GUIDANCE FOR DENTAL HYGIENISTS IN TIER 3 PROGRAMS

These step-by-step recommendations were developed taking into consideration evidence-based strategies and best practices for school dental health programs.
We hope you find this guidance helpful!

We are excited about your decision to start shifting towards offering preventive dental services on site and count on you to help us fine-tune this program as we move forward.

This step-by-step guidance was developed taking into consideration evidence-based strategies and best practices for school dental health programs.

1. **Make sure you've met the requirements for providing services on site**
   Please remember that RDHs providing services other than screening need to have a General Supervision Agreement on file with the Board of Dental Examiners. Please make sure you follow the instructions on the form and send a signed copy to the Board. Additionally, we strongly recommend that **if providing any clinical services at school, you should carry your own malpractice insurance** – in fact, carrying your own insurance is a **requirement** if you are a Medicaid provider.

2. **Prioritize your schools**
   For those of you who work in multiple schools, we are mindful that you may have to prioritize your time among the different sites. The Center for Disease Control and Prevention's guidance is for programs to focus on schools with the highest percentage of children eligible for the free and reduced price meal program. Our recommendation is for dental professionals to prioritize schools with the highest percentage of eligible students (50% or greater). Next, prioritize schools below 50%, with the highest need schools first – there are students in need of help, even in schools with lower percentages of eligibility for free and reduced meals.
   Please share this recommendation with school administrators and other staff.
   You can view the list of VT schools and their percentage of students eligible for free and reduced price meals (%FRL) here.

3. **Promote the program**
   The first steps to implement a Tier 3 program involves educating the school community (school staff, families, and children) on the services that will be provided. With this in mind, we suggest that you start by **explaining the benefits of fluoride varnish and SDF**. Many people may not know the difference between fluoride varnish and sealants, for example. Also, we expect that most people will not know what silver diamine fluoride or SDF mean. We have developed a fact sheet on SDF and are in the final steps of developing a fact sheet on the difference between varnish, SDF and sealants.

All students in schools participating in the 802 Smiles Network are eligible for a dental screening and may also be eligible for services, regardless of their insurance status, as long as they have returned a consent form signed by their parent or legal guardian.

As always, we suggest that you be as visible as possible in school events and make yourself available as the go-to source of oral health information, both for school staff and for students and their families.

4. Send the permission packets home with all students

Ask the nurse and/or teachers for help to ensure consent forms are read by parents and returned by the deadline you set. For Tier 3, we suggest sending the following items as a packet (stapled together):

- The consent form (we are developing a template to help you develop your own consent form)
- A letter to parents/guardians, signed by the school principal and explaining the program (we are also developing a template for this letter)
- The SDF fact sheet
- The VT Board of Dental Examiners consent for SDF (this form should be printed in color)

Once you collect the signed consent forms, you may start conducting dental screenings and applying fluoride varnish to each student and silver diamine fluoride when indicated.

Please keep in mind that having a blanket permission to screen does not allow you to provide treatment or to share individual-level data with us. Therefore, in order to receive services (beyond dental screenings), students need to have a signed consent form.

5. Develop your priority groups for screening and services

Based on the results from the Tooth Tutor evaluation, which have been widely shared with this group, we envision the need for several changes. These changes include developing an improved version of the 'true target group'. While we are not expecting immediate changes, we suggest that you start transitioning into this new way of developing your priority group.

Children in emergency situations (pain and/or infection) should be referred to dental care immediately, regardless of the child's grade and whether they did or did not go to the dentist in the past year.

We recommend prioritizing students for screenings and services according to the sequence described below. This recommendation is partly based on the ages at which first and second permanent molars usually erupt (to increase the chance that they would be getting sealants at the appropriate time).

- **First priority group:** all students who ***have*** returned signed consent forms ***and*** have ***not*** **been to the dentist in the past year**, according to information found in their health forms. Within this group, prioritize these students for **screening and services**:
  - 2nd graders, then 1st graders
  - 7th graders, then 6th graders
  - All remaining grades

Next, focus on the following students:

- Prioritize **screening and services** for all the remaining students who ***have*** returned signed consent forms (following the grade sequence above), *regardless of whether they went to the dentist or not*. **Please keep in mind that children who do not have a dental home should be prioritized for SDF and varnish applications.**

Although all children who return a signed consent form are eligible for a screening and may be eligible for services, students who have not accessed care in the past year should be prioritized.
In case you do see children who have accessed dental care in the past year, make sure to send the provider a copy of the "Report on dental findings" form, so they are informed of your findings and any services the student may have received from you.

- After that, if you still have time, focus on the children who have ***not*** returned the consent forms:

- **If your school has blanket permission for screening and has 40% or higher FRL:**
  - Prioritize on **screening** the remaining students (following the grade sequence above), regardless of whether they went to the dentist or not
  - Send home a **letter reporting your findings**, along with the **consent for services packet**
  - Prioritize students with early or urgent needs for **services and case management**

- **If your school does not have blanket permission for screening:**
  - Prioritize on **following up and explaining the program to caregivers** who have *not* returned signed permission forms ***and*** have *not* been to the dentist in the past year

Following up with the caregivers who have not signed the consent form may motivate families to accept your offer to provide services and help them connect with a source of dental care.

6. Conduct oral health screenings and provide the recommended services

After you collect the signed consent packets, it is time to start conducting oral health screenings and applying fluoride varnish and SDF when indicated, for all children for whom you have written permission (following the priority sequence described in Step 5).

TIP: Best practices in school-based dental health programs recommend that services be provided on the same day as the screening. This is more efficient and minimizes the amount of class time students miss.

Suggested clinical protocol:

- **Perform toothbrush prophylaxis** prior to conducting the screening. Depending on the age and dexterity of the children you are seeing, you can save time by having the next child brush their own teeth while you are screening and providing services to another child. There is no need to add toothpaste to the brush. (AAPD Policy on the Role of Dental Prophylaxis in Pediatric Dentistry, 2012 and Journal of the American Dental Association, 2009).
- **Conduct screenings** following the guidelines for screening, recording data, and infection prevention presented at the Evaluation and Calibration training (slides are attached).
- **Record your findings on the data collection forms.** Although we are still unsure whether we'll be collecting detailed individual-level data from all programs this year, our goal is start doing so as soon as possible. This means we encourage you to use the teleforms developed by Dr. Denise Kall at least for your own records, every time you conduct screening and perform services on a child. Two important benefits of starting to use these teleforms immediately are: (1) you will become comfortable using these forms to collect and report data; and (2) you may be provide feedback that will help us improve these forms, fine-tuning them to meet both your needs and ours.

Very important: patient forms contain personally identifiable data and protected health information and need to be stored in a safe location. Please ask your school nurse for guidance on where you should keep these records.

- **Apply SDF to suspected decay lesions on posterior teeth.** Make sure the parent/guardian has signed the SDF consent form prior to applying SDF. Follow the guidelines you learned in the SDF training you received last year. As a refresher, we will be including an SDF protocol when we send you the supplies for provision of services.

If a student presents with active decay on a front tooth, you should speak with the parent/guardian to get additional consent prior to applying SDF in those areas.

- **Apply fluoride varnish to all teeth**, including those that received SDF. Instruct the child not to brush or floss for the next 4 hours (ideally wait until the next day to resume brushing and flossing), and avoid hard, crunchy foods and hot beverages for the rest of the day.
- **Enter the services provided on the data collection forms.**

- **Dismiss the child** with a sticker and instructions not to brush or floss for the next 4 hours (ideally wait until the next day to resume brushing and flossing), and to avoid hard, crunchy foods and hot beverages for the rest of the day. To save time, ask them to call the next student on your list. If SDF was applied, let them know that the cavity should get darker within the next couple of weeks, and that this is a sign that the treatment is working.

After SDF is applied, we recommend following up in a week or two to ensure that decay was successfully arrested. If the lesion is not dark, SDF should be reapplied.
Research shows that a second application significantly increases the success rate of SDF treatment.

- **Send caregivers a letter reporting your findings, services provided, and instructions.** This letter should also include an offer to help them connect with a source of comprehensive dental care. Please use this Board of Dental Examiners form (Report on Dental Findings).

7. In case you receive additional signed consent forms for services later in the school year, whenever possible follow the sequence in Step 5 to screen and to provide, while simultaneously working with the caregivers of children you've identified as needing urgent or early care.

When screening or providing services to a student who has accessed dental care in the past year, communication with their dental provider is essential: please send them a copy of the "Report on dental findings" form , so they are informed of your findings and any services the student received.

8. If SDF was applied, follow up with the student (ideally within a couple of weeks) to verify whether the decay was arrested and apply SDF a second time, if unsure. Studies show that a second application dramatically increases the success rate of SDF treatment (Horst et al., 2016; American Academy of Pediatric Dentistry, 2017). Make sure you **record this second application on the student's form** and fill an updated Report on dental findings form. Don't forget to send a copy to the caregivers **and to their dentist if they have one**!

Please Remember: it is important for every child to have a dental home where they can receive ongoing, comprehensive dental care for life – therefore, case management continues to be an important component of programs participating the 802 Smiles Network.

Thanks for helping to improve oral health for all Vermont children!

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