Office of
Oral Health
Maryland Department of Health and Mental Hygiene

Helping Maryland Smile

Maryland Mighty Tooth

Dental Sealant Guidelines and Operations Manual

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Forward

Director's Message

On behalf of the Maryland 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 and helpful resource.

The provision of dental sealants is an evidence-based preventive strategy known to effectively reduce the likelihood 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 2020* 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 schoolchildren from low-income backgrounds at high risk for dental caries who are generally less likely to receive oral health services from a private practice dental care provider. These programs are not intended to compete with private dental practitioners and instead serve to offer a needed safety net service for those children without a current dental home. School-based dental sealant programs have been successfully implemented throughout the country and have been shown to reduce the risk of pit-and-fissure dental caries, as well as racial and economic disparities in dental sealant prevalence among children.

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

- Best Practices
- Framework to start a dental sealant program
- Opportunity 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 adopt some or all of this information to meet their own program's specific needs.

We hope that this manual assists you in establishing your school-based dental sealant program as a best practice that effectively enhances oral health and related somatic, psychological and sociological domains for targeted schoolchildren in need.

We wish to acknowledge both CDC and HRSA for their support in the development of this manual and the school dental sealant programs that the manual addresses. And a final thanks goes to you for using this manual. We invite you to provide us with any input to improve and update this manual.

Dr. Gregory B. McClure, Director

Maryland Office of Oral Health

SECTION 1: Introduction

Dental caries is the most common chronic disease among children in the United States and 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 insure a healthy quality of life.

Dental sealants in conjunction with the use of systemic and topical fluorides, proper nutrition and good oral health habits, have 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 have been proven to prevent the occurrence of dental caries, as well as stop the progression of early dental caries. Dental sealants are bonded onto susceptible tooth surfaces of permanent molars soon after eruption and are safe and cost-effective. Increasing the use of dental sealants is a top national oral health objective as outlined in Healthy People 2020, a series of national health objectives aimed preventing disease and improving overall health.

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 being implemented and overseen by the OOH to promote and assist in the establishment of new dental sealant programs and/or in the evaluation and revamping of existing ones. LHDs and other community health programs, applying for the OOH 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 at http://phpa.dhmh.maryland.gov/oralhealth/Documents/Dental-Sealant-Guidelines-Operations-Manual.doc on the OOH website.

For additional Maryland and non-Maryland resources, please refer to:

- **Mighty Tooth**: Mightytooth.com, a website created by the University of Maryland Dental School's Dental Sealant Demonstration Project with funding from the Centers for Disease Control and Prevention and revamped to an interactive website by the OOH. The project aims at increasing public awareness of the benefits of dental sealants and increasing public demand for dental sealants in private and public dental offices and in school-based and school-linked programs. The site includes information for parents and health professionals, games for children and links to various oral health resources including a booklet about dental sealants (in English and Spanish) and guides on finding oral health care.
- **Maryland Mighty Tooth Dental Sealant Training Program**: The OOH, in partnership with the Maryland Dental Action Coalition, and the National Maternal and Child Oral Health Resource Center, has adapted Ohio's school-based dental sealant programs training tool to create a Maryland-specific dental sealant training

curriculum. Dental hygienists can receive two (2) continuing education credits by completing the online curriculum available at http://mightytoothcurriculum.com. All dental sealant program grant program managers funded through the OOH are required to complete the curriculum every other year and are encouraged to share information with their dental teams.

- **Seal America**: The Prevention Intervention at http://www.mchoralhealth.org/Seal which assists health professionals in establishing and implementing a school-based dental sealant program.
- **Ohio's School-Based Dental Sealant Program**: The Ohio Department of Health operates a model statewide school-based dental sealant program. Their website includes several resources that may be of interest including the five-part, distance-learning course modules that the OOH adapted for use in Maryland. Website: https://www.odh.ohio.gov/odhprograms/ohs/oral/oralfeatures/dentsealants.aspx
- **ADA and CDC 2009 Joint Consensus Report** on Dental Sealants entitled "Preventing Dental Caries Through School-Based Sealant Programs". Found online at: http://jada.ada.org/article/S0002-8177(14)64584-0/fulltext#tbl1.

a. Maryland Infrastructure

In 2008, the Maryland Office of Oral Health (OOH) at the Maryland Department of Health and Mental Hygiene (DHMH) through a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) developed a Maryland "State-based Oral Disease Prevention Program". One of the activities under this funding was to develop, coordinate and implement a school-based or school-linked dental sealant program for 2nd and 3rd grade Maryland school children. This grant was designed in two phases; the first phase required the OOH to implement a dental sealant demonstration project to lay the foundation for a statewide program. The OOH partnered with the University of Maryland Dental School in this effort to conduct a statewide demonstration program at ten (10) Maryland elementary schools (see Section "d" on page 11).

The second phase was to develop a hybrid (school based/school-linked) dental sealant program model for the state of Maryland. Steps taken towards this effort, included:

1. A focus group with state oral health experts
2. A questionnaire for sealant program administrators and practitioners
3. Interviews with dental directors in other states, existing Local Health Departments (LHD) and state sealant coordinators, administrators, health providers, as well as School Based Health Center members

Based on the information obtained, the following recommendations and findings were provided justifying the need for a statewide school-based program:

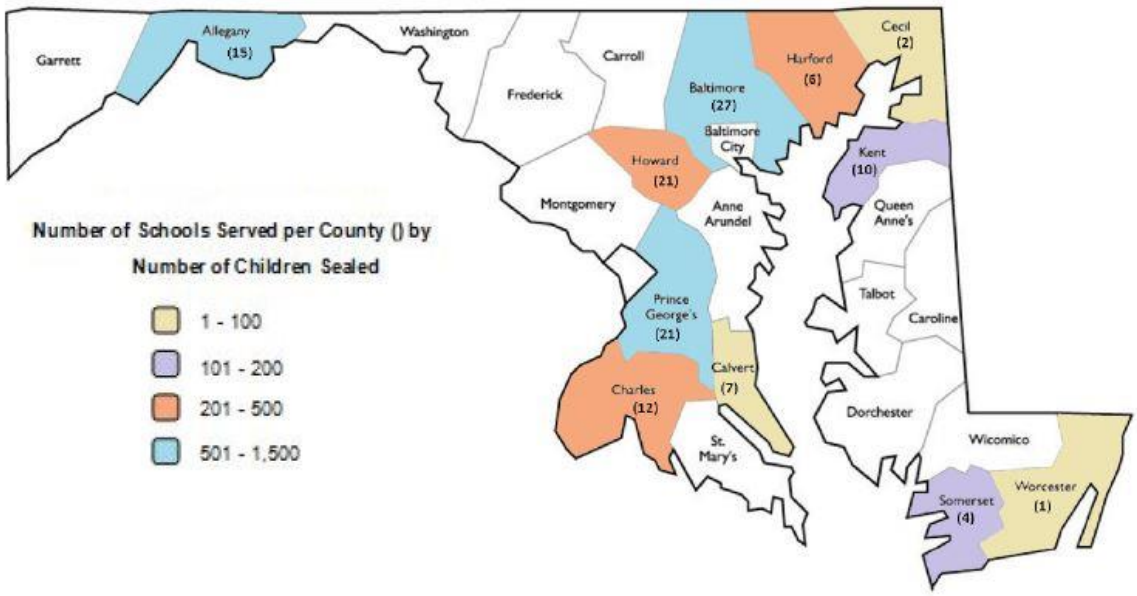
- Dental sealants and fluoride are proven dental caries prevention strategies
- There is strong need for school-based or school-linked dental sealant programs in the state of Maryland

- Only a few existing school-based or linked dental sealant programs administered by Local Health Departments (LHDs) bill Medicaid for services rendered and therefore may not be sustainable without outside grant funding
- Despite recent impressive gains in oral health, access to evidence-based oral disease prevention services for Maryland children can still be improved
- A statewide streamlined approach is needed to implement and administer a school-based or linked dental sealant program to enhance continuity in administrative and clinical protocols (i.e., an operations and guidance manual) as well as in data reporting
- Additionally, there is a need for data collection and information sharing mechanisms that can organize and maintain data for treatment plans, demographic information, referral mechanisms, and clinical information
- Case management or care coordination in some capacity is needed to address access issues, payments and follow-up care. The school nurse, school volunteer or LHD staff member can coordinate this process

b. Maryland Dental Sealant Programs

Since the 1990's, the OOH has recognized the importance of school-based and school-linked dental sealant programs as a major strategy in reducing health disparities in the state's most vulnerable populations. However, with limited funds, resources and infrastructure during the early part of this period, the OOH was unable to mount a statewide campaign. Fortunately, several Maryland counties on their own had developed and implemented successful dental sealant programs to meet the needs of their respective communities. Through its cooperative agreement with CDC and through later receipt of a HRSA State Oral Health Workforce grant in 2012, the OOH is now in a position to develop statewide school-based and school-linked dental sealant programs as an evidence-based strategy to prevent oral disease. As a result, the OOH which had been providing limited grant support for counties who made it a priority to implement a school-based and/or linked dental sealant program can now expand such support.

School-linked/School-based Dental Sealant Programs by County by number of schools and number children sealed- FY16



Of the 24 LHDs in Maryland, 11 administered OOH-funded school-based or school-linked dental sealant programs in FY 16. In addition to the LHDs, Federally Qualified Health Centers (FQHC), School-Based Health Centers (SBHC) and proprietary mobile dental vans also administer school-based/school-linked dental sealant programs, serving 88% of Title I schools in Maryland.

The OOH will continue to support LHDs operating school-based/school-linked dental sealant programs through its grant program. The dental sealant guidelines and operation manual encourages program consistency, program expansion, and program cost effectiveness. The majority of Maryland's LHD grantee dental sealant programs are school-based with all services provided on school premises. A few LHDs operate school-linked dental sealant programs which provide screenings on school premises and refer students to a clinic for sealant application. Presently, the OOH offers templates and guidance on service delivery, administrative protocol, and data collection. However, each grantee has its own policies for administering the program and referring to dental homes. Dental homes are assigned based on a variety of criteria such as general need, specialty need, ability to pay for services and geographical location. Maryland school-based dental sealant programs should target Title I schools or children enrolled in the National School Lunch Program.

LHD funding options for the school-based and school-linked dental sealant programs include Medicaid, private insurance or the use of grant funds to pay for services for the uninsured. However, according to focus group discussions with LHD dental sealant coordinators, most programs have not engaged with and received revenues from these 3rd party payers in school-based programs. Although the reasons given vary widely, LHD programs noted difficulties in

identifying schoolchildren enrolled in Medicaid. As a result, nearly all school-based dental sealant programs in the State of Maryland are provided at no charge to recipients or 3rd party payers. Maryland Medicaid is currently developing rules and guidelines on implementing the Free Care Rule, which may allow programs to bill Medicaid for sealants applied for those children enrolled in the Maryland Healthy Smiles Program (Maryland's Medicaid dental program).

c. Needs Assessment

In 2011-2012 Maryland conducted a survey of the oral health status of Maryland school children as part of its surveillance activity. It consisted of a basic oral screening and a brief oral health questionnaire. Survey data are a bench mark to assess current program progress and serves as an ongoing outline for oral health surveillance system. It also facilitates child oral health related program planning. The following were some of the survey findings for school children in Kindergarten and 3rd Grade (*results are also summarized in appendix A*):

- Approximately 33.2% had at least one tooth with dental caries
- Approximately 32.9% had at least one tooth with a dental sealant
- School children residing on the Eastern Shore were more likely to have at least one tooth with dental caries than similar children residing in Southern or Western Maryland
- Non-Hispanic Black children were more likely to have at least one tooth with dental caries than non-Hispanic white children
- Non-Hispanic Black children were more likely to have at least one tooth with dental sealant the Non-Hispanic White children
- Other characteristics of school children with at least one tooth with dental decay:
    - Living in households eligible for free and reduced meals
    - Living with a parent/caregiver who did not graduate from college
    - Covered by Medicaid dental coverage
    - No private dental insurance coverage
    - Prior dental caries experience in the past 12 months
    - No treatment for dental caries in the past 12 months

- Other characteristics of school children without any dental sealants:
    - Living in households eligible for free and reduced meals
    - Covered by Medicaid dental coverage
    - No dental visit in the past 12 months
    - No treatment for dental caries in the past 12 months

During the 2013-2014 school year, there were 401 schools with a Title I designation. 348 of which had school-wide Title I designations, and 53 provided targeted assistance to children enrolled in the National School Lunch Program. During the 2013-2014 school year, 46,450 students were enrolled in 2nd and 3rd grades at Title I schools and targeted assistance programs. A school is designated as a Title I school when 40% or more of the student population is enrolled in the National School Lunch Program. During the 2013-2014 school year, 44.26% or 879,591 students were enrolled in the Free and Reduced Lunch Program in

Maryland schools. Maryland will continue to use the Free and Reduced Lunch Program and Title I school designation as a means to determine a child's eligibility to participate. A child is automatically eligible for this program if they meet the following criteria:

- A member of the child's household is receiving assistance under the Food Stamp Program, the Food Distribution Program, on Indian Reservations or Temporary Assistance for Needy Children Program
- Enrollment in Head Start
- Children of migrant workers
- Homeless children
- A runaway child who is receiving assistance from the program under the Runaway and Homeless Youth Act
- Family size and income level

The 2014 federal poverty guidelines for the free and reduced-cost meal program were at or below 130% of Federal poverty level for free meals and the reduced price guidelines are between 130% and 185% of the Federal poverty guidelines. With 2014 Federal poverty guidelines, 130% of the Federal poverty level for a family of four translates into an annual income at or below $23,550. For 185% of the Federal poverty guidelines for a family of four, the annual income would be at or below $30,615.

d. Demonstration/Pilot Projects: Outcomes & Evaluation

The University of Maryland Dental School in conjunction with OOH conducted the "State Dental Sealant Demonstration Project" in 10 Maryland schools. The Dental Sealant Demonstration Project consisted of two parts, an oral screening (Part 1) and a health survey (Part 2). Part one included:

- Primary assessments including the presence or absence of teeth
- Permanent or primary tooth status
- Dental caries
- Existing restorations
- Presence of dental sealants
- Ordering and placement of sealants on permanent first molars where indicated
- Overall assessment of anticipated and general oral health treatment needs

Body Mass Index (BMI) was also collected during school visits and was shared with the then named Office of Chronic Disease Prevention (OCDP) at DHMH. Concerned about the rise in childhood obesity and acknowledging the link between poor nutrition and tooth decay, it was an opportune time to partner with OCDP. BMI is a non-invasive screening tool designed to assess the risks of being overweight and underweight for children, adolescents and adults.

Part Two was a self-administered questionnaire, completed by a parent or guardian, designed to collect demographic characteristics.

There were 220 students who participated in the project and 60% of the sample resided in an urban municipality.

Based on the demonstration project findings, it was recommended that a "Statewide Dental Sealant Initiative should not be limited to school-based located programs." The recommendation was that of a multi-tiered approach, with tier one concentrating on services rendered in a public setting and tier two concentrating in a community private practice setting.

An analysis of the Dental Sealant Demonstration Project by a University of Michigan School of Dentistry dental hygiene student working with OOH (Oral Disease and Prevention of Caries with Dental Sealants, 2010) concluded that different models (school-based, school-linked and hybrid) worked in different circumstances, based on community resources, other constraints and other needs. The analysis also concluded that there were pros and cons to the different models of providing sealants because they were all impacted by factors such as the ability to find follow-up to dental homes, existence of a health education program, disruption of school curricula, and lack of risk assessment, among other factors.

e. Risk and Risk Assessment

According to a 2009 joint consensus report of the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) on school-based/school-linked dental sealant programs conducted in Title I schools, "caries risk among children from low-income families is sufficiently high to justify sealing all eligible permanent molars and is the most cost-effective prevention strategy." The report also recommends that due to the predominately low-income status of children attending Title I schools, routine caries risk assessment is unnecessary.

f. Best Practices

The Association of State & 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."

SECTION 2: General Information and Administrative Protocols

a. Contact Information

Maryland Office of Oral Health
201 W. Preston St., 3rd Floor
Baltimore, MD 21201
Phone: (410) 767-5300
Fax: (410) 333-7392
Website: http://phpa.dhmh.maryland.gov/oralhealth/SitePages/dental-sealants.aspx

Director
Dr. Gregory B. McClure
Phone: (410) 767-5942
Email: Greg.McClure@maryland.gov

Dental Sealant Program Coordinator
Susannah Farabaugh
Phone: (410) 767-3084
Email: Susannah.Farabaugh@maryland.gov

Financial Reports/Questions
Teresa Robertson
Phone: (410) 767-7922
Email: dhmh.ugaoralhealth@maryland.gov

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

i. Licensing

All dentists and dental hygienists must be licensed and certified to practice by the Maryland State Board of Dental Examiners. Licensure may be verified by accessing the MSBDE Web site: http://www.dhmh.maryland.gov/dental.

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 (2016)

2. 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
7. CDC Infection Control Webinar Slides (August – December 2014)

All Infection Control Resources can be found on the Office of Oral Health website at: http://phpa.dhmh.maryland.gov/oralhealth/Pages/Infection_Control_For_Sealant_Programs.aspx

d. OSHA

While a relatively low risk procedure for exposure to bloodborne 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: http://www.dllr.maryland.gov/labor/instructions/02-5.shtml. Please review your infection control protocols. You may want to include the following procedures to insure compliance and to avoid risk:

- A written exposure control plan which is reviewed and updated annually;
- Bloodborne Pathogens training as an annual requirement;
- Infection control training should be 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) must be 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: http://www.cdc.gov/oralhealth/infectionControl/faq/hand.html;
- All autoclavable instruments must be heat sterilized in an autoclave. For those instruments that cannot withstand heat, a high level disinfectant should be used according to the manufacturer's directions. 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 whose results are verified by a spore-testing company to insure proper use and functioning;
- All environmental surfaces must be cleaned and disinfected with a proper anti-microbial agent;
- Barrier protection should be used for items difficult to clean or disinfect, i.e. light handles. Plastic wrap, small plastic sandwich bags and foil, is most cost effective;
- 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;
- Ultrasonic cleaners should be used for preliminary disinfection;
- All transported instruments should be marked "DIRTY" or "CLEAN" and transported in a 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 EPA standards for drinking water. Please follow 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/bloodbornepathogens/index.html
- http://www.dllr.maryland.gov/labor/instructions/02-5.shtml
- 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;
- Access to running water;
- Ability to create a sterilization area which can accommodate one or more autoclaves with a sterile and soiled instrument component, if applicable.

e. Immunizations

All staff should remain current with their immunizations recommended by the CDC for adult immunizations. 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 physician must be provided for each staff member unable to receive a vaccine.

f. OOH Grant Policies

All grantees must comply with OOH policies which are detailed in the RFA. For further information on grant compliance, either visit our website at:

http://phpa.dhmh.maryland.gov/oralhealth/Pages/funding-ops.aspx or contact Ms. Teresa Robertson, OOH grants manager, at: dhmh.ugaoralhealth@maryland.gov

PLEASE NOTE: All applications must be submitted electronically via e-mail with all required attachments to dhmh.ugaoralhealth@maryland.gov no later than the due date designated in the RFA to be considered for funding.

SECTION 3: Operating Effective Community Programs

a. Benchmarks, Performance Standards and Evaluation

Benchmarks and performance standards should be established early in the program planning process; it will allow for ascertaining performance and productivity results and standards easily throughout the life of the program. As an example, the state of Ohio has established the following benchmarks, based on years of programmatic success and data analysis:

- More than 50 percent of children have parental consent to receive sealants;
- More than 97 percent of children with consent are screened;
- More than 90 percent of children in need of sealants receive sealants;
- More than 65 percent of children are screened for follow-up in 3rd grade;
- More than15 children per team per day receive sealants;
- The overall cost per child receiving sealants in the program is approximately between $49 and $56 ;
- More than 90 percent long-term retention;
- 100 percent short-term retention.

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: http://www.mchoralhealth.org/seal/step10.html

In addition, the OOH has developed an Environmental Assessment tool (Appendix D) 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, and specifically when developing a program or a significant change occurs (i.e., staff turnover, reorganization, school changes, etc.). The 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.

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 (if applicable); 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:

- Back-To-School Night (*most effective*)
- Annual School Nurse Conferences
- PTA Meetings
- School Health Fairs
- School Website and/or Email
- School Calendar
- School Newsletter and/or Newspaper
- School Lunch Menus

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 an important key 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.

The Centers for Medicare and Medicaid Services released federal policy guidance on the free care rule in December 2015. The guidance document can be obtained from: http://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf?btn&utm_campaign=2014-12-18%20DEN&utm_medium=email&utm_source=Eloqua

Once Maryland Medicaid issues its rules for the revised interpretation of the CMS "Free Care Rule" that would allow state and local supported local health departments 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 local health departments should first contact either Scion 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 Office of Oral Health 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 a local health department, 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 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, health department 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: http://www.mobile-portabledentalmanual.com or through an ASTDD policy statement issued in February 2012 entitled "School-Based or School-Linked Mobile or Portable Dental Services" which can be found at:

http://www.astdd.org/docs/School-Based_or_School-Linked_Mobile_or_Portable_Dental_Services_Policy_Statement_February_28_2012.pdf.

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.

e. 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 includes one staff member as a recorder. Ideally, two (2) practitioners, usually dental hygienists, with 1 recorder, or dental assistants, works well.

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:

Staff and Student Protection

- Air/water syringe tips
- Bib clips
- Bibs
- Sunglasses/Orange Glasses (for staff and students)
- 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

- Containers for used and clean 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
- 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 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)
- Tool kit 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 can be found at: http://www.mobile-portabledentalmanual.com. The following is a list of basic start-up equipment:

- Practitioner Stool
- Assistant Stool

- Dental Table
- L.E.D. Headband Light, Loupes or Free Standing Fiber Optic Light
- Patient Chair
- Compressor
- Basic Delivery Unit with Suction
- Curing Light
- Autoclave
- Ultrasonic
- Cart/Dolly (Optional)
- Fan (Optional)

For a list of portable dental equipment/vendors go to:

http://mobile-portabledentalmanual.com/

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 can alleviate the burden of moving supplies and equipment from school to school. It can also save staff time in getting the program up and running, as well as staff energy. Depending on the number of schools served and budget availability, it may be sensible to utilize a moving company for sealant day equipment.

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) include but not limited to patient chairs, compressors and stands, dental lights, operator chairs,
  - Storage containers and boxes
  - Depending on the size of the operation, the equipment and boxes can be divided up into about 3 teams. Each team's equipment and supplies should be transported in 3-4 commercial bins - size 48x24x28.

- 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) – Appendix E

Once a school has agreed to participate in the dental sealant program for the following school year, and the sealant day(s) is scheduled, a letter on health department 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 request for 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 & 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) - Appendix L

A second school letter with all of 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 stationary, and stapled to the front of the envelope. Inside the envelope should contain information about the benefit of dental sealants, the consent form describing the program, requesting permission to place dental sealants and to reseal (copied on bright colored paper), and medical history.

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. Also, 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 all be organized and ready when the program begins. Most schools will require 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 and notified with the time in which you will be ready to see the first student as well as 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
- School name
- Teacher Name
- Grade
- Room Number
- Date of Birth
- Race
- Medical history
- Insurance Status

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 off dirty instruments
- Autoclave
- Sterilization Pouches
- Patient Napkins
- 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.

- Teams 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 bracket table with the items that will be needed for the dental procedure
- Only items being used for the dental procedure should be on the bracket 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.
- 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. Rechecks 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; and
- Student movement in and out of the school and school district.

l. End of Day Procedures and Sterilization

At the end of the day these procedures should take no longer than 20 minutes to complete.

i. Dental Assistant

- Remove barriers and instruments from bracket 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 1 minute after all suction cleaner is gone (to dry out hose)

- 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 waste water container with water and empty into toilet
- Spray area with a disinfectant and spray containers with disinfectant
- Wipe wastewater 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 'Letters 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, mask, 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-Purchasing Dental Equipment and Supplies*, as well as *Step 8-Implementing the Program* available at: http://www.mchoralhealth.org/seal/step4.html

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

SECTION 5: Assessment & Data Collection

All data collection forms can be accessed from the OOH website:
http://phpa.dhmh.maryland.gov/oralhealth/Pages/funding-ops.aspx

BMI

While not a required assessment of the LHD grant program and statewide dental sealant program, use of the Body Mass Index (BMI) to screen for underweight, overweight and obesity is encouraged. It can have tremendous benefits while using minimal resources. Capturing the BMI during the dental assessment, removes the barrier and stigma usually associated with assessing height and weight alone. Conditions found in children such as obesity, high blood pressure, high cholesterol and diabetes share many of the same risk factors as poor oral health; using the BMI in dental sealant programs can help establish body mass baselines, develop programs, measure progress, and provide parents with information regarding their child's health. Children with these conditions experience higher rates of depression, are less likely to do well in school and have more lost time from school than their peers. Indicators which may be included in data collection are the following:

- Overweight and obesity prevalence by sugar-sweetened beverage consumption
- Overweight and obesity estimates by sex, race/ethnicity and county
- Overweight and obesity estimates as it relates to eligibility in the free and reduced meal program
- Overweight and obesity prevalence as it relates to television viewing frequency

Tools Needed:

A *digital scale* for weight and a *stadiometer* device for height are the tools required to obtain proper measurements. Each can be purchased at medical supply stores or on-line vendors.

PLEASE NOTE: All dental sealant consent forms should include permission to measure BMI, if BMI is to be screened.

BMI for children and teens is calculated differently than BMI for adults. The BMI number is plotted on a for-age growth chart for either boys or girls to obtain a percentile ranking. The percentile indicates the relative position of the child's BMI number among children of the same sex and age. BMI will be calculated by using the CDC free resource, "Children's BMI Tool for Schools", which can be accessed at:

http://www.cdc.gov/healthyweight/downloads/BMI_group_calculator_English.xls

The following, is the CDC's guidelines for measuring a child's height and weight:

Measuring height accurately in school to calculate BMI-for-age:

1. Remove the child's shoes, bulky clothing, hair ornaments, and flatten hair that interferes with the measurement
2. Take the height measurement on flooring that is not carpeted and against a flat surface such as a wall with no molding
3. Have the child stand with feet flat, together, and against the wall. Make sure legs are straight, arms are at sides, and shoulders are level
4. Make sure the child is looking straight ahead and that the line of sight is parallel with the floor
5. Take the measurement while the child stands with head, shoulders, buttocks, and heels touching the flat surface (wall). Depending on the overall body shape of the child, all points may not touch the wall
6. Use a flat headpiece to form a right angle with the wall and lower the headpiece until it firmly touches the crown of the head
7. Make sure the measurer's eyes are at the same level as the headpiece
8. Lightly mark where the bottom of the headpiece meets the wall. Then, use a metal tape to measure from the base on the floor to the marked measurement on the wall to get the height measurement
9. Accurately record the height to the nearest $1/8^{th}$ inch or 0.1 centimeter

Measuring weight accurately in school to calculate BMI-for-age:

1. Use a digital scale. Avoid using bathroom scales that are spring-loaded. Place the scale on firm flooring (such as tile or wood) rather than carpet;
2. Have the child remove shoes and heavy clothing, such as sweaters;
3. Have the child stand with both feet in the center of the scale;
4. Record the weight to the nearest decimal fraction (for example, 55.5 pounds or 25.1 kilograms).

The first year of data collection will be on a volunteer basis. We will then take the finding of the pilot and establish standardized indicators and surveillance strategies going forward. The intent is to have at least one collection site in each county and render a surveillance report every 5 years.

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 (Plaque Control)
- Function (Why Teeth Are Important)
- The Disease Process
- Fluorides
- 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" – www.ADA.org/3259.aspx
- 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 2 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 - http://www.wsdha.net/panda (Abuse, Neglect, Family Violence & Human Trafficking)

Ohio Safety Net - http://www.ohiodentalclinics.com (School-Based Dental Sealants, Special Care and Fluoride Varnish Training for Medical Care Providers)

Annual Meeting – The OOH will host 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 DHMH/OOH

- *Annually*

Grantees submit four quarterly reports to OOH throughout the year including

  - 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 fiscal reports. Annually, the due dates are as follows:

Quarter	**Due Date**
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: dhmh.ugaoralhealth@maryland.gov

It is suggested that programs save reports electronically each quarter.

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

c. Comprehensive Site Reviews

Once a year during the program cycle, a site review may be conducted. The site review will assess program strengths and challenges and overall program performances. 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 situation.

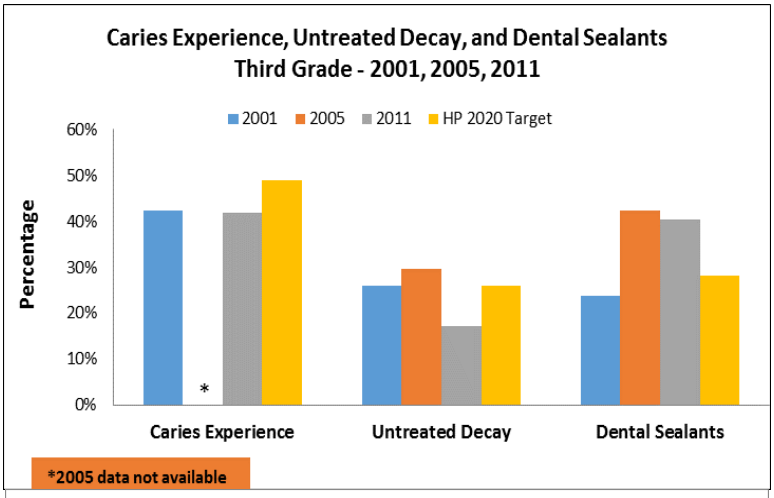
e. Technical Assistance

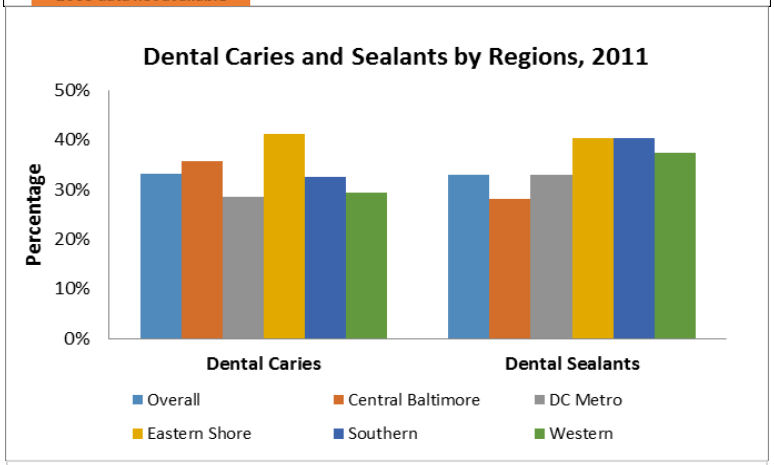
Technical assistance is available to help programs improve performance, attain goals and adhere to standards. A review of grant proposals, reports, site reviews, interviews and any other information that can provide the desired outcome will be used. Technical assistance may be provided through meetings,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

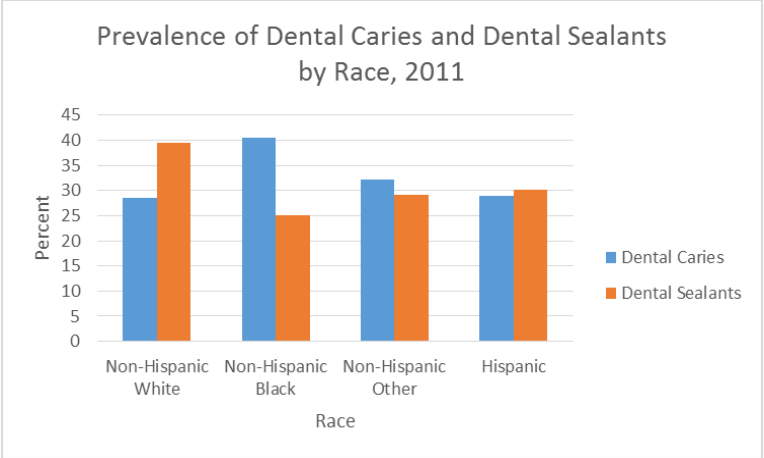
SECTION 9: APPENDICES

A. Prevalence of Dental Caries and Sealants in Maryland School Children

Source: Macek MD, Coller S, Chen H, Manski RJ, Manz M, Altema-Johnson D, Goodman HS. Oral health survey of Maryland school children, 2011-2012. Baltimore, MD: University of Maryland School of Dentistry, 2013.







B. Maryland Mighty Tooth Dental Sealant Brochure
(Available at http://phpa.dhmh.maryland.gov/oralhealth/Pages/materials.aspx)

INTRODUCTION

Cavities are the single most common chronic disease in children. They cause pain and force children in the US to miss more than 52 million hours of school each year. But cavities can be prevented. Regular brushing with fluoride toothpaste, flossing and drinking tap water with fluoride helps to fight cavities. But brushing and flossing are not always enough. Sometimes it is hard for children to brush the grooves of the back teeth and reach tiny particles of food. This can lead to cavities. That's why Dental Sealants are important.

Dental Sealants are thin, plastic coatings that are painted on the chewing surfaces of the back teeth. These teeth are most likely to form cavities because sugar gets trapped in the grooves of the teeth.

Dental Sealants are put on in dentists' offices, clinics, and sometimes in schools. In Maryland, dentists and public health dental hygienists can provide sealants in school settings with parental consent.

To learn more about dental sealants, talk to your dental or medical provider, visit www.Mightytooth.com

or contact the Office of Oral Health, Prevention and Health Promotion Administration,
Maryland Department of Health and Mental Hygiene
201 West Preston Street, 4th Floor
Baltimore, MD 21201
(410) 767-5300
dhmh.oralhealth@maryland.gov
http://phpa.dhmh.maryland.gov/oralhealth/

Office of Oral Health
Maryland Department of Health and Mental Hygiene

MARYLAND'S

DENTAL SEALANT PROGRAM

Visit us @ **www.mightytooth.com** for more information on dental sealants.

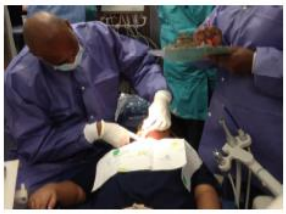
Seal Away Tooth Decay!

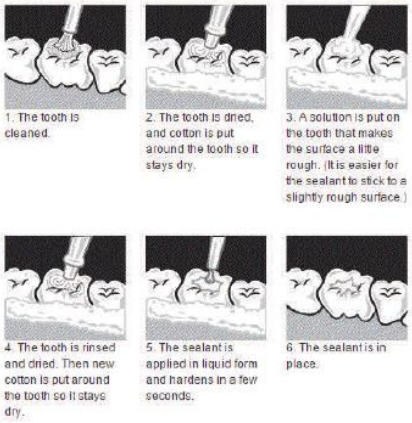
MIGHTY TOOTH
SEAL AWAY TOOTH DECAY!

- Tooth decay is the most common chronic disease found in Maryland and U.S. children.
- Children with poor oral health are nearly 3 times more likely to miss school due to dental pain, than healthier children.
- In addition to brushing with fluoride toothpaste, flossing and drinking tap water that contains fluoride, dental sealants are an important way to prevent cavities.
- Prevention pays off - the cost of applying a dental sealant on a child's permanent molar is much less than the cost of filling a cavity.

How Sealants are Applied

Getting dental sealants put on is simple, painless and only takes a few minutes. Sealants are painted on as a liquid and quickly harden to form a protective shield over the tooth.





1. The tooth is cleaned.
2. The tooth is dried, and cotton is put around the tooth so it stays dry.
3. A solution is put on the tooth that makes the surface a little rough. (It is easier for the sealant to stick to a slightly rough surface.)
4. The tooth is rinsed and dried. Then new cotton is put around the tooth so it stays dry.
5. The sealant is applied in liquid form and hardens in a few seconds.
6. The sealant is in place.

What are dental sealants?

Dental sealants are thin, plastic coatings painted on the chewing surfaces of the teeth to prevent tooth decay.

Why get sealants?

To avoid cavities and help keep the mouth healthy.

Who needs sealants?

Children, specifically those who may be prone to cavities, should get dental sealants on their permanent molars (back teeth) as soon as the teeth come in – before cavities occur.

When should children get dental sealants?

Children should get dental sealants between ages 5 and 7 when their first permanent molars come in and between ages 11 and 14, when their second permanent molars come in.

How long do sealants last?

Sealants protect teeth as long as they stay in place. They generally last a few years and will hold up well against everyday chewing, flossing, and brushing. It is important to get them checked at least once a year.

Where can my child get sealants?

Children can receive dental sealants at their dental office, in clinics and sometimes in schools. Check with your school or public health program to find out if it has a dental sealant program.

C. At-a-glance one pager for School Professionals

MIGHTY TOOTH

SEAL AWAY TOOTH DECAY!

At-a-glance Reference Sheet for Maryland School Professionals

The FACTS

- Tooth decay is the most common chronic disease in children.
- Children with poor oral health are nearly 3 times more likely to miss school due to dental pain than healthier children.
- In addition to brushing with fluoride toothpaste, and drinking tap water that contains fluoride, dental sealants are one of the most important ways to prevent cavities.

What are dental sealants?

Dental sealants are thin, plastic coatings painted on the chewing surfaces of the teeth to prevent tooth decay.

Who needs sealants?

Children at risk for tooth decay should get dental sealants on their permanent molars as soon as the teeth come in – before cavities occur.

Why are dental sealants provided in schools?

By providing dental sealants to children while they are at school, health professionals can help prevent cavities for students who are most at-risk to develop them.

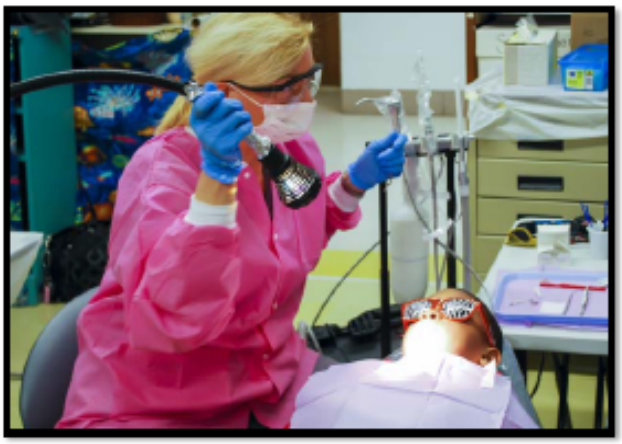
Dental sealant programs vary greatly across the state. The following highlights basic information about school sealant programs and describes various roles schools may have in sealant day preparation and logistics.

The Basics:

- School-based dental sealant programs should target Title I schools in order to provide a preventive service to students who may otherwise not receive care.
- Programs generally target 2nd/3rd graders, and 6th/7th graders as these are the ages when children's 1st and 2nd molars are newly present in the mouth.

The majority of programs include the following steps:

1. Informed Consent—often these forms will be sent out at the beginning of the school year with other forms that need to be completed by parents. The goal is to ensure that at-risk children receive permission to be screened and sealed, if indicated.
2. Sealant Day—students who have permission will be brought to the sealant area (often in a gymnasium, stage, classroom, or health area of the school). Students will be screened by dental professionals and dental sealants will be placed. The student will receive a report card noting any dental needs and how many sealants were placed before returning to his/her classroom.
3. Case Management—programs should follow-up with parents to link children to a dental provider, if needed. The school nurse may be part of this process.



The Roles of School Professionals

School Administrators: Superintendents, principals and others may be contacted by public, private or mobile programs offering to provide dental sealants to school students. Prior to engaging in any contractual agreements with dental providers, here are some key questions to ask:

1. *Who owns the program and how is it funded?*
2. *How and where are services provided?*
3. *What resources will the school need to provide—space, water, electricity, etc.?*
4. *What referral mechanisms have been established with local providers or clinics? Will there be follow-up with parents?*
5. *What is the informed consent process and how will the school be involved?*
6. *What scope of services will be provided?*
7. *How often and for how long will they be at the site, e.g., once per year, once per week, until a school or grade is finished, or some other arrangement?*

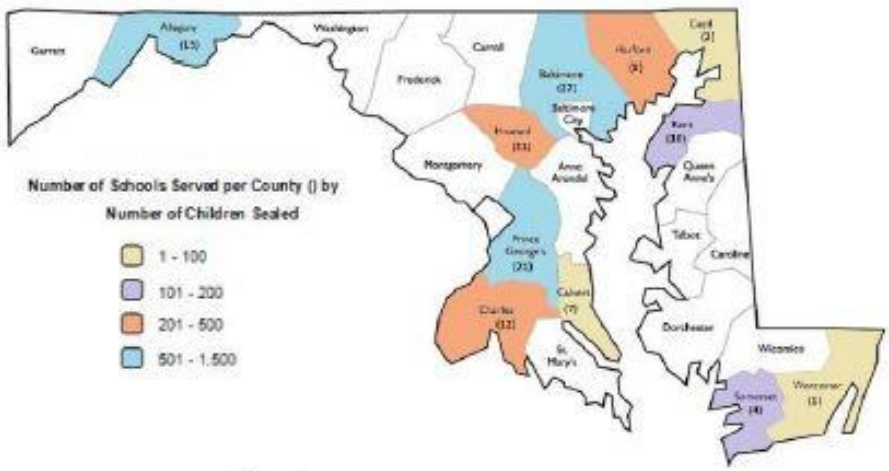
School Nurses: Nurses often serve as the primary liaison for sealant day logistics. They may know of children with special health care needs, specific allergies, and imminent dental needs.

- Nurses often lead the collection of informed consent forms and medical histories.

Teachers: Teachers are asked to excuse students for a brief period of time to be screened and sealed.

- Teachers may line students up and provide nametags and paperwork.
- Teachers may be asked to recruit volunteers to assist on sealant day to guide students to and from the school sealant area.

School-linked/School-based Dental Sealant Programs by County by number of schools and number children sealed- FY16



Office of Oral Health
Maryland Department of Health and Mental Hygiene
Helping Maryland Smile
http://phpa.dhmh.maryland.gov/oralhealth/

D. Environmental Assessment Tool

Dental Sealant Environmental Assessment – Overview

What is it?

- A tool for programs to gauge whether the environment supports successful implementation of a school-based/school-linked dental sealant program.

Who is it for?

- Current, potential, future and past programs that are interested in assessing whether the environment is conducive to operating a sealant program.

How do programs use the tool?

- Go through each category and determine on the Likert scale whether the programs current environmental measure inhibits or supports the sealant program.
- Add comments to clarify and understand how certain measures impact your program.

Why use the tool?

- Identify strengths and weaknesses, opportunities and threats.
- Leverage strengths and overcome weaknesses to sustain the program.
- Assess how the program will be supported by key partners to assure success. Establish integral relationships
- Understand the partner organization and who to target for collaboration and support.

How often should the tool be used?

- Anytime a new program is being developed
- When there are major changes or concerns
- Ad hoc for current programs (recommend every 2 – 3 years)
- Past programs to assess and make changes for potential reboot of the sealant program

School-based/linked Dental Sealant Program - Environmental Assessment Tool

		Not present	Strongly Inhibits				Neutral				Strongly Supports	Don't know	Not Applicable	Comments
I	**STRUCTURES AND PROCESS**													
A	**Infrastructure**													
1	The Community Health Program has a dental clinic		-4	-3	-2	-1	0	1	2	3	4			
2	Availability of clinical equipment for school health services.		-4	-3	-2	-1	0	1	2	3	4			
3	Ability to bill for services		-4	-3	-2	-1	0	1	2	3	4			
4	Case Management		-4	-3	-2	-1	0	1	2	3	4			
5	Data Collection		-4	-3	-2	-1	0	1	2	3	4			
6	Reporting lines of authority between the Oral Health unit and the Community Health Program		-4	-3	-2	-1	0	1	2	3	4			
7	Oral Health placement in agency hierarchy chart		-4	-3	-2	-1	0	1	2	3	4			
8	Stability of organization-chart (re-organization happens often or not)		-4	-3	-2	-1	0	1	2	3	4			
9	Surveillance system/measures that provide the data needed for stakeholders, evaluation, and program growth.		-4	-3	-2	-1	0	1	2	3	4			
B	**Human Resources**													
1	Presence of dental director		-4	-3	-2	-1	0	1	2	3	4			
2	Adequate professional staff		-4	-3	-2	-1	0	1	2	3	4			
3	Adequate support staff		-4	-3	-2	-1	0	1	2	3	4			
4	Adequate administrative support staff		-4	-3	-2	-1	0	1	2	3	4			
5	Evaluation capacity and use		-4	-3	-2	-1	0	1	2	3	4			
6	Ability to contract for additional assistance		-4	-3	-2	-1	0	1	2	3	4			
7	Public Health Dental Hygienists practicing full scope of services.		-4	-3	-2	-1	0	1	2	3	4			
C	**Leadership**													
1	Health Officer is supportive of program		-4	-3	-2	-1	0	1	2	3	4			
2	Communication with Health Officer		-4	-3	-2	-1	0	1	2	3	4			
3	Oral Health seen as important by health officer		-4	-3	-2	-1	0	1	2	3	4			
4	Champion for oral health in the Health Department		-4	-3	-2	-1	0	1	2	3	4			
D	**Environment**													

1	Location of Oral Health staff (centralized or decentralized)		-4	-3	-2	-1	0	1	2	3	4		
2	Medicaid agenda/policy		-4	-3	-2	-1	0	1	2	3	4		
3	Hiring process/policy		-4	-3	-2	-1	0	1	2	3	4		
4	External expertise available to impact oral health (MPH programs, dental/hygiene schools, evaluation consultants etc)		-4	-3	-2	-1	0	1	2	3	4		
5	Health Department focus on intervention vs. prevention programs		-4	-3	-2	-1	0	1	2	3	4		
6	Media perception of oral health as a part of overall health and newsworthy topic		-4	-3	-2	-1	0	1	2	3	4		
7	Presence of emergent issues or controversy around oral health or oral health organizations within the state		-4	-3	-2	-1	0	1	2	3	4		
8	Communication between Oral Health Unit and general public		-4	-3	-2	-1	0	1	2	3	4		
9	Communication between Oral Health Unit and private care providers		-4	-3	-2	-1	0	1	2	3	4		
E	**Competition**												
1	Presence of mobile program(s) in county		-4	-3	-2	-1	0	1	2	3	4		
2	Other competing entities		-4	-3	-2	-1	0	1	2	3	4		
3	Competition for visibility and dollars among health department programs		-4	-3	-2	-1	0	1	2	3	4		
F	**Partnerships/Support**												
1	Community Partnerships		-4	-3	-2	-1	0	1	2	3	4		
2	Relationship with school(s)		-4	-3	-2	-1	0	1	2	3	4		
3	School Administration Support		-4	-3	-2	-1	0	1	2	3	4		
4	Relationship with School Nurse(s)		-4	-3	-2	-1	0	1	2	3	4		
5	School Superintendent(s) Support		-4	-3	-2	-1	0	1	2	3	4		
6	School Principal(s) Support		-4	-3	-2	-1	0	1	2	3	4		
7	Ability to collaborate with other chronic disease prevention programs		-4	-3	-2	-1	0	1	2	3	4		
8	Parent/Teacher Assocation Support		-4	-3	-2	-1	0	1	2	3	4		
9	Non-traditional partner support		-4	-3	-2	-1	0	1	2	3	4		
10	Other (explain:_____)		-4	-3	-2	-1	0	1	2	3	4		
G	**Education**												
1	Awareness of Benefits (of sealants) amongst public		-4	-3	-2	-1	0	1	2	3	4		
2	Awareness of Benefits amongst school administrators		-4	-3	-2	-1	0	1	2	3	4		
3	Awareness of Benefits amongst caregivers		-4	-3	-2	-1	0	1	2	3	4		
H	**Finance**												
1	Resources provided by State		-4	-3	-2	-1	0	1	2	3	4		

2	Resources provided by County		-4	-3	-2	-1	0	1	2	3	4		
3	Resources provided by Federal Government		-4	-3	-2	-1	0	1	2	3	4		
4	Resources provided by non profits/foundations		-4	-3	-2	-1	0	1	2	3	4		
5	Community Health Program budget and fiscal priorities		-4	-3	-2	-1	0	1	2	3	4		
6	Stability of financial support		-4	-3	-2	-1	0	1	2	3	4		
7	Ability to successfully apply for grants		-4	-3	-2	-1	0	1	2	3	4		
8	Prospect for increased oral health support in the next year		-4	-3	-2	-1	0		2	3	4		
9	Prospect for decreased oral health support in the next year		-4	-3	-2	-1	0		2	3	4		
I	**External Resources/Assistance**												
1	State Sealant Coordinator		-4	-3	-2	-1	0	1	2	3	4		
2	State Dental Director		-4	-3	-2	-1	0	1	2	3	4		
3	Access to technical expertise - data collection		-4	-3	-2	-1	0	1	2	3	4		
4	Access to technical expertise - evaluation		-4	-3	-2	-1	0	1	2	3	4		
5	Access to technical expertise - reporting		-4	-3	-2	-1	0	1	2	3	4		
J	**Other**												
1	Access to follow up care/referral resources		-4	-3	-2	-1	0	1	2	3	4		
2	Population (urban/rural/frontier)		-4	-3	-2	-1	0	1	2	3	4		
3	Number of students enrolled in National School Lunch Program		-4	-3	-2	-1	0	1	2	3	4		
4	Number of schools with Title I designation		-4	-3	-2	-1	0	1	2	3	4		

PROGRAM RESOURCES

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

E. Principal Letter regarding Newsletter

XYZ County Health Department

Health Officer — Telephone Number

Address — Fax Number

Web 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 by (WHO) 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 help!

Should you have any questions, please call or email.

F. Article for Newsletter

XYZ County Health Department

Health Officer Telephone Number

Address Fax Number

Web Address

To: XYZ School

From: Name, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Article for School Newsletter, Dental Sealant Program

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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 (offered again) this year by the XYZ County Health Department. The dental team will be visiting your elementary school to provide your child with a 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).

G. Informed Consent and Medical History Template (2016)

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:

- ☐ White
- ☐ Black|African American
- ☐ Asian
- ☐ Native Hawaiian|Pacific Islander
- ☐ Native American|Alaska Native
- ☐ 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

H. 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: _____

I. 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: 00/00/0000

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 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!

J. Second and Third Grade Teacher Letter

Health Officer

Address

Telephone Number

Fax Number

Web Address

DATE

Dear Second and Third Grade Teachers:

The XYZ County Health Department Dental Program is again providing a School-based Dental Sealant Program OR OTHER for children in the 2nd and 3rd 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 in 2nd and 3rd grade 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 for the 2nd and 3rd grades on the following days:

(LIST CLASS ROOMS 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

K. Informational Parent Letter (Letter 1)

XYZ Elementary School

School Principal | Telephone Number

Address | Fax Number

Web 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 can not 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

L. 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

M. School-Based Dental Sealant Activity Reporting Form Definitions

School-Based Dental Sealant Activity Reporting Form
Data Definitions – updated 06/16

General Demographics

This measure includes a demographic breakdown of children screened in school-based/school-linked/mobile settings by sex/gender, Hispanic identity, race, and insurance status.

Screening

Number of Children Screened – refers to the number of unduplicated children screened in a school-based/school-linked/mobile setting only per quarter. This excludes children screened in clinical settings.

Number of Children with Untreated Decay – refers to the number of children screened in a school-based/school-linked/mobile setting with untreated decay (unfilled cavitated lesion) per quarter.

Number of Children with Caries Experience – refers to the number of children screened in a school-based/school-linked/mobile setting with either untreated decay, a dental restoration, or a tooth/teeth that have been extracted due to decay. This number includes any child who has had caries experience, regardless of whether a tooth has been filled or extracted due to decay. This number will also include children with untreated decay.

Number of Children with Urgent Dental Needs – refers to the number of children screened in a school-based/school-linked/mobile with urgent dental needs per quarter.

- Urgent dental need – Gross carious lesion(s) with or without signs or symptoms that may include pain, infection and/or swelling. The recommendation for their next dental visit is tantamount to an emergency referral or to be seen as soon as possible.

Number of Children with Early Dental Needs – refers to the number of children screened in a school-based/school-linked/mobile with early dental needs per quarter.

- Early dental needs – Pre-cavitated carious lesions (i.e. white or brown spots) and/or small cavitated carious lesions without any

accompanying signs or symptoms. Also could include individuals with other oral health problems found during the screening requiring care before their next routine dental visit. The recommendation for their next dental visit is within several weeks.

Number of Children with at least one Sealant Present – refers to the number of children screened in a school-based/school-linked/mobile setting with at least one sealant present.

Number of Children Receiving Dental Referrals – refers to the number of children screened in a school-based/school-linked/mobile setting receiving dental referrals for any restorative dental service.

Selected Consecutive Age Groups

Number of erupted permanent 1st molars and number of permanent 1st molars with caries

1. Select the two consecutives ages that are most common among the children you screen. For example if your program primarily screens and delivers sealants to children, age 7 and age 8 years, then select these two ages. Provide information on 2 ages selected

    i. Among children in these 2 ages who have no sealants present (any evidence of sealant including partially lost sealants) count the following:

        a. The number of erupted permanent 1st molars.

        b. The number of permanent 1st molars that have caries (treated or untreated).

Number of erupted permanent 2nd molars and number of permanent 2nd molars with caries (if your program seals 2nd molars)

1. Select the two consecutives ages that are most common among the children you screen. For example if your program primarily screens and delivers sealants to children, age 12 and age 13 years, then select these two ages. Provide information on 2 ages selected

    i. Among children in these 2 ages who have no sealants present (any evidence of sealant including partially lost sealants) count the following:

        a. The number of erupted permanent 2nd molars.

        b. The number of permanent 2nd molars that have caries (treated or untreated).

Services Provided

Number of Children Sealed – refers to the number of children screened in a school-based/school-linked/mobile setting who will be receiving at least one sealant.

> *Number of permanent 1st molars sealed* – refers to the number of permanent 1st molars screened in a school-based/school-linked/mobile setting that will be receiving at least one sealant.
>
> *Number of permanent 2nd molars sealed* – refers to the number of permanent 2nd molars screened in a school-based/school-linked/mobile setting that will be receiving at least one sealant (if this is not relevant for your program, please enter '0')

Retention Checks (every 2 years)

Number of Children Receiving Sealant Retention Check – refers to the number of children receiving sealants in a school-based/school-linked/mobile setting receiving dental sealant retention checks.

Number of Permanent 1st Molar Sealants Retained - number of sealants placed on permanent 1st molars by program that were fully retained 1 year after placement (i.e., retention check should be done between 9 to 15 months after placement),

Number of Permanent 2nd Molar Sealants Retained - number of sealants placed on 2nd molars by program that were fully retained 1 year after placement (i.e., retention check should be done between 9 to 15 months after placement).

Number of Permanent Molars Receiving Sealant at Retention check – refers to the number of teeth among children sealed in a school-based/school-linked/mobile setting that received a sealant at the retention check because of an existing defective sealant or because the tooth was newly erupted.

Number of Children Receiving Fluoride Mouth rinse- refers to the number of children receiving fluoride mouth rinse in a school-based/school-linked/mobile setting per quarter.

Number of Children Receiving Fluoride Varnish – refers to the number of children receiving fluoride varnish in a school-based/school-linked/mobile setting per quarter.

Event Level Data

Total Number of Schools visited – refers to the total number of schools visited per quarter.

Number of Title 1 Schools – refers to the number of schools visited that meet the requirement of 'Title 1' for the state of Maryland. These are also included in total number of schools visited above.

Total Hours Spent on site for screening, sealant delivery and set-up – refers to the total hours spent at the school for conducting the screening, dental sealant application, health education, set-up and cleanup.

Total hours spent off-site organizing school dental sealant program – refers to the total hours spent off-site organizing and coordinating the school-based dental sealant program. This includes time spent preparing materials, and traveling to the site.

Number of Children Receiving Health Education – refers to the number of children in a school-based/school-linked/mobile setting who are receiving health education in any oral health topic area.

***Estimated Average Number of Minutes per child for sealant application* – provide an estimate of how many minutes it takes to apply a dental sealant to one child. Note this can be calculated by dividing total hours spent on site times number of dental chairs by number of children sealed.**

Program Annual Sealant Retention Rate (%) – refers to your program sealant retention rate for children that was sealed in the past 9 to 15 months. **Note: Some programs may have already calculated this rate in previous years and no longer track the information. Please re-calculate your sealant retention rate every two years to reflect any changes that may have occurred.**

How Many Cases/Families Required Follow-up – refers to the number of cases and/or families that required follow-up (case management) outside of the report card that was sent home to parents or guardians.

Notes: Please include any information that would help clarify any data measures or program activities.

N. Dental Sealant Program Data Collection and Reporting Form

(The full document is available at http://phpa.dhmh.maryland.gov/oralhealth/Pages/funding-ops.aspx)

Department of Health and Mental Hygiene
Office of Oral Health Dental Sealant Program
School-Based Dental Sealant Activity Worksheet Overview
(Revised: 06/01/16)

Fiscal Year: 2017 Quarter:
County:
Event|Site Name(s) :

Worksheet Totals

	Grand	Head Start	PK	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Sex/Gender: Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sex/Gender: Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hispanic Identity (Ethnicity)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race: White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race: Black | African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race: Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race: Native Hawaiian | Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race: Native American | Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race: Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Insurance Status: Medicaid | SCHIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Insurance Status: Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Insurance Status: Other | Uninsured |	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Untreated Decay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caries Experience (treated or	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
Early Dental Need	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
Dental Referral	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
Number of 1M w/ Caries (treated or	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
Number of 2M w/ Caries (treated or	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sealant(s) Placed	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
Number of Permanent 2M Sealed	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
Retention Check	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 1Ms Sealants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Permanent 2Ms Sealants	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
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
Received Fluoride Mouthrinse	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