



PUBLIC HEALTH PROGRAM GUIDANCE
DHEC SCHOOL-BASED DENTAL
PREVENTION PROGRAM

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Division of Oral Health
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Table of Contents	Section
Purpose	1
Regulatory Compliance	2
<i>Supervising Dentist</i>	
<i>Scope of Practice</i>	
<i>Mobile Dental Facilities and Portable Dental Operations</i>	
DHEC School-Based Dental Prevention Program Operation	3
<i>Policy and Procedures</i>	
<i>Parent/Patient Forms</i>	
<i>Infection Control</i>	
<i>Schools Eligible to Participate with the DHEC School Dental Prevention Program</i>	
<i>Waiver Criteria</i>	
<i>SDPP District and School List</i>	
<i>School Entry Template</i>	
<i>Dental Screenings</i>	
<i>Need-based Dental Referral System</i>	
<i>Public Health Priority: Dental Sealants</i>	
<i>Sealant Recommendations and Quality Assurance</i>	
<i>Sealant Retention Checks</i>	
Public Health Surveillance: Data Management and Monitoring	4
<i>SDPP Technical Workgroup</i>	
<i>Key Management Activities of DHEC School Sealant Program</i>	
<i>Oral Health Needs Assessment</i>	
<i>Division of Research and Statistics (DRS)</i>	
<i>DHEC Review and Evaluation</i>	
<i>Providing Feedback</i>	
<i>Public School Children Workgroup</i>	
<i>DHEC School Based Dental Prevention Program Implementation Process Flow Chart</i>	
Reporting Requirements	5
<i>Data Submission</i>	
<i>Data Collection Checklist</i>	
<i>Employee Training/Program Guidance Review Checklist</i>	
<i>Annual Narrative Report</i>	
<i>Success Story</i>	
<i>Educational Outreach Template</i>	
<i>Educational Outreach Activity Report Tool</i>	
<i>DHEC SDPP Annual Meeting</i>	
<i>SDP Program Roster</i>	
School-Based Dental Prevention Program Supporting Documents	6
<i>Data Collection Checklist</i>	
<i>Waiver Application</i>	
<i>Information/Staffing Change Form</i>	
<i>Employee(s) Training/Program Guidance Review Checklist</i>	
<i>New Employee Training/ Program Guidance Receipt Form</i>	
<i>Program Guidance Receipt Form</i>	
<i>Standing Orders for Dental Hygienists</i>	
<i>Standing Orders for Dental Assistants</i>	
<i>Success Story Collection Tool</i>	
<i>Educational Outreach Template</i>	
<i>Example: Completed Educational Outreach Template</i>	
<i>Educational Outreach Activity Tool</i>	
<i>School Entry Template</i>	

Section 1: Purpose

The purpose of the Public Health Program Guidance for the South Carolina Department of Health and Environmental Control (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 Public Health Program Guidance are utilized for evaluating the DHEC SDPP statewide effort and the individual programs that comprise it.

Section 2: Regulatory Compliance

South Carolina State Board of Dentistry regulates the practice of dentistry. The South Carolina Dental Practice Act 2003 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. The South Carolina Dental Practice Act 2003 can be accessed at: <http://www.scstatehouse.gov/code/t40c015.php> The only setting for which DHEC has established for the public health program is the South Carolina's public schools.

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." Each program provides DHEC with 1) Documentation of the name(s) of the Supervising Dentist(s) and 2) the completed Standing Orders for Dental Hygienists and if applicable, Dental Assistants that have been signed by the Supervising Dentist. Standing orders are to be submitted prior to the final execution of the Memorandum of Agreement.

Any dentist who accepts the responsibilities of a Supervising Dentist, regardless of whether he/she is billing for services for treatment, is clinically responsible for the care and treatment of each patient.

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 practices 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 South Carolina 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.

Each SDPP will provide DHEC with a copy of the supervision protocol no later than **September 1st** of each school year.

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 new supervising dentist and SDPP.

***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/Newsletters/2009FallNewsletter.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.	✓	✓	✓

Mobile Dental Facilities and Portable Dental Operations

Please access the following document that contains Regulations Section 39-18 for Mobile Dental Facilities and Portable Dental Operations. In 2009, the Board of Dentistry added Regulation 39-18 to implement Section 40-15-172 of the 1976 Code of Laws of South Carolina, regarding requirements of mobile dental facilities and portable dental operations by defining terms and providing for the issuance and renewal of registration.

This regulation applies to an organization or dental practice utilizing a licensed dentist or dental hygienist to operate a mobile dental facility or portable dental operation who:

1. provides dental or dental hygiene services; and,
2. does not have a physically stationary office at the location where the services are provided.

Access entire document at: <http://www.scstatehouse.gov/coderegs/c039.php>

Section 3: DHEC School-Based Dental Prevention Program Implementation

Since the inception of the program following the Dental Practice Act 2003 changes, South Carolina Department of Health and Environmental Control (DHEC) has developed, implemented 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 maintain the following policy and procedures:

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 protocol and procedures
6. Follow up protocol and procedures
7. Supervision protocol
8. Data management protocol
9. Quality assurance plan including sealant application and sealant retention checks protocols –short and long term.
10. SC Dental Practice Act

Refer to the Safety Net Dental Clinic Manual, Chapter 4 Clinic Operations for information and examples. Access at: <http://www.dentalclinicmanual.com/chapt4/index.html>

A copy of all written, including but not limited to the above SDPP's policy and procedures should be submitted annually to DHEC **no later than September 1** of each school year. To ensure the health, safety and privacy of school aged children served by SDPP's in the public setting (public schools), DHEC has the right to review all the SDPP's policy and procedures and notify the regulatory agencies if such policy and procedures are not in compliance with the requirements of the state and federal laws set forth by the regulatory agencies.

Parent/Patient Forms

A packet or CD containing a copy of all forms (for example: consent form, HIPAA notice, etc.) utilized by the program will be submitted to DHEC with signed Memorandum of Agreement.

Infection Control

Programs must adhere to OSHA and NIOSH 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 Statement on Infection Control in Dentistry- Access at: <http://www.ada.org/1857.aspx>
- ✓ Occupational Safety and Health Administration (OSHA) regulations and interpretations—Access at: <http://www.osha.gov/SLTC/dentistry/index.html>
- ✓ IC Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment – OSAP. Access at: <http://www.osap.org/?page=ChecklistPortable#checklist>

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 40 percent (40%) 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.”

SDPP will provide preventive dental services to those schools identified by DHEC as meeting the criteria listed on the “South Carolina Students on Free-Reduced Lunch and/or Medicaid Data Based on Precode and Medicaid Eligibility Report” as part of the DHEC SDPP program.

If the individual SDPP plans to serve a school that is not eligible to participate in the DHEC School-based Dental Prevention Program, it is the responsibility of that individual SDPP to ensure that a waiver application is submitted by the school to the DHEC Division of Oral Health prior to entering the school for services.

No dental preventive services will be provided to a school that is not eligible to participate with the DHEC School-based Dental Prevention Program, until SDPP is notified by DHEC that the school’s waiver application is **approved** by the Division of Oral Health.

Waiver Criteria for the application

A school that does not meet the qualifying criteria **must** submit a waiver request in writing to the DHEC Division of Oral Health, identifying the unmet oral health needs of their students based on documented evidence as outlined in the table 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?	Through local school district ✓ http://ed.sc.gov/data/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 2012 –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, afford ability); Oral health care providers (dentists, dental hygienists); School personnel (teachers, nurses, principals); Health care providers (pediatricians, clinic providers, etc) Local leaders (elected officials, community leaders, etc)	Surveys conducted in the school and community Interviews with community leaders
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://www.hrsa.gov/shortage/ http://www.scdhec.gov/Health/docs/SC%20Dental%20HPSA%20by%20Type.pdf
5.	Medicaid and SCHIP Coverage Utilization of dental services by Medicaid and SCHIP eligibles; Local Dentists participation in Medicaid/SCHIP.	Contact DHHS Medicaid Department

School List

SDPP will provide DHEC with the list of districts and schools that they plan to deliver school-based preventive dental services by **September 1st** of each school year. Each SDPP will receive a list of schools for their specific district/s from DHEC. Please designate the specific schools the SDPP plans to serve in the upcoming school year. Send completed SDPP District and School List no later than **September 1st of each school year** to the address: DHEC, Division of Oral Health, and P.O. Box 101106, Columbia, SC 29211.

SDPP MOA with School/ School District

SDPP will inform DHEC prior to entering into negotiations with a school district, for the planning and implementation of a school-based dental prevention program. Once an agreement has been signed, a copy of the agreement between the program and school district or individual schools must be sent to the South Carolina Department of Health and Environmental Control Division of Oral Health, Box 101106, Columbia, SC 29211. **All SDPP MOAs will include a description of the relationship between SDPP and DHEC and be consistent with the requirements of the South Carolina Dental Practice Act 2003.** DHEC shall be notified immediately of the termination of any agreements with schools or school districts.

No dental preventive services will be provided to a school until the SDPP receives a written acknowledgment by DHEC that a copy of the business agreement or MOA between the SDPP and the school or its district is received and reviewed by Division of Oral Health.

School Entry Template

SDPP must notify DHEC in writing prior to entering a school for delivery of school-based dental services, utilizing the Division of Oral Health approved School Entry Template. The SDPP will email or fax the School Entry Template to DHEC **prior** to entry into each school for **each** service period. This template should be submitted by fax or e-mail **one (1) business day prior** to

the **first** day that a program begins providing services in a school. A separate template should be submitted **each time** the program begins a **new** session at a school. This includes **repeat sessions** if there has been a time lag (at least a day) between prior sessions at the **same school** in the **same school year**. The School Entry Template includes: 1) name of district; 2) school name; 3) SIDN for school; and, 4) date(s) of service including the first day and last day of service in the school. Completed School Entry Template will be e-mailed (gravelwj@dhec.sc.gov) or faxed (803-898-2065) to W. Gravelle **one business day prior** to the first day the DH or DA begins a new school assignment.

The SDPP will not enter a school for delivery of school-based dental preventive services without Division of Oral Health acknowledgement of prior written notification.

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, treatment 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 biannually and addressed in more detail in the Data Management Section of the program guidance).
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/docs/Dental%20Screening%20Guidelines%20Final%2007%2021%202008.pdf>

The Division of Oral Health utilizes the Association of State and Territorial Dental Directors-Basic Screening Survey (ASTDD BSS) protocol to develop a training presentation for all SDPP staff to fulfill the DHEC SDPP reporting requirements set forth in this Program Guidance and the MOA. ASTDD-BSS Training Presentation customized for the DHEC SDPP is available at Division of Oral Health and will be known as DHEC BSS training presentation. All DHEC School-based Dental Prevention Programs are required to provide the BSS training presentation to all staff on annual basis before **September 1st** of each school year. Documentation that staff has completed/reviewed the training should be submitted to DHEC **by September 1st** utilizing the SDPP Employees Training / Program Guidance Review Checklist provided with this Program Guidance.

All DHEC School-based Dental Prevention Program's new employee(s) must complete the BSS training, review and receive a copy of the Public Health Program Guidance within 30 days of their employment. It is the responsibility of the SDPP to notify DHEC immediately and submit documentation utilizing the SDPP New Employee Training/Program Guidance Receipt Form provided with this Program Guidance. Access to other 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 (provided in the DHEC BSS training presentation). 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.

It is the responsibility of each SDPP to comply with all applicable federal, state and local laws, regulations, ordinances and the provisions of the Dental Practice Act 2003 required to operate a mobile dental unit in a public health setting (Section 40-15-172).

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

Patient Referral Protocol

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 not receive preventive services by SDPP before receiving treatment for the urgent conditions.

Each SDPP is required to submit its Policy and Procedure for Patient Referrals to DHEC which includes strategies, action steps and specific information on how the SDPP documents a completed referral for a Code 2: Urgent/Emergency need for dental care. Documentation must indicate how the patient will be referred for emergency dental services, how the patient will be counseled to seek an annual examination by a licensed dentist and describe the follow-up mechanism that is in place to determine if the patient has received dental services following referral. The Data Collection Checklist includes a specific section for completion of dental referrals, to be completed and submitted bi-annually.

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. A professional dental prophylaxis is not required before placing dental sealants and evidenced based guidelines should be used when placing fluoride varnish on a child.

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>
J Am Dent Assoc 2009;140;1356-1365

Sealant Recommendations and Quality Assurance:

Consistent with 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.”

Sealant Retention Protocol:

Sealant Retention Protocol should provide the evaluation measures that will be taken to ensure long-term retention of the sealants. A copy of the Sealant Retention protocol must be submitted to DHEC by **September 1st** of each school year.

DHEC SDPP Sealant Retention Checks for Data Submission:

From nine (9) to fifteen (15) months after placement of dental sealants, a sealant retention check will be conducted by the program. Methodology is to be established in collaboration with the Centers for Disease Prevention and Control (CDC). Explanation of the sealant retention check for data submission purpose is provided on the data collection checklist included in this Program Guidance.

The remainder of this section is intended as information for the SDPP:

In 2009, Gooch et al. released the recommendations developed by the Centers for Disease Control and Prevention sponsored expert workgroup School-Based Sealant Programs in the *Journal of the American Dental Association*. These recommendations support policies and practices for school-based dental sealant programs that are appropriate, feasible and consistent with current scientific information.

Table 4: Summary of Recommendations

TOPIC	RECOMMENDATION
Indications for Sealant Placement	Seal sound and noncavitated pit and fissure surfaces of posterior teeth, with first and second permanent molars receiving highest priority.
Tooth Surface Assessment	Differentiate cavitated and noncavitated lesions. <ul style="list-style-type: none"> • Unaided visual assessment is appropriate and adequate. • Dry teeth before assessment with cotton rolls, gauze or, when available, compressed air. • An explorer may be used to gently confirm cavitations (that is, breaks in the continuity of the surface); do not use a sharp explorer under force. • Radiographs are unnecessary solely for sealant placement. • Other diagnostic technologies are not required.
Sealant Placement and Evaluation	Clean the tooth surface. <ul style="list-style-type: none"> • Toothbrush prophylaxis is acceptable. • Additional surface preparation methods, such as air abrasion or enameloplasty, are not recommended. • Use a four-handed technique, when resources allow. • Seal teeth of children even if follow-up cannot be ensured. • Evaluate sealant retention within one year.

Content of Table 4 is adapted from: Gooch, BF, Griffin, SO, Miller, S, Sanzi-Schaedel, SM, Mallat, RM, Kumar, J, Lampiris, L, Donly, HH, Hill, LF, Burnson, D, Siegal, Mark, Fontana, M, Kolvaic, G, Kohn, WG, Rozier, RG, Simonson, BI, Zero, D. “Recommendations and Reviews of Evidence School-Based Sealant Programs”, *Journal of the American Dental Association* 2009;140:1356-1365. Access article at: <http://jada.ada.org/cgi/content/full/140/11/1356>

Sealant Retention Checks—Short Term

Short term sealant retention checks are conducted by the individual 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 individual SDPP’s quality assurance program. 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 Guidance has been adapted from the Ohio Department of Health, Bureau of Oral Health Services School-based Dental Sealant Program (S-BDSP) Manual. Revised in August 2012. Access at: <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ohs/oral%20health/Dental%20Sealant%20Manual%202012.ashx>

Section 4: Data Management and Monitoring

School-based Dental Prevention Program (SDPP) Technical workgroup

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 2003 Section 40-15-110. Utilizing a collaborative management approach, the DOH staff has come together as a team to manage the program. The Program Coordinator will coordinate the activities of the SDPP Technical Workgroup. The workgroup implements surveillance and evaluation activities for all public-private partnerships currently participating in the program. The Director of the Division of Oral Health will review policies and program operations to ascertain opportunities for quality improvement; and provide technical support as needed. Additional members of the SDPP Technical Workgroup and their respective duties include: 1) Administrative Assistant, who will provide the DHEC SDPP administrative duties and management of the program inventory database; 2) Evaluation Consultant, who will work closely with the DOH, 3) the Epidemiologist, and 4) the Division of Research and Statistics to conduct an in-depth analysis of the DHEC SDPP based on objectives from the state oral health plan; and, 5) Education/Outreach Specialist, who will provide technical assistance in regards to education of the students and parents.

Table 5: Key Management Activities of the DHEC School Sealant Program.

Activity	Person Responsible	Time Frame
Department of Education School Information: <ul style="list-style-type: none"> ⊕ Access Free/Reduced Lunch Program participation School List for previous school year ⊕ Access list of districts/schools ⊕ Send Free/Reduced Lunch Program participation School List to DHEC MOA programs ⊕ Send updated districts/schools list to DHEC MOA programs for verification ⊕ Return updated school participation lists for school year. 	Epidemiologist Administrative Assistant Administrative Assistant Administrative Assistant DHEC MOA Programs	August each school year August each school year Ongoing
School Participation <ul style="list-style-type: none"> ⊕ Schools selected for DHEC MOA program have a participation rate of 40-% or higher with the Free/Reduced Lunch Program. 	Districts/schools	August of each school year or when applicable.

Activity	Person Responsible	Time Frame
<p>School Participation</p> <ul style="list-style-type: none"> ⊕ Request waivers for schools below 40% participation with the Free/Reduced Lunch Program using the E-rate School List. ⊕ Review criteria and determine eligibility for waiver. 	<p>Districts/schools</p> <p>DOH</p>	<p>August of each school year or when applicable.</p>
<p>Memorandum of Agreement:</p> <ul style="list-style-type: none"> ⊕ Reviewed annually; changes made if indicated ⊕ MOA submitted to Contract Management ⊕ MOA prepared and sent with supporting documents including Standing Orders for Dental Hygienists, Dental Assistants, Supervising Dentist Form, and DHEC School Dental Program Guidance Receipt Form to DHEC MOA Programs. ⊕ MOA are returned to DHEC with all supporting documents. ⊕ MOA is fully executed ⊕ Any changes in: Standing Orders, Supervising Dentists, new districts or schools require notification to DHEC ⊕ Compliance with MOA is monitored by DHEC. 	<p>SDPP Technical Workgroup; DHEC MOA programs Agency Administration</p> <p>DOH , Administrative Assistant, Contract Management</p> <p>DHEC MOA Programs</p> <p>Contracting/Agency Leadership DHEC MOA Programs</p> <p>DOH Staff</p>	<p>February</p> <p>March</p> <p>March/April As needed throughout the year.</p> <p>June/July</p> <p>June/July</p> <p>Immediate</p> <p>Ongoing</p>
<p>Compliance with MOA is monitored:</p> <ul style="list-style-type: none"> ⊕ Monitor compliance with the MOA and the SDPP Program Guidance requirements ⊕ Semi-annual review of data submission. 	<p>Program Coordinator</p> <p>Epidemiologist; DRS</p>	<p>Quarterly</p>

Activity	Person Responsible	Time Frame
Evaluation is conducted: ♦ Mid-Semester ♦ Final evaluation report completed and shared with DHEC Administration. Success Story completed by each program	Epidemiologist; DOH Director and Coordinator	Mid-Semester Annual

Oral Health Needs Assessment

The SDPP will cooperate with statewide oral health needs assessment as designated by DHEC.

Division of Research and Statistics

The Division of Oral Health (DOH) and the Division of Research and Statistics (DRS) 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 DRS, which then integrates them into one database. For programs without an electronic data collection system, DRS has developed a data collection instrument. Those entering data in the DRS 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. DRS 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 School-based Dental Prevention Program Technical Workgroup review the DRS aggregate data report to assess quality and make management decisions on the data collection process.

Providing Feedback

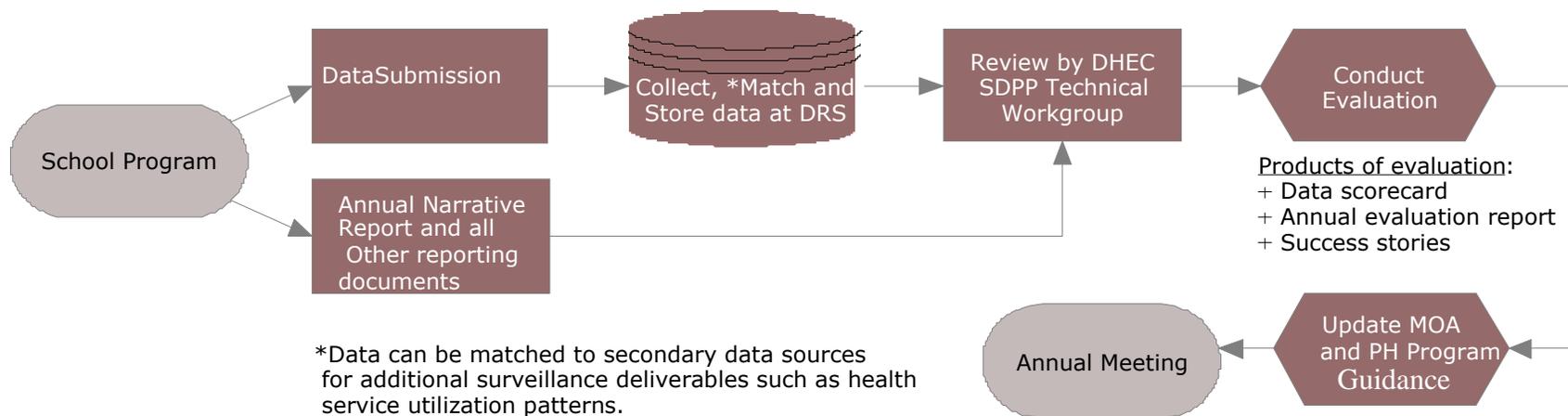
The SDPP Technical Workgroup provides opportunities for the programs to review their data. Annually, the Epidemiologist produces an Aggregate Annual Evaluation Report of the previous school year. This report lists the preventive and restorative programs operating with a DHEC MOA and the school districts served by each program. Additionally, the report highlights any challenges and successes experienced by the DHEC School-based Dental Prevention Program over the last year. The Aggregate Annual Evaluation Report will be provided to each School-based Dental Prevention Program. The Aggregate Annual Evaluation Report is a snap shot view of the annual data provided. Communication between the DOH and the School Dental Prevention Program has improved considerably with the addition of this new tool for providing data updates. The Aggregate Annual Evaluation Report will be distributed electronically or during the Annual SDPP Meeting. The meeting is designed so the programs can have an open

dialogue with the SDPP Technical Workgroup members to discuss any data collection problems. This meeting is also an opportunity for the SDPP Technical Workgroup to update the programs with any changes to the program Memorandum of Agreements for the following year.

Public School Children Chapter of the State Oral Health Plan (SOHP)

The SDPP Technical workgroup assists in the monitoring of the State Oral Health Plan objectives for the Public School Children Chapter. The DOH Program Coordinator facilitates the workgroup. The group meets regularly to discuss the prioritized objectives and to evaluate their current progress.

DHEC School –Based Dental Prevention Program Implementation Process



Section 5: Reporting Requirements

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

Data Submission- Program data reports must be completed and submitted electronically to the Division of Research and Statistics (DRS) by the **15th of the month of January and June**.

Data Collection Checklist – This checklist is used to describe how each required data slicer has been titled and coded. The data collection checklist must be completed and returned to the DHEC Division of Oral Health by **the 1st of September** of each school year.

Employee Training/ Program Guidance Review Checklist- This checklist is a mandatory requirement that the supervising dentist is to submit as a documentation that the program’s employees have read and reviewed the DHEC Basic Screening Survey training presentation and the Public Health Program Guidance. This checklist must be completed and returned to the DHEC Division of Oral Health by the **1st of September** of each school year.

Annual Narrative Report- A program narrative report must be submitted electronically to DHEC by June 15th of each school year. Narrative reports must include 1) program strengths; 2) barriers/challenges that the program faced; 3) factors that may have impacted program services; 4) a success story; 5) a completed educational outreach template; and, 6) any other significant factors.

Success Story – Each program must submit at a minimum of one success story. The story should demonstrate how the program connects a child to a local dental system of care. Success stories can also demonstrate how your program successfully collaborates with the community to improve the welfare of an individual and/or the community. 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. The success story collection tool is found in Section 6 of the Program Guidance.

A guide for developing a success story can be downloaded from the (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 guidance. Simply follow the success story criteria outline provided by the CDC to write your story.

Completed Educational Outreach Template – 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.

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

Educational Outreach Activity Report Tool– This tool 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 Template. This is an optional tool and does not need to be submitted to DHEC with the annual narrative report. The Educational Outreach Tool is found in Section 6 of the Program Guidance.

SDPP Annual Meeting- This is a mandatory meeting for all SDPP. The intent of the meeting is to update the SDPPs on the changes of the MOA and the Program Guidance for the new coming school year; review the accomplishments and /or issues encountered in the previous year; and develop strategies to improve in the future. The SDPP Dental Director/Supervising Dentist as well as the SDPP Program Director/Clinical Director/Program Coordinator must attend the annual meeting. Any other SDPP staff is encouraged to but not required to attend the annual meeting.

SDP Program Roster- SDPP must provide to the Division of Oral Health no later than **September 1st** of each school year with a current program roster. The roster must include the names and job titles of all SDPP staff that provide services in the public school setting and /or handle and/ or are exposed to personally identifiable information and protected health information. Such program staff includes but is not limited to: dental hygienists, dental assistants, supervising dentist, community outreach person, data entry/ data manager and IT support staff, administrative staff etc.

Section 6: School-Based Dental Prevention Program Supporting Documents

<i>Data Collection Checklist</i>	pg. 21- 25
<i>Waiver Application</i>	pg. 26
<i>Information/Staffing Change Form</i>	pg. 27
<i>Employee(s) Training/Program Guidance Review Checklist</i>	pg. 28
<i>New Employee Training/ Program Guidance Receipt Form</i>	pg. 29
<i>Program Guidance Receipt Form</i>	pg. 30
<i>Standing Orders for Dental Hygienists</i>	pg. 31
<i>Standing Orders for Dental Assistants</i>	pg. 32
<i>Success Story Collection Tool</i>	pg. 33-34
<i>Educational Outreach Template</i>	pg. 35
<i>Example: Completed Educational Outreach Template</i>	pg. 36
<i>Educational Outreach Activity Tool</i>	pg. 37
<i>School Entry Template</i>	pg. 38

DATA ELEMENTS CHECKLIST: Participating programs should review this list to ensure that their data collection and reporting systems are such that they are able to collect and report ALL fields listed. A completed checklist must be submitted to DHEC by **September 1st** of each school year, to verify programs' intent and capability to comply with complete reporting of all data elements.

Name of Your Program:	
DATA ELEMENTS	Your Check Here indicates that your program will supply this data element as described for each individual patient
1-Locations	
A) School Name – Full name of school – no abbreviations	
B) School ID – 7 Digit SC State Department of Education code Example: The SCHOOL 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) Current Grade – Please report according to these categories: 1. K-4 2. K-5 3. Grades 1 – 12 – specify actual grade 4. Special Education – only where a grade cannot be accurately determined 5. Child Development – only where a grade cannot be accurately determined	
B) Patient ID – Unique Identifier: This is the code that your software system uses to identify the patient	
C) Social Security Number – for all patients	
D) Medicaid Number – for eligible patients	

<p>E) Race – Report race according to the following guidelines</p> <ol style="list-style-type: none"> 1. Black or African American 2. White 3. Other <ul style="list-style-type: none"> • “Other” includes “multiple races” • “Other” includes “Asian”, “American Indian”, “Native Alaskan”, “Native Hawaiian”, “Pacific Islander”, and any race that is not Black/African American or White • “Other” does NOT include Hispanic: Hispanic is to be reported as an ethnicity—not a race. • NOTE: If a patient has been previously coded as “Hispanic” for Race, that patient must now have a race coded as “Black/African American”, “White”, or “Other” according to the descriptions above 	
<p>F) Ethnicity – Please report this additional data element for ALL Races – including “Black/African American”, “White”, and “Other.”</p> <ol style="list-style-type: none"> 1. Hispanic 2. Not Hispanic <p>NOTE: Alternately, the program may choose to record Race and Ethnicity in one data field instead of two, If a program so chooses, the program shall report using the following categories ONLY:</p> <ol style="list-style-type: none"> 1. Black/African American Hispanic 2. Black/African American Not Hispanic 3. White Hispanic 4. White Not Hispanic 5. Other Hispanic 6. Other Not Hispanic 	
<p>G) DOB – Patient’s date of birth</p>	
<p>H) Gender – Male or female</p>	
<p>I) First Name – No nicknames</p>	
<p>J) Last Name</p>	
<p>3-Dental screening by RDH—Basic Screening Survey (BSS)</p>	
<p>A) Sealant Present – At screening, whether a child has sealant – partially or fully retained at least on one tooth</p> <ol style="list-style-type: none"> a. NO Sealant = Code 0 b. At least one Sealant = Code 1 	
<p>B) Untreated Caries – At screening, whether child has at least one untreated cavity in a primary or permanent tooth</p> <ol style="list-style-type: none"> a. NO Untreated Cavities = Code 0 b. Untreated Cavities = Code 1 	

<p>C) Caries Experience – At screening, whether child has caries experience– at least one primary or permanent tooth filled or decayed</p> <p>a. NO Caries Experience = Code 0 b. Caries Experience = Code 1</p> <p>NOTE: When Untreated Caries = 1, then Caries Experience = 1</p>	
<p>D) 1st Molar Screening Caries Experience – Total # of 1st permanent molars with treated (Filled) or untreated caries (Decayed) collected at screening Code =(0, 1, 2, 3, or 4)</p> <p>NOTES:</p> <ul style="list-style-type: none"> • Alternately, caries experienced may be reported by tooth number. 	
<p>E) 2nd Molar Screening Caries Experience – Total # of 2nd permanent molars with treated (Filled) or untreated caries (Decayed) collected at screening Code = (0, 1, 2, 3, or 4)</p> <p>NOTES:</p> <ul style="list-style-type: none"> • Alternately, caries experienced may be reported by tooth number. 	
<p>F) Referral – At screening, whether child has been referred to dentist for treatment of any kind, whether for routine care, early treatment or urgent treatment.</p> <p>1. NO Referral = Code 0 2. Referral = Code 1</p>	
<p>G) Treatment Urgency – At screening, whether child needs dental care based on treatment urgency</p> <p>1. NO obvious dental need, routine care = Code 0 2. Early dental care = Code 1 3. Urgent dental care = Code 2</p>	
<p>H) Referral Met – For child with urgent dental need (Code 2) on date of service, treatment was provided.</p> <p>1. NO referral met = Code 0 2. YES Referral Met = Code 1</p>	
4-Services Provided	
<p>A) Date of Service – All dates on which screening and/or treatment was provided</p>	
<p>B) Child Received Fluoride Treatment – on date of service yes/no</p>	
<p>C) Child Received Prophylaxis Care – on date of service yes/no</p>	
<p>D) 1st Molar Sealant Placed -Total number of Sealant(s) Child Received on Permanent 1st Molars on date of service Code= (0, 1, 2, 3, or 4)</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Alternately, sealants placed may be reported by tooth number. 	
<p>E) 2nd Molar Sealant Placed -Total number of Sealants Child Received on Permanent 2nd Molars on date of service Code= (0, 1, 2, 3, or 4)</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Alternately, sealants placed may be reported by tooth number. 	

<p>F) Sealants Placed on Teeth Other Than 1st and 2nd Permanent Molars on date of service</p> <ol style="list-style-type: none"> 1. No sealants placed on date of service on any other teeth Code= 0 2. Yes sealants placed on date of service on any other teeth Code= (1, 2, 3, 4, 5, 6, 7, or 8). <p>NOTE:</p> <ul style="list-style-type: none"> • Alternately, sealants placed may be reported by tooth number. 	
5-Sealant Present & Sealant Retention	
<p>A) 1st Molar Sealants Present – Total # of dental sealants present (only fully retained) on 1st permanent molars regardless of whether sealant was placed by SDPP program or not.</p> <ol style="list-style-type: none"> 1. No (fully retained)sealants present in any of the 1st molars = Code 0 2. Yes (fully retained) sealants present on the 1st molars = Code 1, 2, 3, or 4 <p>NOTES:</p> <ul style="list-style-type: none"> • Alternately, sealants present may be reported by tooth number. 	
<p>B) 2nd Molar Sealants Present – Total # of dental sealants present (only fully retained) on 2nd permanent molars regardless of whether sealant was placed by SDPP program or not.</p> <ol style="list-style-type: none"> 1. No (fully retained)sealants present in any of the 2nd molars = Code 0 2. Yes (fully retained) sealants present on the 2nd molars = Code 1, 2, 3, or 4 <p>NOTES:</p> <ul style="list-style-type: none"> • Alternately, sealants present may be reported by tooth number. 	
<p>C) Sealant Retention (FULLY RETAINED) on 1st Molars – 9 to 15 months after placement –Sealant retention should be calculated based on FULLY RETAINED sealants that YOUR PROGRAM placed LAST YEAR (School Year 2012-2013)</p> <ul style="list-style-type: none"> • Total number of fully retained sealants PLACED BY PROGRAM present on any of the 1st molars = Code (0, 1, 2, 3, or 4) <p>NOTE: Alternately, sealants retained may be reported by tooth number IF AND ONLY IF sealants placed in the previous school year were reported by tooth number AND patient IDs reported for patients in previous year have not changed.</p>	
<p>D) Sealant Retention (FULLY RETAINED) on 2nd Molars – 9 to 15 months after placement –Sealant retention should be calculated based on FULLY RETAINED sealants that YOUR PROGRAM placed LAST YEAR (School Year 2012-2013)</p> <ul style="list-style-type: none"> • Total number of fully retained sealants PLACED BY PROGRAM present on any of the 2nd molars = Code (0, 1, 2, 3, or 4) <p>NOTE: Alternately, sealants retained may be reported by tooth number IF AND ONLY IF sealants placed in the previous school year were reported by tooth number AND patient IDs reported for patients in previous year have not changed.</p>	

<p>E) Insurance or Payment Source – Report insurance according to what payment source(s) the patient was eligible for on date of service only:</p> <ol style="list-style-type: none"> 1. “Private Insurance” = Include only patients with private insurance. 2. “Medicaid” = Include only patients who were eligible for Medicaid on date of service. 3. “Medicaid AND Private Insurance” = Include patients who had both private insurance and Medicaid payable on date of service. 4. “No Insurance/Self Pay” – Include all patients who were ineligible for any insurance. These would be the patients who were not eligible for Medicaid on date of services and who had no private insurance available. 	
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Submitted by:

Signature

Date

Title

Please complete and forward this document to:
DHEC, Division of Oral Health, P.O Box 101106, Columbia, SC 29211
Division of Oral Health Contact Information: Phone: (803) 898-0194 Fax: (803) 898-2065

SCDHEC School Dental Prevention Program Waiver Application

Eligibility for DHEC School-based Dental Prevention Program

School eligibility for participation in the SCDHEC School-based Dental Prevention Program is based on the “South Carolina Students on Free-Reduced Lunch and/or Medicaid Data Based on Precode and Medicaid Eligibility Files Report”. A participating school is defined as having forty percent (40%) or higher student population on Free-Reduced Lunch and/or Medicaid.

Waiver Application by School

If a school is not eligible for participation in the DHEC School-based Dental Prevention Program, the *school* can submit a written request for a waiver to participate in the School-based Dental Prevention Program based on documented evidence of unmet oral health needs of their students.

Evidence of Unmet Dental Needs

The DHEC School-based Dental Prevention Program will use any of the following criteria to determine if there are unmet dental needs:

- 2012-2013 Oral Health Needs Assessment Data;
- Poverty index for community;
- Number of dentists and ratio of dentists to the population;
- Federal designation as a dental health professional shortage area; or
- Children identified with toothaches by the school nurses.

Once the school has completed the waiver application (written request), it is sent to:

South Carolina Department of Health and Environmental Control
Division of Oral Health
P.O. Box 101106
Columbia, SC 29211

**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 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: _____

Program Information Change Requested: (Check appropriate boxes)

Program name: _____

Contact Person: _____

Street Address: _____

Mailing Address: _____

Phone numbers: _____

Fax: _____

Email: _____

Staff Change Requested: (One form per staff member-Check appropriate box)

Add Remove Change

Dental Assistant Dentist

Dental Hygienist Other: _____

(specify)

Name: _____ SC License #: _____ (If applicable)

Signature of Person Requesting Change

Printed Name of Requestor

Please Complete and Forward this Document to:
SC DHEC, Division of Oral Health, P.O. Box 101106, Columbia, SC 29211
Division of Oral Health Contact Information: Phone: (803) 898-0194 Fax: (803) 898-2065

**South Carolina Department of Health and Environmental Control, Division of Oral Health
School-based Dental Prevention Program
New Employee Training/ Program Guidance Receipt Form**

It is mandatory to use this form as documentation that the program's new employee has received training on the DHEC Basic Screening Survey (BSS) and received a copy of the SDP Program Guidance **within 30 days** of his/her employment.

Employment date: _____

PROGRAM INFORMATION ON FILE:	
Program name:	_____
Contact Person:	_____
Street Address:	_____ _____
Mailing Address:	_____ _____
Phone numbers:	_____ _____
Fax:	_____
Email:	_____

Name of the New Employee _____
SC License #: _____
DHEC BSS Training completed on _____
DHEC SDP Program Guidance received and reviewed on: _____

Submitted By Supervising Dentist (Print Name)

Supervising Dentist (Signature)

Date

**Please Complete and Forward this Document Immediately to:
SC DHEC, Division of Oral Health, P.O. Box 101106, Columbia, SC 29211
Division of Oral Health Contact Information: Phone: (803) 898-0194 Fax: (803) 898-2065**



Catherine B. Templeton, Director

Promoting and protecting the health of the public and the environment

Please sign and retain a copy of this document for your records and return the original form with your signed Memorandum of Agreement:

“I have received a copy of the *South Carolina Department of Health and Environmental Control School Dental Prevention (SDP) Program Guidance*, dated January 30, 2004, **revised May 1, 2014**. I have read and understand the manual contents. I understand pursuant to my participation as a provider in the School Dental Prevention Program that I am bound by the program requirements as set forth in the SDP Program Guidance, and incorporated by reference in the Memorandum of Agreement. I also understand that any modifications to the program will be incorporated into the SDP Program Guidance and that I will be provided a copy at the time of the modification is effective.”

Signature

Date

Chief Operating Officer

Organization or Company Name

Signature

Date

Supervising Dentist

Organization or Company Name

**South Carolina Department of Health and Environmental Control, Division of Oral Health
School-based 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 setting 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 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.	

Dental Hygienist: Please check all additional procedures that you will perform

Procedure	Check all that apply
Perform oral screenings using DHEC approved screening system.	
Provide oral hygiene instruction and counseling	
Provide tobacco cessation counseling.	
Provide nutrition and dietary counseling	

Dental Hygienist (Please Print)

Date

License #

Dental Hygienist (Signature)

Program Supervising Dentist (Please Print)

Date

License #

Program Supervising Dentist (Signature)

Supervising Dentist Office Address and Phone Number:

Copy received and reviewed by:

DHEC Division of Oral Health

Date

**Please Complete and Forward this Document to:
SC DHEC, Division of Oral Health, P.O Box 101106, Columbia, SC 29211
Division of Oral Health Contact Information: Phone: (803) 898-0194 Fax: (803) 898-2065**

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 liability insurance.

**South Carolina Department of Health and Environmental Control, Division of Oral Health
School-based Dental Prevention Program
Standing Orders for Dental Assistants**

Introduction:

The following standing orders outline specific authorizations for Dental Assistants (DA) for their assistance in the delivery of public health dental 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 DA. Standing orders must be authorized every year.

Documentation:

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

Consultation and Referral:

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

Standing Orders:

_____, 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 DA you will supervise.

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

Dental Assistant (Please Print)

Date

License # (if applicable)

Dental Assistant (Signature)

Program Supervising Dentist (Please Print)

Date

License #

Program Supervising Dentist (Signature)

Supervising Dentist Office Address and
Office Phone Number:

Copy received and reviewed by:

DHEC Division of Oral Health

Date

**Please Complete and Forward this Document to:
SC DHEC, Division of Oral Health, P.O Box 101106, Columbia, SC 29211
Division of Oral Health Contact Information: Phone: (803) 898-0194 Fax: (803) 898-2065**

Success Story Data Collection Tool	
Program Information	
Success Story Item	Your Answer
Contact name:	
Contact information:	Address: Email: Office number: Cell phone: Best time to call:
Employer/Organization name:	
Focus of the Story	
Proposed Title of the Success Story: This should include your program’s name and grab the attention of your audience.	
Focus/Theme of the story: Focus might be on collaboration with partners, a community prevention initiative, advocacy efforts, using data to engage stakeholders, etc.	
Point of view: The story should be from the perspective of those who benefited from the program: a participant, family member, friend, etc.	
Audience(s): Who is the intended audience for the story?	
The public health/community need for this program:	
Background of the Story	
Time period of achievement:	
Location of the story:	
Program target group:	
Name and contact information of one participant to interview:	Contact Information: Name: Address: Telephone Number:
How did you accomplish your success? <ul style="list-style-type: none"> ● What actions did you perform? ● Who was involved? ● How long did it take to accomplish? ● Estimated costs and funding source(s). ● Partners involved (would they be willing to include their logo in a one-page document?) <p><i>Think in terms of replication. What would your audience need to know to replicate your program?</i></p>	

Environmental context and barriers to success: What is the background of your program (context)? What barriers to success did you face and how did you overcome them?	
Key results or implications of success: Describe your most important results either at the participant, program, community, or environmental level.	
Quote from a participant: Do you have any specific quotes from participants or partners that would support this story? Please include the full contact information for the person(s) being quoted and a signed release form.	<p style="text-align: center;">Yes No</p> <p>Contact Information: Name: Address: Telephone Number:</p>
Program impact: Since the program was implemented, how is life different for program recipients? (Changes in culture/norms, organizations, and behavior; increased access to proven prevention practice or new product, etc.) What is the estimated number of people who have benefited from the program? Were there any (unintended) results that surprised you?	
Implications of the Story	
Next steps: What are the next steps that need to be taken to further or continue this effort?	
Lessons learned: What were the key elements that made this a success? What would you do differently?	
Publication Information	
Do you have a photo? Please attach photo (jpg file) and consent form.	Yes No
Do you have a program logo?	Yes No <i>If yes, please include an electronic copy with your submission.</i>

Please Complete and Forward this Document to:
SC DHEC, Division of Oral Health, P.O Box 101106, Columbia, SC 29211
Division of Oral Health Contact Information: Phone: (803) 898-0194 Fax: (803) 898-2065

Educational Outreach Template		
Program: _____		
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.	
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.	

Please complete and fax or email the form to:
Gerta Ayers, Program Coordinator
Fax: (803) 898-2065 Email: ayersh@dhec.sc.gov

Educational Outreach Template (Example)

Program: ABC SDPP

Program

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.	<i>CD was shared with 2nd grade teacher – October 15, 2014</i> <i>Conducted classroom activity for K-5 class on November 12, 2014.</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 on January 14, 2015.</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 on August 25, 2014.</i>
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 on January 16, 2015.</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 from August through October 2014.</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 2014.</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 in September 2014.</i>

Educational Outreach Activity Tool

Please complete this tool after completing an Educational Outreach activity and return it to your Program Coordinator. This will help the Oral Health Division determine the number and types of Educational Outreach that have taken place and determine if it is effective in educating teachers, parents and students about oral health.

Name: _____

Phone number: _____ Fax Number: _____

Email: _____

Information on the Activity:

Name of the School and/or Group

Approximate number of students and/or teachers reached _____

Briefly Describe the Educational Outreach that was done (i.e. distributed booklets, used CD, conducted activity):

I would rate this type of Educational Outreach as

Very Effective _____ **Effective** _____ **Somewhat Effective** _____ **Not Effective** _____

Do you plan on doing additional outreach? _____ *Yes* _____ *No*

Additional Comments: _____

Please complete and fax or email the form to:
Gerta Ayers, Program Coordinator
Fax: (803) 898-2065 E-mail: ayersh@dhec.sc.gov

NEW UPDATE

SCHOOL ENTRY TEMPLATE
WEEK/PERIOD OF: _____

PROGRAM: _____



STAFF PERSON(S)	SCHOOL DISTRICT	BEDS CODE	SCHOOL NAME	DATES OF SERVICE	
				FIRST DAY	LAST DAY

This form should be submitted by fax or e-mail prior to the first day that a program begins providing services in a school. A separate form should be submitted each time the program begins a new session at a school. This includes repeat sessions if there has been a time lag (at least one day) between prior sessions at the same school in the same school year. E-mail form to gravelwj@dhec.sc.gov. Fax form to: (803) 898-2065.

Please complete and email the form to:
Wesley Gravelle, Program Surveillance Coordinator, at E-mail: gravelwj@dhec.sc.gov