WEST VIRGINIA SCHOOL-BASED

ORAL DISEASE PREVENTION PROJECT

West Virginia Department of Health and Human Resources

Office of Maternal, Child and Family Health

Oral Health Program
ORAL HEALTH PROGRAM CONTACTS

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The West Virginia School-Based Oral Disease Prevention Project was developed using the Association of State and Territorial Dental Directors (ASTDD) Best Practices and Guidelines. Some charts and graphs have been adapted from guidelines.
SECTION 1

INTRODUCTION

Dental caries among children remains a serious public health concern. When left untreated dental caries can lead to unnecessary pain and suffering and poor performance in school. To address this issue, the West Virginia Oral Health Program has developed a school-based prevention project.

Statewide data indicates that low income children have more untreated decay and caries experiences than the general population. The following table presents highlights from West Virginia’s surveillance system and the West Virginia School – Community Oral Health Partnership compared to the high and low rates of other states.

<table>
<thead>
<tr>
<th></th>
<th>WV Third Graders</th>
<th>WV School-Community Partnership</th>
<th>Comparison States (High and Low)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated Decay</td>
<td>17.1%</td>
<td>40.6%</td>
<td>Texas: 42% New Hampshire: 12.0%</td>
</tr>
<tr>
<td>Sealants on Permanent Molars</td>
<td>29.0%</td>
<td>29.1%</td>
<td>Vermont: 66.1% Mississippi: 23.5%</td>
</tr>
<tr>
<td>Caries Experience</td>
<td>42.1%</td>
<td>64.2%</td>
<td>Arizona: 75.0% Connecticut: 40.6%</td>
</tr>
<tr>
<td>(treated and untreated decay)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion

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

The West Virginia School-Based Oral Disease Prevention Project aligns with the goals and objectives of Healthy People 2020:

**OH-1** Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.

**OH-2** Reduce the proportion of children and adolescents with untreated decay.

**OH-8** Increase the proportion of low-income children and adolescents who received any preventive dental services in the past year.

**OH-9** Increase the proportion of children and adolescents who have received dental sealants on their molar teeth.
The West Virginia School-Based Oral Disease Prevention Project is designed to establish a new school-based dental prevention or sealant program and/or for the evaluation or redesign of existing ones. This Project will ensure all school-based dental programs follow the same policies, procedures, and data collection set forth by the State Oral Health Program, thus allowing all children to receive quality and consistent care. Each program will be required to submit all reports to the West Virginia Oral Health Program, thereby allowing uniform record keeping and valid data collection.

The immediate goals of the West Virginia School-Based Oral Disease Prevention Project are:

- Provide preventive dental services (assessment, prophylaxis, sealants, and fluoride varnish).
- Provide oral health education.
- Provide oral health information to parents or guardians.
- Establish a dental home for those children needing restorative care.
- Assume responsibility in seeing that the dental needs are met and assuring that children receive a follow-up visit in accordance with State law through care coordination.

The five year projected goals of the West Virginia School-Based Oral Disease Prevention Project are:

- Increase the percentage of Title I public elementary schools in the State participating in the project from 0% (0) to 35% (109).
- Increase the percentage of children ages six-to-nine in the State receiving at least one molar sealant from 29% to 40%.
SECTION 2

REGULATORY COMPLIANCE

West Virginia Board of Dentistry

The West Virginia Board of Dentistry regulates the practice of dentistry, and sealant programs must operate within the rules and regulations set forth by the Board in Rule 5CSRI. Dentists and hygienists must maintain a West Virginia license in good standing and enter a collaborative practice agreement. A “Collaborative Agreement” is a written, binding document with a West Virginia licensed dentist who authorizes and accepts responsibility for the services performed by the collaborating licensed dental hygienist. The dental hygienist must possess and maintain a Public Health Permit issued by the West Virginia Board of Dentistry. (Appendix A)

The operator, dentist, or dental hygienist working or performing services at a mobile dental facility or through a portable dental unit are required to comply with all State laws and regulations set forth by the West Virginia Board of Dentistry. (Appendix D http://www.wvdentalboard.org)

Occupational Safety and Health Administration (OSHA)

OSHA is the federal agency that enforces rules and regulations to prevent injuries and protect the health of workers. OSHA’s Bloodborne Pathogens Standard specifies precautions that are needed to protect oral health care workers, such as:

- A written exposure control plan must be reviewed and updated annually. Infection control training is provided prior to employees working in an environment where exposure to blood or other potentially infectious materials may occur and on an annual basis thereafter. Refer to Appendix E for more information on exposure control plans.
- Personal protective equipment (gloves, eyewear/face shield/masks, protective clothing) must be worn by dental personnel.
- Appropriate hand washing must be performed.
- Instruments that can withstand heat must be sterilized in an autoclave. If the instruments cannot withstand heat, a high-level disinfectant must be used according to the manufacturer’s directions. Disposable items must not be re-used.
- The autoclave must be monitored weekly by biologic testing (spore test) for proper functioning.
- Environmental surfaces must be cleaned and disinfected. Barrier techniques must be used for items that are difficult to clean or disinfect (e.g., covering light handles).
- Additional infection control information is in this manual beginning on page 11.
Health Insurance Portability and Accountability Act (HIPAA)

The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (HHS) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule standards address the use and disclosure of individuals’ health information – called “protected health information” by organizations subject to the Privacy Rule – called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (OCR) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being. The Rule strikes a balance that permits important uses in information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.
SECTION 3

TARGET POPULATION

The West Virginia School-Based Oral Disease Prevention Project is targeting second and seventh grade students. The first permanent molars fully erupt in a child’s mouth usually upon entering the second grade. Sealants placed on these teeth shortly after erupting will decrease the chance of developing decay in the pits and fissures of the chewing surface of the teeth. According to the survey, 42% of West Virginia third graders that were screened had treated or untreated decay and targeting the children a year earlier, soon after eruption, will reduce the likelihood of decay. The second molars usually erupt around age twelve, and by the seventh grade year.
## SECTION 4

### STAFF REQUIREMENTS AND TRAINING

| **DENTIST** | ▪ Obtain permit to operate a mobile dental facility or portable dental unit from the West Virginia Board of Dentistry  
▪ Complete assessment, prophylaxis, fluoride varnish, and record all findings  
▪ Maintain communication with collaborating dental hygienist  
▪ Review findings from dental hygienists  
▪ Provide follow-up care for children through care coordination  
▪ Maintain and repair portable equipment  
▪ Order and maintain supplies  
▪ Provide all reports and data to the West Virginia Dental Prevention Coordinator  
▪ Review and sign Public Health Settings report for each dental hygienist |
| **DENTAL HYGIENIST** | ▪ Maintain communication with collaborating dentist  
▪ Complete assessment, prophylaxis, fluoride varnish, and record all findings for dentist review  
▪ Assess the need and acceptability of sealants  
▪ Apply sealants to eligible children  
▪ Perform long-term sealant retention checks  
▪ Maintain all forms and records  
▪ Record data accurately  
▪ Transport and maintain portable equipment and supplies  
▪ Utilize all infection control techniques  
▪ Submit Public Health Setting report to the West Virginia Board of Dentistry |
| **DENTAL ASSISTANT**  
(recommended) | ▪ Assist dental hygienist with the application of sealants  
▪ Record all data accurately  
▪ Maintain all forms and records  
▪ Maintain portable equipment and supplies  
▪ Utilize all infection control techniques |
| **PREVENTION COORDINATOR**  
(state employee) | ▪ Establish and maintain relationships with school administrators, teachers, nurses, and dental community  
▪ Work with local education agencies to identify priority schools  
▪ Assist dental providers to coordinate service delivery  
▪ Work with dental providers on compliance of reporting program statistics  
▪ Work with dental providers to assure all equipment and supplies are ordered and maintained |
| **OUTREACH WORKER**  
(state employee) | ▪ Responsible for the care coordination component that includes ensuring the children receive a follow-up visit by a dentist in accordance with State law  
▪ Assure children are assessed in one year to ensure sealant retention  
▪ Assist parents or guardians in establishing a dental home for follow-up visits |
All staff should complete courses in Infection Control/OSHA and Emergency Medical Procedures. Copies of continuing education certificates should be submitted to supervising dentist. Training may be accessed at:

- Infection Control and OSHA ([http://www.adaceonline.org](http://www.adaceonline.org))
- Medical Emergencies Training ([http://www.dentalcare.com](http://www.dentalcare.com))
- Guidelines for Infection Control in Dental Health Settings ([http://www.dentalcare.com](http://www.dentalcare.com))

**Assessment Criteria**

Staff familiar with assessment criteria will be able to assess children quickly, but all staff members need to use the same guidelines to allow for consistent care and data. Dentists and dental hygienists must review all written criteria for tooth selection and assessments. ([www.astdd.org](http://www.astdd.org) - Basic Screening Guidelines)

**Record Keeping**

All staff needs to be able to record all necessary data accurately and be familiar with all data collection forms and procedures for maintaining and submitting reports. The uniformity of data collected is imperative for valid data analysis.
SECTION 5

EQUIPMENT, SUPPLIES, AND INFECTION CONTROL

Creating an effective portable dental environment requires attention to equipment, supplies, materials, and infection control. The maintenance and repair of portable dental units are of upmost importance so that the equipment is safe, reliable, and operates efficiently.

Equipment

Certain characteristics should be taken into account when choosing portable dental equipment, such as how easily the equipment can be moved and utilized, durability, efficiency, and ease of assembly/disassembly and maintenance. Refer to Appendix F for further information.

Information on mobile and portable equipment can be found at:

http://www.mobile-portabledentalmanual.com

http://www.mchoralhealth.org/Seal/step4.html

Proper infection control and maintenance of portable dental units will help avoid downtime and unexpected repairs and costs. All providers should be trained and current on the use, maintenance, and transportation of dental equipment. Follow all instructions and repair manuals included with your particular model. A maintenance schedule should be developed and followed. A sample sterilization and maintenance schedule is included in Appendix G.

For a list of portable equipment/vendors go to:

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental unit</strong></td>
<td>Air water syringe</td>
</tr>
<tr>
<td></td>
<td>High volume evacuation system</td>
</tr>
<tr>
<td></td>
<td>Self-contained water system</td>
</tr>
<tr>
<td></td>
<td>Slow speed or hygiene handpiece</td>
</tr>
<tr>
<td></td>
<td>Curing light</td>
</tr>
<tr>
<td><strong>Furniture</strong></td>
<td>Stools (2)</td>
</tr>
<tr>
<td></td>
<td>Patient chair</td>
</tr>
<tr>
<td><strong>Light</strong></td>
<td>LED headlight, lighted loupes, or free standing fiber optic or halogen light</td>
</tr>
<tr>
<td><strong>Sterilization system</strong></td>
<td>Autoclave</td>
</tr>
<tr>
<td></td>
<td>Ultrasonic cleaner</td>
</tr>
<tr>
<td><strong>Plastic storage bins</strong></td>
<td>Hand soap</td>
</tr>
<tr>
<td></td>
<td>Hand sanitizer/wipes</td>
</tr>
<tr>
<td></td>
<td>Bibs</td>
</tr>
<tr>
<td></td>
<td>Bib clips</td>
</tr>
<tr>
<td></td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Gowns</td>
</tr>
<tr>
<td></td>
<td>Mask/face shields</td>
</tr>
<tr>
<td><strong>Provider and Patient</strong></td>
<td>Autoclave bags</td>
</tr>
<tr>
<td><strong>Protection</strong></td>
<td>Vaccu-cleaner</td>
</tr>
<tr>
<td></td>
<td>Autoclave spore test kits</td>
</tr>
<tr>
<td></td>
<td>Ultrasonic cleaner</td>
</tr>
<tr>
<td><strong>Sterilization and</strong></td>
<td>Surface disinfectant (spray or wipes)</td>
</tr>
<tr>
<td><strong>Disinfection</strong></td>
<td>Storage bins (for transportation of dirty instruments, if sterilization is done</td>
</tr>
<tr>
<td></td>
<td>offsite)</td>
</tr>
<tr>
<td><strong>Patient treatment</strong></td>
<td>Mirrors</td>
</tr>
<tr>
<td></td>
<td>Explorers</td>
</tr>
<tr>
<td></td>
<td>Hygiene instruments</td>
</tr>
<tr>
<td></td>
<td>Prophy angles/brushes</td>
</tr>
<tr>
<td></td>
<td>Prophy paste</td>
</tr>
<tr>
<td></td>
<td>Pumice</td>
</tr>
<tr>
<td></td>
<td>Toothbrushes</td>
</tr>
<tr>
<td></td>
<td>Cotton rolls/holders</td>
</tr>
<tr>
<td><strong>Additional Supplies</strong></td>
<td>Computer or iPad (data collection)</td>
</tr>
<tr>
<td></td>
<td>Information binder</td>
</tr>
<tr>
<td></td>
<td>Office supplies: forms, stapler, paperclips, etc.</td>
</tr>
<tr>
<td></td>
<td>Heavy duty extension cords</td>
</tr>
<tr>
<td></td>
<td>Plastic sleeves for air water syringe</td>
</tr>
<tr>
<td></td>
<td>Table covers</td>
</tr>
<tr>
<td></td>
<td>Headrest covers</td>
</tr>
<tr>
<td></td>
<td>Light handle covers</td>
</tr>
<tr>
<td></td>
<td>Sharps containers</td>
</tr>
<tr>
<td></td>
<td>Eyewear for patient and provider</td>
</tr>
<tr>
<td></td>
<td>Gauze squares</td>
</tr>
<tr>
<td></td>
<td>Trash liners</td>
</tr>
<tr>
<td></td>
<td>Distilled water</td>
</tr>
<tr>
<td></td>
<td>Paper towels</td>
</tr>
<tr>
<td></td>
<td>Dry angles</td>
</tr>
<tr>
<td></td>
<td>Cotton-tip applicators</td>
</tr>
<tr>
<td></td>
<td>Fluoride varnish</td>
</tr>
<tr>
<td></td>
<td>Floss</td>
</tr>
<tr>
<td></td>
<td>Sealant material</td>
</tr>
<tr>
<td></td>
<td>Etch gel</td>
</tr>
<tr>
<td></td>
<td>Evacuator tips</td>
</tr>
<tr>
<td></td>
<td>Heavy duty tape</td>
</tr>
<tr>
<td></td>
<td>Power strips</td>
</tr>
<tr>
<td></td>
<td>Emergency kit</td>
</tr>
<tr>
<td></td>
<td>Tool kit for repairs</td>
</tr>
</tbody>
</table>
Each provider should have an information binder on site with the following information:

- Emergency phone numbers
- Copy of collaborating agreements
- Copy of West Virginia Board of Dentistry license for all operators
- Copy of West Virginia Board of Dentistry Permit for mobile units
- Material Safety Data Sheets
Infection Control

The West Virginia School-Based Oral Disease Prevention Project requires all providers to comply with infection control regulations and standards set forth by OSHA and the CDC. The portable nature of school-based prevention programs presents particular challenges for infection control.

Prevention programs have three basic procedures: 1) prophylaxis and assessment, 2) fluoride varnish, and 3) sealant application. Each procedure poses a Level II risk, due to provider’s contact to patients’ mucous membranes and saliva (but no anticipation of contact with blood or saliva contaminated with blood). The following three pages include the CDC’s Four Basic Principles of Infection Control.

<table>
<thead>
<tr>
<th>INFECTION CONTROL PRACTICES FOR SCHOOL-BASED DENTAL SEALANT PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principles of Infection Control</strong></td>
</tr>
<tr>
<td><strong>Contact is anticipated with patient’s mucous membranes and saliva; not with blood or saliva with blood</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Take action to stay healthy</th>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Vaccine preventable</td>
</tr>
<tr>
<td>Annual influenza</td>
<td><strong>Hand hygiene</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Avoid contact with blood</th>
<th>Personal Protective Equipment (PPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>Surgical masks</td>
</tr>
<tr>
<td>Protective eyewear or chin-length face shield</td>
<td>Gowns/long sleeve outer clothing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Avoid injuries</th>
<th>Handling sharp instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written policy with exposure control plan</td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Make patient care items safe for use</th>
<th>Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispose or heat sterilize</td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limit the spread of blood and other infectious body substances</th>
<th>Control contamination</th>
</tr>
</thead>
<tbody>
<tr>
<td>High volume evacuation (HVE)</td>
<td>Waste handling</td>
</tr>
<tr>
<td>Surfaces</td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

1 If dental provider- Hepatitis B immunity is not required for an individual who is solely a recorder for tooth selection, is not subject to spray or spatter for the air/water syringe and has no contact with patients’ mucous membranes and/or with instruments that have contact with patients’ mucous membranes.

2 If reusable instruments are used, these must be cleaned and heat sterilized. If using disposable instruments or disposable tongue blades, place directly in waste container after use.

3 In West Virginia, disposal of non-regulated and regulated medical waste must comply with OSHA rules and regulations set for by the West Virginia Department of Health and Human Resources/Bureau of Public Health/Office of Environmental Services.

Adapted with permission from Organization for Safety, Asepsis and Prevention (OSAP) Infection Control Considerations for Dental Settings Using Portable Equipment or Mobile Vans.
Take Action to Stay Healthy

- **Immunizations:** All program staff immunizations should be current (per CDC’s recommended adult immunization schedule). West Virginia Board of Dentistry requires all dental personnel to have the Hepatitis B vaccination.

- **Hand Hygiene:** Appropriate hand washing must be performed. In most portable settings, a sink may not be near. Soap and water as well as alcohol-based hand sanitizers may be used for cleansing hands. Hands must be washed with soap and water when visibly soiled. Hand sanitizers will not remove the powdery substance that can form under gloves, so hands must be washed periodically.

- **Training:** Staff must receive training annually about infection control procedures and understand the rationale about infection control practices.

Avoid Contact with Blood

- **Personal Protective Equipment (PPE):** Gloves are single-use, disposable items and are not to be washed and reused. Face protection is required when spray or spatter is expected. Eyewear must have solid side shields. Eyewear and face shields must be cleaned and disinfected between patients, at the end of the day, or when visibly soiled. Protective clothing is to be used during sealant application or screening and when spray or spatter is expected from air/water syringe. Clothing must be washed or if disposable, discarded.

- **Safe Handling of Sharps:** For School-Based Sealant Programs, sharps are usually limited to explorers. All contaminated disposable sharps are to be discarded in a closable leak-proof container made specifically for that purpose. The container must be red or labeled with the biohazard symbol or both and labeled “sharps”.

- **Written Infection Control Plan (including post-exposure control plan):** The infection control plan and procedures must be evaluated annually. In the case of an exposure, the program should have access to a health care provider qualified to provide post-exposure care, counseling, and follow-up.

Make Instruments and Equipment Safe

- **Heat Sterilization:** Heat sterilization is required on all patient-care instruments that come in contact with mucous membranes and can stand the repeated exposure of high heat. Disposable instruments are a good alternative to reusable instruments. Handpieces or air/water syringes that are attached to the unit and cannot be heat sterilized must have a protective barrier and use disposable tips or sterilize metal tips between patients. Programs may want to consider using single-use, disposable syringes to apply etchant and sealant material rather than the multi-use ones.

- **Sterilization Monitoring:** The autoclave must be tested every seven days on the same day each week using biological testing (a spore test) for proper function and programs must document and keep a log of test results.
**Portable Dental Unit Water Quality:** CDC recommends that water used for routine dental treatment meet the Environmental Protection Agency (EPA) regulatory standards for drinking water. Some manufacturers of portable dental units require tap water (of good quality from a municipal supply), distilled, or purified water be used in the water supply bottle. Dental water line cleaners should be used in accordance with the manufacturer’s recommendations. The CDC recommends that air and water be flushed for 20-30 seconds after each patient from any device connected to the dental water system that enters the patient’s mouth.

- **Limit the spread of blood and other potential infectious body substances**
  - **Spatter:** Use the air/water syringe carefully to avoid backspash or spatter. The high-velocity evacuation (HVE) tubing and container must be used in such a way as to limit potential spatter. Patients must not close lips around HVE to avoid a potential “suck-back” of bacteria that may be in the tubing.
  - **Barriers and Disinfection of Surfaces:** Clinical contact surfaces (e.g. tabletops, instrument trays, light handles) must be cleaned and disinfected with a hospital disinfectant or a disinfectant wipe that is registered with the EPA between patients or be covered with barriers that are discarded and replaced between patients. The HVE tubing and container should be disinfected. The entire system should be thoroughly cleaned and disinfected by a cleanser/disinfectant through the entire tubing and waste system each time it is emptied. Thorough scrubbing of the entire system is recommended each time the bottle is emptied.
  - **Waste Disposal:** Disposal of medical waste should comply with OSHA rules. Sharps containers should not be emptied and should be disposed of as soon as contents reach the fill/full line.
SECTION 6

PREPARE FOR IMPLEMENTATION

The efficiency of a program depends largely upon the pre-planning and preparedness prior to the clinical staff’s arrival at the school. Attention to the preparation details will make the implementation much smoother. With careful advanced planning, the school personnel will be aware of scheduled dates, how the program will operate in the school setting (e.g. how long will the students be away from class, parental forms) and duties required of them. Collect consent forms, prepare student dental records, and complete all personnel training prior to the first implementation date. Samples of forms are included in the Appendix section of this manual.

School Letters

Once a school has agreed to participate in the dental prevention program for the following school year, the school principal or contact should provide information such as contact name, lunch and recess times, field trip dates, etc. so that program dates will not conflict with other activities (Appendix I). Once a date has been selected to render service, a letter is recommended to go out to the school confirming and providing the following:

- Date service is to be rendered
- Prevention program description
- Information on the benefits of dental sealants and fluoride varnish
- Program requests (Appendix K)
- School contact instructions (Appendix L)
- Care coordination procedure (Appendix J)

A request for a volunteer to assist with getting the children from the classroom to the treatment area and a list of all second and third or seventh and eighth grade students should be made at this time. This should include classroom number and teacher’s name.

A second letter to teachers of all of the participating classrooms is recommended to be sent out four to six weeks prior to the start of the program along with the Prevention Day Packets. It is recommended that the Prevention Day Packets be sent out to parents at least three weeks prior to the scheduled event. At least two weeks before the event, begin reviewing all consent and medical forms for parental signatures completed in ink. Clarify any questions you may have regarding medical histories with the school nurse. (Appendix O)

Prevention Day Packets may include:

- Letter from the principal stapled to the front of the envelope (Appendix N)
- Information about the program and the benefits of dental sealants and fluoride varnish
- Consent/Medical history form (Appendix O)
Logistics

Schedules, class lists, and signed consent forms should all be organized and ready when the program begins. Notify the school program coordinator, school nurse, or person in charge of your presence of how long each child will be out of the classroom. The school volunteer or teacher should also be notified of your presence and 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.

Arrive at the school early enough to set up equipment. All equipment set-up and breakdown, sterilization, instrument tray preparation, record keeping, and paperwork should occur before or after school hours so the school day is available for treatment.

The following are helpful when planning 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 with a sterile and soiled instrument component

Emergency and Hazard Preparedness

Review both school and portable work-site emergency procedures before beginning work at each site. Place the emergency medical kit and guidelines, injury report forms, eyewash station, and emergency contact phone numbers in a central location and inform all staff of where it is located. Label and store all hazardous chemicals according to manufacturer’s directions and OSHA guidelines.

Organize Equipment and Supplies

Pack equipment and supplies so they can be unpacked and transformed into a portable dental operatory quickly. Locate electrical outlets and determine the best location for equipment. Create separate dental treatment and sterilization areas.

Dental Treatment Area

- 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 and stored under tables or away from the work area until needed
- Plug in and test all equipment
- Wipe down all equipment with a disinfectant
- Inventory all supplies
Sterilization Area

- Create a dirty and clean area
- Set up Autoclave and Ultrasonic (if applicable)
- Dishpan to rinse off dirty instruments
- Sterilization pouches
- Dirty cassettes
- Clean cassettes
- Paper towels
- Disinfecting wipes – in original containers
- Gloves
- Hand sanitizer
- Plastic bins for storage and transportation of dirty instruments (if sterilization is to be done off site)

Set up tables at each unit to keep supplies within easy reach of provider and assistant. Storage containers used to transport supplies can double as tables. When using a four-handed technique, the container or table located behind the assistant will hold prepared patient trays, hand wipes or sanitizer, toothbrushes, wraps for the dental lights, disposable sunglasses for eye protection, and any extra supplies. A storage container or table by the operator holds gloves, masks, and hand wipes or sanitizer. Locate the sterilization area close to the treatment area. For programs that have on-site autoclaves, a test strip is used weekly in all autoclaves to check for sterilization efficacy.

Student Flow

- The flow of children should be steady, allowing for the least interruption as possible to the classroom and the clinical area.
- Have the volunteer take several students from the classroom.
- If the school permits it, have student return to the classroom by themselves and give the student the name of the next student to be seen. If not allowed by the school, have the student wait until the last student is seen and have the volunteer escort the children back to the classroom and get the next group.
- Always have one child in the chair receiving treatment and one waiting to be next.
- Once seated, have the student say his/her name to verify the correct student is being seen and verify student record.

Required Forms

- Consent/Medical Form (Appendix O)
  The Consent/Medical History form is required information about the child’s current and past medical and dental history. This will contain billing information for Medicaid/WV Children’s Health Insurance Program eligible children or private insurance. Parents or guardians must sign this form before the child is allowed to participate in the program. **This form needs to be returned before the child has any procedures performed.**
- Informational letter for parent or guardian (Appendix N)
  This letter should go home in the Prevention Day Packet. The letter shall provide an overview of the program and the benefits of fluoride varnish and sealants.

- Post-Program Parent or Guardian Letter Assessment/Treatment Report (Appendix R)
  Parent notification and referral letter should be provided after the child was seen. This will notify parents of services provided during the visit as well as the urgency of needed treatment.

- Follow-up Care Information (Appendix S)
  Information with collaborating dentist’s name, address, and phone number shall be provided for parents or guardians.

- Child Data Collection Form (Appendix T)
  Provided for easy data reporting.

- Initial and Follow-up Student Record Assessment/Treatment Form (Appendix P and Q)
  These forms will remain in the student’s school health record.

- School/Teacher Evaluation Survey (Appendix U, V and W)
  Allows for feedback for program evaluations and corrections needed.

- Collaborative Agreement (Appendix A)
  A collaborative agreement is required between the dentist and any public health hygienist that may be working within the program.
SECTION 7

SEALANT GUIDELINES AND PLACEMENT TECHNIQUES

Tooth Selection

A visual assessment with a good light is sufficient in the detection of surface cavitation and/or other signs of dentinal involvement prior to sealant placement. First, remove all debris from the pits and fissures of the tooth surface. Dry the teeth with cotton rolls, gauze, or compressed air when available. Use the explorer to confirm cavitation only when in doubt, not routinely. Forceful use of the explorer can easily damage the non-curious, subsurface lesion. The explorer tip can be placed in contact with the tooth surface and moved very gently in the area of interest to see if a discontinuity or break is present. Once the tooth is sealed, an explorer can be used to check the sealant.

Noncavitated lesions in pits and fissures may appear as a white/yellow/brown discoloration, not consistent with exogenous stain, which may be limited to the confines of the pits and fissures or extending from the pit and fissure system.

Cavitated lesions appear as a discontinuity or break in the surface due to loss of tooth surface. The break can be limited to enamel or can expose dentin.

Based on recommendations of expert panels from the American Dental Association and the Center for Disease Control, sealant programs should seal both sound and noncavitated pit-and-fissure surfaces of first and second permanent molars. In unusual instances where the clinician detects one or more noncavitated lesions in pits and fissures of premolars, primary second molars, or permanent maxillary incisors, those teeth should be selected for sealant application and their sound counterparts may be sealed as well.

Caries detection devices and technologies (e.g., DIAGNOdent) are not required to determine the need for sealant placement. The ADA and CDC found these technologies unnecessary due to cost, misuse, and misclassified teeth incorrectly precluded from sealant placement.
Assessing Occlusal Surfaces

Sound Enamel

Early Noncavitated Caries

Overt Noncavitated Caries

Overt Noncavitated Caries

(This noncavitated carious lesion appears as a sealant.)

Cavitation

Cavitation

Carious lesions progress from microscopic changes at the tooth surface, into stages of increasing progression. At each stage, the probability of detecting the lesion increases.

For additional views of noncavitated lesions, see The American Dental Association’s chair side guide:

Urgency of Dental Needs

Student needs will be classified and referred upon the urgency of needed care. Those students that are in pain, swelling, or abscess should be seen by collaborating dentist within 24 hours of assessment. The dental operator (dentist or dental hygienist) or school nurse should work with parents to ensure the child is seen immediately. Moderate dental needs and routine dental care should be coordinated with the outreach worker to ensure that all children receive adequate care and establish a dental home within a timely manner.

Sealant Material

There are a number of sealant materials commercially available. No one product is clearly superior to all others. There are, however, considerations that narrow the choice of sealant materials acceptable for use in school-based programs. The CDC recommends that the sealants meet the following parameters:

- Resin-based material, as opposed to glass ionomer
- Traditional moisture-free, acid-etch application technique
Step 1: **Medical history**

Review the child’s medical history for any contraindications (allergies, etc.).

Step 2: **Prophylaxis and Assessment**

Clean the patient’s teeth using disposable prophy angle and prophy paste. Conduct a dental assessment recording accurate data and urgency of on collection form.

- 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

Step 3: **Place sealants as needed**

Place sealant as directed by manufacturer, with emphasis on keeping tooth surface dry.

**Safety**

If etchant inadvertently contacts skin or soft tissue, rinse immediately with water. Contact with the eye is unlikely with protective eyewear. However, in the unlikely event that etchant does contact the eye(s), immediately initiate the emergency eyewash procedure as follows: Injured person should flush their eye(s) with eyewash solution or water. Use the building’s emergency eye wash station if
available or an eyewash solution from the emergency kit. Follow the manufacturer’s instructions for the eye wash solution provided. Upon completion of the first bottle of eyewash, flush the injured person with the second bottle. It is best if eyewash is room temperature or slightly warm. As each bottle is emptied, another member of the team should refill the bottle. Continue for 15 minutes. Have the injured person seek medical attention. After an emergency eyewash procedure, be sure to replenish supplies.

Step 4: **Inspect Sealants for Quality, Retention, and Occlusion**

Inspect sealants for voids (bubbles) and complete coverage of pits and fissures. Attempt to dislodge the sealant with the explorer to ensure good retention. For incomplete coverage or voids, apply more sealant and cure if the tooth has not been contaminated. Otherwise, re-etch for at least 10 seconds, wash, dry, and add additional sealant and cure. Check sealant retention paying attention to problems related to placement technique or materials used. Sealants are expected to self-adjust in a short time (one to two days).

Step 5: **Apply fluoride varnish**

Apply fluoride varnish as directed by the manufacturer. Inform the child and send information of post treatment care home to parents/guardians.
SECTION 9

QUALITY ASSURANCE

The WV Oral Health Program will provide ongoing oversight to assure all programs are adhering to the rules and regulations within the School-Based Oral Disease Prevention Project Manual, West Virginia Board of Dentistry, Health Information Portability and Accountability Act (HIPAA), and Occupational Safety and Health Administration (OSHA). The project effectiveness will be evaluated based on the following:

- Data input and analysis
- Number of schools served
- Number of children served
- Number of priority schools served
- Number of children served in priority schools
- At least 90% retention of sealant placement

Site visits will be conducted on a random basis and data entry system checks will be conducted monthly by Oral Health Program staff.

Retention checks can detect clinical problems related to application technique, equipment, and/or dental materials. Short-term checks will be in the child’s dental home within a six-month period. Long-term checks (one year) will be performed on a random basis at the school site. For the long-term retention checks, 90% or more of the sealants placed should be retained.

Short-Term Sealant Retention Check

As required by the West Virginia Board of Dentistry, the patients are required to follow-up with a dental visit within six months of sealant placement by a public health dental hygienist. A dentist will then check the retention of sealants placed at that time.

Long-Term Sealant Retention Check

Long-term retention checks are performed approximately one year after the initial placement of the sealants. The examining dentist or dental hygienist uses visual and tactile techniques to check as many third and eighth graders who received sealants in the target grades (second and seventh) as possible. If sealants are not being retained long-term, an improvement plan must be implemented to identify and correct the problem. Dentists or dental hygienists who evaluate long-term retention should use their professional judgment when they determine the need for repair or replacement of sealants placed by the program the previous year. They should consider the following information:

- Defects in sealant material (e.g., bubbles) do not require repair unless underlying tooth surface is exposed by the defect.
- Catches in marginal areas do not require repair unless they expose non-cleansable caries prone areas of the fissure system.
- Although staining at the interface of the sealant and enamel does not of itself indicate caries, it may suggest an area of micro leakage that could benefit from coverage with additional sealant material.
- Before finalizing a decision on the need for repair of a partially retained sealant, it makes sense to attempt to dislodge the remaining sealant to assure that it cannot be lifted off, thus requiring total replacement.

**Troubleshooting**

**Common problems and possible causes found during sealant placement**

<table>
<thead>
<tr>
<th>Common Problems</th>
<th>Possible Causes</th>
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</thead>
</table>
| Sealant will not polymerize (harden)                  | • Sealant material was past expiration date  
• Sealant material was not at room temperature |
| Sealant sets up slowly                                | • Salivary contamination  
• Improper curing time  
• Improper cleaning of the tooth  
• Improper etching  
• Incomplete rinsing after etching |
| Sealant comes off when checked with explorer         | • Salivary contamination  
• Improper curing time  
• Improper cleaning of the tooth  
• Improper etching  
• Incomplete rinsing after etching |
| Bubbles are present in sealant material               | • Brushing or dabbing sealant onto tooth rather than allowing sealant to flow into grooves  
• Excessive mixing or stirring of sealant before placement |
| Excessive occlusal interference is present            | • Sealant was placed too thick  
• Excessive material was not removed before curing |
SECTION 10

MEDICAID COVERAGE AND REIMBURSEMENT

The goal of the West Virginia School-Based Oral Disease Prevention Project is to provide services to all children in need regardless of ability to pay. Given the target population for school-based dental prevention programs, a large portion of children at schools with programs are expected to be West Virginia Medicaid or CHIP enrollees. Providers should make all reasonable efforts to identify which children are covered under these programs or private insurance and bill accordingly. The income from insurance billing is critical to the sustainability of the program.

American Dental Association  CDT2013 Dental Procedure Codes

CODES:

Child Prophylaxis       D1120

   Removal of plaque, calculus and stains from the tooth structure in the primary and transitional dentition. It is intended to control local irritational factors.

Adult Prophylaxis       D1110

   Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.

Fluoride Varnish        D1206

   Prescription strength fluoride designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.

Sealant (per tooth)     D1351

   Mechanically and/or chemically enamel surface sealed to prevent decay.
SECTION 11

STUDENT REFERRAL/CARE COORDINATION

Many students treated in school-based dental sealant programs do not have a usual source of oral health care (dental home). The West Virginia School-Based Oral Disease Prevention Project is not only dedicated to providing preventive services but also serving as a stepping stone in providing resources to parents or guardians to establish the students with a dental home.

The American Academy of Pediatric Dentistry (AAPD) supports the concept of a dental home for all infants, children, adolescents and persons with special health care needs. Children who have a dental home are more likely to receive appropriate preventive and routine oral health care.

By making available a prevention coordinator and an outreach worker, families can receive help finding and using oral health care services, including establishing dental homes. The prevention coordinator will receive information from all programs and will act to ensure that the needs of the children and families are met. The prevention coordinator will work with an outreach worker to include:

- Engaging parents in obtaining needed oral health care for their children
- Enrolling students and their families in insurance plans
- Helping families use their insurance coverage (filling out forms, following insurance-coverage policies)
- Identifying barriers to obtaining dental care (transportation, money)
- Identifying dentists in the community who will accept students enrolled in Medicaid or CHIP
- Setting up appointments
- Educating students and their families on how to be good patients (arriving on time, keeping appointments)
- Arranging transportation
- Following up to ensure that needed oral health care was received

URGENT TREATMENT PLAN

If a child presents to the school-based oral disease program with an emergency, the dental operator and the school nurse will work with the parents or guardians to schedule the child either with their primary dentist or the collaborating dentist with the program within 24 hours. The information will be faxed to the prevention coordinator. The prevention coordinator and the outreach worker will continue to work with the parents to assure that the child has been seen by a dentist or to identify barriers which may prohibit access to care.

MODERATE NEEDS/FOLLOW-UP CARE PLAN

The results of all children seen through the program are faxed to the prevention coordinator. Upon receiving the information, the prevention coordinator or outreach worker will be contacting parents
to help in establishing a dental home for moderate needs and follow-up care. The outreach worker can assist parents or guardians in identifying barriers relating to access of dental care.
SECTION 12

POLICIES, PROCEDURES, AND DATA COLLECTION

A school-based prevention program must have a written set of policies, procedures and protocols established as well as a sound method of collecting data. These should reflect the local health jurisdiction standards and any legal parameters for dental records, consent forms, billing procedures, and the use of volunteers. Each community, particularly each school district, is quite autonomous regarding procedures in schools. The cooperating school’s policies, procedures and protocols should be reviewed and updated annually.

The prevention coordinator will assist with the programs throughout the year. This includes technological support, aid in creating forms or documents, brainstorming for solutions to barriers and provision of supplemental information to strengthen their program.

Program Forms and Student Records

Students’ records are legal records and must follow RCW Chapter 70.02 for Medical Records rules, Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act Regulations (FERPA).

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) require patients to be informed of their rights concerning confidentiality of protected health information. To comply with this act, school-based dental sealant programs should distribute the program or office Privacy Notice forms along with parental consent forms. This form must be signed by the parent or guardian.

Informed Consent

Providing preventative services requires informed consent. Make certain that consent forms are complete, including parent or guardian signatures. Collect a medical history on each student, with date and signature of consenting parent or guardian. Follow up documented medical conditions with parent, guardian or other health care provider. Identify records of students with compromising conditions. Review medical histories and sign after review. Be sure all medical records are complete and signed/dated by both the examiner and provider.

Document the assessment clearly in the initial assessment section of the student/patient record. Include a clearly written treatment plan based on the assessment in the student/patient record. Clearly record all written comments such as behavior of the child or reason for any incomplete assessments.

Student/patient records must be immediately available for use when the student is receiving care. When not in use, keep all records in a secure area. Perform a record review for accuracy and completeness at the end of each school year or at another appropriate time. Include a place on the
record to collect demographic information that will allow for patient identification and for gender and race designations.

**Billing Information Form**

Collect all pertinent information for accurate program billing. Needed billing information may vary among different insurance or reimbursement programs. Consider the billing requirements for private insurance and Medicaid when developing program forms. Revisit Section 10 for additional details on Medicaid coverage and reimbursement.

**Collection of Assessment Data**

Date and document all data carefully for accurate recording and reporting. Data will be collected through the West Virginia Oral Health Program and the Marshall University School-Community Partnership for Children’s Oral Health in West Virginia.
APPENDIX

A. Collaborative Agreement for Public Health Practice
B. Dental Hygiene Care in Public Health Settings Reporting Form
C. Memorandum of Understanding
D. Infection Control: Management and Follow-Up of Occupational Exposure
E. Characteristics in Choosing Portable Dental Equipment
F. Sterilization and Maintenance Records
G. Infection Control Checklist for Mobile Vans or Portable Equipment
H. School Contact Information
I. Letter to Principal or School Contact
J. Student Referral/Care Coordination
K. Program Requests
L. School Contact Instructions
M. Teacher Letter
N. Parent Letter
O. Medical History and Consent Form
P. Student Record Initial Assessment/Treatment Form
Q. Student Record Follow-up Assessment/Treatment Form
R. Parent Notification and Referral Letter
S. Follow-up Care Information
T. Screening/Sealant Collection Form
U. School Survey
V. School Nurse Survey
W. Teacher Survey
APPENDIX A

WEST VIRGINIA BOARD OF DENTAL EXAMINERS

COLLABORATIVE AGREEMENT FOR PUBLIC HEALTH PRACTICE

A “Collaborative Agreement” is a written binding document with a West Virginia licensed dentist who authorizes and accepts responsibility for the services performed by the collaborating dental hygienist.

Collaborative Agreements:

1. Include the name and address on file with the Board, telephone numbers, credentials and professional license numbers of the dentist and dental hygienist who are entering into the collaborative agreement.

2. Identify all known locations at which the dental hygienist shall practice without supervision of the dentist. If the dental hygienist provides services at an additional location, the dental hygienist shall notify the dentist of the location.

3. Include procedure-specific standard collaborative practice protocols, including recommended intervals for performing a complete dental prophylaxis, which may include supra- and subgingival scaling of teeth and polishing of coronal and/or exposed surfaces of teeth.

4. Be reviewed and updated annually by both parties.

5. Outline a system for the hygienist to report services for which the supervising dentist will bill responsible parties.

6. Identify a record keeping process indicating compliance with HIPAA regulations to include the location in which patient records will be kept on file.

7. Identify the hygienist as either an employee or agent of the dentist so the hygienist may not be denied protection and benefits of the Medical Professional Liability Act.

8. Be retained by the collaborating dentist and dental hygienist and be made available to the Board upon request.

9. Provide consideration for medically compromised patients and medical conditions for which an examination and treatment plan must occur prior to the provision of dental hygiene services.

The Collaborating Dentist:

1. Possess a current West Virginia dental license in good standing.

2. Be available to provide an appropriate level of contact, communications, collaboration, and consultation with the dental hygienist although the dentist may not be present when the procedures are performed.

3. Make provisions for a substitute dentist if the collaborating dentist is unavailable for two days or longer.

4. Be obligated to provide follow-up care for the patients seen by the collaborating dental hygienist.
5. Be responsible for the services provided by the collaborating dental hygienist to assure the hygienist is identified an agent of the dentist.

6. Provide proof of professional/malpractice liability insurance which extends coverage to the collaborating dental hygienists.

7. The collaborating dentist may not enter into collaborative agreement with more than four (4) dental hygienists.

The Collaborating Dental Hygienist:

1. Satisfy the requirements of the Board to enter into a collaborative agreement and public health practice.

2. Possess a current West Virginia dental hygienist license in good standing.

3. Provide proof of personal professional/malpractice liability insurance coverage.

4. Follow appropriate state and federal laws regarding OSHA and infection control standards, including disposal of medical waste.

5. Be knowledgeable of the Board Rule 5C SR1.

6. Have each patient, parent, guardian, or responsible party sign consent for treatment form prior to provision of services.

7. Inform the patient, parent, guardian, or responsible party, verbally and in writing, that dental hygiene services are not a substitute for a complete examination by a dentist, and provide them with a written plan for referral or an agreement for follow-up care, recording all conditions that should be called to the attend of the dentist.
COLLABORATIVE AGREEMENT FOR PUBLIC HEALTH PRACTICE

(Agency or Dentist LLC)

This document will serve as a “Collaborative Agreement”, and is a written binding document between “Dentist” and “Dental Hygienist”, employed under the public health setting of a ______________________________noted as ____________________________.

The “Dentist”, ___________________________ WV License Number _________
residing at ________________________________________________________________
Phone ______________________
and practicing dentistry (as an employee of ____________________________, located in ____________________________, WV) OR (in a private practice in ____________________________, WV)

The “Dental Hygienist” ___________________________ WV License Number _________
Residing at ________________________________________________________________
Phone ______________________
and practicing public health dental hygiene as an employee of ____________________________, WV.

Dental Hygienist shall practice under public health supervision at all sites operated by ____________________________ (list site and location of all sites)

OR

Dental Hygienist shall practice under public health supervision at all sites listed: ____________________________ (list site and location of all sites)

Dental Hygienist shall conduct procedures listed as allowable by the West Virginia Board of Dentistry, under Public Health Supervision, and in accordance with the standard of practice; this pertains to abiding by all OSHA and HIPAA guidelines and complying with all Policies and Procedures listed in Manuals.

Dentist agrees to be available to provide an appropriate level of contact, communication, collaboration, and consultation with the Dental Hygienist, although the Dentist may not be present when the procedures are performed, as indicated by the West Virginia Board of Dentistry. In addition to providing follow-up care for the patients seen by the collaborating Dental Hygienist, Dentist will be responsible for the services provided by the collaborating Dental Hygienist.

Dentist/Agency will be solely responsible for billing and collection, patient records maintenance, and will provide malpractice under FTCA coverage.

Dentist __________________________________________________________________ Date_______________________

Dental Hygienist________________________________________________________________ Date_______________________

Organization/Agency________________________________________________________________ Date_______________________

*This is a suggested format for a collaborative agreement
# West Virginia Board of Dental Examiners

## Dental Hygiene Care in Public Health Settings Reporting Form

Select: 
- [ ] General Supervision Permit
- [ ] Public Health Practice Permit

- **RDH Name:** _________________________  
  - **License #: ___________**

- **Date of Report Filing:** _________________

<table>
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<th>Activity Date</th>
<th>Activity Site</th>
<th>Activity City</th>
<th># Pts Seen</th>
<th># Pts Screened</th>
<th># Pts Prophy</th>
<th># Pts Sealants</th>
<th># Pts Sealed</th>
<th># Pts Other</th>
<th># Pts Referred</th>
<th>Supervising/ Prescribing Dentist Signature</th>
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- **Grand Total**

***This Reporting Form must be completed and returned to the Board of Dental Examiners with the Registered Dental Hygienist’s annual license renewal form. Failure to report activities in public health settings will result in disciplinary action. Please review Section 5-1-8.4 and 5-1-8.5 of the Rule for the West Virginia Board of Dental Examiners for information regarding practice rules and settings.***
APPENDIX C

Program Name

A MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN (PROVIDER NAME):
_____________________________________________________________________________
AND _____________________________________, SCHOOL PRINCIPAL/SUPERINTENDENT
OF ______________________________________, SCHOOL/SCHOOL DISTRICT.
The purpose of the MOU is to define and outline the responsibilities of
_____________________________________________________________________________
_____________________________________________________________________________
(Health Care Provider) (School)
The school agrees to provide the following support to the program staff at this site:

FACILITIES: Space for dental services that will include room for:
- Chair & dental unit  - Hand-washing sink  - Sterilization set-up

EQUIPMENT AND SUPPLIES: Telephone availability

PROGRAMMATIC COMPONENTS: Assistance with:
- Obtaining informed parental consent
- Accommodating parental presence during dental treatment
- Providing follow-up on broken appointments
- Assisting students and parents in obtaining insurance or Medicaid cards and referral to Care
  Coordination Component
- Distribution of communication materials

The ________________________________ Dental Program will provide the following:

THROUGH ON-SITE SERVICES (for enrolled students only – with parental consent):
- Primary and preventive dental health services for children according to the Dental Health Guidelines
- Referral and follow-up for needed dental care
- Health education for parents and teachers in cooperation with the school
- First aid and emergency care
BY REFERRAL TO A SOURCE OF CARE AT:

______________________________________________________________________

(Facility Name)

Signatures:

___________________________________________

___________________________________________

Health Care Provider                      Date

Superintendent of School District/School Principal  Date
APPENDIX D

Bloodborne Pathogens Standard

The following model for an Exposure Control Plan includes all elements required by the OSHA bloodborne pathogens standard (29 CFR 1910.1030). The intent of the model is to provide employers with an easy-to-use format that may be used as a template to develop a written exposure control plan tailored to the individual requirements of their establishments.

Policy

The (Facility Name) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluation circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of the ECP.

Program Administration

- (Name of responsible person or department) is (are) responsible for implementation of the ECP. (Name of responsible person or department) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: ________________.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- (Name of responsible person or department) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department) will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: ________________.
- (Name of responsible person or department) will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: ________________.
- (Name of responsible person or department) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: ________________.
Employee Exposure Determination

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Department/Location</th>
</tr>
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The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures in which occupational exposure may occur for these individuals:

<table>
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<tr>
<th>Job Title</th>
<th>Department/Location</th>
<th>Task/Procedure</th>
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NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.

Methods of Implementation and Control

Universal Precautions: All employees will utilize precautions.

Exposure Control Plan: Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting (Name of responsible person or department). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Name of responsible person or department) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices: Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific controls and work practice controls used are listed below:

<table>
<thead>
<tr>
<th>Task/Procedure</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.</td>
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<tr>
<td>This facility identifies the need for changes in engineering control and work practices through (Examples: Review of OSHA records, employee interviews, etc.)</td>
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<tr>
<td>We evaluate new procedures and new products regularly by (Describe the process, literature reviewed, supplier info, products considered.)</td>
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<tr>
<td>Both front-line workers and management officials are involved in this process in the following manner: (Describe employees’ involvement.)</td>
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</tr>
<tr>
<td>(Name of responsible person or department) is responsible for ensuring that these recommendations are implemented.</td>
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</tbody>
</table>

Personal Protective Equipment (PPE): PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by (Name of responsible person or department).
The types of PPE available to employees are as follows:

PPE is located [List location] and may be obtained through [Name of responsible person or department]. (Specify how employees will obtain PPE and who is responsible for ensuring that PPE is available.)

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in [List appropriate containers for storage, laundering, decontamination, or disposal.]
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, patters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

Housekeeping: Regulated waste if placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

The procedure for handling other regulated waste is:

Contaminated sharps are discarded immediately or as soon as possible in containers that are closeable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at: (must be easily accessible and as close as feasible to the immediate area where the sharps are used).

Bins and pails (e.g. wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry: The following contaminated articles will be laundered by this company:
Laundering will be performed by: [Name of responsible person or department] at [time and/or location].

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible with minimal agitation.
- Place wet, contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: [List appropriate PPE].

Labels: The following labeling methods are used in the facility:

<table>
<thead>
<tr>
<th>Equipment to be labeled</th>
<th>Label Type (size, color)</th>
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<tbody>
<tr>
<td>_______________________</td>
<td>_______________________</td>
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<td>_______________________</td>
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</table>

[Name of responsible person or department] is responsible for ensuring that warning labels are affixed or red bags are used as required waste or contaminated equipment is brought into the facility. Employees are to notify [Name of responsible person or department] if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination

[Name of responsible or department] will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days on initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that the vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at [List location].

Vaccination will be provided by [List health care professional responsible for this part of the plan] at [location].

Following the medical evaluation, a copy of the health care professional’s written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-up

Should an exposure incident occur, contact [Name of responsible person] at the following number ____________.

An immediately available confidential medical evaluation and follow-up will be conducted by [Name of licensed health care professional]. Following initial first aid (clean wound, flush eyes, or other mucous membrane, etc.); the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s health care provider.

 If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.

 Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. laws protecting confidentiality).

 After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

 If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

 **Administration of Post-Exposure Evaluation and Follow-up**

 [Name of responsible person or department] ensures that health care professional(s) responsible for employee’s hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA’s bloodborne pathogens standard.

 [Name of responsible person or department] ensures that the health care professional evaluating an employee after an exposure incident receives the following:

 - A description of the employee’s job duties relevant to the exposure incident
 - Route(s) of exposure
 - Circumstances of exposure
 - If possible, results of the source individual’s blood test
 - Relevant employee medical records, including vaccination status

 [Name of responsible person or department] provides the employee with a copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation.

 **Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

 [Name of responsible person or department] will review the circumstances of all exposure incidents to determine:

 - Engineering controls in use at the time
 - Work practices followed
 - A description of the device being used (including type and brand)
 - Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 - Location of the incident
 - Procedure being performed when the incident occurred
 - Employee’s training

 [Name of responsible person] will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

 If revisions to the ECP are necessary [Responsible person or department] will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.).

 **Employee Training**

 All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by [Name of responsible person or department].
All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at (location).

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”

(Name of responsible person or department) is responsible for maintenance of the required medical records. These confidential records are kept in (Location) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to (Name of responsible person or department and address).

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (Name of responsible person or department).

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**Hepatitis B Vaccine Declination (Mandatory)**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline this vaccine; I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _________________________________ Date ____________
PERSONNEL DESIGNATED TO PROVIDE POST-EXPOSURE EVALUATION AND FOLLOW-UP

Name of In-house Health Care Professional(s): Phone/Pager Number:
______________________________________  ___________________
______________________________________  ___________________

Name of Alternate Health Care Professional(s): Phone/Pager Number:
______________________________________  ___________________
______________________________________  ___________________

DESCRIPTION OF PROCEDURES

1. Appropriate Post-Exposure Evaluation:
________________________________________________________________________________________
________________________________________________________________________________________

2. Post-Exposure Prophylaxis:
________________________________________________________________________________________
________________________________________________________________________________________

3. Follow-up:
________________________________________________________________________________________
________________________________________________________________________________________

4. Additional Services:
________________________________________________________________________________________
________________________________________________________________________________________
APPENDIX E

What are important characteristics in choosing portable dental equipment?

Important considerations for an effective portable dental delivery system include:

Transportability (how easily it can be moved and utilized):
- weight and size characteristics
- ability to transport the equipment (cubic feet needed - will it fit into your vehicle?)
- carrying case and/or dolly system (is there a built-in handle and/or dolly system? If not, can you utilize generic cart systems effectively to move equipment?)
- capacity to selectively take only the equipment you need
- ease of moving the assembled equipment
- capability of transporting equipment into various settings (e.g., up/down stairs, through narrow doorways)

Durability (likelihood of malfunction because of constantly moving the units):
- protective carrying cases
- protective padding systems for lights and other delicate equipment
- equipment engineered sufficiently to minimize need for frequent repairs
- avoiding need for repairs

Ergonomic characteristics (creation of an efficient working environment):
- favorable relation of unit functions to weight and size
- dental chair allows variety of positioning options (e.g., height and reclining angle); movable arm rests to allow wheelchair transfers
- adjustability of operator and assistant stools
- convenient location of handpieces, suction, water and air syringe, and rheostat (foot pedal)
- dental light positioning flexibility for illumination
- x-ray unit weight, stability and positioning (stationary tripod bases are less effective than a concave base on wheels that facilitates better x-ray head positioning)
- portable delivery system layout matches available room layouts (equipment should be small enough and flexible enough to be used in a variety of spaces)

Delivery system capabilities (capacity for effective dental treatment provision):
- ability to provide a range of dental services (should also allow for 4-handed delivery of care-dentist/hygienist and dental assistant working together on the same patient)
- unit provides adequate sustainable pounds per square inch (psi) for high-speed and low-speed handpieces (35-50 psi is recommended for handpiece operation)
- unit provides adequate sustainable cubic feet per min (cfm) for high-volume and low-volume suction (2.5-5.0 scfm)
- using the handpiece and suction at the same time is possible and does not cause a decline in the functional capabilities of either feature
supports multiple handpieces
supports an ultrasonic scaler
supports fiber optic capability for handpieces to improve visualization of the mouth in settings with less ambient light
supports air turbine, electric, and/or cable handpieces
dental light should be quartz halogen-based and provide adequate foot-candles for illumination (should provide about 1000 ft candles at working distance of 2 ft)
sufficient suction and water bottle capacity—at least 500 ml (larger size will decrease frequency of emptying the waste or refilling the water bottles)
there is an adequate air reservoir to provide continuous sustainable power to the handpiece (1-9 liters with larger capacities preferable to minimize the running of the compressor)

Infection control (meeting OSHA's requirements for cleanliness and asepsis):

- cleaning and disinfection of the unit
- flushing handpiece and waterlines
- ease of removing suction contaminates from the vacuum to the drain and disinfection

Maintenance (how to avoid “downtime”):

- extent and frequency of preventive maintenance activities (e.g., cleaning, flushing, lubrication)
- ease of performing needed maintenance and minor repairs (e.g., replacing gaskets, filters, hoses, and/or fuses)
- on-site repair capabilities
- repair of more complex problems and need to ship components for servicing or repairs
- loaner unit availability from vendor when extensive repairs are needed

Ease of assembly/disassembly (starting and finishing):

- time and effort needed to set-up unit(s)
- time and effort needed to clean and disassemble unit(s)

Noise level (how loud is it and can it be modified):

- compressor and vacuum noise—sound levels may range from 40-70 decibels at 3 to 4 feet (if noisy, check on compressor capability to be placed some distance away from the treatment area; oil less compressors are generally louder than non-oil less ones; check other variables such as air reservoir or continuous flow versus an intermittent flow design)
## MAINTAINANCE RECORD

<table>
<thead>
<tr>
<th>Task</th>
<th>Date/Initials</th>
<th>Date/Initials</th>
<th>Date/Initials</th>
<th>Date/Initials</th>
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<th>Date/Initials</th>
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<tbody>
<tr>
<td>Bleeding the System</td>
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<td>General Cleaning</td>
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<td>Water Lines</td>
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<tr>
<td>General Inspection of Hoses and Seals</td>
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Following manufacturers’ maintenance on your particular model
## STERILIZATION LOG

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>TEMP.</th>
<th>TEMPERATURE-SENSITIVE INDICATOR: COLOR CHANGE OBSERVED: (Y/N)</th>
<th>COMMENTS</th>
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APPENDIX G

Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Equipment

FACT SHEET

Dental Infection Control recommendations and guidelines from the Centers for Disease Control and Prevention (CDC) apply to all settings where dental services are provided, including those that use portable dental equipment or mobile van systems. Such settings often present challenges in implementing these guidelines. The Organization for Safety, Asepsis and Prevention (OSAP) formed a national advisory group to develop tools for a practical community site assessment and infectional control and safety checklist. The checklist and assessment form offer practical infection control procedures for use during oral health surveys, screenings, preventive care, and treatment regardless of setting. The procedures are based on general principles of infection control and are determined by the provider’s level of anticipated contact with the patient’s oral mucous membranes, blood, or saliva contaminated with blood.

Site Assessment


- Used when considering a new treatment site, equipment, or providers. It is also recommended that the assessment be used for periodic review of site and equipment to manage new problems or correct existing concerns that may have been overlooked.
- Physical considerations: adequate space to maintain general principles of infection control, proximity of running water and electrical services, ventilation, and waste disposal.
- Personnel: training of volunteers and site personnel in principles of infection control; site personnel for follow-up of exposure.

Infection Control Checklist and Risk


- Organized around the level of anticipated contact with mucous membranes, blood, or saliva contaminated with blood or no anticipated contact with mucous membranes, blood, or contaminated saliva.
- Assess absence of resources.
- Adherence to accepted injection control practices; hand hygiene, PPE, immunizations; handling of sharps; management of exposures, reusable and single use patient items; management of medical waste; and dental unit water quality.
- Strategies for implementing CDC recommendations.

Using these tools will allow programs to determine what factors present challenges to providing safe, quality care and to make decisions about possible adaptations or the need to select another site to provide services.

Additional Resources: http://www.osap.org/?page=checklistportable
School Contact Information

School Name: ____________________________________________  Phone: ______________

Address: __________________________________________________________________________

City: ____________________________________________ State: ___________ Zip Code: ______

Main Contact Name: ____________________________________________ Phone: ______________

Email Address: ______________________________________________________________________

Dates of Prevention Program: ______________________________________________________________________

Are there any field trips, assemblies, tests, plays, etc. scheduled on the days when the dental program
will operate in your school?  Yes ______________  No ______________

Lunchtime: _______________              Recess: ______________________

Principal Name: _______________________________________________

School District: _______________________________________________

<table>
<thead>
<tr>
<th>Teacher Name</th>
<th>Grade</th>
<th>Room #</th>
<th># Students</th>
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Comments:
___________________________________________________________________________________
___________________________________________________________________________________
APPENDIX I

Letter to Principal or School Contact

Dear _________________________

Thank you for your participation in the _________________________ Program. Although dental diseases such as cavities are almost 100% preventable they remain one of the most common childhood chronic diseases. It is five times more common than asthma and seven times more common than hay fever. When left untreated dental caries can lead to unnecessary pain and suffering and poor performance in school. Dental sealants and fluoride varnish are two of the best cavity prevention methods available.

A dental sealant is a thin 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. Only students with signed permission forms from their parents or guardians will be allowed to participate.

An important component in this project is follow-up care for children who do not have an established dental home or those with emergency needs. Should a child present to the school-based oral disease program with an emergency, the dental operator and the school nurse should work with the parents or guardians to schedule the child with their primary dentist or the collaborating dentist with the program within 24 hours. The results of all children seen through the program are faxed or emailed to the prevention coordinator located in the office of the West Virginia Oral Health Program. Upon receiving the information, the prevention coordinator or outreach worker will contact parents to help in establishing a dental home for moderate needs or follow-up care. The outreach worker can assist parents or guardians in identifying barriers relating to access of dental care.

The _________________________ Program will be coming to your school on ____________ to provide dental assessments, cleanings, sealants, and fluoride varnish. To ensure the program runs as smoothly as possible with minimal class interruption, program staff will set up the equipment on _________________.

Attached is an itemized list of the needs and instructions for the program.

Thank you again for your participation and assistance in implementing this program. You have helped to provide an invaluable service to your students. Please contact me at ________________ for any additional information.

Sincerely,

Name
Title
Many students treated in school-based dental sealant programs do not have a usual source of oral health care (dental home). The West Virginia School-Based Oral Disease Prevention Project is not only dedicated to providing preventive services, but also serving as a stepping stone in providing resources to parents or guardians to establish the students with a dental home.

The American Academy of Pediatric Dentistry (AAPD) supports the concept of a dental home for all infants, children, adolescents and persons with special health needs. Children who have a dental home are more likely to receive appropriate preventive and routine oral health care.

By making available a prevention coordinator and an outreach worker, families can receive help finding and using oral health care services, including establishing dental homes. The prevention coordinator will receive information from all programs and will act to ensure that the needs of the children and families are met. The prevention coordinator will work with an outreach worker to include:

- Engaging parents in obtaining needed oral health care for their children
- Enrolling students and their families in insurance plans
- Helping families use their insurance coverage (filling out forms, following insurance-coverage policies)
- Identifying barriers to obtaining dental care (transportation, money)
- Identifying dentists in the community who will accept students enrolled in Medicaid or CHIP
- Setting up appointments
- Educating students and their families on how to be good patients (arriving on time, broken appointments)
- Arranging transportation
- Following up to ensure that needed oral health care was received
Program Requests

Dates of Services: ___________________________

Space Needs:

- Area 10’x 14’
- Adequate electrical outlets
- Well-ventilated area
- Ground level
- Nearby sink/water
- Away from “Quiet Areas”
- Secure space that may be locked at night
- Available for duration of program

Other Needs:

- Class list of all second and seventh graders for treatment
- Class list of all third and eighth graders for retention checks
- Collection of consent form by _____________________
- Trash can
- Possible custodial help if needed
- Table
- Two chairs
- Parking close to entrance

Parent volunteers to escort children to and from class if possible.
School Contact Instructions

1. Distribute the sealant consent forms to all second and seventh grade students when you receive them.
2. Check off the names on the class list if the child has returned his/her forms.
3. Give a pencil or some other form of reward to each child who returned a form for the program (optional).
4. Three days later, redistribute program 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.
7. Return all completed forms as soon as possible to ________________________________________.
8. Please call me if you have any questions: _______________________________________________.

Thank you for your assistance!
Teacher Letter

Date __________

Dear _______________________________,

The _______________________________ Program will provide preventive services in your school on ______________________. The students will be able to receive a visual dental assessment, cleaning, sealants and a fluoride varnish application. When the students return their permission forms, they are to be given to the school nurse or other school contact personnel.

A dental sealant is a thin 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. Only students with signed permission forms from their parents or guardians will be allowed to participate.

We will have the clinic set up in ______________________________.

A licensed Dentist or Public Health Dental Hygienist will provide treatment on the following days:

(List classrooms and teachers names with dates)

Thank you for your cooperation. If you have any questions, please call ________________________________.

Sincerely,

Name
Title
APPENDIX N

Parent Letter (on school letterhead)

School Principal  
Street Address  
City, State, Zip

Telephone Number  
Fax Number

Dear Parent/Guardian:

The ________________________________ Dental Program will provide preventive dental services to second and seventh graders and sealant retention checks for third and eighth grade students. The mobile unit will be in your child’s school on __________________________. Students will be able to have a visual dental assessment, cleaning, sealants (if indicated for your child) and a fluoride varnish application.

Dental sealants provide maximum protection from food debris, harmful bacteria, 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. Dental sealant placement is a simple, safe, and painless procedure.

All procedures will be performed by dentists or public health dental hygienists licensed to practice in the State of West Virginia. Portable equipment will be used and current infection control guidelines will be strictly followed.

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

If your child does not have an established dentist, a prevention coordinator or outreach worker will be available to help you find a dentist in your area.

This is a wonderful service for your child and I encourage you to review the attached information, sign the enclosed consent form and return it to your child’s teacher by ________________. Your child cannot be seen unless we have a signed consent form and completed medical history. If you have any questions, please contact the school nurse, ________________ at ____________, or the outreach worker, ________________, at ________________.

Sincerely,

Name  
Title
## MEDICAL HISTORY AND CONSENT FORM

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Child’s Name: ___________________________</th>
<th>Date of Birth: __________</th>
<th>SSN: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: __________________________________</td>
<td>________________________</td>
<td>________________________________</td>
</tr>
<tr>
<td>City: ___________________________</td>
<td>State: ______________</td>
<td>Zip Code: ______________________</td>
</tr>
<tr>
<td>Parent/Guardian: __________________________</td>
<td>Phone: Home: _______</td>
<td>Cell: ___________________________</td>
</tr>
<tr>
<td>School Name: ___________________________</td>
<td>Grade: _______</td>
<td>Teacher Name: ___________________</td>
</tr>
<tr>
<td>Sex: M______ F______</td>
<td>Race/Ethnicity: (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native______</td>
<td>White_____ Black_____ Asian_____ Hispanic/Latino______</td>
<td>Native Hawaiian/Pacific Islander____</td>
</tr>
</tbody>
</table>

### HEALTH AND DENTAL INFORMATION

<table>
<thead>
<tr>
<th>Child’s Physician: ___________________________</th>
<th>Child’s Dentist: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have a serious health problem? Yes No</td>
<td></td>
</tr>
<tr>
<td>If so, please explain: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Does your child have asthma? Yes No</td>
<td></td>
</tr>
<tr>
<td>Has your child ever had rheumatic fever or rheumatic heart disease? Yes No</td>
<td></td>
</tr>
<tr>
<td>Have you ever been told by a dentist or physician that your child needs to take antibiotics before dental care? Yes No</td>
<td></td>
</tr>
<tr>
<td>Is your child presently taking medication? Yes No</td>
<td></td>
</tr>
<tr>
<td>If so, please list: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Is your child allergic to any medication? Yes No</td>
<td></td>
</tr>
<tr>
<td>If so, please list: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Is your child allergic to latex? Yes No</td>
<td></td>
</tr>
<tr>
<td>Has your child been examined by a dentist? Yes No</td>
<td>If so, date of last exam: ___________________________</td>
</tr>
<tr>
<td>What was the reason for the visit? ___________________________</td>
<td></td>
</tr>
</tbody>
</table>
During the last 12 months, was there a time when your child needed dental care and was unable to receive dental services?

Yes  No  If yes, why?

[ ] Could not afford it  [ ] Not serious enough problem  [ ] No insurance

[ ] No transportation  [ ] Difficulty getting an appointment  [ ] Do not have a dentist

[ ] Dentist did not take Medicaid/insurance  [ ] Do not know/remember  [ ] Other

PAYMENT INFORMATION

PLEASE PROVIDE THE FOLLOWING BILLING INFORMATION:

MEDICAID/CHIP

Child’s Name: _______________________________________________________

Policy Holder ID number/SSN: _____________________  Plan/Group number:_____________________________________

EMPLOYMENT INSURANCE:

Name of Insurance Company:__________________________________________

Address of Insurance Company:_______________________________________

Name of Policy Holder:_______________________________________________

Policy Holder ID/SSN: _____________________  Plan/Group number:_____________________________________

Employer Name:_____________________________________________________

CONSENT FOR TREATMENT AND BILLING: SIGNATURE REQUIRED

In general, any information that is about your health, the care and treatment you receive, or the payment for care and treatment is considered protected health information (PHI) and protected by the ________________________ School-Based Prevention Program and the office of ___________________________.

Your signature below gives permission for the ________________________ Program to share results of the dental exam with the West Virginia Department of Health and Human Resources and the State Department of Education.

Your signature below indicates that you are the parent or legal guardian of the child whose name appears on the application.

By signing below, you understand that participating in the program is voluntary and hereby agree to release and discharge all parties involved, including without limitation the dental professionals who are conducting the examinations or screenings, from any and all liabilities, suits, costs or expenses in any way relating to the participation of the child.

Your signature below indicates that you are the child’s parent or legal guardian and give consent for dental examination or screening, cleaning, fluoride, and sealants as prescribed.

Signature of Parent/Guardian:  _________________________________________________________________

Date: _________________________________________

WVDHHR/BPH/OMCFH/OHP
APPENDIX P

WEST VIRGINIA SCHOOL-BASED ORAL DISEASE PREVENTION PROJECT

INITIAL ASSESSMENT/TREATMENT RECORD

Program Name: _____________________________ Provider Name: _____________________________

Date of Service: _______________________

Patient ID: __________________ Patient Name: ________________________________ Gender: _______

Grade: ______ Age: _____

Has a Dental Home: _____ (0 = No, 1 = Yes, 2 = Unknown)

Dental Insurance Type: ______ (1 = Medicaid, 2 = WV CHIP, 3 = Private, 4 = None, 5 = Other)

Initial Assessment (Key:  L = Lingual, O = Occlusal, B = Buccal)

(Code:  D = decay, F = filled, M = missing, ES = existing sealant, S = sealant placed, RS = recommend reseal, no mark = no treatment)

<p>| | | | | | | | | | | | | | | |</p>
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</tbody>
</table>

Enter the appropriate code or number in the box to the right:

<table>
<thead>
<tr>
<th>Untreated Decay</th>
<th>Caries Experience</th>
<th>Sealants Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – No untreated cavities</td>
<td>0 – No caries</td>
<td>0 – No sealants present</td>
</tr>
<tr>
<td>1 – Untreated cavities present</td>
<td>1 – Caries experience</td>
<td>1 – Sealants present</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment urgency</th>
<th>Referred for treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - No obvious problem</td>
<td>0 – No</td>
</tr>
<tr>
<td>1 - Early dental care</td>
<td>1 - Yes</td>
</tr>
<tr>
<td>2 - Urgent care</td>
<td></td>
</tr>
</tbody>
</table>

WVDHHR/BPH/OMCFH/OHP Page 62
APPENDIX Q

WEST VIRGINIA SCHOOL-BASED ORAL DISEASE PREVENTION PROJECT

ASSESSMENT FOLLOW-UP RECORD

Program Name: _____________________________   Provider Name: ________________________________
Date of Service: ____________________________

Patient ID: __________________     Patient Name: ________________________________   Gender: ______
Grade: ______      Age: ______
Has a Dental Home: _____   (0 = No, 1 = Yes, 2 = Unknown)
Dental Insurance Type: _____   (1 = Medicaid, 2 = WV CHIP, 3 = Private, 4 = None, 5 = Other)

Initial Assessment (Key:  L = Lingual, O = Occlusal, B = Buccal)

(Code:  D = decay, F = filled, M = missing, ES = existing sealant, S = sealant placed, RS = recommend reseal, no mark = no treatment)

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</tbody>
</table>

Enter the appropriate code or number in the box to the right:

<table>
<thead>
<tr>
<th>Number of surfaces retaining a program sealant:</th>
<th>Subsequent visit for restorative treatment?</th>
</tr>
</thead>
</table>

Reason for No Follow-up _____________________________

(1 = absent, 2 = moved, 3 = non-compliance, 4 = other)
APPENDIX R

PARENT NOTIFICATION AND REFERRAL LETTER

Dear Parent or Guardian,

Today ________________________________ received the following services:

________ Dental Assessment  ________ Cleaning  ________ Fluoride Varnish

________ Dental Sealants  Number of Sealants received________

________ No Sealants were indicated today. Reasons why sealants were not indicated include the following: teeth decayed, already filled, already sealed, or not completely through the gums.

During the visual dental assessment, we noticed that:

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

________ Dental treatment is needed soon: Your child has cavities present. Please schedule an appointment with your dentist as soon as possible. Taking care of these cavities as soon as possible will reduce the likelihood of pain or infection in your child in the future.

________ Regular dental check-ups: No decay was visible today. Regular visits to the dentist are recommended.

Please remember this was a visual assessment only; no x-rays were taken. All children should see a dentist every six months for a complete examination with x-rays.

If you do not have a family dentist, call our outreach coordinator at ________________________ for a list of available dentists in your area. One of the Prevention Program staff or the school nurse may also be able to help you find a dentist close by.

If you have any questions about your child’s treatment, feel free to call the school nurse at _________________ or you can reach me at _________________.

______________________________________  __________________
Dental Operator  Date

Program Name and Address:
Appendix S

FOLLOW-UP CARE

Emergency Follow-up Care will be provided by:

Name: ____________________________________________________________
Address: __________________________________________________________
Phone: ___________________________________________________________

List of Available Dentists in your area:
### ASSESSMENT/SEALANT PLACEMENT DATA COLLECTION FORM

**School:** ____________________________  **County:** ____________________________

**Date of Screening:** ____________________________

#### Target Grades

<table>
<thead>
<tr>
<th></th>
<th>2nd Grade</th>
<th>7th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students in grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students in grade with consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students seen for assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students who needed sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students who received sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total # of teeth sealed</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students who need dental care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>3rd Grade</th>
<th>8th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students seen last year for assessment (previous grade)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students seen for follow-up assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of teeth sealed previous year</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students receiving sealants this year</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of newly erupted teeth needing sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of teeth needing add on sealant</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of teeth needing complete reseal</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students needing dental care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WEST VIRGINIA SCHOOL-BASED ORAL DISEASE PREVENTION PROJECT

SCHOOL SURVEY

1. What was the impact of this program in your school?

2. Do you have any suggestions or recommendations to help this program in the future?

3. Have you received any feedback from the children at your school regarding the program’s appearance?

4. Are there any perceived gaps in the services we provided?

5. Did you feel that there was adequate communication between our partnerships?

6. Do you have any suggestions in regards to parental contact?

7. Are you interested in continuing this program at your school in the upcoming year?

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
APPENDIX V

WEST VIRGINIA SCHOOL-BASED ORAL DISEASE PREVENTION PROJECT

SCHOOL NURSE SURVEY

Thank you for participating in __________________________Program. In order to serve you better in the future please help us learn about where we can improve our program. Please fill out the survey and return to __________________________.

Thank you for your assistance with the program and your feedback.

1. I received the information packet from the program coordinator in time to plan the event at the school.
   
   Yes    No

2. The information packet I received was adequate to prepare the school, the parents, and the students for the school-based program.
   
   Yes    No

3. The dental providers and volunteers were professional and courteous.
   
   Yes    No

4. The oral health educational information given to me for the students was appropriate.
   
   Yes    No

5. I will definitely participate in the program in the future.
   
   Yes    No

6. I had all the information I needed about the program to answer questions from parents, students and teachers.
   
   Yes    No

7. Communication with the program coordinator was sufficient.
   
   Yes    No

Please write any additional comments, concerns, or ways we can improve in the space provided:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
WEST VIRGINIA SCHOOL-BASED ORAL DISEASE PREVENTION PROJECT

TEACHER SURVEY

Thank you for participating in the __________________________ Program. In order to serve you better in the future please help us learn about where we can improve our program. Please fill out the survey below and return it to ____________________________.

Thank you for your assistance with the program and your feedback.

1. The program operated smoothly in my class.
   Yes                                      No

2. I would like to see the program return next year.
   Yes                                      No

3. The hygienists and volunteers were professional and courteous.
   Yes                                      No

4. The oral health educational information given to me for the students was appropriate.
   Yes                                      No

5. The oral health educational information was useful.
   Yes                                      No

6. I was well informed about and prepared for the oral disease prevention program.
   Yes                                      No

Please write and additional comments or concerns in the space provided:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
REFERENCES/RESOURCES


Centers for Disease Control Infection Control in Dental Settings. [http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm](http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm)


Seal America: The Prevention Intervention. [http://www.mchoralhealth.org/Seal](http://www.mchoralhealth.org/Seal)

Ohio Department of Health. Ohio’s School-Based Dental Sealant Programs. [http://www.odh.ohio.gov/odhPrograms/ohs/oral1.aspx](http://www.odh.ohio.gov/odhPrograms/ohs/oral1.aspx)


Colorado Department of Public Health and Environment. Be Smart & Seal Them! A School-Based Dental Sealant Manual. [http://www.cdphe.state.co.us/pp/oralhealth/dentalsealants.html](http://www.cdphe.state.co.us/pp/oralhealth/dentalsealants.html)

West Virginia Dental Board. [http://www.wvdentalboard.org](http://www.wvdentalboard.org)


American Academy of Pediatric Dentistry. [http://www.aapd.org](http://www.aapd.org)


Mid-Ohio Valley Health Department. [http://www.movhd.com](http://www.movhd.com)