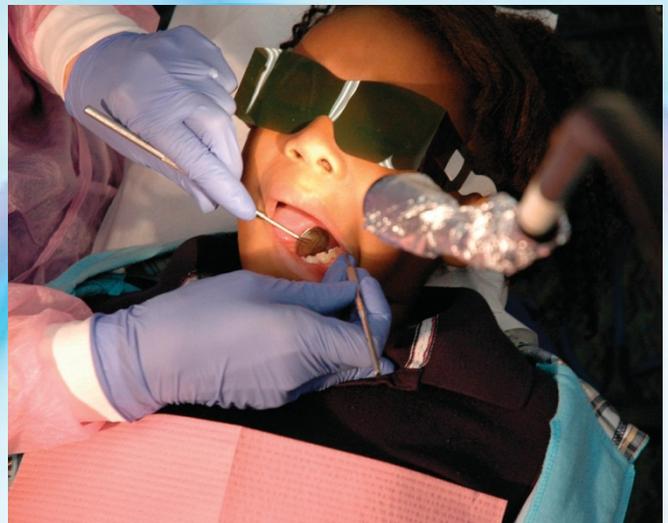




Ohio Department of Health

School-based Dental Sealant Program Manual

Bureau of Health Promotion 2016



For the user's convenience, there are links from the table of contents to the respective sections within the manual.

The updated 2016 version of the Ohio Department of Health, Bureau of Health Promotion School-based Dental Sealant Program Manual will not be printed for distribution; however, the up-to-date version of the manual will be available on the ODH Website at: <http://www.odh.ohio.gov/odhprograms/ohs/oralhealth.aspx>

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Introduction

Dental sealants are effective in preventing pit and fissure caries and are underused, particularly for children from low-income families who lack access to dental care. Since the mid-1980s, the Ohio Department of Health (ODH) has awarded grant funding to local agencies for the operation of school-based dental sealant programs (SBSPs). SBSPs seek to apply quality dental sealants in a cost-effective manner to the maximum number of Ohio's schoolchildren at high risk for dental caries by targeting schools with high rates of eligibility for the Free and Reduced Price Meal Program (FRPMP). ODH has one of the largest networks of SBSPs in the country, has published several articles about sealant programs and hosted a national SBSP conference and a national workshop on sealant guidelines. Ohio, therefore, has gained a national reputation as a leader in SBSPs.

As steward of the public funding it awards for SBSPs, ODH is responsible for assuring the positive impact of the SBSP by evaluating performance of each local program, as well as the overall statewide effort, and assisting local subgrantees to be successful. While the request for proposals (RFP) specifies ODH expectations of agencies receiving a SBSP grant, ODH created this manual to augment those expectations and to make them more readily available in an organized manner. This manual, developed with assistance from local Ohio SBSPs reflects professional recommendations from systematic reviews of the literature by expert panels convened by the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA). In addition, it incorporates information compiled by the Best Practices Committee of the Association of State and Territorial Dental Directors. The manual is available at <http://www.odh.ohio.gov/odhprograms/ohs/oralhealth.aspx> and is referenced in the RFP.

ODH SBSP subgrantees must comply with the requirements detailed in this manual.

Purpose

The purpose of the Dental Sealant Program Manual is to provide ODH funded SBSPs with an information base that is consistent with the state-of-the-science and to clearly state expectations of and standards for, ODH funded SBSPs. The RFP and the manual are the basis for evaluating ODH's statewide SBSP effort and the individual programs that comprise it.

Local Program Operations

Beyond the requirements specified by ODH in this manual and in the RFP, local subgrantees have leeway in deciding how to operate their SBSPs. Some examples include: programs shall select the sealant product to be used (<10% filler), shall choose to include additional information in program forms or how to stimulate return of consent forms. The manual discusses program requirements and some of the options that local subgrantees shall elect to use in their SBSPs.

Regulatory Compliance

Ohio State Dental Board (OSDB)

The OSDB regulates the practice of dentistry. Ohio's dental sealant programs must operate in accordance with the Dental Practice Act [Ohio Revised Code (ORC) Chapter 4715], and rules [Ohio Administrative Code (OAC) Chapter 4715], available on the OSDB Web site at <http://www.dental.ohio.gov>.

Of particular interest to dental sealant programs:

- All dentists and dental hygienists must be currently licensed by the OSDB. Biennial licensure renewal is required for dentists and dental hygienists. Licensure shall be verified on the OSDB Web site (<http://www.dental.ohio.gov>).
- Under the following conditions, a dental hygienist shall provide sealants without the dentist being physically present [ORC 4715.22 (D) (1-3)].
 - o The program is approved by the OSDB (see Appendix C at <http://www.dental.ohio.gov/FEB05BM.pdf> for a listing of approved programs).
 - o A supervising dentist must be employed by or volunteer for the approved agency and serve as an advisor and resource for the dental sealant team. Act as a liaison with the local dental community and be available for consults by telephone with staff on matters requiring dental decisions.
 - o Registered dental hygienists working in school-based dental sealant programs are able to identify appropriate teeth for sealants and apply dental sealants. This requires seeing each child once. Screening and tooth selection must not be a separate activity from sealant application.
- Dental hygienists working in school-based dental sealant programs are not required to meet the same supervision requirements as those working in a private practice when the dentist is out of the office [ORC 4715.22(C)].
- Although dental assistants and Expanded Function Dental Auxiliaries (EFDA) shall place sealants, a dentist must be present when they do, making this model inefficient, both from a time and cost perspective, for SBSPs.

OSDB regulations require appropriate infection control guidelines specific to the individual program and the portable dental environment. The OSDB Infection Control Manual is available at <http://www.dental.ohio.gov/icmanual.pdf>.

Occupational Safety and Health Administration (OSHA)

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

- A written exposure control plan must be developed and the plan must be updated annually.

- Infection control training is provided prior to employees working in an environment where exposure to blood or other potentially infectious materials shall occur and on an annual basis thereafter.
- Personal protective equipment, (gloves, eyewear/face shield/masks, protective clothing) must be worn by dental personnel.
- Appropriate hand washing must be performed.
- Instruments that can withstand heat must be sterilized in an autoclave. If the instruments cannot withstand heat, a high-level disinfectant must be used, according to the manufacturer's directions. Disposable items must not be re-used.
- The autoclave must be monitored weekly by biologic testing (spore test) for proper functioning.
- Environmental surfaces must be cleaned and disinfected. Barrier techniques must be used for items that are difficult to clean or disinfect (e.g., covering light handles).

The regulations and interpretations are available on the OSHA Web site at <http://www.osha.gov/SLTC/dentistry/index.html> and <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

There is a module about infection control in the school-based dental sealant distance learning curriculum at <http://www.ohiodentalclinics.com/curricula/sealant/index.html>. Also, additional infection control information is in this manual, beginning on page 8.

Compliance with ODH Policies

ODH Grants Administration Policy and Procedures (OGAPP)

All ODH subgrantees must comply with OGAPP which is administered by the ODH Grants Services Unit (GSU). Agencies that do not comply with OGAPP risk loss of grant funding and shall jeopardize their opportunities for future ODH funding. In addition to ODH program personnel, GSU consultants assist subgrantees in complying with OGAPP requirements and technical aspects of filing Grants Management Information System (GMIS) 2.0 reports. To obtain the contact information for the GSU consultants, contact the Bureau of Health Promotion or call 614-466-4180. The OGAPP manual shall be accessed on the ODH Web site at <http://www.odh.ohio.gov/en/about/grants/grants.aspx>.

Grants Management Information System (GMIS 2.0)

All ODH grant applications must be submitted electronically via GMIS 2.0. An applicant agency must have GMIS 2.0-trained individuals in order to gain access to this system for application and fiscal and program reporting. In order to obtain information about training, contact the Bureau of Health Promotion at BCHS@odh.ohio.gov or by calling 614-466-4180.

Sealant Program Eligibility

School and grade selection

SBSPs target high-risk schools in order to reach high-risk children. Grades (typically second and sixth) are targeted to provide sealants for the vulnerable newly erupted permanent molars. Follow-

up in the third and seventh grades accomplishes two things:

1. screening for sealant retention and sealant repair or replacement, if needed; and
2. sealing previously unerupted molars. With a good rationale and ODH approval, subgrantees shall target other grades (e.g., target seventh grade with eighth grade follow-up, in order to seal more newly erupted second molars). Selection of schools to participate is based on eligibility criteria specified in the RFP.

ODH-funded SBSPs target schools in which 40 percent or more of the students participate in the Free and Reduced Price Meal Program (FRPMP).

In order to assure the statewide SBSP is reaching the highest-risk children, ODH closely reviews and approves schools listed in each agency's annual application and requires **notification prior to** a grantee deviating from their approved plan. However, programs are encouraged to serve as many eligible schools in or near their targeted communities as possible, with ODH approval.

Return of consent forms and strong school support are important for providing dental sealants to the maximum number of children at high risk for dental caries and achieving program target numbers. In a situation where participation is consistently very low, it shall not be cost effective to continue the program at that school. In that case, contact ODH for approval before discontinuing a school or offering the program to additional qualifying schools.

Program Forms

ODH has provided Appendices 1-4 as sample forms that the subgrantees shall use. The forms contain basic information required by ODH that local grantee forms must include. For example, all programs must ask a question about race on the consent form, using the required choices for parent/guardian response. However, for some questions, the grantee shall choose to ask for more information than ODH requires, e.g., additional health history. The information contained in the sample forms not only assists the subgrantees in program operations, but also provides data that are reported to ODH.

If local subgrantees modify forms, they must obtain approval prior to printing and using the forms.

Infection Control

ODH requires all subgrantees to comply with current infection control regulations and standards (OSHA and OSDB regulations and CDC recommendations). The portable nature of SBSPs presents particular challenges for infection control (e.g., safe transport of sharps). This section, which will help SBSPs to meet ODH expectations, is consistent with guidance developed by the Organization for Safety, Asepsis and Prevention (OSAP). OSAP provides an Infection Control Checklist for portable dental settings which can be used by SBSPs to assess their infection control policies and procedures.

The CDC has identified levels of risk for transmission of infections and bloodborne diseases during dental services based on the anticipated contact between the provider and patients' mucous membranes and/or blood and blood-contaminated saliva (see Table 1).

Table 1.		
Levels of Risk Based on Anticipated Contact Between Provider and Patients		
Level	Anticipated contact with Mucous Membranes	Anticipated contact with Blood or Saliva Contaminated with Blood
I	Yes	Yes
II	Yes	No
III	No	No

Adapted with permission from OSAP. Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans. www.OSAP.org 2010. <http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Checklists/OSAP.checklist.portabledenta.pdf>

Sealant programs screen for tooth selection and apply sealants, each of which pose Level II risk, due to provider contact with patients' mucous membranes and saliva (but no anticipated contact with blood or saliva contaminated with blood).

The following narrative is based on Level II risk and the CDC's Four Basic Principles for Infection Control and is summarized in Table 2 on the next page, Infection Control Practices for School-based Dental Sealant Programs.

Site Assessment- Assessment of the site prior to the date for providing dental services can help prevent concerns with set-up and infection control. Infection Control Considerations for Site Assessment for SBSPs in Appendix 5 is a useful checklist for confirming that a site meets program needs (e.g., space, utilities) for providing adequate infection control for screenings and sealant application.

Principle I: Take Action to Stay Healthy

Immunizations- Program staff immunizations must be current (per CDC's recommended adult immunization schedule). New staff must be tested for tuberculosis infection. Documentation must be kept on file of staff members' hepatitis B vaccination/immunity status. In Ohio, all oral health professionals must show evidence of hepatitis B vaccination/immunity. The OSDB Infection Control Manual specifies the documentation requirements and process for waiver application for those medically unable to receive the vaccine.

Hand Hygiene- Appropriate hand washing must be performed.

Note: Although it's ideal to be in a room with a sink, that often is not possible; so SBSPs must select the best available site close to a sink. Soap and water, as well as alcohol-based hand sanitizers (sometimes called hand rubs) shall be used for cleansing hands. Hands must be cleansed before and after treating each patient, before donning or after removing gloves, after ungloved contact with surfaces or objects that shall be contaminated by blood or other potentially infectious materials, before leaving the "operatory" and when hands are visibly soiled. Soap and water (not hand sanitizers) must be used when hands are visibly soiled.

Staff must be trained in the procedures for hand washing and for the use of hand sanitizers:

- Wash hands by vigorously rubbing soap and water over hands and fingers for 15 seconds before rinsing with cool water and thoroughly drying.
- If hand sanitizer is used, apply it to hands and rub hands together as if washing hands until hands are dry.
- Because hand sanitizers do not remove the powdery residue that can form under gloves, program staff using hand sanitizers must also wash hands periodically with soap and water.

Hand hygiene information is available at:

<http://www.cdc.gov/oralhealth/InfectionControl/faq/hand.htm>

Table 2. Infection Control Practices for School-Based Dental Sealant Programs

<p>Principles of Infection Control</p>	<p>SEALANT APPLICATION and ASSESSMENT to SELECT TEETH FOR SEALANTS CONTACT is anticipated with patient’s mucous membranes and saliva; not with blood or saliva with blood</p>
<p>1. Take action to stay healthy <i>Immunizations</i></p> <p>Hepatitis B Vaccine preventable Annual Influenza Hand</p>	<p>Yes¹ Yes, if not immune Yes Yes</p>
<p>2. Avoid contact with blood <i>Personal Protective Equipment (PPE)</i></p> <p>Gloves Surgical Masks Protective eyewear or chin-length face shield Gowns/long sleeve outer clothing <i>Avoid injuries</i> Handling sharp instruments Written policy with exposure control plan</p>	<p>Yes Yes Yes Yes Yes Yes Yes</p>
<p>3. Make patient care items safe for use <i>Instruments</i></p>	<p>Dispose or heat sterilize²</p>
<p>4. Limit the spread of blood and other infectious body substances <i>Control contamination</i></p> <p>High volume evacuation Waste handling³ Surfaces</p>	<p>Yes Yes (non-regulated and regulated) Yes</p>

Notes:

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

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

³ In Ohio, disposal of non-regulated and regulated medical waste must comply with OSHA rules and Ohio Revised Code 3734.01, and Ohio Administrative Code 3745-27-01.

Adapted with permission from OSAP. Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans. www.OSAP.org.

Training- Program staff must receive education and training at least once a year about infection control principles and understand the rationale for recommended infection- control practices. In addition, training must be provided upon initial employment or when a change in duties or procedures shall affect exposure. Staff designated for specific task responsibilities (e.g., instrument sterilization, waste disposal) must receive appropriate training for that task. Training must address the portable environment and OSHA regulations.

Programs must have a written infection control plan (including a post-exposure control plan) that describes protocols and procedures specific to their program. The plan must be maintained by a program staff member designated as the infection-control coordinator. In the event that post-exposure care is needed, the program must have access to a health professional qualified to provide post-exposure care, counseling and follow-up. The infection control plan and procedures must be reviewed and evaluated at least annually by program staff and updated as necessary.

Principle II: Avoid Contact with Blood and Other Potentially Infectious Body Substances

Personal Protective Equipment (PPE) - PPE must be stored close to the patient care area and facilities must be available for disinfection of PPE (e.g., patient eyewear, utility gloves). PPE must be worn in the patient care area only.

Gloves- Gloves are single-use, disposable items, and they cannot be re-used or washed. Gloves that are damaged (e.g., torn, punctured) must be discarded. If gloves are damaged during a procedure, remove and discard them, wash hands immediately, and put on clean gloves. Over-gloving (i.e., putting a clean pair of gloves over a used pair) between patients is not permitted in Ohio. Gloves must be removed carefully to avoid exposure to microorganisms from patients. Wearing gloves does not replace hand washing.

Because of possible latex sensitivity among patients and staff, which can result in allergic reactions ranging from skin rash to anaphylaxis, ODH-funded programs must use non-latex gloves.

Heavy-duty puncture-resistant gloves must be worn along with protective clothing and face protection during clean-up and during preparation of instruments for sterilization. Utility gloves shall be decontaminated and used again, but damaged or worn-out gloves must be discarded.

Face Protection- Face protection (e.g., chin-length face shields, surgical masks, eyewear with side shields) is required if spray or spatter is expected. Eyewear must have solid side shields. Eyewear and face shields must be cleaned and disinfected between patients, at the end of the day and if visibly soiled.

During sealant application, oral health professionals must wear face protection. Masks must be worn if the patient has symptoms of a respiratory infection. Masks must be changed between patients or during treatment if they become damp or visibly contaminated. Program

staff must remove masks by the fasteners because the front of the mask is considered contaminated and must not be touched. Masks must not be worn off the face or around the neck.

Protective Clothing-Protective clothing must be worn during sealant application and for screenings where spatter is anticipated due to use of the air/water syringe. Protective clothing must be washed or, if disposable, discarded.

Program staff are unlikely to need fluid-resistant gowns because contact with body fluid that would seep through a garment before it can be changed is not anticipated.

Protective clothing must be removed immediately or as soon as possible if blood or other infectious materials have penetrated it. Protective clothing does not need to be changed after each patient unless it is visibly soiled.

Safe Handling of Sharps-For ODH-funded SBSPs, sharps are generally limited to explorers. Sharps must be transported in securely closed containers that are impervious to sharps.

All contaminated disposable sharps must be discarded in a closeable, leak-proof container that is manufactured for that purpose and that is impervious to sharps; the container must either be red or be labeled with the biohazard symbol, or both. The container must also be labeled “sharps.” The sharps container must be placed in a secure location as close to the user as possible. Program staff must receive training on the proper handling of sharps and their disposal. Additional information about Management and Follow-up of Occupational Exposure is available in Appendix 6.

Principle III: Make Instruments and Equipment Safe

OSDB requires heat sterilization between patients of all patient-care items that touch mucous membranes and can withstand repeated exposure to high heat. Instruments shall be heat sterilized on- or off-site.

It is impractical for sealant programs to use chemical immersion to sterilize contaminated instruments. Reusable instruments can be used if they can withstand heat sterilization. Disposable instruments are a good alternative to reusable instruments.

Programs that use handpieces or air/water syringes that are detachable from the unit must heat sterilize them between patients and follow the manufacturer’s instructions for sterilization and care. If the handpiece or air/water syringe is permanently attached to the unit, programs must barrier protect the handle and either use disposable tips or sterilize metal tips between patients.

Multi-use sealant material syringes used in the sealant application process can easily become contaminated but cannot be disinfected or heat-sterilized. The barrel of the syringe must be covered with a replaceable barrier. Programs that use this item must use a new disposable syringe tip for each patient. Programs that use syringes to apply etchants and sealants shall

wish to consider using single-use, disposable syringes, rather than the multi-use type. More information about Instrument Sterilization Fundamentals is available in Appendix 7.

Sterilization Monitoring- The autoclave must be monitored every 7 days, on the same day each week, by biologic testing (spore test) for proper functioning, and programs must document testing and keep a log with test results. Testing must be done weekly, even if a program operates only one day per week. If a spore test result is positive, the OSDB requires that immediate action be taken to ensure that heat sterilization is accomplished. While programs shall do biological spore testing themselves, most Ohio SBSPs choose instead to use independent sterilization-monitoring services.

If the autoclave has been idle for an extended period (e.g., during summer break), staff must perform a biologic spore test before program start-up to ascertain whether the autoclave is functioning correctly.

*Portable Dental Unit Water Quality-*CDC recommends that water used for routine dental treatment meets Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria). Some manufacturers of portable dental equipment advise that tap water (of good quality from a municipal supply) or distilled or purified water be used in the water-supply bottle. Programs must consult with the manufacturer of their dental units for appropriate methods and equipment to maintain and monitor dental-unit water quality.

Dental water line cleaners must be used according to the manufacturer's directions and in accordance with the dental unit manufacturer's recommendations. Some manufacturers also recommend draining the water at the end of each day.

CDC recommends that water and air be flushed for a minimum of 20–30 seconds after each patient from any device connected to the dental water system that enters the patient's mouth (e.g., air/water syringe) to expel organisms that shall have been drawn into the waterline.

Principle IV: Limit the Spread of Blood and Other Infectious Body Substances

*Splatter-*Use the air/water syringe carefully to avoid creating backsplash or spatter. The high-velocity evacuation (HVE) tubing and container must also be used in such a way as to limit potential spatter. **Patients must not close lips around the HVE tip to prevent potential “suck-back” of bacteria that shall be in the tubing.**

Barriers and Disinfection of Surfaces- Clinical-contact surfaces (e.g., tabletops, instrument tray, light handles) must be cleaned and disinfected with either a hospital-grade disinfectant or a disinfectant wipe product that is registered with the EPA. Disinfect surfaces between patients or cover them with barriers that are discarded and replaced between patients. Programs must make a list of surfaces to be cleaned, disinfected or barrier protected and the process and

products to be used.

If a surface is not barrier-protected or if contact is made under a barrier, the surface must be cleaned and disinfected. Ohio sealant programs use a combination of barriers (e.g., for curing lights, head rests) and disinfection (e.g., for trays, counters). Programs must have a protocol for the management, storage and disposal of chemical disinfectants. Products must be used appropriately for their intended purpose and with a minimum of exposure for the sealant team and patients. Areas where chemicals are used must be well-ventilated. Storage must prevent spills or contain them, in the event a spill occurs. Products must not be exposed to extreme temperatures. Refer to the manufacturer's instructions for proper handling, storage and disposal of products.

Use the following procedures to clean and disinfect clinical contact surfaces:

1. Spray surface with disinfectant.
2. Wipe surface to clean it, and remove any debris.
3. Spray surface with disinfectant again.
4. Follow manufacturer's directions for the amount of contact time required to allow the product to achieve disinfection.

If disinfectant wipes are used, clean the surface and discard the wipe; then use a fresh wipe for disinfection. Follow the manufacturer's directions.

The high velocity evacuation (HVE) tubing and waste container must be disinfected. One manufacturer recommends thoroughly rinsing the HVE tubing and container by evacuating clean water through the hose end after each patient, followed with air to clear water from the tubing. The entire system must be cleaned and disinfected by evacuating a cleaner/disinfectant through the entire hose assembly and waste bottle each time it is emptied. Thorough scrubbing of the entire assembly is also recommended each time the bottle is emptied.

Waste Disposal- Disposal of regulated medical waste (e.g., sharps, blood-soaked gauze) must comply with OSHA rules and state law, Ohio Revised and Administrative Codes (ORC and OAC). Sharps containers must not be emptied and must be disposed of as soon as the contents reach the fill/full line.

In the unlikely event that a program generates regulated medical waste (e.g., blood-soaked gauze), that waste must be contained in a leak-resistant, securely fastened bag/container that is red or conspicuously labeled with the international biohazard symbol. Programs are typically small generators of infectious waste (less than 50 lbs. per month, with proper documentation of infectious waste's weight available for each month), which means that they can dispose of both non-regulated waste (e.g., gloves, masks, disposable instruments, cotton rolls, protective

coverings) and regulated waste (infectious waste) in regular trash bags without special handling.

It is best to consult with school personnel about their preferences before discarding non-regulated waste on-site. Any program that is concerned about its status as a small generator must refer to the state regulations in the OAC Chapters [3734-21](#) and [3745-27](#).

Clinical Materials and Methods

All ODH funded sealant program personnel, including supervising dentists, must complete the school-based sealant program distance learning curriculum developed by ODH. It is available at <http://www.ohiodentalclinics.com/curricula/sealant/index.html>. ODH awards continuing education credits to dentists and dental hygienists who complete the approximately two-hour-long curriculum. The material that follows is presented in greater detail in the curriculum.

Tooth selection

A registered dental hygienist must assess each child's need for sealants and indicate in the patient record which teeth are to be sealed. If a sealant cannot be placed, the sealant team must note the reason on the patient record. Visual assessment alone is sufficient to detect surface cavitation and/or other signs of dentinal involvement prior to sealant placement. **Magnifying loupes must not be used in Ohio SBSPs.** Any debris must first be removed from the pits and fissures. Teeth must be dried with cotton rolls, gauze or compressed air when available. The use of explorers is not necessary for the detection of carious lesions and the forceful use of the explorer on a non-cavitated, subsurface lesion can easily damage the tooth. Therefore, if an explorer is used when selecting teeth for sealants, it must only be used gently to clean debris or remove plaque to confirm and assess cavitation. Once the tooth is sealed, an explorer can be used to check the sealant. If used to confirm cavitations, doing so only when in doubt--not routinely--the explorer tip can be placed in contact with the tooth surface and moved very gently in the area of interest to see if a discontinuity or break is detected.

Non-cavitated lesions in pits and fissures shall appear as a white/yellow/brown discoloration, not consistent with exogenous stain, which shall be limited to the confines of the pits and fissures or extending from the pit and fissure system. Cavitated lesions appear as a discontinuity or break in the surface due to loss of tooth surface. The break can be limited to enamel or can expose dentin.

Based on recommendations of expert panels from the ADA and the CDC, ODH-funded sealant programs must seal both **sound** and **non-cavitated** pit-and-fissure surfaces of first and second permanent molars. In unusual instances where the dental hygienist detects one or more **non-cavitated** lesions in pits and fissures of premolars, primary second molars or permanent maxillary incisors, those teeth must be selected for sealant application and their **sound** counterparts shall be, as well.

Caries detection devices and technologies (e.g., DIAGNOdent) are not required in SBSPs to determine the need for sealant placement. ODH-funded programs are not permitted to use these technologies because of unnecessary cost and the fact that their misuse could lead to teeth being misclassified and incorrectly precluded from sealant placement. An article published in 2010 addresses tooth selection for SBSPs.*

*Fontana M, Zero DT, Beltran-Aguilar ED, Gray SK. JADA 2010;141:854-860

Sealant material

A number of sealant materials are commercially available. No one product is clearly superior to all others. There are, however, considerations that narrow the choices of sealant materials that are acceptable for use in ODH-funded programs. *Seal America: The Prevention Invention* (<http://www.mchoralhealth.org/Seal/step4.html#sealant>) provides a useful overview of the attributes of sealant materials that are appropriate for use in school-based programs.

ODH funded SBSPs **must use** sealants that meet the following parameters:

- Resin-based material, as opposed to glass ionomer.
- Traditional moisture-free, acid-etch application technique (as described in the next section of this manual).
- Therefore, ODH funded programs **shall not use**:
 - o Sealants bonded with a self-etch adhesive (e.g., ClinPro Adper Prompt L- Pop)
 - o Hydrophilic (“wet technique”) sealants (e.g., Embrace).
- Sealants must quickly self-adjust through normal occlusion; therefore, ODH- funded programs **shall not use** sealant materials with more than 10 percent filler by weight.
- Beyond the preceding ODH requirements for sealant materials, ODH-funded SBSPs have the option of selecting acceptable materials based on the grantee’s preference for other characteristics, such as:
 - Autopolymerized (self-cured) or light-cured.
 - o If using a light-cured sealant, subgrantees must assure that proper wavelength and intensity for each type of curing light (according to manufacturer’s instructions) are maintained by checking the light at least monthly for output and intensity with a meter designed for that purpose. Lights shall be checked by a dental products supplier and repaired, if needed. Light meters are available for purchase through a dental supply company.
 - Clear, tinted or opaque.
 - o Clear sealants, however, are more difficult to detect on follow-up. Therefore, ODH prefers funded SBSPs to use opaque sealants.

A table of major resin-based sealant products and their characteristics that must be pertinent to ODH-funded SBSPs is found in Appendix 8. Evidence suggests that patients are not at risk for exposure to bisphenol A (BPA) from the use of dental sealants. A report on a systematic review is at <http://www.cda-adc.ca/jcda/vol-74/issue-2/179.pdf>.

Application technique

All ODH-funded sealant programs must utilize technique that assures dry tooth surfaces at critical points during the procedure. *Seal America: The Prevention Invention*

<http://www.mchoralhealth.org/seal/step8.html#technique> describes the steps in sealant application technique. The basic technique for sealant application in ODH-funded SBSPs follows:

- Wear non-latex gloves (to protect those who shall be allergic to latex).
- Wear safety glasses (recommended for staff and patients); have eye wash available. Avoid etchant (phosphoric acid) contact with eyes, skin or oral soft tissues.
- **Cleaning:** Clean teeth to be sealed with a toothbrush. Thoroughly rinse with water.
- **Isolation:** Position child's head to avoid salivary pooling on working side. Place cotton rolls, with or without cotton roll holders. You shall supplement the cotton rolls with dry angle-type shields over the parotid duct openings opposite the upper first permanent molars (some programs also place these shields between the tongue and the lingual cotton roll). Thoroughly dry the teeth with compressed air.
- **Etching:** The decision to use liquid or gel etchants is a matter of personal preference, as both are acceptable. Delivery systems for bringing the etchant to the tooth vary with the product (e.g., syringe with disposable applicator tips, brushes, cotton pellets). Apply the etchant so it is in contact with each tooth for at least 15-20 seconds. Extend the etchant at least two millimeters up the cuspal inclines, beyond the anticipated sealant margins. Include buccal pits and lingual fissures, if free of gingival contact.

Note: If etchant inadvertently contacts skin or soft tissue, rinse immediately with water. Because protective eyewear is worn, contact with the eyes is unlikely. However, in the unlikely event that etchant does contact the eye(s), immediately initiate the emergency eyewash procedure as follows:

- o Injured person must flush their eye(s) with eyewash solution or water.
 - o Upon completion of the first bottle of eyewash, the injured person must begin flushing with the second bottle.
 - o As each bottle is emptied, another member of the team must refill the bottle so the wash shall be continued for 15 minutes.
 - o Seek medical attention.
 - o After an emergency eyewash procedure, be sure to replenish supplies.
- **Rinsing:** Thoroughly rinse to remove all etchant from surfaces. This must take at least 10-15 seconds. It is critical that saliva does not contact teeth. Use high velocity evacuation to help keep teeth dry. Either exchange wet cotton rolls for dry ones in a manner that does not contaminate etched surfaces with saliva or place dry cotton rolls and/or dry angle-type shields over moist ones that shall be suctioned first to remove excess saliva.
 - **Drying:** Check air/water syringe by blowing a jet of air onto a glove or mirror. If small

droplets are seen, adjust so only air is expressed. Dry the teeth until etched enamel appears frosty or chalky. Any teeth that do not gain the frosty/chalky appearance or are contaminated by saliva at any time, must be re-etched for 15-20 seconds, rinsed and dried.

- **Applying Sealant:** Follow manufacturer's instructions for mixing sealant (autopolymerized) and delivering sealant (autopolymerized or light-cured) to the tooth surface, e.g., via syringe with disposable applicator tip, or sponge-tipped applicator.
 - **Basic principles** of sealant application:
 - o Carefully flow sealant from one end of the fissure to the other to avoid air bubbles. Air bubbles that do occur can be teased out with an explorer tip or the applicator tool prior to curing.
 - o Do not overfill or underfill and do not cover the marginal ridges with sealant.
- Note:** A small percentage of the population is known to have allergy to acrylate resins, such as those used in sealant. Avoid use of this product on patients with known acrylate allergies. In general, avoid contact of uncured sealant with skin, eyes and soft tissue. If uncured sealant inadvertently contacts skin, rinse immediately with soap and water. If uncured sealant contacts glove, remove it, wash with soap and water immediately and re-glove. If contact with eyes or prolonged contact with oral soft tissues, flush with large amounts of water. If irritation persists, consult a physician.
- **Tips:**
 - o Seal most posterior tooth first.
 - o If isolation can be maintained, wait 15 seconds after placement of light-cured sealant to allow resin to penetrate fissure and enamel pores before curing.
 - o Use of the applicator/delivery system that comes with the manufacturer's product is not required. If possible, programs shall choose to purchase different or additional applicators than those supplied with the sealant product.
- **Curing:**
 - For autopolymerized sealants, allow sufficient time for sealants to cure, according to manufacturer's instructions.
 - For light-cured sealants:
 - The dental hygienist must hold light tip as close to surface as possible without touching sealant material. *
 - Follow manufacturer's instructions for curing time, which must be considered the minimum.
 - Manufacturer's instructions assume proper wavelength and intensity for each type of curing light. Check light with meter for output and intensity regularly (see page 17).

* The dental assistant can only cure the sealant if she is eligible to place sealants in a School-based Sealant Program pursuant to ORC Section 4715.39. <http://codes.ohio.gov/orc/4715.39>

- **Check Sealants:** Inspect sealants for voids (bubbles) and **complete coverage** of pits and fissures. Attempt to dislodge the sealant with the explorer to ensure good retention. If incomplete coverage or voids, apply more sealant and cure if the tooth has not been contaminated. Otherwise, re-etch for at least 10 seconds, wash, dry, add additional sealant and cure.
- **Final treatment of surface:** To remove the oxygen-inhibited layer and reduce the possibility of unpolymerized BPA remaining on the tooth (from a sealant material that contains BPA, usually in trace amounts or as a by-product): 1) rinse sealed teeth for 30 seconds with water and HVE, 2) use a mild abrasive, such as pumice, on a cotton applicator, or 3) have student gargle with tepid water for 30 seconds.
- **Occlusion:** Because it is not acceptable for ODH-funded SBSPs to use sealant materials with appreciable levels of filler, occlusal adjustment is not undertaken because sealants are expected to self-adjust in a short time (one to two days).

Retention Checks

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. For the short-term retention checks, complete retention of all sealants is expected. For the long-term retention checks, 90 percent or more of the sealants must be retained.

Short term

Short-term retention checks are performed by the program dental hygienist. Use visual and tactile techniques within two months of sealant placement for early interception of problems with the retention of dental sealants related to recent changes in the program. Generally, evaluating 10-15 children per school is sufficient. The most common triggers for short-term retention checks are dental hygienists who are new to the program and/or *do not have a substantial positive track record* and changes to clinical procedures (e.g., technique or materials). Short-term checks shall be done on a regular basis, if the program chooses. While it is most convenient for the program to conduct short-term retention checks before the team leaves a school, so that any missing sealants could be replaced promptly, that is not always possible.

Long term

Long-term retention checks are performed approximately one year after the initial placement of the sealants. The dental hygienist uses visual and tactile techniques to check as many third and seventh graders who received sealants in the target grades (second and sixth) as possible. If sealants are not being retained long-term, an ODH initiated improvement plan must be implemented to identify and correct the problem. The improvement plan, developed and approved by the ODH must designate what is to be done, by whom and specify a timeframe.

Selecting existing sealants for repair or replacement

Dental hygienists who evaluate long-term retention must use their professional judgment when they determine the need for repair or replacement of sealants placed by the program the previous

year. They must consider the following information:*

- Defects in sealant material (e.g., bubbles) do not *require* repair unless underlying tooth surface is exposed by the defect.
- Catches in marginal areas do not *require* repair unless they expose non-cleansable caries-prone areas of the fissure system.
- Although staining at the interface of 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

Medicaid Billing and Collection

Given the FRPMP eligibility requirements of ODH funded sealant programs, a large proportion of children at schools with sealant programs are expected to be Medicaid beneficiaries. ODH funded dental sealant programs must make all reasonable efforts to identify all children they serve who are Medicaid beneficiaries and must collect the reimbursement due to the program. The funds collected from these billings must be used to support the dental sealant program. A valid estimate of Medicaid income is expected in the grant application and full reporting of Medicaid billing and collections is required in program reports.

In addition, programs must provide parents of children potentially eligible for Medicaid with enrollment information. Given that sealant programs shall be unlikely to have direct contact with parents; this shall amount to sending home written materials. The Ohio Department of Job and Family Services (ODJFS) in each county determines individuals' eligibility for Medicaid.

Parents can receive application assistance through:

Ohio Medicaid Consumer Hotline	(800) 324-8680 or (800) 292-3572 (TTY)	Enrollment information for beneficiaries, answers to general questions, referral to local county office or a health professional
--------------------------------	---	--

Reimbursement

ODH funded programs shall submit claims for Medicaid beneficiaries for sealants, using diagnostic and preventive code D1351 (sealant). ODH does not approve ODH funded programs routine billing for examinations, X-rays, or topical fluoride applications for Medicaid beneficiaries. ODH believes that examinations and X-rays must be conducted by dentists who provide all needed care. If programs were reimbursed for those services, dental offices (where children enrolled in Medicaid eventually receive care) would not be reimbursed. For more information, see the Sealant FAQs in Appendix 9 and for additional information about Medicaid billing, see Tips for Maximizing Appropriate Medicaid Reimbursement for SBSPs in Appendix 10.

Filing Claims

All dental hygienists must obtain a National Provider Identifier (NPI) for filing and processing of claims. NPI applications are available from the National Plan and Provider Enumeration System at (800) 465-3203 or (800) 692-2326 (TTY) or via their website at:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Dental sealant programs must submit claim forms electronically effective January 1, 2013.

Electronic submission results in faster claims processing, reduced administrative costs, reduced probability of errors, faster feedback on claims status, and minimal staff training or cost.

Ohio Medicaid and each Medicaid MCP or TPA that administers claims has systems to provide health professionals with information that they need. The table Accessing Medicaid Systems summarizes how to access those systems and is available in Appendix 11.

Performance Benchmarks and Performance Standards

Performance benchmarks are specific numerical points of reference for measuring program performance. Performance standards are process-oriented. ODH has established benchmarks based on several years of data from all ODH SBSP subgrantees.

Performance Benchmarks are:

- a. ≥ 50 percent of students have consent to receive sealants
- b. ≥ 97 percent of students with consent are screened
- c. ≥ 92 percent of students in need of sealants received sealants
- d. ≥ 70 percent screened for follow-up in third and seventh grades
- e. ≥ 19 children per team per day receive sealants
- f. Overall cost per child receiving sealants in the program is within the range of \$57-\$63 (2016)
- g. ≥ 90 percent long-term retention
- h. 100 percent short-term retention, if applicable

Performance Standards:

- a. Compliance with all applicable federal, state and local regulations
- b. OSDB and OSHA infection control guidelines are followed
- c. Compliance with ODH Grants Administration Policy and Procedure (OGAPP) Manual
- d. Program effectively targets high-risk children (in accordance with ODH school selection criteria)
- e. The consent form includes required elements, e.g., Notice of Privacy Practices (NPP)
- f. Program has signed consent for all students who are screened and/or receive sealants
- g. ODH tooth selection criteria are followed
- h. ODH-approved sealant placement guidelines are followed
- i. Unfilled resin-based sealants or filler not exceeding 10 percent by weight
- j. Retention checks performed appropriately
- k. Appropriate Medicaid billing and collections are maximized
- l. The ODH-approved target number to seal has been met
- m. Complete cooperation and participation in ODH-initiated site reviews
- n. Participation in trainings required by ODH
- o. Prompt response to ODH requests via any form of communication
- p. All reports are timely, complete, accurate and reasonable.

Appendices 12-14 include Tips for Maximizing Program Participation, a sample Notice of Privacy Practices and Tips for Maximizing Program Efficiency.

ODH wants to assure a statewide program that provides high quality sealants to high-risk children and will assist local programs to meet expectations. Performance that significantly deviates from a benchmark or does not meet performance criteria will trigger further assessment of the situation and, as appropriate, initiation of steps for improvement, such as technical assistance (TA) and/or a focused site review (see page 25). In some situations (e.g., lack of long-term retention of sealants) an improvement plan, approved by ODH's Oral Health Program, must be developed to address substandard performance. Programs that do not meet ODH expectations must comply with the plan and demonstrate progress in improving the areas that fall short.

Reporting

All reports to ODH must be timely, complete, accurate and reasonable. Agencies must meet these criteria in order to receive timely payment of grant funds. Agencies that do not comply with ODH reporting requirements shall risk loss of the grant. Reporting is an important part of grantee performance and past performance is a consideration in the review of proposals for future funding opportunities.

Grantee-generated Reports

Program Report- Subgrantee Program Reports must be completed and submitted via GMIS by April 10th, July 10th, and October 10th of the current grant year and January 10th of the following year (ten days after the end of the grant year). Data shall be entered as each school is completed. No data must be entered for a school until sealant application is completed at that school.

Budget Reporting Worksheets will be provided to subgrantees electronically for reporting actual revenues, program expenditures and progress toward meeting program benchmarks. These year-end reports must be completed and submitted to ODH by February 5th of the following year (within 35 days after the end of the grant year).

Expenditure Report (GMIS 2.0)- Subgrantee Expenditure Reports must be completed and submitted via GMIS 2.0 by April 10th, July 10th, and October 10th of the current grant year and January 10th of the following year (ten days after the end of the grant year).

Final Expenditure Report (GMIS 2.0) - A Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted via GMIS 2.0 within 35 days (Feb. 5) after the end of the grant year. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Final Expenditure Report. The Final Expenditure Report serves as an invoice for the return of unused funds.

Inventory Report (GMIS 2.0)- A listing of all equipment (\$1000 or more/item) purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 2.0 as part of the Subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the grantee. All equipment purchased with ODH grant funds is ODH property and must be tagged as such for inventory control. The grantee is responsible for maintenance of the equipment purchased with grant funds or on loan from ODH.

ODH-generated Reports

In addition to the reports generated by subgrantees, ODH generates reports that integrate program and expenditure reports for each subgrantee and for the overall statewide SBSP. First, ODH reviews reports for completeness and apparent accuracy and makes follow-up contacts as needed. Data from grantee reports are used in reviewing SBSPs' performance against ODH benchmarks, as well as for reporting to state and national entities. These reports are used to validate numbers in grant applications, as well.

Dashboard Reports- This two-page report for each grantee, and for the statewide program, provides

an at-a- glance assessment of progress on the target number of children to be sealed, cost per child, Medicaid income, program participation and follow-up/long-term sealant retention. The reports are generated annually, following the end of the grant year. Multi-year dashboards going back through 2005 show trends. A sample dashboard is included in Appendix 15.

Program Comparison Graphs- ODH compares specific aspects of the program, similar to those calculated in the dashboard reports, to graphically illustrate how the statewide program and each local program perform relative to benchmarks and to other local SBSPs. The graphs that are shared with individual local programs will not include program names but the subgrantee will be told which bar represents its program. A sample graph is included in Appendix 16.

ODH Program Reviews

Comprehensive Site Review

In addition to reviewing reports, ODH evaluates SBSP subgrantees by making at least one comprehensive site visit to each program during each three-year funding cycle. The comprehensive site review is a proactive assessment aimed at identifying program strengths, improving overall program performance and intercepting potential problems that a local program shall have.

Prior to a site visit, ODH sends a list of documents, protocols and procedures for the grantee to forward to ODH for review in advance. ODH shall make follow-up contacts to reconcile any missing documents. During the site review, ODH staff will conduct a clinical review of the sealant team's procedures and an administrative review of program policies, procedures, use of patient records (based on review of a random sample) and other operational considerations. The review team holds a brief exit interview to provide immediate feedback on both positive and negative salient findings, and follows with a written final report within 30 calendar days of the visit.

Focused Site Review

On a situational basis, ODH shall conduct focused site reviews to gather additional information on specific problems suggested by information obtained through the review of grant proposals and reports, communication regarding a program and/or comprehensive site reviews. Unlike a comprehensive site review, a focused site review concentrates on one or more aspects of the program, not the entire program. The focused site review shall be a blend of information gathering and technical assistance (TA). The focused site review utilizes the portions of the comprehensive site visit procedures that relate to the issue(s) being reviewed.

Tooth Selection Site Review

ODH evaluates dental hygienists' working for SBSPs subgrantees by making at least one tooth selection site review to each program during each three-year funding cycle. The tooth selection site review is aimed at identifying problems SBSPs shall have at correctly assessing and selecting teeth for sealants. During this site review, ODH staff screen and assess students for sealant application. The SBSP dental hygienist does the same, and results are compared. Differing results between the ODH staff and dental hygienist are discussed. The review is complete when both the ODH staff

and the dental hygienist get the same tooth assessment results for 5-10 students.

Compliance with Other ODH Requirements

Communication

Contact with programs shall occur via telephone, e-mail, GMIS 2.0, mail and during reviews/site visits.

Prompt response to ODH requests via any form of communication is expected from subgrantees.

Consultation/Technical Assistance

TA is provided to help SBSPs improve performance, achieve program goals and meet standards. The need for TA is based on information gathered through the reviews of grant proposals and reports, communication regarding a program and/or comprehensive site reviews. TA shall be conducted via telephone, e-mail, meetings and/or focused site visits, by ODH's Oral Health Program staff and/or GSU staff, as appropriate.

ODH's School-based Oral Health Program Coordinator will identify subgrantees that require TA and the most appropriate manner by which to provide the assistance.

Improvement Plan

If grantee performance involves a significant issue (e.g., poor sealant retention) requiring more than TA alone, a formal improvement plan shall be necessary. Such a plan shall be developed by ODH's Oral Health Program or, at its discretion; ODH shall offer the grantee an opportunity to advance a plan for ODH approval. Such plans must delineate steps to be taken, along with a timeframe for accomplishing them and who is responsible.

Education

ODH shall convene meetings to provide important information. ODH shall require participation of specific local SBSP staff for some of these events, as well as for some online events (e.g., distance learning, Webinars). Once a year tooth assessment and selection training, required for all newly hired dental hygienists working SBSPs, will be conducted by ODH.

Acknowledgements

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Kara Blackburn, RDH	Pike County General Health District
Nancy Carter, RDH, MPH	Cincinnati City Health Department
Tina Daniels, DA	Licking County Health Department
Barbara Stichter, RDH, BS	Lucas County Regional Health District
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Mark Siegal, DDS, MPH, Bureau Chief
Carrie Farquhar, RDH, BS, Assistant Bureau Chief
Amber Detty, MA, Researcher
Tina Fulks, RDH, BA, Oral Health Consultant
Janet Pierson, RDH, BS, School-based Oral Health Program Coordinator
Petra Richards, Executive Secretary
Andy Hahn, Secretary II

APPENDIX

All ODH dental sealant subgrantees' program staff (dentists, dental hygienists and dental assistants) must successfully complete the School-based Dental Sealant modules, including the infection control module, available at <http://www.ohiodentalclinics.com/curricula/sealant/index.html>. Free continuing education credit is available for successful completion of the modules. Programs must keep documentation on file of infection control training.

(Grantee name)

DENTAL SEALANT PROGRAM

Dear Parent,

A **free** dental program will be in your child's school. This program, which helps prevent tooth decay, is for second and sixth graders. A dental hygienist will screen your child's teeth and decide which teeth need to be sealed. A dental hygienist will then put the sealants on your child's teeth to seal out food and bacteria that cause decay. Your child's sealants will be checked next year. New sealants will then be applied if needed. Please fill out this form **today**. Your child must return it to his/her teacher.

PLEASE CHECK EITHER YES OR NO

- YES** I want my child to receive **SEALANTS**. (Please fill in the entire form, sign below and return form.)
- NO**, I do not want my child to receive **SEALANTS**. (Please fill in name, sign below and return form.)

CHILD'S NAME _____	BIRTHDATE ____/____/____	MALE ____	FEMALE ____
SCHOOL _____	TEACHER _____	GRADE _____	
CHILD'S SOCIAL SECURITY NUMBER _____	PHONE _____		

ETHNICITY: Is your child Hispanic? (Please check) **YES** **NO**

RACE: Please check **all that apply** for your child.

- American Indian/Alaskan Native
- Black or African American
- White
- Asian
- Native Hawaiian/Pacific Islander
- Other

Does your child get free or reduced price meals at school? (Please check)

- YES** **NO** **Don't know/Don't remember**

HEALTH HISTORY

Has your child ever had any serious health problems? (Please check) **YES** **NO** If **YES**, please explain _____

Does your child have any of the following allergies? (Please check)

Acrylic/plastics **YES** **NO**

Other **YES** **NO** If **YES**, please list _____

No payment is required from you for this program. However, the value of this service is more than \$150 per child and we rely on insurances such as Medicaid or Healthy Start to help cover the costs. If your child is covered by Medicaid/Healthy Start, **please check** the name of his/her Managed Care Plan and fill in the ID numbers.

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 

Managed Care ID# _____ MEDICAID # (12 digits) _____

 **SIGNATURE** of parent or guardian: _____ DATE _____

Did you receive the **Notice of Privacy Practices**? (Please check) **YES** **NO** If yes, **initial** here _____

Ohio Department of Health Patient Record — Sealant Record

Appendix 2

Last name	First name	MI	Date of birth / /
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School code	Date / /	2	3	4	5	12	13	14	15
		<input style="width: 100%; height: 100%;" type="text"/>							

		31	30	29	28	21	20	19	18
Grade	RDH initials	Tx needs code	<input style="width: 100%; height: 100%;" type="text"/>						

Comments

School code	Date / /	2	3	4	5	12	13	14	15
		<input style="width: 100%; height: 100%;" type="text"/>							

		31	30	29	28	21	20	19	18
Grade	RDH initials	Tx needs code	<input style="width: 100%; height: 100%;" type="text"/>						

Comments

KEY

- | | |
|---|---|
| <ul style="list-style-type: none"> NP Tooth Not Present FL Restored, Filled, Capped PE Partially Erupted DE Cavitated caries lesion DE/NS Caries lesion/Needs Sealant | <ul style="list-style-type: none"> OS Old Sealant (previously applied by program) NS Needs Sealant (to be applied) AO Partially Retained Sealant (Add on) XX Sealed elsewhere (teeth were sealed by personal dentist or another program) LS Lost Sealant (previously applied by program) US Unsealable (code only for smooth buccal pits and lingual grooves) |
|---|---|

Treatment Needs Code

- 0** No obvious need
- 1** Need for early Tx
- 2** Need for immediate Tx

(On agency letterhead)

(Date) _____

Dear Parent:

As you requested, your child, _____, has received dental sealants at his/her school. Sealants were placed on _____ of your child's teeth to prevent cavities from forming.

___ SEALANTS WERE NOT PLACED because your child:

- ___ was absent ___ had no teeth that needed sealants at this time
___ was unable to tolerate the procedure

When the dental hygienist checked your child for sealants, he/she felt that your child had the following need for dental treatment:

- Need for **immediate** dental treatment due to a toothache or infection. Please take your child to a dentist right away.
- Need for **early** dental treatment due to obvious cavities. Please take your child to a dentist as soon as possible within the next few weeks.
- No obvious need for dental treatment at this time. Your child should, however, visit a dentist at least once a year for a more complete examination including X-rays, if necessary.
- Need for better brushing and flossing

Please tell your dentist that your child has had sealants applied to his/her teeth. This sealant program does not take the place of regular dental visits. Your child should have regular dental check-ups.

If you need assistance in finding a family dentist, please call _____

(signature)

SCREENING/SEALANT PLACEMENT DATA COLLECTION FORM

School _____ School District _____

County _____ Date(s) of screening _____

TARGET GRADES

	2 nd grade	6 th grade
# of students in sealant grade		
# of students in grade with consent		
# of students screened		
# of students who needed sealants		
# of students who received sealants		
Total # of teeth sealed		
# of students who need dental care		
# hours of sealant placement		
Date sealant placement completed		

FOLLOW-UP GRADES

	3 rd grade	7 th grade
# of students screened at previous grade last year		
# of students screened for follow-up		
# of teeth sealed previous year for children being screened for follow-up		
Total # of students receiving sealants this year		
# of newly erupted teeth needing sealant		
# of teeth needing add on sealant		
# of teeth needing complete re-seal		
# of students needing dental care		
# hours of sealant placement		
Date sealant placement completed		

TARGET AND FOLLOW-UP GRADES

ETHNICITY/RACE

(All students screened—target and follow-up)

ETHNICITY	RACE						
# of Hispanic	# of Am. Indian/Alaskan Native	# of Asian	# of Black/African American	# of Native Hawaiian/Pacific Islander	# of White	# of Other	# of Unknown

FREE/REDUCED PRICE MEAL PROGRAM

(Students sealed in target grades only)

# responding “yes”	# responding “no”	# responding “don’t know/don’t remember”	# with no response

MEDICAID-Fee For Service (FFS)/MEDICAID-Managed Care Plans (MCP)

	Medicaid-FFS (ODJFS)	Medicaid-MCP
# Medicaid students sealed this quarter		

SHORT-TERM RETENTION (STR) CHECK

# of students checked for STR	# of sealants placed	# of completely retained sealants	STR rate (retained sealants/sealants placed)	Date STR check occurred

Infection Control Considerations for Site Assessment for School-Based Dental Sealant Programs

School: _____

County: _____

Date of assessment: _____

Consideration	Acceptable?			Comments
	Yes	No	NA	
Site personnel available as point person for:				
Fielding questions & concerns				
Facilitating follow-up of exposures to infectious agents				
Adequate space for efficiently & safely managing:				
Equipment and supplies				
Staff movement				
Patient flow/seating for waiting students				
Instrument cleaning/processing or secured holding area				
Medical waste (regulated & non-regulated)				
Sharps disposal				
Long and short-term storage				
Other site attributes:				
Proximity to a sink				
Proximity to sufficient electrical outlets				
Room lighting				
School waste disposal procedures (regulated and non-regulated)				
Ability to cover or clean and disinfect environmental surfaces in service area				
Ventilation for disinfectants, etc.				
School's housekeeping practices for site & treatment area				
Ability to accommodate site restrictions on chemicals, sprays, etc.				

General Assessment of Site:**Adaptations Needed if Used:**

Adapted with permission from OSAP. Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans. www.OSAP.org.

(3/12/15)

Infection Control: Management and Follow-Up of Occupational Exposure

Management and Follow-Up of Occupational Exposure- Program staff must have an exposure-control plan that delineates post-exposure policies and procedures to follow in case of occupational exposure to blood and other potentially infectious materials. Staff must receive training about these policies and procedures. OSHA has available a sample [exposure-control plan](#).

Programs must have access to up-to-date contact information for parents or guardians so that they can quickly obtain informed consent to test a child in case of an occupational exposure. If there is a blood exposure, the exposed person (or the health professional involved, if the exposed person is a patient) must immediately report the exposure to the infection-control coordinator. The infection-control coordinator must initiate referral to the program staff member who is qualified to provide post-exposure care, counseling, and follow-up and must complete necessary reports about the exposure.

If occupational exposure to a communicable disease occurs, the health professional affected must report the incident to his or her employer. The employer must immediately initiate post-exposure procedures, as appropriate, and must keep a detailed exposure report in the exposed employee's confidential medical record. Because multiple factors contribute to the risk of infection after an occupational exposure to blood, the following information must be included in the exposure report, recorded in the exposed person's confidential medical record and provided to the qualified health-care professional:

- Date and time of exposure.
- Where, when and how the exposure occurred
- Identification of the source individual (unless infeasible or prohibited by law),
- Details of the exposure, including its severity and the depth of the wound.
- Details regarding whether the source material was known to contain HIV or other bloodborne pathogens, and, if the source was infected with HIV, the stage of disease, history of antiretroviral therapy, and viral load, if known.
- Details regarding the exposed person (e.g., hepatitis B vaccination and vaccine-response status).
- Details regarding counseling, post-exposure management, and follow-up.
- Other pertinent information

[Adapted from CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis. MMWR 2001; 50 (No. RR11).]

The confidential medical evaluation must document the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood (with consent), post-exposure prophylaxis, counseling and evaluation of reported illness. Health care professionals must be provided information to facilitate their evaluation.

The employer will be given a copy of the evaluating health care professional's written opinion. Findings and diagnoses, other than hepatitis B status, shall be confidential and not included in the written report.

OSHA requires that employers ensure that employee medical records are kept confidential and not disclosed without the employee's written consent.

Infection Control: Instrument Sterilization Fundamentals

Instrument Sterilization Fundamentals - The instrument-processing area must be divided into two separate zones: a “dirty zone” for intake, cleaning, and packaging of contaminated items and a “clean zone” for sterilizing instruments, removing packaged items from the sterilizer, cooling them, and storing them. Personal protective equipment and utility gloves must be worn when handling and cleaning contaminated instruments.

Programs do not usually clean instruments immediately after use. Soaking instruments in detergent, disinfectant/detergent, or enzymatic cleaner immediately after use, in a puncture-resistant container prevents patient matter from drying and makes cleaning easier. If instruments are to be transported off-site, they must be removed from the solution and transported in a securely closed, appropriately labeled, and puncture-proof container. It is recommended that containers of instruments or sharps to be transported off-site be placed in an additional container, as an additional precaution against spillage of instruments.

Instruments must be cleaned (either manually and/or with an ultrasonic cleaner) before being placed in bags or pouches for sterilization. Bags or pouches must be sealed with heat-sensitive tape. A chemical indicator must be placed in the middle of each bag or pouch and on the outside if the first indicator is not visible through the bag or pouch material. If the indicator tape does not change color, this shall indicate that there was a problem during sterilization. Bags or pouches must be clearly labeled with the date, so that the first instruments sterilized will be the first instruments used.

Store packaged instruments in clearly and appropriately labeled puncture-proof and secured containers. Containers must be labeled “sterilized instruments,” “contaminated instruments,” and “scrubbed instruments.” Containers with contaminated instruments also must have a biohazard symbol. Containers must be disinfected before and after use. Brushes used to clean instruments must be disinfected and stored in a labeled container.

After appropriate sterilization, a bag or pouch is considered sterile unless it is compromised (e.g., torn, wet, dropped on floor). If a bag or pouch is compromised, the instruments must be cleaned, placed in a new bag or pouch, and sterilized again.

Off-site sterilization- Proper instrument transport is critical for off-site sterilization. ODH-funded sealant programs must use securely fastened containers for transporting instruments so that instruments will not spill when jostled. Cleaning instruments before transport is not required, but it can reduce possible exposure risk during transport. Any

Appendix 7

state or local regulations pertaining to transport of biohazardous materials must be followed.

On-site Sterilization- Adequate space for and design of the instrument-processing area is of primary importance for on-site sterilization. The sterilization area must have adequate ventilation and access to a sink and must be near the treatment area. It must have enough space to separate the dirty and clean zones and to allow for receiving, cleaning, packaging, sterilization/disinfection, and storing of processed instruments. Avoid carrying or scrubbing contaminated instruments at times when the area is crowded with children.

Characteristics of major resin-based dental sealant products—listed according to percent filler. (2016)

Approved				
Manufacturer	Technique (ODH requires traditional technique)	Filler (%wt.) (ODH requires <10% filler)	Color (Grantee choice: ODH recommends against clear)	Cure Method (Grantee choice)
Dentsply Self Cure Pit & Fissure Sealant	Traditional	0%	clear tinted white opaque	AUTO
Dentsply Light Cure Pit & Fissure	Traditional	0%	clear white opaque	LIGHT
Medical Products Laboratories, Inc. Seal America	Traditional	0%	white opaque	LIGHT AUTO(2: fast set and regular set)
3M Espe ClinPro Sealant	Traditional	6%	white opaque	LIGHT
Henry Schein Natural Elegance	Traditional	6.5%	white opaque	LIGHT
SDI- Con Seal F	Traditional	7%	white opaque	LIGHT
Pulpdent Embrace	Traditional	7.7%	off-white	LIGHT
Patterson Pit and Fissure Sealant	Traditional	7.7%	pearlescent	LIGHT
SDI- Con Seal	Traditional	8%	gray opaque	LIGHT
Not Approved				
Kerr Guardian Seal	Traditional	30%	white opaque	LIGHT
Pulpdent Embrace	Hydrophilic ("wet technique")	34.4%	off-white natural	LIGHT
Patterson Pit and Fissure Sealant	Traditional	34.4%	pearlescent	LIGHT
Dentsply Delton Plus	Traditional	38%	white opaque	LIGHT
Dentsply Delton Seal-N-Glo	Traditional	38%	opaque	LIGHT
Bosworth Aegis	Traditional	38%	White opaque	LIGHT
Ivoclar Vivident Helioseal F	Traditional	41.1%	white opaque	LIGHT

Frequently Asked Questions about Ohio School-based Dental Sealant Programs (SBSPs)

1. How can school programs help children to have good oral health?

There are different ways schools can help children but some are better than others. Sealant programs have been shown to be the best school-based approach for preventing cavities (<http://www.thecommunityguide.org/oral/schoolsealants.html>). Ohio has been a national leader in sealant programs since the mid-1980s.

2. What are sealants and how do they work?

Dental sealants are plastic coatings that are bonded to the parts of teeth that get the most cavities. They seal off those decay-prone areas from bacteria and food needed to make cavities. (<http://digital.ipcprintservices.com/publication/?m=17250&l=1>)

3. Who operates Ohio sealant programs?

Most SBSPs in Ohio receive grant funding from the Ohio Department of Health (ODH). ODH-sponsored SBSPs are operated either by local health departments, educational institutions or private-nonprofit organizations. In addition, three locally funded SBSPs are operated either by local health departments, educational institutions or private-nonprofit organizations.

4. Who is eligible for the sealant programs?

ODH-sponsored and locally funded SBSPs are designed to get the greatest benefit (prevent cavities) to the most vulnerable children for the lowest cost. They do this by only spending time and resources providing services with the best potential for benefit and by offering the program only to schools and grades that are likely to have high-risk children with decay-prone molar teeth. Therefore, sealant programs generally target:

- **Schools:** Schools in which ≥ 40 percent of the students enrolled are eligible for the Free and Reduced Price Meal Program (FRPMP) are eligible to participate in the SBSP.
- **Grades:** Following national recommendations, programs reach children with teeth most likely to benefit (6- and 12-year molars soon after they come in) at the right time by targeting second and sixth grades (third and seventh grade students who received sealants in second or sixth grades generally receive follow-up checks by dental hygienists).
- **Children:** Must have parental consent and be found by the sealant program dental hygienist to need sealants. **No children are refused sealants because their family lacks the ability to pay.** In fact, families are not approached for out-of-pocket payment.

5. Do other school dental programs offer sealants?

There are other programs that do not receive ODH grants or local funding that provide sealants for children with a payment source, along with additional services such as examinations, X-rays, cleanings and fluoride treatments. These programs offer a limited package of services to children without a payment source and do not target schools and grades in the manner that ODH-sponsored and locally funded sealant programs do.

6. Why don't ODH-sponsored and locally funded SBSPs do fluoride treatments, cleanings, full examinations and X-rays?

ODH-sponsored and locally funded SBSPs are designed to make the best use of public dollars to prevent cavities. Research has shown sealants to be the most effective way to prevent the most common type of cavities. While topical fluoride applications (e.g., fluoride varnish) shall prevent dental caries when periodically applied, one-time application in a SBSP is unlikely to provide significant benefit. ODH is of the opinion that full examinations and X-rays must be part of the diagnosis done by the dentist who will provide all needed care. If sealant programs were to be reimbursed for those services, dental offices (where children covered by Medicaid plans eventually receive their care) would not be reimbursed for the same. Therefore, ODH does not approve the SBSPs it funds to **routinely** bill for examinations, radiographs or topical fluoride applications.

7. How will a sealant program help children who already have cavities?

Past tooth decay is one of the best predictors of future cavities. Therefore, healthy teeth in the mouths of children who have had decay in other teeth are prime candidates for sealants.

Much like immunization programs, however, SBSPs are public health strategies to prevent disease, not to provide comprehensive care. A small number of sealant programs have dental vans that are well-equipped dental offices that park at schools to provide dental care to children served by a sealant program. Other programs shall have links to off-site clinics or private offices willing to provide dental care. In most cases, however, caregivers are informed (by note sent home with the child) of the child's need for follow-up care and school personnel are notified about the children with the most pressing needs—but follow-up care is not provided by the agency that operates the sealant program.

Tips for Maximizing Appropriate Medicaid Reimbursement for SBSPs

- Programs must be aggressive in maximizing Medicaid collections for dental sealants.
- Prompt billing is best, as patients shall change Medicaid managed care plans.
- Agencies need to be familiar with the requirements of the billing system, such as:
 - the deadline for claim submission;
 - the process for obtaining a National Provider Identifier (NPI) for each registered-dental hygienist.
- It is important to track billing to be certain all payments have been received, and re-submit claims, as necessary.
- Parental permission form is designed to include questions that would gather all the pertinent billing information needed, if completed correctly.
- A sealant team member checks the billing information to assure it is complete. If the parent indicates their child is Medicaid eligible, but some of the coverage information is incomplete or absent, the team member either calls the parent or checks with the school nurse or secretary to gather accurate Medicaid coverage information about that student, if possible.
- If the parent has indicated the child is covered and has the correct numbers listed under a managed care plan, check online with that plan's Web site to verify eligibility. Pre-registration is required to do this.
- If there is only partial information, use the State's Medicaid Interactive Voice Response System (IVR) at 1-800-686-1516 (available 24 hours, seven days a week), for information regarding eligibility, claim status, payment status and the managed care provider on the date of service. Information can change from the time the permission form is completed and the service is provided. A Medicaid Provider Number and PIN number are required to access this information. The student's 12-digit Medicaid number or the name **and** birth date are needed to verify eligibility. The IVR provides information about the child's eligibility and if the child is eligible, whether coverage is under state Medicaid or a particular managed care plan for the date of service.
- The staff person in charge of billing verifies each student's coverage online with the managed care plan or by phone with the Medicaid IVR before submitting the bills. The secure provider portal can be used to determine eligibility of recipients for benefit programs. Eligibility is determined using dates of service and, either the recipient's Medicaid ID number and date of birth, or the recipient's SSN and date of birth. The Medicaid Provider Secure Portal shall be accessed at <https://portal.ohmits.com/public/Providers/tabid/43/Default.aspx>.

Accessing Medicaid Systems

*** Please note:** The following five Managed Care Plans have been selected and will be effective January 1, 2016: Buckeye Health Plan, CareSource, Molina HealthCare of Ohio Inc., Paramount Advantage and United Health Care. Information to contact the plans will be on the Ohio Department of Medicaid website: <http://jfs.ohio.gov/ohp/bmhc/index.stm>.

	Interactive Voice Response	Information Available	Web Site
Ohio Medicaid	(800)686-1516	Client eligibility, claim status, payment status, prior authorization, and provider information.	http://www.jfs.ohio.gov/OHP/providers/OM_MAC.stm
Buckeye*	(866)246-4358	Provider services (866) 296-8731	http://www.bchpohio.com
CareSource*	(800)488-0134	Member eligibility.	http://www.caresource.com/en/Provider/oh/MemberCare/Pages/CheckEligibility.aspx
Molina*	(800)642-4168		http://www.molinahealthcare.com
Paramount*	(800)891-2564	Member eligibility, claim status, and prior authorization.	http://www.paramountadvantage.org
United Healthcare Community Plan*	(800)895-2017		http://www.uhcommunityplan.com

Tips for Maximizing Program Participation

Promoting the program to the school administration and staff, parents and students is important to create awareness and gain participation. Utilize the “Seal in a Smile” video to inform school personnel, parents and students.

- Consent forms can be included with the distribution of other forms at the beginning of school year to ensure parents receive them. Two distributions shall be helpful: one at the start of the school year for schools scheduled in September– December and a later distribution for schools scheduled January – June.
- Distribute forms again, possibly with a note to the parent, for those students who did not return a form. Obtain a class roster and put the child’s name or “Second Notice” at the top of the form.
- Schedule schools with the poorest participation at the beginning of the school year.
- Develop rapport with school administrators and staff to help promote participation and collection of consent forms. It is helpful to have someone at the school who is an enthusiastic advocate for the program. Be sure new principals and teachers of sealant-eligible classes are informed about the program.
- Provide information to parents via school Web site, calendar, e-mail, newsletter, school lunch menus, parent meetings, etc., and remind them of sealant dates, when to expect consent forms and to return consent forms.
- Promote the sealant program via health fairs and contact with influential local organizations, as appropriate, to publicize the sealant program to parents.
- Provide brief presentations to students to explain procedure and answer questions.

Providing incentives at little or no cost can be helpful in promoting the return of consent forms. A local organization shall be willing to provide incentives for a program. Examples of incentives that have been used by dental sealant programs include:

- Items, such as a sticker, pencil, sugar-free candy, etc., are given to a student upon return of a completed (“yes” or “no”) consent form.
- Give incentives for the students to school nurses for distribution in the classrooms as consent forms are returned.
- Classes with 100 percent return of completed consent forms have a popcorn or pizza party.
- Teachers shall be able to give additional recess time or other school-determined “points” or award to students who return consent forms.
- Items for school nurses and school staff, e.g., cookies, drawing among all schools’ 100 percent consent classrooms for a school supplies certificate.
- Give more personal gifts, e.g., store or restaurant certificate, with a thank-you note to the person (often a secretary or school nurse) who helps the most in getting results for consent return/participation.
- Have an “out-of-uniform” day for classes with 100% consent return (for schools with a uniform requirement).

How We Shall Use and Disclose your Child's PHI

For Treatment. The ABC Health Department's Dental Sealant Program (hereafter referred to as the health department) shall use your protected health information (PHI) to coordinate care with other health professionals. The health department shall notify school personnel of the need for additional dental care services, or shall need to contact your child's physician related to medical issues (e.g., heart murmur or organ transplant) prior to providing dental sealants. The school nurse shall be able to refer you to appropriate sources for needed dental care.

For Payment. We shall include your child's PHI to collect payment from Medicaid or a Medicaid managed care plan (MCP) for dental sealants your child receives through the sealant program.

Health Care Operations. We shall use or disclose PHI in order to facilitate the general administration of the program. For example, your child's health information shall be used to evaluate staff performance or it shall be combined with that of others to evaluate how to more effectively serve all the program recipients.

Business Associates. We shall share your child's PHI with third-party "business associates" who perform activities for us (e.g., billing). Whenever an arrangement with a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of this PHI.

bound by the restrictions only if you are notified in writing that the health department has agreed to the requested restriction.

Other Uses and Disclosures

As Required by Law. The health department will disclose your child's PHI when required to do so by any federal, state or local law.

Public Health and Communicable Disease. We shall disclose your child's PHI for public health reasons, activities and purposes in order to prevent or control disease, injury or disability or to report reactions to products regulated by the Food and Drug Administration, or to notify a person who has been exposed to a communicable disease or who shall be at risk of contracting or spreading disease.

To Report Abuse, Neglect or Domestic Violence. The health department and dental professionals are required by law to notify government authorities if they believe a patient is the victim of abuse, neglect or domestic violence.

Legal Proceedings and Law Enforcement. We shall disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process. The health department shall disclose your child's PHI to law enforcement officials for certain law enforcement purposes such as locating a missing person or under certain limited circumstances, when your child is the victim of a crime.

Confidentiality. You have the right to have the health department use only confidential means of communicating with you about your child's PHI.

Research, Health and Safety, and Certain Specialized Government Functions. Although it is highly unlikely your child's PHI will be needed for these purposes, the health department shall in certain circumstances share PHI with coroners or funeral directors; for research purposes; or to avert a serious threat to the health and safety of an individual or the public. PHI shall be shared for specialized government functions such as disclosures related to military personnel and veterans; national security and intelligence gathering; medical suitability determinations; correctional institutions and other law enforcement custodial situations; government programs providing public benefits; and disclosures related to Workers' Compensation.

Required Uses and Disclosure. Under the law, we must make disclosures to you, with certain exceptions, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law.

Authorized Uses and Disclosures. Additional uses and disclosure shall be made if you have given written authorization, which shall be revoked at any time in writing delivered to the site compliance contact, except to the extent the health department acted in reliance on the authorization.

Your Rights

Restrictions. You have the right to request restriction on the use and disclosure of your child's PHI; however, the health department will be This means you shall have information mailed to your home instead of sent home with your child.

Notice of Privacy Practices (Sample)

Agency Name and Logo

This notice describes how medical information about your child shall be used and disclosed and how you can get access to this information. Please review it carefully.

The ABC Health Department is required by law to maintain the privacy of the Dental Sealant Program participants' health information and to provide you with this Notice of the ABC Health Department's legal duties and privacy practices with respect to your child's protected health information (PHI). The health department is required to abide by the terms of the notice currently in effect.

Access. You have the right to see and receive a copy of the PHI kept about your child by the sealant program under most circumstances.

Amendment. You have the right to have the health department amend its records of PHI about your child. The program shall refuse to amend information that is accurate, that was created by someone else or is not disclosable to you.

Accounting. You have the right to see a list of disclosures of PHI about your child, which includes the purposes and recipients of the information.

Copy. You have the right to receive a paper copy of this notice.

Privacy Notice. The ABC Health Department is required by law to keep PHI about your child private and to give you this notice; however, **the health department reserves the right to amend this notice and make such change applicable to all health information maintained without prior notice.** A revised notice will be provided to schools included in the dental sealant program.

Complaints. You shall complain to the ABC Health Department if you believe your child's privacy rights

have been violated by giving a written complaint to the health department's site compliance contact, compliance officer's name, address, phone number. You shall also complain to the Secretary of the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave. - Suite 240, Chicago, IL 60601; (312) 886-2359; (312) 353-5693 (TDD); (312) 886-1807 FAX. You will not be retaliated against in any way for filing a complaint.

Effective Date. This notice is effective from *(date)* until revised by the ABC Health Department.

You shall be asked to sign an acknowledgment that you received this Notice of Privacy Practices. This notice was published and becomes effective *(date)*.

Disclaimer:

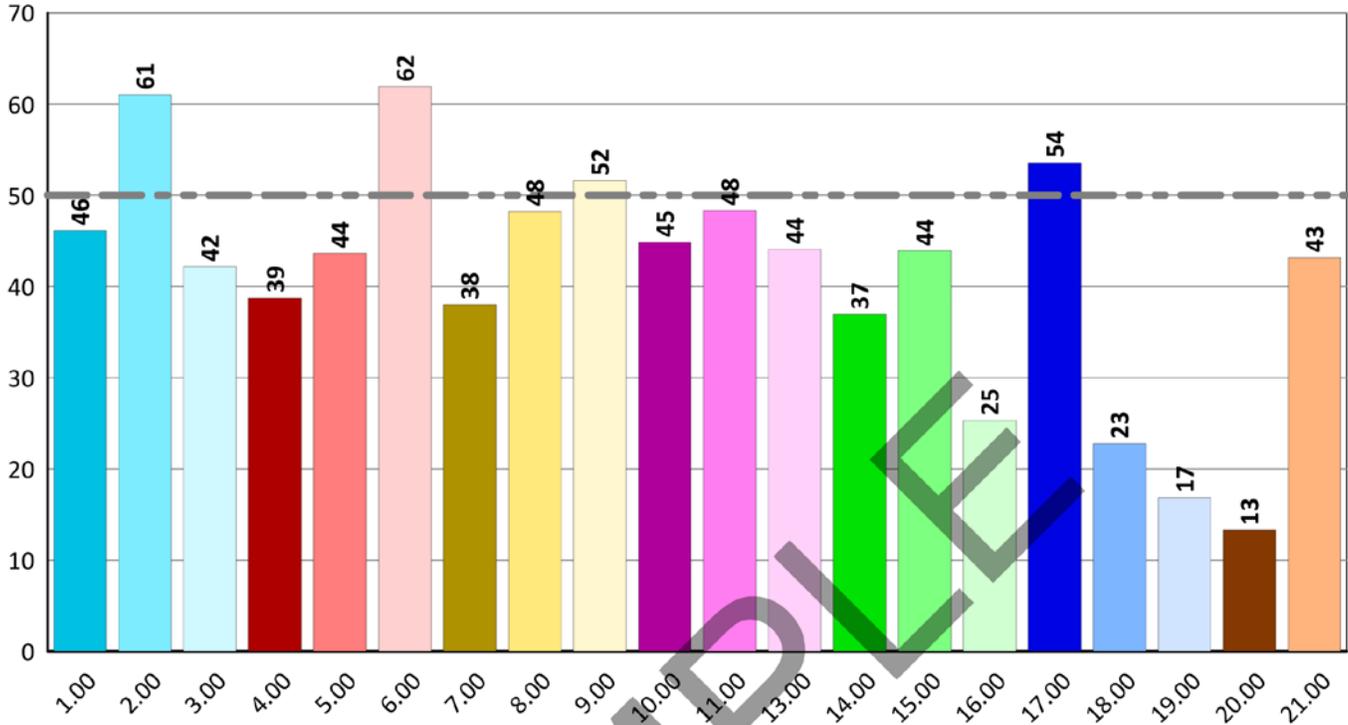
This sample Notice of Privacy Practices (NPP) is provided by the Ohio Department of Health, Bureau of Community Health Services and Patient-Centered Primary Care, Oral Health Section to assist local agencies to develop NPPs for their dental sealant programs. This sample in no way represents legal counsel from the ODH. Each agency is responsible for consulting with their legal advisers to determine if the contents of their NPP are in compliance with the HIPAA privacy regulations.

Tips for Maximizing Program Efficiency

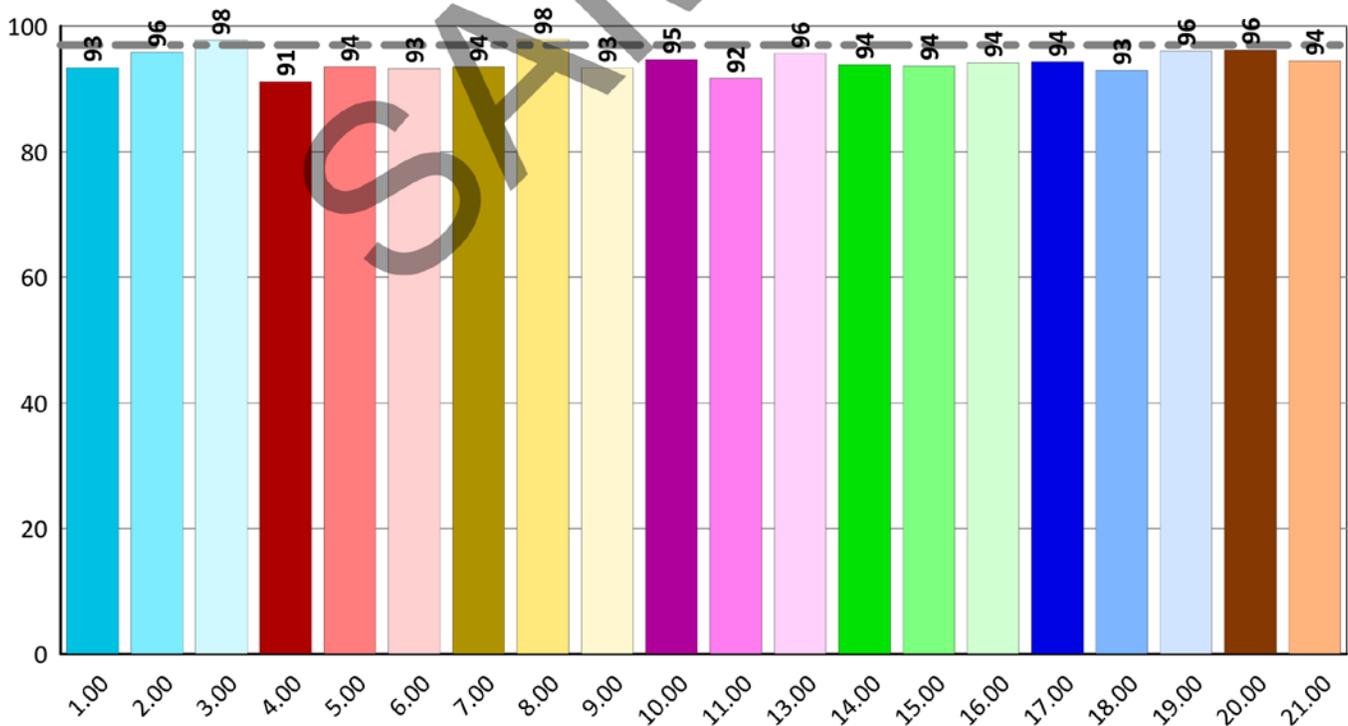
- Review all forms used during the program, to make sure questions are asked in the manner required by ODH, and to collect data and report it correctly to ODH.
- In programs covering a large geographic area, complete schools that are in close proximity to each other.
- Check with the principal, school nurse, teachers and/or secretary to make sure there are no field trips, testing, special guests, parties, etc., for the classes being screened or receiving sealants.
- Use colored paper for consent forms; teachers can locate the forms on their desk more easily.
- Collect consent forms one to two weeks in advance of the date to screen to allow time for the health histories to be screened and charts to be prepared.
- Dollies or moving carts are useful for moving equipment.
- Paper towels can be used as head rest covers during screening and can be quickly replaced after each student.
- Paper towels can be used as dental bibs; paper plates as instrument trays.
- Box style fans can assist teams with temperature control and ventilation. This is important when using self-cure sealant.
- Teams must set up prior to the start of the school day and start to see students as soon as possible once school begins and continue until school dismissal. Working partial days is not efficient. A child who walks home from school could be seen last, so missing the bus does not become an issue.
- Always have one child in the chair receiving sealants and one child on deck (waiting to be next).
- Give the student waiting for sealants a dry toothbrush and ask to brush his/her back teeth. The brush is placed in a sealed plastic bag for the student to keep.
- After receiving sealants, the student returns to class and sends another student to the sealant team for sealants.
- Equipment maintenance schedules must be developed and followed.

Dental Sealant Program Dashboard Report

Percentage of Enrolled with Consent, 2008-2012



Percentage with Consent Screened, 2008-2012



Dental Sealant Program Dashboard Report

Program ID: 6		CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	Total
Grant Performance	Target to Seal	993	896	946	835	835	4,505
	Received Sealants (All Grades)	831	789	750	902	739	4,011
	Medicaid Target to Seal	149	269	284	285	308	1,295
	Medicaid Students Sealed	306	344	349	568	313	1,880
	Target Medicaid Dollars to Collect	\$13,112	\$15,000	\$22,528	\$22,088	\$22,044	\$94,772
	Medicaid Dollars Collected	\$22,158	\$20,570	\$21,076	\$18,678	\$25,651	\$108,133
	Percentage Sealed of Target	83.7%	88.1%	79.3%	108.0%	88.5%	89.5%
	Percentage Medicaid Sealed of Target	205.4%	128.0%	123.0%	199.3%	101.6%	151.5%
Percentage Medicaid Collected of Target	169.0%	137.1%	93.6%	84.6%	116.4%	120.1%	
		CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	Total
Target Grade Participation	Enrolled	1,141	1,192	891	1,343	1,143	5,710
	Consent	726	735	624	759	658	3,502
	Screened	660	686	599	698	619	3,262
	Needed Sealants	561	575	480	597	531	2,744
	Sealed	535	527	463	570	515	2,610
	Percentage with Consent	63.6%	61.7%	70.0%	56.5%	57.6%	61.9%
	Percentage with Consent Screened	90.9%	93.3%	96.0%	92.0%	94.1%	93.3%
	Percentage in Need of Sealants Sealed	95.4%	91.7%	96.5%	95.5%	97.0%	95.2%
Percentage Sealed of Enrolled	46.9%	44.2%	52.0%	42.4%	45.1%	46.1%	
		CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	Total
Follow-Up and Retention	Screened Previous Year	723	680	541	809	526	3,279
	Screened for Follow-up	604	576	485	713	474	2,852
	Sealants Placed Previous Year	1,762	1,631	1,226	2,028	1,376	8,023
	Sealants Partially Replaced at Follow-up	126	136	87	84	40	473
	Sealants Fully Replaced at Follow-up	2	28	18	1	2	51
	Percentage Screened for Follow-up	83.5%	84.7%	89.6%	88.1%	90.1%	87.2%
	Long-Term Retention Rate	92.7%	89.9%	91.4%	95.8%	96.9%	93.4%
		CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	Total
Medicaid Billing	Medicaid Students Sealed	306	344	349	568	313	1,880
	Medicaid Dollars Billed	\$22,946	\$21,010	\$24,662	\$19,052	\$29,018	\$116,688
	Medicaid Dollars Collected	\$22,158	\$20,570	\$21,076	\$18,678	\$25,651	\$108,133
	Percentage Medicaid Students Sealed	36.8%	43.6%	46.5%	63.0%	42.4%	46.5%
	Percentage Medicaid Collected of Billed	96.6%	97.9%	85.5%	98.0%	88.4%	93.3%
	Medicaid Collected Per Medicaid Sealed	\$72.41	\$59.80	\$60.39	\$32.88	\$81.95	\$61.49
		CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	Total
Cost and Productivity	ODH Award	\$35,000	\$35,000	\$32,000	\$39,000	\$34,000	\$175,000
	Medicaid Income	\$22,158	\$20,570	\$21,076	\$18,678	\$25,651	\$108,133
	Total Revenue	\$57,158	\$55,570	\$53,076	\$57,678	\$59,651	\$283,133
	ODH Cost Per Child Sealed	\$42.12	\$44.36	\$42.67	\$43.24	\$46.01	\$43.68
	Total Cost Per Child Sealed	\$68.78	\$70.43	\$70.77	\$63.94	\$80.72	\$70.93
	Sealed per Day	11	19	26	21	20	19