to see if your child has any obvious dental issues that are in need of care. A dental screening does not replace a complete dental examination. Your child should visit the dentist for a complete examination every 6 months.

What are dental sealants? Dental sealants are thin, plastic coatings that are painted on the chewing surfaces of the permanent back (molar) teeth to prevent cavities.

What is fluoride varnish? Fluoride helps strengthen teeth and prevent cavities. Fluoride varnish can be applied 2 - 4 times per year.

Child's Name _____ Date of Birth (MM/DD/YY) _____ Child's Age _____

Address _____ City _____ Zip Code _____

Male ___ Female ___ Parent/Guardian Daytime Phone Number _____ - _____ - _____

School _____ Grade _____ Teacher _____

Race | Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian Pacific Islander |
| <input type="checkbox"/> Black African American | <input type="checkbox"/> Native American Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |

Is your child Hispanic or Latino?

Yes ___ No ___

Medical History - Please check if your child has or has had any of the following medical conditions:

- ___ Asthma
- ___ Diabetes
- ___ Tuberculosis (TB)
- ___ ADHD
- ___ AIDS/HIV
- ___ Epilepsy/Seizures
- ___ Bleeding Problems
- ___ Hepatitis
- ___ Emotional Disorder
- ___ Latex Glove Allergy

Does your child have any allergies? If yes, please list: _____

List any medications your child is currently taking: _____

Has your child seen a dentist in the past 12 months? Yes ___ No ___

No payment is required from you for this program. However, Medicaid may help cover the cost of this program. I understand that the Health Department will seek reimbursement for services if my child has dental coverage through Medicaid. Please fill in the insurance information below:

Dental insurance Status: ___ Medicaid ___ Private Dental Insurance ___ Uninsured/Other/Unknown

I am the parent or legal guardian of the minor child named above. I acknowledge receipt of the Maryland Department of Health and Mental Hygiene's Notice of Privacy Practices effective September 2013 and hereby give my free and informed consent for the named child to receive:

Dental screening and sealants ___ Fluoride varnish ___

X _____
 Signature of Parent/Guardian Print Parent/Guardian Name Date

Appendix D. Dental Screening Results/Follow-Up

XYZ County Health Department

Health Officer
Address

Telephone Number
Fax Number
Web Address

Dear Parent/Guardian:

As requested, your child, _____, received a dental screening at school on _____ to determine if dental sealants should be placed on his/her teeth. This was a visual screening, and no dental X-rays were taken. It does not take the place of a regular examination in a dental office and we recommend that you visit your family dentist regularly.

DENTAL SCREENING RESULTS

Yes, Dental sealants were indicated for your child.

No, Dental sealants were not indicated for your child. Reasons why sealants were not indicated include the following: teeth decayed, already filled, already sealed, or not completely through the gums.

Urgent dental treatment – Your child has pain, abscess or possible dental infection. Please take your child to the dentist immediately.

Immediate dental treatment – Your child appears to have **large/multiple** cavities. Please schedule an appointment with your child’s dentist as soon as possible.

Non-urgent dental treatment – Your child has apparent tooth decay. Please schedule an appointment with your child’s dentist within the several weeks.

Regular dental checks-up – Tooth decay was not readily visible - regular visits to the dentist are recommended.

Other _____

SEALANT ACTIVITY

Your child received dental sealants during the school-based Sealant Program at your child’s school.

If your child has a Maryland Medical Assistance card, they are eligible for dental care at the XYZ County Health Department.

Please call the XYZ County Health Department, Dental Program if you have any questions at (000) 000-0000.

Date: _____

Health care provider’s signature:

Appendix E. Principal/School Coordinator Instructions for Forms

XYZ County Health Department

Health Officer

Telephone Number

Address

Fax Number

Web Address

To: XYZ School

From: X, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Dental Sealant Program, Instructions for Forms

- 1) Distribute the sealant consent forms to all **second** and **third** grade children when you receive them.
- 2) Check off the names on the class list if the child has returned their forms.
- 3) If possible, give a pencil or other form of reward to each child who returned a form for the program.
- 4) Three days later, redistribute sealant consent papers to those who did not return a form.
- 5) Review returned consent papers and check to see if the parent or guardian has **signed** and if the **medical history is completed**. If it is complete, divide the forms by “yes” and “no” answers. Put all “no” answers in one folder, paper clipped by grade. Put all “yes” answers in a different folder by grade and teacher. Please include a class list with names marked if “yes”, “no”, or no permission form has been returned.
- 6) If the medical history is not completed and signed, but the parent has checked “yes”, please send a medical history form home to be completed with a letter attached. (**Letters are included with the permission forms**).
- 7) Return all completed forms **as soon as possible** to the XYZHD Dental Program by mail, fax, electronic copy or other secure method.
- 8) Please return all unused forms and pencils to the XYZ Dental Program.
- 9) Please call me if you have any questions at (000) 000-0000.

Thank you for your assistance!

Appendix F. Teacher Letter

Health Officer

Telephone Number

Address

Fax Number

Website Address

DATE

Dear Teachers:

The XYZ County Health Department Dental Program is again providing a school-based Dental Sealant Program OR OTHER for children in the ____ grades of XYZ County schools. This program is the same as last year. When the students return their permission forms, they are to be given to the school nurse. Each child that returns a permission form to their class teacher will receive a YOUR CHOICE OF INCENTIVE.

A dental sealant is a plastic coating that is placed into the grooves of the chewing surfaces of the permanent molars to prevent tooth decay commonly known as “cavities”. Dental sealant placement is a simple, safe, and painless procedure. Portable dental equipment will be used to set up the “dental clinic area” in the school. Students with signed permission forms from their parents or guardians will participate.

The dental team will need to be placed near an electrical outlet in the area that the sealants will be placed. This area needs to be large enough to accommodate a full size dental chair, and 2 tables. We have set up the clinic in (CHOSEN AREA OF THE SCHOOL - art room, stage, resource room, cafeteria, etc.).

Our Dentist or Public Health Dental Hygienist will be providing screenings on the following days:

(LIST CLASSROOMS OR TEACHERS NAMES WITH DATES)

Thank you for your cooperation. If you have any questions, please call the Dental Department of XYZ County Health Department at (000) 000-0000.

Sincerely,

Dental Program Administrator

Appendix G. Informational Parent Letter (Letter 1)

XYZ Elementary School

School Principal

Telephone Number

Address

Fax Number

Website Address

Dear Parent/Guardian:

The Dental Unit of XYZ County Department of Health will be conducting dental screenings and placing dental sealants on the 2nd and 3rd grade students. The services are FREE for your child. The program will be at our school from (SPECIFIED DATES).

Dental sealants provide maximum protection from food debris, harmful bacteria, biofilm (plaque) and acids that contribute to tooth decay. The chewing surfaces of the permanent molar teeth are coated with a plastic material in the grooves that act as a barrier.

All dental practitioners (dentists and hygienists) are licensed by the state of Maryland. Portable equipment will be used, and current infection control regulations will be followed.

Results of your child's dental screening will be sent home, along with how many sealants were placed. Please note that this is a dental screening with no x-rays taken and should not replace regular dental visits.

This is a wonderful free service for your child and I encourage you to review the attached information, sign the enclosed **Parent Consent Form and return it to the school nurse by (THE DATE REQUESTED)**. Your child cannot be seen unless we have a signed Parent Consent form. If you have any questions, please contact the school nurse or XYZ County Dental Unit at (000) 000-000.

Sincerely,

Principal

Appendix H. Follow-Up Letter for Parents of Child with URGENT Dental Needs
(Letter 2)

[Insert Date]

Dear Parent/Guardian of [Insert Child's Name]:

Your child participated in the XYZ County Health Department's [Insert Program Name] on [Insert Date] at your child's school. The dental hygienist screened your child and **URGENT** dental needs were noted. We have tried to contact you via phone several times but have not been able to reach you.

This letter is a follow-up to see if your child has seen a dentist. Please fill out the bottom half of this form, and return it to the XYZ County Health Department Dental Program (in the enclosed envelope) at [INSERT ADDRESS HERE] **within 10 days of receiving this letter.**

If you have any questions or need assistance scheduling an appointment for your child, please call the XYZ County Health Department Dental Clinic at [INSERT PHONE NUMBER].

Child's Name: _____

Please check below:

_____ My child has seen a dentist and has had the needed dental work completed.

_____ My child still needs to see a dentist and I will make an appointment.

_____ I need help finding a dentist. Please call me at the number listed below to help me schedule an appointment for my child.

Parent's Name: _____

Telephone Number: _____ - _____

Thank you for taking the time to respond.

Sincerely,

XYZ Health Department Dental Program

Appendix I. Checklist for Chart Review

Provider: _____ Patient Chart # _____ Date of Patient visit _____

Note: This review applies to the most recent treatment conducted by the dental provider. You may, however, need to review chart notes from the last exam forward to answer the questions below correctly. Explain any comments or suggestions in space below and return them confidentially to the Dental Director

Procedure	Satisfactory	Unsatisfactory	N/A
Radiograph #, quality and diagnosis are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequenced treatment plan present and appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis present for all exams and supported by documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate clinical judgment used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows charting protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient post-op instructions documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows medical hx protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows protocols for patient vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate use of referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate use of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate follow-up done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct billing procedures followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting legible (if paper charts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall chart rating:

Satisfactory (all sections rated outstanding or satisfactory)

Un-satisfactory (at least one needs improvement) Comments:

Action Plan: (To be filled out by Dental Director)

Reviewing Provider Signature _____ Date of review _____