



PUBLIC HEALTH MANUAL
DHEC SCHOOL-BASED DENTAL
PREVENTION PROGRAM

2009-2010
Division of Oral Health

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Purpose

The purpose of the Public Health Program Manual for the SC DHEC School-Based Dental Prevention Program (SDPP) is to provide the dental programs that enter into a Memorandum of Agreement with DHEC with clearly stated expectations and standards for the DHEC SDPP. The Memorandum of Agreement and the manual are utilized for evaluating the DHEC SDPP statewide effort and the individual programs that comprise it.

Regulatory Compliance

South Carolina State Board of Dentistry regulates the practice of dentistry. The 2003 Dental Practice Act established the South Carolina Department of Health and Environmental Control’s role in coordination of a public health dental prevention program using public-private partnerships to deliver preventive dental services in public health settings that address the needs of priority populations identified by standard public health principles. Section 40-15-110 of the Dental; Practice Act refers to DHEC and the delivery of preventive dental services through a public health dental prevention program of the Dental Practice Act can be accessed at: <http://www.scstatehouse.gov/code/t40c015.htm>

**Scope of Practice for SC School-Based Public Health Dental Prevention Program
Dental Hygienists and Dental Assistants**

Below is a chart produced by the SC Board of Dentistry detailing the dental services that apply to dental hygienists and dental assistants working under general supervision with a DHEC MOA for the delivery of school-based dental prevention dental services. For the entire document, access at: <http://www.llr.state.sc.us/POL/Dentistry/PDF/2008FallNewsletter.pdf>

Table 1: Public Health Dental Prevention Program-Applicable services for dental hygienists and dental assistants.

Procedure	Dental Hygienist	Expanded Duty Dental Assistant	Dental Assistant
Oral prophylaxis and assessment	✓		
Application of topical fluoride including varnish.	✓	✓	✓
Exposure and process of radiographs as directed by standard office protocol.	✓		
Application of dental sealants	✓		
Oral screenings using DHEC approved screening system	✓	✓	✓
Assist in the delivery of public health dental program services as defined in 40-15-110(E): oral screenings using DHEC approved screening system, oral prophylaxis, application of topic fluoride including varnish, and application of dental sealants. 40-15-110(G)	✓	✓	✓
Perform other duties authorized by regulations of the State Board of Dentistry.	✓	✓	✓

Supervising Dentist

According to the Dental Practice Act, Section 40-15-85, E: “A dentist billing for services for treatment provided by a dental hygienist in a public health setting with the Department of Health and Environmental Control as provided for in Section 40-15-110, is the provider of services and

is clinically responsible for the care and treatment of the patient.” A Supervising Dentists and Standing Orders for Dental Hygienists and Assistant form is completed prior to the final execution of the Memorandum of Agreement.

The SCDHEC School-Based Dental Prevention Program through the Memorandum of Agreement with the programs, requires each program to employ a South Carolina licensed dentist who resides in South Carolina to provide supervision of the dental hygienists and dental assistants that provide dental preventive services consistent with those set forth by the Dental Practice Act 2003, Section 40-15-110 (Table 1).

Supervision of the dental hygienists (DH) and the dental assistants (DA) employed in DHEC SBDPP includes the following:

1. Continuous availability of direct communication in person or by radio, telephone or telecommunication between the DH/DA and a licensed dentist.
2. The development and implementation of a supervision protocol for the DH/DA including predetermined clinical duties and drug protocol.
3. Provide oversight in the development and implementation of all program policies.

If the supervising dentist is terminated, the SDPP must immediately notify DHEC, and all services provided under the MOA must be suspended until a new agreement is fully executed between a supervising dentist and SDPP.

DHEC School-Based Dental Prevention Program Operation

Since the inception of the program following the Dental Practice Act 2003 changes, South Carolina Department of Health and Environmental Control has developed, implanted and evaluated parameters for the operation of the DHEC School Dental Prevention Program (SDPP) in order to increase access to preventive dental services for children in South Carolina public schools to provide dental assessment, preventive interventions and need-based dental referrals.

Policy and Procedures

Each DHEC SDPP will submit the following policy and procedures and forms to DHEC for review and approval:

1. Infection control procedure, including exposure control (federal requirement)
2. Hazard communications (federal requirement)
3. HIPPA Privacy Notice
4. Patient Registration and Parent Consent Form
5. Referral procedures
6. Supervision protocol
7. Data management
8. Quality insurance including sealant application and sealant retention checks –short and long term

Refer to the Safety Net Dental Clinic Manual, Chapter 4 Clinic Operations for information and examples. Access at: <http://www.dentalclinicmanual.com/menu.html>.

Infection Control

Projects must adhere to OSHA and MIOSHA standards as well as to CDC guidelines on infection control and hand washing.

Resources to utilize in the development of policy and procedures for infection control are:

- ✓ CDC Infection Control Recommendations for Dentistry—Access at: <http://www.cdc.gov/oralhealth/InfectionControl/guidelines/index.htm>
- ✓ CDC Hand Hygiene Information—Access at: <http://www.cdc.gov/oralhealth/InfectionControl/faq/hand.htm>
- ✓ ADA Infection Control Resources—Access at: <http://www.ada.org/prof/resources/topics/cdc/index.asp>
- ✓ Occupational Safety and Health Administration (OSHA) regulations and interpretations—Access at: <http://www.osha.gov/SLTC/dentistry/index.html> and <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

A CDC slide presentation provides recommendations for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. Access at: <http://www.cdc.gov/oralhealth/InfectionControl/guidelines/ppt.htm>

Schools Eligible to Participate with the DHEC School Dental Prevention Program

The schools eligible for participation in this program are those with 50 percent or higher enrollment in the reduced/free lunch program and/or Medicaid eligible students as reported by the “South Carolina Students on Free-Reduced Lunch and/or Medicaid Data Based on Precode and Medicaid Eligibility File.” Preventive dental services may be delivered in a school on this list as part of the DHEC SDPP program.

Waiver Criteria

A school that does not meet the qualifying criteria must submit a waiver request identifying based on documented evidence of unmet oral health needs of their students as outlined in the chart below.

Table 2: Community Needs Assessment: Evidence of Unmet Dental Needs

<i>Waiver Matrix</i>		
	<i>Category of data</i>	<i>Source of data</i>
1.	Demographic Data How many children are eligible for school lunch program?	<ul style="list-style-type: none"> ✓ Through local school district ✓ http://ed.sc.gov/agency/offices/tech/erate/
2.	Oral Health Status Dental Screening (ASTDD BSS) Caries Experience (tooth decay – treated and untreated) Untreated Caries (tooth decay) Treatment Urgency Dental Sealant presence	Oral Health Needs Assessment 2008 –Regions and State School Level: Basic Screening Survey—Kindergarten and 3 rd Grade —“Gold Standard”
3.	Perceived Need for Dental Care Perceptions of the following: Consumers (accessibility, acceptability, affordability); Oral health care providers (dentists, dental hygienists); School personnel (teachers, nurses, principals); Health care providers (pediatricians, clinic	Surveys conducted in the school and community Interviews with community leaders

	providers, etc); Local leaders (elected officials, community leaders, etc).	
4.	Dental Health Professional Shortage Area Designation Dental Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of dental providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).	http://bhpr.hrsa.gov/shortage/dental.htm http://www.dhec.sc.gov/health/opc/hpsa.htm
5.	Medicaid and SCHIP Coverage Utilization of dental services by Medicaid and SCHIP eligibles; Local Dentists participation in Medicaid/SCHIP.	Contact DHHS Medicaid Department
6.	School-Based/School-Linked Prevention and Treatment Programs # and type of public health dental disease prevention and treatment programs Schools served.	Contact DHEC Division of Oral Health

SDPP School Schedules

SDPP will provide DHEC an annual schedule for delivery of school-based dental services prior to the inception of program activities each school year. If there are changes to the schedule throughout the year, the SDPP will send DHEC an updated schedule. The schedule includes: 1) name of school; 2) school district; 3) date/s of service. For programs that provide services in multiple delivery sites with multiple staff, please develop a schedule for each lead staff.

Dental Screenings

Students will receive screening for oral disease (the presence of decay, pain, swelling, bleeding, infection, and/or soft tissue lesions) prior to receiving dental preventive services in programs where the hygienist is working under public health general supervision as set forth in the Dental Practice Act 2003, Section 40-15-110. Education, counseling, and referral should be based on the screening results.

All DHEC School-Based Public Health Dental Prevention Programs are required to utilize the Association of State and Territorial Dental Directors-Basic Screening Survey (ASTDD-BSS) protocol for dental screenings for the following circumstances:

1. Prior to provision of preventive dental services delivered by a dental hygienist without a dental exam. (Screening data collected is required to be submitted quarterly and addressed in more detail in the Data Management Section of the program manual).
2. As part of school health screenings that include a dental screening component. See South Carolina Department of Education's Policy Recommendation: Oral Health Screenings in School Settings: Access at:
<http://www.scdhec.gov/health/mch/wcs/school/docs/Dental%20Screening%20Guidelines%20Final%2007%2021%202008.pdf>

ASTDD-BSS Training Video and supporting materials is available from ASTDD and DHEC. Access to ASTDD Materials: www.astdd.org

Need-Based Dental Referral System

DHEC School-Based Dental Prevention Programs are responsible for developing a comprehensive and nondiscriminatory referral network based on the ASTDD Basic Screening Survey dental treatment urgency categories. All children receive a referral in order to be connected to a local system of dental care and to ensure comprehensive dental care for each child. In addition to the referral form, the SDPP will also provide a list of all practicing dentists within the city and/or geographic area where the child resides and identifies the dentists who participate with the Dental Medicaid Program. A SDPP cannot discriminate against any practicing dentist within the specified area.

Table 3: The needs-based referral system utilizes the following ASTDD BSS codes for the basis of making referrals:

Code	Descriptor	Referral
0	No obvious dental problems	To dentist for a dental exam
1	Early dental care is needed	To dentist within several weeks
2	Urgent/Emergency need for dental care	To dentist within 24 hours

The SDPP are required to follow-up with children identified with “Code 2–Urgent/Emergency need for dental care need” in order to ensure they received needed dental care. In addition, children identified, as Code 2 must receive treatment for the urgent conditions before receiving school-based preventive services. The SDPP Policy and Procedure for Referrals is required to include strategies and action steps for each referral code.

Public Health Priority: Dental Sealants

Dental sealants are effective in preventing pit and fissure caries and are underused, particularly for high-risk children including vulnerable populations less likely to receive private dental care, such as children eligible for free or reduced-cost lunch programs. Consequently, the delivery of dental sealants is a priority for the DHEC School-Based Public Health Dental Prevention Program.

To be most effective, sealants should be placed on teeth soon after they erupt. High-risk teeth (i.e., those with deep pits and fissures) are the first and second permanent molars that erupt into the mouth around the ages of 6 and 12 years, respectively.

School-based and school-linked sealant delivery programs are strongly recommended on the basis of strong evidence of effectiveness in reducing caries on occlusal surfaces of posterior teeth among children. Access at: <http://www.thecommunityguide.org/oral/oral-ajpm-recs.pdf>

Sealant Retention Checks

Sealant retention checks can detect clinical problems related to application technique, equipment and/or dental materials. Short-term checks (within two months after sealant application) are situational and long-term checks (one year) are routine.

Sealants are clinically effective in preventing tooth decay as long as the sealant is retained on the tooth at a clinically accepted standard. Retention checks measure effectiveness of the dental sealant program. The most common areas of concern are: defective sealant material, water in the airlines, poorly timed etching and rinsing, or problems keeping a dry field of operation.

Sealant Retention Checks—Short Term

Short term sealant retention checks are conducted by the SDPP within several months of sealant placement for early interception of problems with retention of dental sealants related to recent changes in the program such as: dental hygienists who are new to the program, dental hygienists who do not have a positive track record with sealant placement, and changes to clinical procedures (e.g., equipment, technique or materials).

Sealant Retention Checks—Long Term

Long-term retention checks are performed approximately one year after the initial placement of the sealants and should be part of the program quality assurance program. The Division of Oral Health is currently in the process of developing a long-term sealant retention check protocol specifically for dental sealants applied on second grade children.

Dentists and 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 noncleansable caries-prone areas of the fissure system.
- ✓ Although staining at the interface of sealant and enamel does not, of itself, indicate caries, it may suggest an area of microleakage 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. (criteria provided from Dr. Margherita Fontana and Jeffrey Platt; from a National Institutes of Health funded study)

The Dental Sealant Section of this manual has been adapted from the Ohio Department of Health, Bureau of Oral Health Services School-based Dental, January 2009. Access at: <http://www.odh.ohio.gov/odhPrograms/ohs/oral/oral1.asp>

Data Management and Monitoring

Sealant Management Team

The reorganization of the Division of Oral Health has provided the Division of Oral Health (DOH) an opportunity to develop a more effective model for the management of the DHEC School-Based Dental Prevention Program (SDPP), a program created from the Dental Practice Act of 2006 Section 40-15-110. Utilizing a collaborative management approach, the DOH staff has come together as a team to manage the program. The Surveillance Coordinator will coordinate the activities of the Sealant Management Team, a team that implements surveillance and evaluation activities for all 7 public-private partnerships currently participating in the program. The Director of the Division of Oral Health will participate in the management team and provide technical support as needed to the Surveillance Coordinator. Additional members of the Sealant Management Team and their respective duties include: 1) Administrative Assistant, who will provide the DHEC SDPP administrative duties and management of the program inventory database; 2) Dental Consultant, who reviews policies and program operations to ascertain opportunities for quality improvement; 3) Evaluation Consultant, who will work closely with the DOH and the Office of Research and Statistics to conduct an in-depth analysis of the DHEC SDPP based on objectives from the state oral health plan; 4) Education Consultant, who will provide technical assistance in regards to education of the students and parents; and 5) Oral Health Program Coordinator, who will provide training on the ASTDD Basic Screening as needed.

Office of Research and Statistics (ORS)

The Division of Oral Health (DOH) and the Office of Research and Statistics (ORS) have been working together since 2006 to enhance data collection for the DHEC School-based Dental Prevention Program. In most cases, programs can extract the data elements required in their MOA and submit them to ORS, which then integrates them into one database. For programs without an electronic data collection system, ORS has developed a data collection instrument. Those entering data in the ORS data collection instrument can then submit the data electronically, which then can be imported into the larger program database. This information is then sent through a unique identifier program that is an algorithm based on a probabilistic match, so that data can be matched to secondary data sources such as the Department of Education (free and reduced lunch participation, standardized test scores, and school readiness indicators) and Medicaid (health service utilization patterns) for additional surveillance deliverables as prescribed in the State Oral Health Plan (SOHP): Public School Children Chapter. ORS produces an aggregate data report of the desired fields of interest and submits the report to DHEC for review and evaluation.

DHEC Review and Evaluation

Select members of the Sealant Management Team review the ORS aggregate data report to assess quality and make management decisions on the data collection process. Through this group, DOH conducted a feasibility study of the unified data collection tool. Some of the lessons learned from the feasibility study are: (1) most programs have adequate electronic data systems that can be extracted for surveillance; (2) resistance to data collection is low when it is integrated into general operations and not resource-intensive; and (3) data collection is easier when asking about billable elements, rather than screening and referral information.

Providing Feedback

The Sealant Management Team provides opportunities for the programs to review their data. Annually, the Sealant Management Team produces an evaluation report of the previous school year. This report lists the preventive and restorative programs operating with a DHEC MOA and

the school districts served by each program. It provides the unduplicated count for all fields collected by individual programs. Additionally, the report highlights any challenges and successes experienced by the DHEC School-based Dental Prevention Program over the last year. The Evaluation report is disseminated at the Annual School Dental Prevention Program Meeting held during the spring. The meeting is designed so the programs can have an open dialogue with the Sealant Management Team to discuss any data collection problems. This meeting is also an opportunity for the Sealant Management Team to update the programs with any changes to the program Memorandum of Agreements for the following year.

New for 2009, Scorecards will be provided to each School-based Dental Sealant Program. Scorecards are a snap shot view of the quarterly data provided. Communication between the DOH and the School Dental Prevention Program will improve considerably with the addition of this new tool for providing data updates. Scorecards will be distributed electronically or during program site visits.

Public School Children Workgroup

The School-Based Dental Prevention Program is the workgroup for the Public School Children and assists in the monitoring of the State Oral Health Plan objectives for the Public School Children Chapter. The DOH Surveillance Coordinator facilitates the workgroup. The group meets regularly to discuss the prioritized objectives and to evaluate their current progress. Objectives specific to the School-based Dental Prevention Program that will be updated annually include the following:

Sealants

- 1. Increase by 20% the number of children who receive sealants, by June 2011.**
- 2. Increase by 50% the number of children participating in Free and Reduced Lunch who receive at least one molar sealant by June 2011.**
- 3. Increase by 1% the number of sealants that are retained for at least 1 year by 2011.**

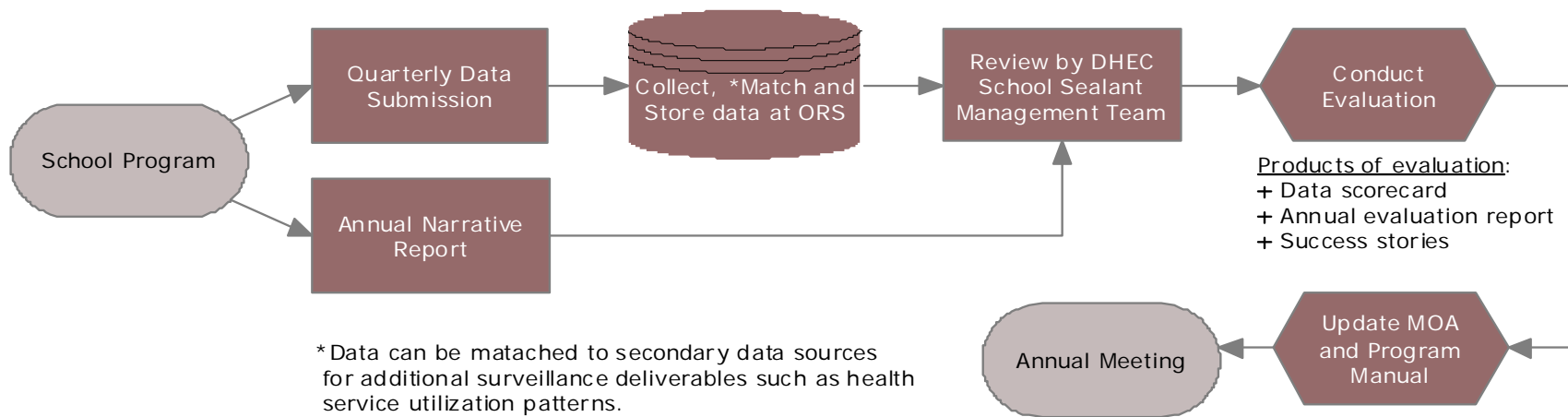
Service Utilization

- 4. Increase by 50% the number of children on Medicaid who have a “dental home” by June 2011.**
- 5. Increase to 100% the number of children who complete urgent treatment plans (of those served by full service programs only) by June 2011.**
- 6. Increase by 20% the number of children on Medicaid who have a minimum of one preventive visit per year by June 2011.**
- 7. Increase by 10% the number of low-income children and adolescents who received any preventive dental service by June 2011.**
- 8. Decrease by 10% the number of children who visit the ER for reasons related to oral health disease by June 2011.**
- 9. Decrease by 20% the number of children who visit their primary care provider for reasons related to oral health disease by June 2011.**

Decay Process

- 10. Decrease by 5% the number of children with dental caries experiences in primary and permanent teeth, by June 2008.**
- 11. Decrease by 5% the number of children ages 6-8 who have untreated caries by June 2008**

DHEC School Sealant Management Process



Reporting Requirements

All programs participating in the DHEC School-based Dental Prevention program must submit quarterly data reports as well as an annual narrative report. Programs that do not comply with the reporting requirements may risk loss of their Memorandum of Agreement with DHEC.

Quarterly Data Submission

Program data reports must be completed and submitted electronically to the Office of Research and Statistics (ORS) by the 15th of the month following the end of each quarter (September, December, March, and June). Additionally, a data collection template must be submitted 2 weeks prior to the first quarter data submission.

Data Collection Template – This form is used to describe how each required data slicer has been titled and coded. This form must be completed and returned to the DHEC 2 weeks prior to the first quarter data submission.

Annual Narrative Report

A program narrative report must be submitted electronically to DHEC by the 15th of the month following the end of the 4th quarter. Please note that this is the same due date as the final quarterly data submission. Narrative reports must include a success story and a completed educational outreach form.

Success story – Each program must submit at a minimum one story. The story should demonstrate how the program connects a child to a local dental system of care. Public health school-based dental programs are instrumental in linking children to dental services that they desperately need. Describe a specific case in the last year, where your program made a difference.

A guide for developing a success story can be downloaded from the Centers for Disease Control and Prevention (CDC) at the following address:

http://www.cdc.gov/oralhealth/publications/library/success_stories_wkbk.htm

The guide is called, “Impact and Value: Telling Your Program’s Story.” For your convenience, the success story criteria has been copied from this guide and included in this program manual. Simply follow the success story criteria outline provided by the CDC to write your story.

Completed Educational Outreach Form – There are a number of educational oral health materials available by DHEC. A resource kit has been provided to you at the Annual School-Based Dental Prevention Program meeting. Additionally, the educational resources are available via the internet at <http://www.dhec.sc.gov/health/mch/oral/index.htm>

Each program must complete the educational outreach form to record how and when the material has been used over the one-year period. Only one completed educational outreach form should be submitted to DHEC.

Educational Outreach Activity Report Form – This form is designed for the hygienists in the field. This can be completed after an educational outreach activity and returned to the program manager to help track the educational activities that will be included in the Educational Outreach Form. This is an optional form and does not need to be submitted to DHEC with the annual narrative report.

Data Collection Template

Field 1-Name of Program:				
Field 2-Slicers	Field 3 Confirmation: Reporting this Information (Yes/No)	Field 4 Name of Data File Containing Information	Field 5 Name of Data Field(s) Containing Information	Field 6 Code Definitions
1-Locations				
A) School Name				
B) School Beds ID				
2-Child Information				
A) Grade				
B) Patient ID				
C) Social Security Number				
D) Medicaid Number				
E) Race				
F) DOB				
G) Gender				
H) First Name				
I) Last Name				
J) Street Address				
K) City				
L) State				
M) Zip				
N) County				
3-Services				
A) Date of Service (DOS)				
B) Child Received One or More Sealants on Permanent Molars on DOS				
1) Number of Sealants Retained				
C) Child Had at Least One Sealant Retained from Previous Year on DOS				
D) Child Received Fluoride Treatment on DOS				
E) Child (or Adult) Received Prophylaxis Care on DOS				
4-Outcomes—Dental screening by RDH—Basic Screening Survey				
A) Untreated Caries Were Present on DOS				
B) Treatment Urgency-Dental Need on DOS				
1) Child Had an Urgent Dental Need- Code 2				
2) Child Had an Early Dental Need- Code 1				
3) Child Had No Obvious Dental Need Routine Care-Code 0				
C) Referral Met: For child with urgent dental need on DOS, treatment was provided.				
5-Additional Information Needed				
A) Payment Source				
1) Child Has Private Insurance				
2) Child has Medicaid				
3) Child Has Medicaid AND Private Insurance				
4) Child Has No Insurance (self-pay)				
5) Child does not have the ability to pay for preventive services				

Explanation of Data Fields

FIELD 1: Name of SDPP

-Your program name.

FIELD 2: Slicers are the data fields we use to organize the data submitted.

FIELD 3: Confirmation: Reporting this Information

-Answer yes or no (whether you are/are not reporting this “slicer”).

FIELD 4: Name of Data File Containing Information

-Name file the data is in; (is it file #2, or A, or SDPP 1-the file name you assigned that the specific data is in). This is extremely important if you send data in more than one file. Ideally the data should be in one file that includes all the “slicers” in the template.

FIELD 5: Name of Data Field(s) Containing Information

-Title of the data field: (using the slicer titles would be ideal)

-We need to know if you are using a different titled data field in your software to capture data that your software does not have a predetermined field for. Please let us know the field title if it is different from what the data “slicer” title is. (Example: capturing/placing “Grade” data under a field titled “Meds” in your system).

FIELD 6: Code Definitions- (See below)

-How you define the specific “slicer” within the data column. Give code used to represent the actual data. (Attach legend if necessary).

1. Location-

A) *School Name*

-We need the full name, no abbreviations.

B) *School BEDS ID-*

-(Please make sure this is a seven digit number-verify with each school)

Example: The BEDS ID 4001048 contains:

County Number (1st two numbers) 4001048=40 is Richland County

District Number (3rd and 4th numbers) 4001048=01 is Richland District 1

Specific School Identifier (final 3 numbers) 4001048=048 is School-A. C. Moore

2. Child Information-

A) *Grade*

B) *Patient ID-* Any specific system used by your program for patient identification that is different from SSN, Medicaid, or Patient Name. (i.e.: dental practice chart number).

Social Security Number-

Medicaid Number-

Race-African American, Hispanic, White, or Other

Date of Birth-

Gender-Male and Female.

First Name- Please no nicknames.

Last Name-

Street Address- (Child's home-not school info)

City-

State-

Zip Code-

County- (Child's home-not school info)

3. Services-

A) Date of Service-

B) Child Received One or More Sealant(s) on a Permanent Molar on DOS-

-Use the appropriate Dental Sealant CDT code- D1351 for new sealant placement.

C) Child Had One or More Sealant(s) Retained from Previous Year on DOS-

1) Record the number of retained sealants (placed by your program within the 12 months prior to this DOS); do not count sealants delivered privately or by another program into your program's one-year sealant retention check.

D) Child (or Adult) Received Fluoride Treatment on DOS-

-Use the appropriate Fluoride Treatment CDT code:

-D1203-Topical Application of Fluoride — child, under age 12.

-D1204-Topical Application of Fluoride — adult, ages 12 through 21.

-D1206-Topical Fluoride Varnish.

E) Child (or Adult) Received Prophylaxis Care on DOS-

-Use the appropriate Prophylaxis CDT Code:

-D1110-Prophylaxis — adult, ages 12 through 21.

-D1120-Prophylaxis — child, under age 12.

4. Outcomes-Dental Screening by RDH-ASTDD-BSS Codes

A) Untreated Caries Were Present on DOS-Yes or No

B) Treatment Urgency-

1) Child Had Urgent Dental Needs on DOS-Code 2

2) Child Had Early Dental Needs on DOS-Code 1

3) Child Had No Obvious Dental Needs on DOS-Code 0

C) Referral Met-Yes or No

5. Additional Information Needed-

A) Payment Source

1) Child Has Private Insurance

2) Child Has Medicaid

3) Child Has Medicaid and Private Insurance

4) Child Has No Insurance (self-pay)

5) Child Has No Ability to Pay for Services

Example Form

Field 1-Name of School Dental Prevention Program: Example Form: Program Sunshine

Field 2-Slicers	Field 3 Confirmation: Reporting this Information (Yes/No)	Field 4 Name of Data File Containing Information	Field 5 Name of Data Field(s) Containing Information	Field 6 Code Definitions
1-Locations				
A) <i>School Name</i>	Yes	DHEC3 Jul-Sep 2008.doc	Location of Service	Text field with full name of school
B) School Beds ID	Yes	All Files		
2-Child Information				
A) <i>Grade</i>	Yes	DHEC1 Jul-Sep 2008.doc	Grade (Current)	Grade = <ul style="list-style-type: none"> • Grades 1 – 12 = numeric (1, 2, ..., 12) • Grades / programs other than numeric = <ul style="list-style-type: none"> • Preschool • Pre-Kindergarten • Kindergarten • Special Ed. • Headstart
B) Patient ID	Yes	All Files	<i>No field name</i>	One field formatted as follows: "<Last Name>, <First Name>, <Middle> (<Patient Id>)"
C) Social Security Number	Yes	DHEC1 Jul-Sep 2008.doc	ID Number	
D) Medicaid Number	Yes	DHEC1 Jul-Sep 2008.doc	Insurance Carrier + Insured's Id Number	Insurance Carrier = <ul style="list-style-type: none"> • South Carolina Medicaid <i>AND</i> Insured's Id Number = <ul style="list-style-type: none"> • 10 digit number
E) Race	Yes	DHEC1 Jul-Sep 2008.doc	Race	Race = Black = Black Hispanic = Hispanic White = White Other = Asian / Pacific Islldr.
F) DOB	Yes	DHEC1 Jul-Sep 2008.doc	Birth date	
G) Gender	Yes	DHEC1 Jul-Sep 2008.doc	Sex	Sex = <ul style="list-style-type: none"> • Male • Female
H) First Name	Yes	All Files	<i>No field name</i>	One field formatted as follows: "<Last Name>, <First Name>, <Middle> (<Patient Id>)"
I) Last Name	Yes	All Files	<i>No field name</i>	One field formatted as follows: "<Last Name>, <First Name>, <Middle> (<Patient Id>)"
J) Street Address	Yes	DHEC1 Jul-Sep 2008.doc	Address1	
K) City	Yes	DHEC1 Jul-Sep 2008.doc	City	
L) State	Yes	DHEC1 Jul-Sep 2008.doc	State	
M) Zip	Yes	DHEC1 Jul-Sep 2008.doc	Zip	

Field 2-Slicers	Field 3 Confirmation: Reporting this Information (Yes/No)	Field 4 Name of Data File Containing Information	Field 5 Name of Data Field(s) Containing Information	Field 6 Code Definitions
N) County	Yes	DHEC1 Jul-Sep 2008.doc	County	
3-Services				
A) Date of Service (DOS)	Yes	DHEC3 Jul-Sep 2008.doc	Contact Date	Field format: m/d/yyyy
B) Child Received One or More Sealants on Permanent Molars on DOS	Yes	DHEC3 Jul-Sep 2008.doc	Procedure and Code	Procedure and Code = <ul style="list-style-type: none"> • Seal Tooth 2 (D01352) • Seal Tooth 3 (D01353) • Seal Tooth 4 (D01354) • Seal Tooth 5 (D01355) • Seal Tooth 14 (D013514) • Seal Tooth 15 (D013515) • Seal Tooth 16 (D013516) • Seal Tooth 18 (D013518) • Seal Tooth 19 (D013519) • Seal Tooth 20 (D013520) • Seal Tooth 21 (D013521) • Seal Tooth 28 (D013528) • Seal Tooth 29 (D013529) • Seal Tooth 30 (D013530) • Seal Tooth 31 (D013531)
1) Number of Sealants Retained	Yes	DHEC3 Jul-Sep 2008.doc		
C) Child Had at Least One Sealant Retained from Previous Year on DOS	Yes	DHEC3 Jul-Sep 2008.doc		
D) Child Received Fluoride Treatment on DOS	Yes	DHEC3 Jul-Sep 2008.doc	Procedure and Code	Procedure and Code = <ul style="list-style-type: none"> • Topical Fluoride Adult 12 & Over (D01204) • Topical Fluoride Varnish (D01206) • Topical Fluoride - Child (D01220)
E) Child (or Adult) Received Prophylaxis Care on DOS	Yes	DHEC3 Jul-Sep 2008.doc	Procedure and Code	Procedure and Code = <ul style="list-style-type: none"> • Prophylaxis - Adult 12 & Over (D01110) • Prophylaxis - Child (D01120)

Success Story Criteria

Title

Did the title capture your attention and make you want to read further?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the title avoid acronyms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the title contain a verb?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Issue

Does the Issue Statement:

Have a strong lead sentence that continues to capture the readers' attention from the Title?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Provide state specific information about the issue? (e.g., cost burden, death rate, extent of inefficiency using current system)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tie the health burden, training burden, or degree of threat to a cost burden?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify the affected population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Provide an emotional hook rather than just public health data?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoid wordiness, passive language and grammatical errors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make a clear, concise statement about a single issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Intervention

Does the Intervention Statement:

Have a strong lead sentence that transitions the Impact section to the Intervention section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name your funder and describe how funding was used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify who performed the intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify where and when the intervention occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify steps taken to carry out the intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoid wordiness, passive language and grammatical errors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Impact

Does the Impact Statement:

Give specific outcomes? (e.g., money saved, change in health status, numbers impacted)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Avoid broad, sweeping statements, such as "There was a noticeable increase in health eating habits" or "A significant amount of money was saved?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide conclusions that effectively wrap up the story?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Oral Health Resources

Oral Health for Families with Special Health Care Needs

Target Audience: Parents, schools, childcare centers and community based outreach programs

Description: Common mouth problems can affect all children; however, these common mouth problems can be even more important to children and teens with special health care needs. This resource guide is designed to give parents and caregivers tips on keeping their child's or teen's mouth healthy. The sheets are easy to understand and can help parents take an active role in establishing and maintaining good oral health for their child. General topics include taking care of teeth, selecting the right toothbrush, adapting toothbrushes, addressing challenges, good nutrition, safety, and going to the dentist. The guide is designed specifically for parents of children with special health care needs and for use in schools and child care centers.

Oral Health Activity and Information Booklet for Afterschoolers

Target Audience: Afterschool programs and community based outreach programs

Description: This resource guide is packed with activities designed for students in grades 1-5 who are participating in afterschool programs. The "lessons" engage elementary age children in hands-on activities that teach them how to take care of their teeth and help them understand why it is important to do so. The booklet also teaches students how important it is to choose healthy foods; and encourages them to keep their smiles safe and injury free. This guide is designed for use in childcare centers and schools with afterschool programs. It is also a good resource for homeschool associations and parent and community outreach programs.

Seal Out Decay-- DHEC Sealant Information

Target Audience: Parents of school-age children

Description: *Seal Out Decay* provides information to parents about how the importance of dental sealants.

Sealant DVD

Target Audience: This DVD contains two sealant videos that are appropriate for use with parent groups as well as students.

Description: *Seal in a Smile*, from HRSA, presents live action and animations to demonstrate what dental sealants are. The other selection is from the South Carolina's Medical College of Dental Medicine.

Flora and Floppy Go to the Dentist Marionette Puppet Show

Target Audience: Children ages 4-8.

Description: The puppet show is a 20 minute interactive puppet show for children ages 4-8. The show is designed to engage and entertain school-age children while teaching them key messages about how to maintain good dental health. The cost of the show is \$250. For additional information or to schedule a show contact, Mary Kenyon Jones at kenyonm@dhec.sc.gov

Flora and Floppy Go to the Dentist Interactive CD

Target Audience: Children ages 4-8.

Description: Interactive CD that allows the children to "read" the story of Flora and her rabbit Floppy's visit to the dentist.

For more information contact Mary Kenyon Jones, the Educational Consultant at
Kenyon@dhec.sc.gov

Educational Outreach Report Form

Educational Resource	Suggested Use	How and when was the resource used?
South Carolina Department of Education Standards-Based Supplemental Curriculum CD	Share the CD with teachers. Use the CD as a resource to plan a classroom activity.	
Oral Health for Families with Special Health Care Needs	Share with parents of children with special needs. Share with school nurse.	
Oral Health Activity Booklet and Information Guide for Afterschool Programs	Share the booklet with the Afterschool Program Coordinator. Use the booklet as a resource to plan an activity.	
DHEC Sealant Information	Distribute the sealant information to parents. Provide sealant information to school nurse.	
Sealant DVD	Share sealant DVD with parents and teachers. Use sealant DVD to educate children about dental sealants.	
Flora and Floppy go to the Dentist Puppet Show flier	Share information about the puppet show with school officials. Assist as needed in scheduling the puppet show at a local school and/or community outreach event.	
Flora and Floppy Go to the Dentist Interactive CD	Share the CD with teachers. Use the CD as a small group activity in a classroom.	
Simple Things Your School Can do to Promote Oral Health	Share information with teachers.	

Educational Outreach Report Form
COMPLETED SAMPLE

Educational Resource	Suggested Use	How and when did you use the resource?
South Carolina Department of Education Standards-Based Supplemental Curriculum CD	Share the CD with teachers. Use the CD as a resource to plan a classroom activity.	<i>CD was shared with 2nd grade teacher. October 15, 2009</i> <i>Conducted classroom activity for K-5 class. November 12, 2009.</i>
Oral Health for Families with Special Health Care Needs	Share with parents of children with special needs. Share with school nurse.	<i>Gave a copy of the booklet to the resource teacher at XYZ school. January 2010.</i>
Oral Health Activity Booklet and Information Guide for Afterschool Programs	Share the booklet with the Afterschool Program Coordinator. Use the booklet as a resource to plan an activity.	<i>Gave the booklet to Afterschool Program Coordinator. August 25, 2009.</i>
DHEC Sealant Information	Distribute the sealant information to parents. Provide sealant information to school nurse.	
Sealant DVD	Share sealant DVD with parents and teachers. Use sealant DVD to educate children about dental sealants.	<i>Used Sealant DVD to explain to PTO about the value of dental sealants. January 2010.</i>
Flora and Floppy go to the Dentist Puppet Show flier	Share information about the puppet show with school officials. Assist as needed in scheduling the puppet show at a local school and/or community outreach event.	<i>Flier was shared with school principals at 3 elementary schools. August –October 2009</i>
Flora and Floppy Go to the Dentist Interactive CD	Share the CD with teachers. Use the CD as a small group activity in a classroom.	<i>Coordinator informed teachers about the interactive CD and set up a system for passing it around for classroom use. December 2009.</i>
Simple Things Your School Can do to Promote Oral Health	Share information with teachers.	<i>Made additional copies of the one-pager and distributed it at 4 teacher in-service meetings. September 2009.</i>

**South Carolina Department of Health and Environmental Control
Division of Oral Health
School-based Dental Prevention Program
Information/Staffing Change Form**

It is mandatory to use this form to contact the DHEC-Division of Oral Health Director immediately when changes occur with School-based Dental Prevention Program contact information or staffing.

Date of Request: _____

Program Information on File: Program name: _____ Contact Person: _____ Street Address: _____ Mailing Address: _____ Phone numbers: _____ Fax: _____ Email: _____
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Program Information Change Requested: (Check appropriate boxes) <input type="checkbox"/> Program name: _____ <input type="checkbox"/> Contact Person: _____ <input type="checkbox"/> Street Address: _____ <input type="checkbox"/> Mailing Address: _____ <input type="checkbox"/> Phone numbers: _____ <input type="checkbox"/> Fax: _____ <input type="checkbox"/> Email: _____
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Staff Change Requested: (One form per staff member-Check appropriate box) <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> <u>Dental Hygienist</u> <input type="checkbox"/> <u>Dental Assistant</u> Name: _____ SC License #: _____

Signature of Person Requesting Change

Printed Name of Requestor

**Please complete and forward this document to:
SC DHEC, Division of Oral Health, 1751 Calhoun St., Columbia, SC 29201
Division of Oral Health Contact Information: Phone: (803) 898-0724 Fax: (803) 898-2065**

SCDHEC School Dental Prevention Program
Standing Orders for Dental Hygienists

Introduction:

The following standing orders outline specific authorizations for the treatment of conditions commonly seen by Registered Dental Hygienists (RDH) in school settings without prior consultation with the supervising dentist of the School Dental Prevention Program according to the statutory provisions of the South Carolina Dental Practice Act 2003. These standing orders are based on the individual level of training and experience of the RDH. Standing orders must be authorized every year.

Documentation:

The RDH shall have access to the patient’s medical history and parental consent forms. The RDH will accurately record all treatment and findings in the patient record.

Consultation and Referral:

The RDH will use professional judgment while providing therapy. When clinical doubt arises, the RDH shall seek consultation with the supervising dentist. The RDH may directly refer patients for consultation.

Standing Orders:

_____, RDH is authorized to perform the following procedures in a school setting according to the accepted methods of the School Dental Prevention Program and the Oral Health Division of the SC Department of Health and Environmental Control.

Supervising Dentist: Please check all procedures that will apply to the RDH you will supervise.

Procedure	Check all that apply
Perform oral screenings using DHEC approved screening system	
Perform oral prophylaxis	
Application of topical fluoride including fluoride varnish according to the ADA and Centers for Disease Control (CDC) guidelines	
Application of dental sealants according to the ADA and CDC guidelines	
Provide oral hygiene education	
Provide tobacco cessation counseling	

Dental Hygienist (Please Print)

Date

Dental Hygienist (Signature)

Date

Supervising Program Dentist (Please Print)

Date

Supervising Program Dentist (Signature)

Date

Copy received and reviewed by:

DHEC Division of Oral Health Director

Date

Note: According to the South Carolina Code of Laws Title 40 - Chapter 15 Professions and Occupations SECTION 40-15-80 (G): Dental hygienists practicing under general supervision must maintain professional liability insurance.