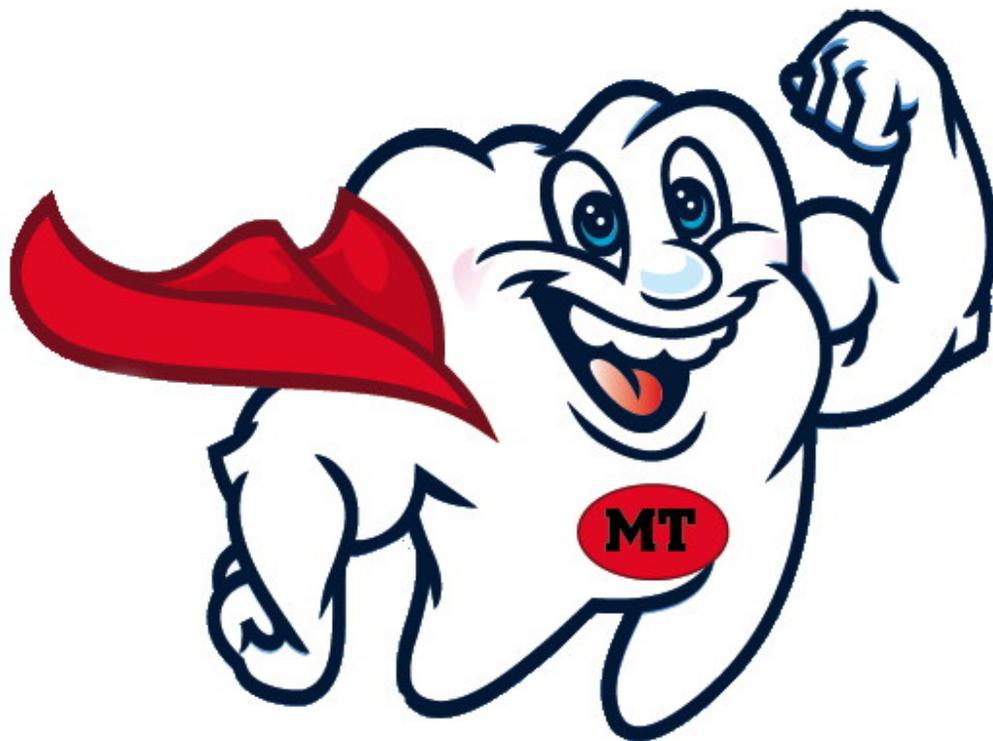




Office of  
**Oral Health**  
Maryland Department of Health and Mental Hygiene



## Dental Sealant Guidelines and Operations Manual

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## **Forward**

### **Director's Message**

On behalf of the Maryland Office of Oral Health, I wish to welcome you to our Dental Sealant Guidelines and Operations Manual for school-based dental sealant programs. While the intended users of this manual are dental public health programs, we invite any organization instituting a school-based dental sealant program to make use of this material. We hope that all users of the Dental Sealant Guidelines and Operations Manual will find it a valuable and helpful resource.

The provision of dental sealants is an evidence-based preventive strategy known to effectively reduce the likelihood of dental caries on targeted teeth. A national objective to increase the percentage of children and adolescents who have received dental sealants on their molar teeth is included in the U.S Public Health Service, *Healthy People 2020* objectives for the nation. The Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the Pew Center on the States highly promote and monitor the use of dental sealants. Further, the Health Resources and Services Administration (HRSA) and Maternal and Child Health Bureau (MCHB) have established a national performance measure requiring state maternal and child health programs to report the percentage of third-grade students who have received dental sealants on at least one permanent molar tooth.

School-based dental sealant programs target schoolchildren from low-income backgrounds at high risk for dental caries who are generally less likely to receive oral health services from a private practice dental care provider. These programs are not intended to compete with private dental practitioners and instead serve to offer a needed safety net service for those children without a current dental home. School-based dental sealant programs have been successfully implemented throughout the country and have been shown to reduce the risk of pit-and-fissure dental caries, as well as, associated with racial and economic disparities in dental sealant prevalence among children.

This manual intends to address the following elements, among others:

- Best Practices
- Framework to start a dental sealant program
- Opportunity to evaluate and modify your current program
- Provision/terms for funding
- Continuity for delivery of care, reporting programmatic statistics and administrative procedures

As important as these aspects are, this manual was written with the understanding that there is a wide variety of school-based dental sealant programs adhering to differing logistical, political, legal, and environmental circumstances. Users of this manual are encouraged to adopt some or all of this information to meet their own program's specific needs.

We hope that this manual assists you in establishing your school-based dental sealant program as a best practice that effectively enhances oral health and related somatic, psychological and sociological domains for targeted schoolchildren in need.

Finally, thank you for using this manual and we invite you to provide us with any input to improve and update this manual.

**Dr. Harry Goodman, Director**

Maryland Office of Oral Health

### **Program Coordinator's Message and Acknowledgements**

I would like to express my deepest appreciation to all of the many gracious, talented and committed oral health professionals in the State of Maryland. Due to your willingness to share information and to become part of our vision and efforts, we have been able to create a Statewide Dental Sealant Program that we can all be proud of.

Many thanks to Cindy Kaiser and Jane Casper, for their contribution and assistance in the preparation and completion of the first Maryland Dental Sealant Guidelines and Operations Manual. With your expertise and dedication we will create more programs, see more Maryland children and ultimately close the gap on dental disparities in our state. It takes a village to make change and we have proven that many times over.

Healthfully,

**Giselle C. Thelemaque, RDH, MEd, CHES, Program Coordinator**

Maryland Office of Oral Health

## **SECTION 1: Introduction**

Dental caries is the number one chronic disease among children in the United States and largely preventable. As public health professionals we have a responsibility to ensure that the children in our communities benefit from available resources and current clinical technologies, which can insure a healthy quality of life.

Dental sealants in conjunction with the use of systemic and topical fluorides, proper nutrition and good oral health habits, have shown to be very effective in reducing dental caries and tooth loss in children and adolescents. The use of dental sealants alone in the pits and fissures of chewing surfaces of molars have proven to prevent the occurrence of dental caries, as well as stop the progression of early dental caries. Dental sealants are bonded onto susceptible tooth surfaces of permanent (secondary) molars soon after eruption to protect them from bacteria and sugary foods and have also been proven to be safe and cost-effective. Increasing the use of dental sealants is a top national oral health objective as outlined in Healthy People 2020, a national initiative to eradicate oral disease and improve overall health.

### a. Current Maryland Infrastructure

In 2008, the Maryland Office of Oral Health (OOH) through a collaborative agreement with the Centers for Disease Control and Prevention (CDC) developed a Maryland “State-based Oral Disease Prevention Program”. One of the activities under this funding was to develop, coordinate and implement a school-based or school-linked dental sealant program for 2<sup>nd</sup> and 3<sup>rd</sup> grade Maryland school children. This grant was designed in two phases; the first phase required OOH to implement a dental sealant demonstration project to lay the foundation for a statewide program. OOH partnered with the University of Maryland Dental School in this effort to conduct a statewide demonstration program at ten Maryland elementary schools.

The current and second phase: developing a hybrid (school based/school-linked) dental sealant program model for the state of Maryland. Research was conducted towards this effort, including:

1. A focus group with state oral health experts
2. A questionnaire for sealant program administrators and practitioners
3. Interviews with dental directors in other states, existing Local Health Department (LHD) and state sealant coordinators, administrators, health providers, as well as School Based Health Center members

Based on the information obtained, the following recommendations and findings were provided justifying the need for a statewide school-based program:

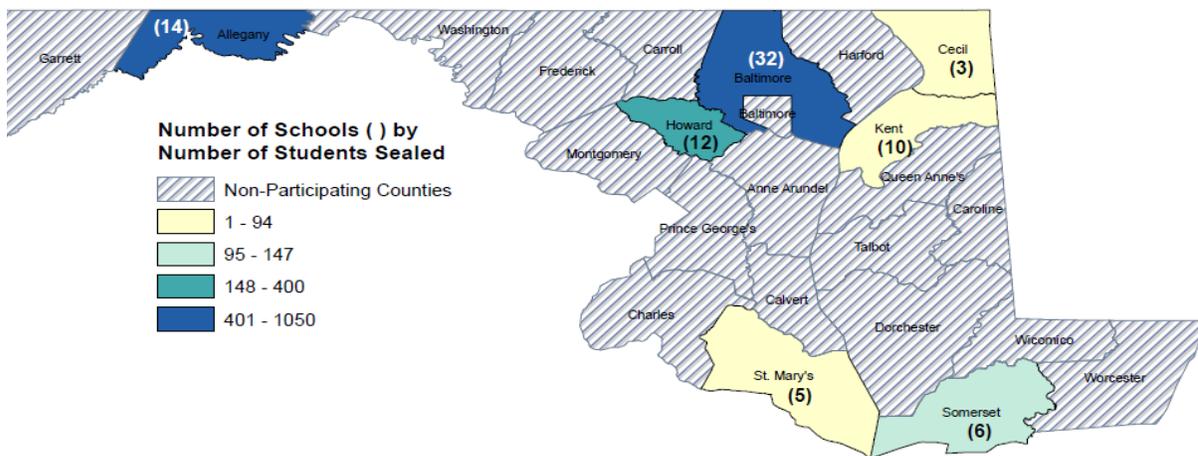
- Dental sealants and fluoride varnish are proven dental caries prevention strategies
- There is strong need for school-based or school-linked dental sealant programs in the state of Maryland

- Very few existing school-based or linked dental sealant programs administered by Local Health Departments (LHDs) bill Medicaid for services rendered and therefore may not be sustainable without outside grant funding
- Despite recent impressive gains in oral health, access to dental care for Maryland children can still be improved
- A statewide streamlined approach to implementing and administering a school-based or linked dental sealant program to enhance continuity in administrative and clinical protocols (i.e.: an operations and guidance manual) as well as in data reporting
- Additionally, a need for data collection and information sharing mechanisms that can organize and maintain data for treatment plans, demographic information, referral mechanisms, and clinical information
- Case management or care coordination in some capacity is needed to address access issues, payments and follow-up care. The school nurse, school volunteer or LHD staff member can coordinate this process

b. Existing Maryland Dental Sealant Programs

Since the 1990's, the Maryland State Oral Health Program, the Maryland Department of Health and Mental Hygiene (DHMH), Office of Oral Health (OOH) has recognized the importance of school-based and school-linked dental sealant programs as a major strategy in reducing health disparities in the state's most vulnerable populations. However, with limited funds, resources and infrastructure during this period, OOH was unable to mount a statewide campaign. Fortunately, several Maryland counties developed and implemented successful programs to meet the needs of their respective communities. Through its cooperative agreement with CDC, OOH is in a position to endorse school-based and school-linked dental sealant programs as an evidence-based statewide strategy to prevent oral disease. As a result, OOH which had been providing limited grant support for counties who made it a priority to implement a school-based and/or linked dental sealant program will now be able to expand such support.

**Figure 1: Dental Sealant County Participation, by Number of participating School, by Number of Students Sealed, 2005-2006**



Source: Survey of the Oral Health Status of Maryland School Children. 2005-2006

There are 24 LHDs in Maryland, 14 of which have dental sealant programs. The Office of Oral Health administers grants to 7 LHD's that have school-based/school-linked dental sealant programs. In addition to the LHDs, Federally Qualified Health Centers (FQHC) and School-Based Health Centers (SBHC) also administer school-based/school-linked dental sealant programs, serving 58% of the state's school children population. According to a 2009 OOH Survey, the barriers that currently exist in Maryland's high-risk populations receiving dental sealants (school-based or otherwise) include:

- Lack of programmatic funding in existing safety net public health programs
- Low density of dental practitioners in rural areas
- Low proportion of dentists participating in Medicaid
- Lack of access to care in migrant and homeless populations
- Shortage of public health workers
- Lack of public health provider training in dental sealant provision

The new OOH statewide school-based/school-linked dental sealant program plans to continue supporting existing LHD school sealant programs but also encourages other LHDs to apply under the new dental sealant guidelines. The guidelines will encourage program consistency, program expansion, and program cost effectiveness. Out of the 7 dental sealant programs funded by OOH, 5 are school based, 1 is hybrid (school-based and linked) and 1 is a school-linked program. Presently, there is no set format for service delivery, administrative protocol or data collection. Each program has its own layout for administering the program, its own forms for data collection, charting, consent, reporting disease, referrals to a dental home and follow up treatment. Dental homes are assigned based on a variety of criteria such as general need, specialty need, ability to pay for services and geographical location. The majority of Maryland children participating in the program are in the Title I and The Free Reduced Lunch Program (FRLP). Maryland has two categories of Title I schools related to the FRLP:

- Targeted Assistance – 35% or more of students eligible for the FRLP. This is more targeted at children who are identified as having the greatest needs. All high-risk school programs start out as Targeted Assistance Programs;
- School wide Programs – 40% or more of students eligible for the FRLP targets all children in these schools.

LHD funding options for these programs include Medicaid, private insurance or the use of grant funds to pay for services for the uninsured. However, according to our focus group discussions with LHD dental sealant coordinators, most programs have not engaged with and received revenues from these 3<sup>rd</sup> party payers in school-based programs. Although the reasons given vary widely, LHD programs noted difficulties in identifying schoolchildren enrolled in Medicaid. As a result, nearly all school-based dental sealant programs in the State of Maryland are provided at no charge to recipients or 3<sup>rd</sup> party payers.

Due to the death of 12-year old Deamonte Driver because of an untreated cavity that caused an infection in his brain, Maryland has been quite successful in recent years in addressing oral health disparities and access to education, prevention and treatment oral health services

through multiple programs and resources. Deamonte Driver's unfortunate death sparked more awareness and a willingness for legislatures and dental public health professionals to work together to prevent a tragedy from ever happening again in the State of Maryland. However, there remain many systems and policies that need to be established and utilized, including the statewide implementation, administration, and provision of a standardized system for school-based and/or linked dental sealants programs.

c. Needs Assessment

In 2005-2006 Maryland conducted a survey of the oral health status of Maryland school children as part of its surveillance activity. It consisted of a basic oral screening and a brief oral health questionnaire. The survey is a bench mark to assess current program progress and serves as an ongoing outline for oral health surveillance system. It also facilitates child oral health related program planning. The following are some of the survey findings for school children in Kindergarten and 3<sup>rd</sup> Grade (*results are also summarized in appendix A*):

- Approximately 31% had at least one tooth with dental caries
- Approximately 27% had at least one tooth with a dental sealant
- School children residing on the Eastern Shore were more likely to have at least one tooth with dental caries than similar children residing in Southern or Western Maryland
- Non-Hispanic Black children were more likely to have at least one tooth with dental caries than non-Hispanic white children
- Non-Hispanic Black children were more likely to have at least one tooth with dental sealant the Non-Hispanic White children
- Other characteristics of school children with at least one tooth with dental decay:
  - Living in households eligible for free and reduced meals
  - Living with a parent/caregiver who did not graduate from college
  - Covered by Medicaid dental coverage
  - No private dental insurance coverage
  - Prior dental caries experience in the past 12 months
  - No treatment for dental caries in the past 12 months
- Other characteristics of school children without any dental sealants:
  - Living in households eligible for free and reduced meals
  - Covered by Medicaid dental coverage
  - No dental visit in the past 12 months
  - No treatment for dental caries in the past 12 months

During the 2008-2009 school year, about 160,000 elementary school children (40%) were enrolled in free or reduced-cost lunch programs in over 800 elementary schools in Maryland. Maryland will continue to use the Free and Reduced Lunch Program as a means to determine a child's eligibility to participate. A child is automatically eligible for this program if they meet the following criteria:

- A member of the child’s household is receiving assistance under the Food Stamp Program, the Food Distribution Program, on Indian Reservations or Temporary Assistance for Needy Children Program
- Enrollment in Head Start
- Children of migrant workers
- Homeless children
- A runaway child who is receiving assistance from the program under the Runaway and Homeless Youth Act
- Family size and income level

The 2009 guidelines were at or below 130% of Federal poverty level and the reduced price guidelines are between 130% and 185% of the Federal poverty guidelines. With 2009 Federal poverty guidelines, 130% of the Federal poverty level for a family of four translates into an annual income at or below \$28,665. For 185% of the Federal poverty guidelines for a family of four, the annual income would be at or below \$40,793.

d. Demonstration/Pilot Projects: Outcomes & Evaluation

The University of Maryland Dental School in conjunction with OOH conducted the “State Dental Sealant Demonstration Project” in 10 Maryland schools. The Dental Sealant Demonstration Project consisted of two parts, an oral screening (Part 1) and a health survey (Part 2). Part one included:

- Primary assessments including the presence or absence of teeth
- Permanent or primary tooth status
- Dental caries
- Existing restorations
- Presence of dental sealants
- Ordering and placement of sealants on permanent first molars where indicated
- Overall assessment of anticipated and general oral health treatment needs

Body Mass Index (BMI) was also collected during school visits and was shared with the Office of Chronic Disease Prevention (OCDP), Maryland Department of Health and Mental Hygiene. Concerned about the rise in childhood obesity and acknowledging the link between poor nutrition and tooth decay, it was an opportune time to partner with OCDP. BMI is a non-invasive screening tool designed to assess the risks of being overweight and underweight for children, adolescents and adults.

Part Two is a self administered questionnaire, completed by a parent or guardian, designed to collect demographic characteristics.

There were 220 students who participated in the project and 60% of the sample resided in an urban municipality. The following were prevalence findings:

Caries Prevalence:

- Students residing in rural municipalities, eligible for free/reduced meals, whose caregiver’s education was less than college, and who were boys, had a higher prevalence of caries than their counterparts
- Students without dental insurance had the highest prevalence of caries, compared to those with private dental insurance
- Students with caries prevalence from low to high ranking were non-Hispanic Whites, non-Hispanic Blacks, Hispanics and non-Hispanics, others respectively

Sealant Prevalence and Average of Numbers of Sealed Teeth per Student:

- Students residing in an urban municipality, not eligible for free/reduced meals, whose caregiver’s education was less than college, and who were girls, had a higher prevalence of sealants than their counterparts
- Students without dental insurance had the lowest prevalence of sealants; those with Medicaid coverage had the highest prevalence of sealants
- Students with sealants prevalence from high to low ranking were non-Hispanic, others, non-Hispanic Whites, non-Hispanic Blacks and Hispanics

Based on the demonstration project findings, it was recommended that a “Statewide Dental Sealant Initiative should not be limited to school-based located programs.” The recommendation is that of a multi-tiered approach, with tier one concentrating on services rendered in a public setting and tier two concentrating in a community private practice setting.

An analysis of the Dental Sealant Demonstration Project by a University of Michigan School of Dentistry dental hygiene student working with OOH (Oral Disease and Prevention of Caries with Dental Sealants, 2010) concluded that different models (school-based, school-linked and hybrid) worked in different circumstances, based on community resources, other constraints and other needs. It also concluded that there were pros and cons to all three models because they were impacted by the ability for follow-up to dental homes, existence of a health education program, disruption of school curricula, other activities by the dental sealant program, and lack of risk assessment among other factors.

e. Best Practices

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

f. The Manual

This “*Dental Sealant Guidelines and Operations Manual*” is an inclusive reference manual and programmatic guide designed for use with Maryland’s new Statewide Dental Sealant Program. This statewide program is being implemented and overseen by OOH to promote and assist in the establishment of new dental sealant programs and/or in the evaluation and revamping of existing ones. LHDs applying for the OOH Dental Sealant grant through RFA can use this manual to learn about requirements and recommendations for the RFA including funding, local demographics, target populations, and state regulatory compliance. Most importantly, it is anticipated that the “*Dental Sealant Guidelines and Operations Manual*” establishes a framework for best practices in dental sealant administration, training, clinical care delivery, data collection, reporting, evaluation and funding. This manual is available on the DHMH, OOH website at <http://fha.dhmh.maryland.gov/oralhealth/SitePages/dental-sealants.aspx>.

For additional Maryland and non-Maryland resources, please refer to:

- **Mighty Tooth:** a campaign website created by the University of Maryland Dental School’s Dental Sealant Demonstration Project with funding from the Centers for Disease Control and Prevention through the Maryland Office of Oral Health. The project aims at increasing public awareness of the benefits of dental sealants and increasing public demand for dental sealants in private and public dental offices and in school-based and school-linked programs. Additional information and links to other resources such as a booklet about dental sealants (in English and Spanish) and guides on finding oral health care can be found at: [www.sealawaytoothdecay.com](http://www.sealawaytoothdecay.com) (please note that the website is currently under construction).
- **Seal America:** The Prevention Intervention at <http://www.mchoralhealth.org/Seal> which assists health professionals in establishing and implementing a school-based dental sealant program.
- **Ohio’s School-Based Dental Sealant Programs:** a five-part, distance-learning course modules that address a number of topics that deal with planning and implementation available at: <http://ohiodentalclinics.com/curricula/sealant/index.html>.

## SECTION 2: General Information and Administrative Protocols

### a. Contact Information

#### **Maryland Office of Oral Health**

201 W. Preston St., 3<sup>rd</sup> Floor  
Baltimore, MD 21201  
Phone: (410) 767-5300  
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#### **Director**

Dr. Harry Goodman  
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Email: [HGoodman@dhmh.state.md.us](mailto:HGoodman@dhmh.state.md.us)

#### **Dental Sealant Program Coordinator**

Giselle C. Thelemaque, RDH, MEd, CHES  
Phone: (410) 767-8640  
Email: [GThelemaque@dhmh.state.md.us](mailto:GThelemaque@dhmh.state.md.us)

### b. Regulatory Compliance (*Supervisors are expected to enforce all policies*)

#### i. Licensing

All dentists and dental hygienists must be licensed and certified to practice by the Maryland Board of Dental Examiners. Licensure may be verified by accessing the MSBDE Web site: <http://www.dhmh.maryland.gov/dental>.

#### ii. Workforce Utilization

Dental hygienists employed or contracted by public health programs may provide dental sealants, fluoride varnish, administer fluoride rinse and render oral assessments without the direct supervision of a dentist. A dental hygienist may provide sealants without the dentist being physically present or there being an initial dentist examination (HB: [10.44.21.09.htm](#)). The use of this law – the Public Health Dental Hygienist Act – can be a catalyst for the creation of similar new programs and an enhancement for existing ones.

### c. PANDA

The Board of Dental Examiners requires two (2) hours of continuing education per licensure cycle for dentists and dental hygienists for abuse, neglect, family violence & human trafficking through the Prevention Against Abuse and Neglect through Dental Awareness (PANDA) program: <http://www.midatlanticpanda.org>

### d. OSHA

While a relatively low risk procedure for exposure to bloodborne pathogens, all dental sealant programs are strongly expected to adhere to *Occupational Safety and Health Administration (OSHA) Infection Control Guidelines* to prevent injuries and protect the

health of workers. In Maryland, OSHA guidelines are established and monitored by the Maryland Occupational and Safety Administration or MOSH. Guidelines are available at: <http://www.dlrr.maryland.gov/labor/instructions/02-5.shtml>. Please review your infection control protocols. You may want to include the following procedures to insure compliance and to avoid risk:

- A written exposure control plan which is reviewed and updated annually;
- Bloodborne Pathogens training as an annual requirement;
- Infection control training should be given to all workers working in an environment where exposure to blood or other potentially infectious materials (OPIM) may occur prior to beginning employment;
- Personal protective equipment (mask, gloves, face shield, eyewear, gown, smock or other protective clothing) must be worn by dental personnel;
- Appropriate hand cleansing must be instituted. Soap and water, along with alcohol-based hand sanitizers are acceptable. Hands should be cleansed before and after treating each patient and before and after removing gloves. Ungloved hands must be cleansed upon touching contaminated surfaces which contain blood or OPIM, before leaving the operatory and when hands are visibly soiled. Soap and water must be used when hands are visibly soiled. The CDC provides hand-washing instructions available at: <http://www.cdc.gov/oralhealth/infectionControl/faq/hand.html>;
- All autoclavable instruments must be heat sterilized in an autoclave. For those instruments that cannot withstand heat, a high level disinfectant should be used according to the manufacturer's directions. All disposable items should be put in the appropriate receptacle and not re-used;
- If using autoclavable instruments, a spore test must be conducted weekly whose results are verified by a spore-testing company to insure proper use and functioning;
- All environmental surfaces must be cleaned and disinfected with a proper anti-microbial agent;
- Barrier protection should be used for items difficult to clean or disinfect, i.e. light handles. Plastic wrap, small plastic sandwich bags and foil, is most cost effective;
- Sharps containers are to be used for all sharps and red bags are to be used for all waste disposals for OPIM containing items, if present;
- All detachable hand-pieces should be autoclaved;
- Ultrasonic cleaners should be used for preliminary disinfection;
- All transported instruments should be marked "DIRTY" or "CLEAN" and transported in a plastic containers with a lid to avoid cross contamination.
- All non-disposable and autoclavable instruments should be autoclaved either on or off site;
- CDC recommends that water used for routine dental treatment meets EPA standards for drinking water. Please follow manufacturer's recommendation for all portable equipment for water use.

These regulations can be found on the OSHA and MOSH websites:

- <http://www.osha.gov/SLTC/dentistry/index.html>

- <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>
- <http://www.dllr.maryland.gov/labor/instructions/02-5.shtml>

**PLEASE NOTE:** Selecting the best location in a school or other facility is imperative to ensure safety and sterility for both practitioners and students. The following are helpful criteria for site selection:

- Area large enough to setup all portable equipment, i.e.: cafeteria, stage, medical suite, library, computer room;
- Access to electrical outlets;
- Access to running water;
- Ability to create a sterilization area which can accommodate one or more autoclaves with a sterile and soiled instrument component, if applicable.

e. Immunizations

All staff should remain current with their immunizations recommended by the CDC for adult immunizations. Immunizations include Hepatitis B, Tuberculosis testing and flu shots. Current documentation should be kept on file for each staff member in the Infection Control Manual established by the health department program coordinator. Each staff member must provide current proof of immunity or immunization. A medical waiver signed by a physician must be provided for each staff member unable to receive a vaccine.

f. OOH Grant Policies

All grantees must comply with OOH policies which are detailed in the RFA. For further information on grant compliance, please visit our website:

<http://fha.dhmdh.maryland.gov/oralhealth/> Or contact Ms. Teresa Robertson, OOH grants manager, at: [TRobertson@dhmdh.state.md.us](mailto:TRobertson@dhmdh.state.md.us)

**PLEASE NOTE:** All applications must be submitted electronically via e-mail with an attachment to [fhauga-oralhealth@dhmdh.state.md.us](mailto:fhauga-oralhealth@dhmdh.state.md.us) no later than each year's designated date in each year's RFA in order to be considered for funding.

## SECTION 3: Operating Effective Community Programs

### a. Benchmarks, Performance Standards and Evaluation

Benchmarks and performance standards should be established early in the program planning process; it will allow for ascertaining performance and productivity results and standards easily throughout the life of the program, as well as, substantiate its benefits. As an example, the state of Ohio has established the following benchmarks, based on years of programmatic success and data analysis:

- More than 50 percent of children have parental consent to receive sealants;
- More than 97 percent of children with consent are screened;
- More than 90 percent of children in need of sealants receive sealants;
- More than 65 percent of children are screened for follow-up in 3<sup>rd</sup> grade;
- More than 15 children per team per day receive sealants;
- The overall cost per child receiving sealants in the program is approximately between \$49 and \$56 ;
- More than 90 percent long-term retention;
- 100 percent short-term retention.

To gauge a program's success, regular evaluation should be incorporated into the sealant plan. Guidance for program evaluation can be found on the Seal America website: <http://www.mchoralhealth.org/seal/step10.html>

### b. Community Relations

Program success can depend greatly on establishing and developing community relationships. Every community is different; therefore, your approach may vary with each school. The key is to find the decision makers for each school or cluster of schools and gauge their level of support for the program. One or more of the following personnel may need to get involved to get a program into a school: the county school superintendent; the public health nurse assigned to that district (if applicable); the school nurse; the school principal; local PTA or a parent. Take a written prospectus of the program, outlining benefits, implementation and other programmatic strategies. Never underestimate the influence of any of these individuals when attempting to establish a program can be paramount.

Once a program has been established, it will be imperative to nurture the relationships you have established, and continue to seek opportunities to create awareness and market the program successfully. The following are examples:

- Back-To-School Night (*most effective*)
- Annual School Nurse Conferences
- PTA Meetings
- School Health Fairs
- School Website and/or Email

- School Calendar
- School Newsletter and/or Newspaper
- School Lunch Menus

Other tips for increasing program awareness and participation:

- Consent forms may be included with other forms during distribution at the beginning of the school year
- Two distributions may be helpful, with the second marked “Second Notice”
- Schedule school visits with the least student population at the beginning of the school year to allow for working out small problems
- Consider incentives to increase the proportion of consent forms, such as school-determined points or donated supplies like pencils or stickers

**Key Fact:** Planning is an important key in operating an efficient sealant program. All logistics should be worked out prior to the arrival of the dental team for sealant day program. This will allow for optimum outcome by completing a school in a shorter time frame, treating more children and operating with lower costs.

- c. “Healthy Smiles Dental Program (Medicaid)” – DentaQuest Office Reference Manual

The DentaQuest of Maryland, LLC, *Office Reference Manual*, is an informative guide that will assist in the utilization of the Medicaid system. To maximize billing potential, it is recommended that school lists are reviewed and verified ahead of time for Medicaid eligibility before the first day the program is to begin.

- d. Uninsured Program Participants

There are a number of ways to handle uninsured participants. It is suggested that your approach is one that best works for your specific situation. The following are example approaches that can be adapted:

- Off-set billing costs with Office of Oral Health Funds
- Use a sliding fee scale
- Utilize other grant money to off-set costs

- e. Types of Dental Sealant Programs

- i. Clinical

A clinical program is a dental sealant program that is operated onsite in a clinical setting such as a local health department, a Federally Qualified Health Center (FQHC) or a private dental practice.

ii. School-Based Programs

A school-based program is a dental sealant program that is operated entirely within a school setting with dental providers utilizing portable equipment. According to CDC this is one of the most effective ways to target high-risk children who otherwise are unlikely to receive the treatment.

iii. School-Linked Programs

A school-linked program is a dental sealant program that is operated outside of a school in a clinic, health department or private dental office but still connected to the school. Operations can be both clinical and administrative.

iv. Mobile

A mobile program is any dental sealant program that is operated by transporting portable dental equipment in an automobile or fixed dental equipment in a mobile van that is parked on school grounds. School-Based and School-Linked programs can be mobile programs. Mobile programs can be administered by public health programs or be operated independently, such as, some for profit entities and private dental practices. More information on mobile and portable equipment can be found at: <http://www.mobile-portabledentalmanual.com> or through an ASTDD policy statement issued in February 2012 entitled “School-Based or School-Linked Mobile or Portable Dental Services” which can be found at: [http://www.astdd.org/docs/School-Based\\_or\\_School-Linked\\_Mobile\\_or\\_Portable\\_Dental\\_Services\\_Policy\\_Statement\\_February\\_28\\_2012.pdf](http://www.astdd.org/docs/School-Based_or_School-Linked_Mobile_or_Portable_Dental_Services_Policy_Statement_February_28_2012.pdf).

v. Hybrid Programs

A hybrid dental sealant program is any dental sealant program which offers more than one mode of treatment and can be any combination of the above programs listed above.

f. Staffing

Staffing of a dental sealant program can be provided based on availability of workforce, budget, size of program and need. The recommendation is to use teams of two or three that includes one staff member as a recorder. Ideally, 2 practitioners with 1 recorder works well.

g. Supplies

To procure supplies at a discount, your program or center will need to receive tax exempt status, which is a public health discount of approximately 21 percent. This discount varies by vendor. Your vendor should be made aware of this status by contacting your program’s fiscal or procurement manager. The following is a list of recommended items:

### Staff and Student Protection

- Air/water syringe tips
- Bib clips
- Bibs
- Sunglasses/Orange Glasses (for staff and students)
- Gloves (vinyl or nitrile gloves recommended) – when possible, avoid using latex gloves because of the potential for latex-related allergic reactions
- Face masks or shields
- Gowns
- Hand soap
- Antibacterial gel
- Headrest covers or paper towels
- Light-handle covers
- Plastic sleeves for air/water syringe and evacuator hoses

### Sterilization and Disinfection

- Containers for used and clean instruments
- Dishpan
- Distilled water (if required for sterilizer)
- Gauze squares
- Foil wraps to place on lights to prevent the spread of bacteria when lights are adjusted
- Paper towels
- Sterilizer cleaner
- Surface disinfectant
- Trash can liners
- Two large kitchen trash cans
- Ultrasonic cleaner solution and containers to decontaminate instruments
- Vacuum system cleaner
- Red bags

### Student Treatment

- Cotton roll holders
- Cotton rolls
- Disposable bite blocks
- Dry angles (for isolation)
- Etch gel
- Evacuator tips
- Explorers
- Incentives for students (i.e.: erasers, pencils, etc.)
- Mouth mirrors (metal)
- Sandwich bags (for toothbrushes)

- Sealant material
- Toothbrushes
- Trays

#### Additional Supplies

- Extra light bulb for dental light
- First-aid kit, including eye wash kit
- Heavy-duty extension cords
- Office supplies (stapler, paperclips, tape, pens, extra forms)
- Plug adapters (three-prong, two-prong)
- Tool kit for equipment repair
- Two tray tables (1 for practitioner, 1 for assistant)

#### h. Equipment

Portable equipment is typically used for school-based, school-linked and hybrid programs. Information on mobile and portable equipment can be found at: <http://www.mobile-portabledentalmanual.com>. The following is a list of basic start-up equipment:

- Practitioner Stool
- Assistant Stool
- Dental Table
- L.E.D. Headband Light, Loupes or Free Standing Fiber Optic Light
- Patient Chair
- Compressor
- Basic Delivery Unit with Suction
- Curing Light
- Autoclave
- Ultrasonic
- Cart/Dolly (Optional)
- Fan (Optional)

For a list of portable dental equipment/vendors go to:

[http://www.mobile-portabledentalmanual.com/chapt3/section\\_02/b\\_content.html](http://www.mobile-portabledentalmanual.com/chapt3/section_02/b_content.html)

**Please Note:** Plastic bins are recommended to store supplies. They should be large enough to hold an ample amount of supplies but easy to carry.

#### i. Moving Company

The utilization of a moving company is based on how many schools are in the program and the size of your budget. Use of moving companies can alleviate the burden of moving

supplies and equipment from school to school. It can also save staff time in getting the program up and running, as well as staff energy.

It is important to note that the equipment will need to be stored at the end of the school term and it is most helpful to label and color code all equipment and bins if there are several clinical teams. The following is a sample contract between the program and the moving company:

**SAMPLE:**

**Bid Specifications for Portable Dental Equipment Moving Contract**

- Hourly rate to begin from arrival at the pick-up site to completion at the drop off site.
- Items to be moved:
  - Portable dental equipment (disassembled and packed in bags) include but not limited to 3 patient chairs, 3 compressors and stands, 3 dental lights, 6 operator chairs,
  - Approximately 30 storage containers and boxes
  - The equipment and boxes are divided up into 3 teams. Each team's equipment and supplies should be transported in 3-4 commercial bins - size 48x24x28.
- Items that have their own wheels are to be transported using a cart and not rolled across the concrete using their own wheels. The wheels are designed for indoor use only.
- Equipment is to be moved onto a truck and secured for transport. The equipment will be unloaded at the site into the room where the Dental Sealant Program is located. The moving company will not be responsible for setting up the equipment or unloading the storage containers once at the site.
- A schedule will be provided at the beginning of the school year (usually September although October may be a more logical start month). This schedule will include all dates from September through May or June.
- The company must be able to accommodate modifications to the schedule within 24 to 48 hours of the original date for the scheduled move. The Dental Administrator will contact the company to make arrangements.
- The schedule may have to be modified on short notice due to inclement weather the morning of the move. For example, Baltimore County schools are closed or opening late: the Dental Administrator will contact the moving company to make other arrangements for delivery.

j. Preliminary Program Tasks

Contact should be made with all schools in March or April of the prior curricular year to set up appointments to discuss the program and to get into their school's calendar of events.

i. School Letter – 1 (To Principal or Program Coordinator)

Once a school has agreed to participate in the dental sealant program for the following school year, and a date has been selected to render service, a letter on health department stationary is recommended to go out to the school confirming and providing the following:

- Date service is to be rendered
- Sealant program description
- Information on the benefits of dental sealants
- Blank consent forms
- Blank medical history forms
- Signature Verification Protocol forms
- Dental Health Education Curriculum
- Sealant day logistics
- Follow-up (dental home) procedure

A request for a volunteer to assist with getting the children from the classroom to the treatment area should also be made at this time.

A list of all 2<sup>nd</sup> and 3<sup>rd</sup> grade students should also be requested at this time for the fall, which should include classroom number, teachers and student names.

ii. School Year Schedule & Program Scheduling

A schedule with calendar dates for all of the participating schools should be done for the dental sealant program. Check with the principal, school nurse teachers and/or secretary at each school to make sure there are no field trips, testing, special guests, parties, etc., scheduled for the classes and/or children getting screened and sealed.

For large programs, complete schools in close proximity to one another. When scheduling the dentist or dental hygienist for screenings, schedule short-term retention checks at a school nearby or screen in multiple schools in one day.

iii. School Letter – 2 (For Teachers)

A second school letter with all of the participating classrooms is recommended to be sent out at least one month prior to the start of the dental sealant program along with the **Teacher Instruction Forms** and the **Sealant Day Packets**.

A suggestion is to send to the school along with the Sealant Day Packets a **“Teacher Instruction Form”** with instructions on how to collect the Sealant Day Packets. Packets can be collected at least *one month* before the program begins.

iv. Forms/Signature Verification/ Name Tags

It is recommended that a “**Sealant Day Packet**” be sent to parents at least three weeks prior to the event. This packet should have a letter from the principal containing the principal’s signature on school stationary, and stapled to the front of the envelope. Inside the envelope should contain information about the benefit of dental sealants, the consent form describing the program asking for permission to place dental sealants and to reseal (copied on bright colored paper), along with the medical history.

v. Collection of Sealant Day Packets

At least *two weeks* before the program is to begin, review all *consent forms* for parent signatures completed in ink. Also, all signatures should be verified and matched with the *emergency signature card* in the nurse’s office at school. The emergency card will indicate if there is a custody order that exists for that child. Non-custodial parent signatures or non-guardian signatures are not acceptable and are illegal. Name tags can only be placed on a child by the classroom teacher, school nurse or other school staff familiar with the child. Also, clarify any questions you may have regarding medical histories with the school nurse.

k. Sealant Day Set-Up

Schedules, class lists and signed consent forms should all be organized and ready when the program begins. Sign in and get a visitor’s pass at the school’s office. Notify the school program coordinator, school nurse or person in charge of your presence and how long each child will be out of the classroom. The school volunteer or teacher should also be notified of your presence and notified with the time in which you will be ready to see the first student as well as how long each child will be out of the classroom.

i. Data System or Chart

The following information is necessary to develop a student chart/record before beginning the examination and/or treatment:

- Student name
- School name
- Teacher Name
- Grade
- Room Number
- Age
- Race
- Medical history

ii. Equipment Set-Up

### Tables and Bins:

- Tables are to be wiped down with a disinfectant and then covered
- Supplies are to be set out and left closed/or covered until ready for use
- All extra supplies are to be kept in the bins until needed
- Store bins under tables and/or away from work area

### Equipment:

- Plug in all equipment
- Run autoclave if applicable
- Set-up and wipe down all equipment with a disinfectant
- Place water in dishpan and clean water container
- Empty autoclave if applicable
- Re-check supplies and make note of items that are low

### iii. Sterilization:

Set-up the following items:

- Dishpan – to rinse off dirty instruments
- Autoclave
- Sterilization Pouches
- Patient Napkins
- Paper Towels (can be used for dental bibs and head rest covers)
- Dirty Cassettes
- Clean Cassettes

### iv. Test Strip:

For programs that have on-site autoclaves, a test strip is used weekly in all autoclaves to check for sterilization efficacy and should be placed in the autoclave drum before running the first load of instruments.

### 1. Clinical Procedures

The clinical flow of children should be steady, allowing for the least interruption as possible to the classroom and the clinical area. The following will assist with efficiency of service:

#### i. Getting Students from Class

- Have the volunteer take several students from the classroom
- Students should assemble and walk quietly in the hallways
- Students can return to the class by themselves unless the school does not permit it
  - Give the returning student the name of the next student to be seen

- If the school does not permit students to walk in the halls by themselves, then have each small group wait until the last student is seen and ask the volunteer to walk the group back to their classroom and get the next group
- Always have one child in the chair receiving sealants and one waiting to be next

ii. Students in the Dental Sealant Program Area

- Try to refrain students from talking while waiting their turn
- Call their name and escort them to sit in the patient chair
- Once seated, have the student say their name to verify that the correct student is being seen and verify with the student record

iii. Dental Procedures (Set-up and Break-down)

These procedures should take no longer than 15 minutes to complete.

- Teams areas should be set-up and ready to go prior to the start of the school day, so students can be seen as soon as possible after the school bell rings
- Maximize time by working until dismissal
- Set-up bracket table with the items that will be needed for the dental procedure
- Only items being used for the dental procedure should be on the bracket table
- Put barriers on dental equipment
- Once the procedure has been completed, dismiss the student from the chair and have them place the safety glasses in the dishpan with dish soap in it
- Disposable instruments and supplies should be discarded in the appropriate receptacle
- Non-disposable dirty instruments should be placed in the appropriate disinfectant container
  - When this container is full, keep it in the dishpan and carry the dishpan over to the sterilization area;
  - Place the dirty instruments in the rinse water.
- Remove all infection control barriers
- Wipe down the table and patient chair with disinfectant.
  - Let dry before setting up for the next student.

iv. Recheck of Dental Sealants (Sealant Retention)

New permission slips (active) are sent out at the beginning of the year to all 3<sup>rd</sup> grade parents. Rechecks are only done on students who have returned their permission slips and who were sealed the previous year. An exam is done to assess if resealing is needed; if a sealant is needed because of a missing or defective sealant, it is charted and sealed.

m. End of Day Procedures and Sterilization

At the end of the day these procedures should take no longer than 20 minutes to complete.

i. Dental Assistant

- Remove barriers and instruments from bracket table
- If applicable, take dirty instruments to sterilization area and process (if time allows) - clearly mark that they are dirty instruments to be run in the morning
- Run suction cleaner through hose and let suction run about 1 minute after all suction cleaner is gone (to dry out hose)
- Remove covered waste water container and place container in bucket with a handle
- Remove clean water reservoir and empty into the same bucket
- Transport covered waste water container to designated area to be disposed of, i.e.: toilet, custodial sink, etc.
- Run air/water syringe until clear of water
- Rinse waste water container with water and empty into toilet
- Spray area with a disinfectant and spray containers with disinfectant
- Wipe wastewater container with disinfectant and leave open overnight if returning to the same location, if not, wipe dry
- Leave clean water container open to dry overnight if returning to the same location, if not, wipe dry
- Wipe down patient chair, operator chair, light and dental units with disinfectant
- Close or cover containers and supplies
- Rinse and dry safety glasses
- Tie up trash bags and dispose in appropriate place
- Unplug dental unit and autoclave, if applicable

PLEASE NOTE: An equipment and maintenance schedule should be developed and adhered to.

ii. Practitioner

- Distribute ‘Letters to Parents’, one copy each to parent/nurse/chart on NCR paper (triple copy paper)
- Review charts for completeness and when done, place back in file box
- Take charts to the appropriate office (usually the nurse’s office) to be locked up if used
- Help dental assistant finish other tasks
- Do final inspection of area

n. End of Program Procedures

Follow End of Day Procedures and Sterilization first

i. Supplies

Combine several small amounts of one item into one container.

- Mark boxes (gloves, mask, syringe covers, etc.) that have been opened as “OPEN”;

- Pack bins, placing the open supplies on top. ALL ITEMS SHOULD BE PLACED IN THEIR ASSIGNED BIN. Refer to the bin content sheet as a guide;
- Note any supplies that will need restocking.

ii. Equipment

- Wipe down, disassemble and pack:
  - Patient chair
  - Light
  - Compressor
  - Autoclave
  - Curing Light
  - Extension cords

iii. Final Inspection

- Move bins and equipment to one area;
- Inspect floor for dropped items;
- Return any borrowed items from the school;
- Inform the school office, nurse and custodian that the program is finished and tell them what day the equipment and supplies will be picked up if not moving everything at that time;
- MAKE SURE THE AREA IS LEFT IN THE CONDITION AND/OR BETTER CONDITION THAN IT WAS FOUND.

## **SECTION 4: Tooth Surface Selection, Materials and Application Techniques** (All recommendations are ADA and CDC approved)

**PLEASE NOTE:** The goal is to provide efficiently placed sealants with quality materials to achieve good retention rates. Medicaid will only pay for a child to receive sealants once in a lifetime if enrolled in the program.

### a. Tooth Surface Assessment and Selection

Maryland's statewide program will concentrate on 2<sup>nd</sup> and 3<sup>rd</sup> grade children unless an established program has a different demographic population already in place. Therefore, the first permanent molar is the primary target of this program.

Deciding whether or not to seal a tooth is determined by several factors:

- If tooth is a virgin molar
- If a tooth has cavitated or non-cavitated pit and fissure lesions
- If tooth surface is accessible and can be isolated and kept dry
- If child is at high risk and less likely to receive treatment

Deciding whether or not to reseal or repair:

- Inconsistent pit and fissure coverage detected visually
- Inconsistent pit and fissure coverage detected with an explorer
- Sealant material that can be dislodged easily with an explorer
- Sealing previously inaccessible areas from the prior year, i.e.: lingual and/or buccal groove
- Missing dental sealant

### b. Sealant Materials and Application Techniques

There are many sealant materials commercially available, with some more effective than others. However, consideration should be given to sealant materials which are recommended by Seal America: The Prevention Invention, *Step 4-Purchasing Dental Equipment and Supplies*, as well as *Step 8-Implementing the Program* available at: <http://www.mchoralhealth.org/Seal>.

## SECTION 5: Assessment & Data Collection

All data collection forms can be accessed from the OOH website:

<http://fha.dhmh.maryland.gov/oralhealth>

### BMI

While not a required assessment during the pilot phase (first year) of the LHD grant program and statewide dental sealant program, use of the Body Mass Index (BMI) to screen for underweight, overweight and obesity is encouraged. It can have tremendous benefits while using minimal resources. Capturing the BMI during the dental assessment, removes the barrier and stigma usually associated with assessing height and weight alone. The high prevalence of obesity, high blood pressure, high cholesterol and diabetes found in children, share many of the same risk factors as poor oral health; using the BMI in dental sealant programs, can help establish body mass baselines, develop programs, measure progress, and provide parents with information regarding their child's health. Children with these conditions experience higher rates of depression, less likely to do well in school and have more lost time from school than their peers. Indicators which may be included in data collection are the following:

- Overweight and obesity prevalence by sugar-sweetened beverage consumption
- Overweight and obesity estimates by sex, race/ethnicity and county
- Overweight and obesity estimates as it relates to eligibility in the free and reduced meal program
- Overweight and obesity prevalence as it relates to television viewing frequency

### Tools Needed:

A *digital scale* for weight and a *stadiometer* device for height are the tools required to obtain proper measurements. Each can be purchased at medical supply stores or on-line vendors.

**PLEASE NOTE:** All dental sealant consent forms should include permission to measure BMI, if BMI is to be screened.

BMI for children and teens is calculated differently than BMI for adults. The BMI number is plotted on a for-age growth chart for either boys or girls to obtain a percentile ranking. The percentile indicates the relative position of the child's BMI number among children of the same sex and age. BMI will be calculated by using the CDC free resource, "Children's BMI Tool for Schools", which can be accessed at:

[http://www.cdc.gov/healthyweight/downloads/BMI\\_group\\_calculator\\_English.xls](http://www.cdc.gov/healthyweight/downloads/BMI_group_calculator_English.xls)

**The following, is the CDC's guidelines for measuring a child's height and weight:**

Measuring height accurately in school to calculate BMI-for-age:

1. Remove the child's shoes, bulky clothing, hair ornaments, and flatten hair that interferes with the measurement
2. Take the height measurement on flooring that is not carpeted and against a flat surface such as a wall with no molding
3. Have the child stand with feet flat, together, and against the wall. Make sure legs are straight, arms are at sides, and shoulders are level
4. Make sure the child is looking straight ahead and that the line of sight is parallel with the floor
5. Take the measurement while the child stands with head, shoulders, buttocks, and heels touching the flat surface (wall). Depending on the overall body shape of the child, all points may not touch the wall
6. Use a flat headpiece to form a right angle with the wall and lower the headpiece until it firmly touches the crown of the head
7. Make sure the measurer's eyes are at the same level as the headpiece
8. Lightly mark where the bottom of the headpiece meets the wall. Then, use a metal tape to measure from the base on the floor to the marked measurement on the wall to get the height measurement
9. Accurately record the height to the nearest 1/8<sup>th</sup> inch or 0.1 centimeter

Measuring weight accurately in school to calculate BMI-for-age:

1. Use a digital scale. Avoid using bathroom scales that are spring-loaded. Place the scale on firm flooring (such as tile or wood) rather than carpet;
2. Have the child remove shoes and heavy clothing, such as sweaters;
3. Have the child stand with both feet in the center of the scale;
4. Record the weight to the nearest decimal fraction (for example, 55.5 pounds or 25.1 kilograms).

The first year of data collection will be on a volunteer basis. We will then take the findings of the pilot and establish standardized indicators and surveillance strategies going forward. The intent is to have at least one collection site in each county and render a surveillance report every 5 years.

## SECTION 6: Health Curriculum

An oral health curriculum should be one that is fun, interactive, easy to use and informative. Curriculum should be age specific with information and props generic to that group. The following is a list of curriculum components, which will provide for a comprehensive dental health program:

Curriculum Components:

- Nutrition
- Oral Hygiene Instructions (Plaque Control)
- Function (Why Teeth Are Important)
- The Disease Process
- Fluorides
- Dental Sealants
- Mouth Guards and Helmets (Safety)

There are many curricula that can be used to educate and reinforce good oral health habits. Listed below are some of the most popular sites. All curricula have modules designed for 2<sup>nd</sup> and 3<sup>rd</sup> graders, which are Maryland's target populations for dental sealants. Many of these curricula also contain information and materials for other grades.

Suggested Oral Health Curriculum:

- Smile Smarts Oral Health Curriculum, "A Lifetime of Healthy Smiles" – [www.ADA.org/3259.aspx](http://www.ADA.org/3259.aspx)
- Colgate Oral Health Curricula, 2<sup>nd</sup> and 3<sup>rd</sup> Grade curricula and materials – [www.Colgate.com/app/BrightSmilesBrightFutures/US/EN/Program-Materials/For-Educators](http://www.Colgate.com/app/BrightSmilesBrightFutures/US/EN/Program-Materials/For-Educators)
- National Children's Oral Health Foundation, Teacher in a box – [www.toothfairyisland.com](http://www.toothfairyisland.com)
- Washington State, Tooth Tutor – <http://here.doh.wa.gov/materials/tooth-tutor/>
- National Institutes of Health, NIDCR – <http://science-education.nih.gov/supplements/nih2/oral-health/default.htm>
- National Maternal and Child Health Resource Center, MCHB – [www.mchoralhealth.org](http://www.mchoralhealth.org)

## SECTION 7: Training

The following training resources are or will be available for all grantees:

- **State Dental Sealant Guidelines and Operations Manual:** data collection, staffing, sealant day logistics, budgeting, sealant placement, health curriculum, community relations, funding strategies, height/weight assessment, dental assessment, etc.
- **Statewide Dental Sealant Forum Workshop:** networking opportunities, information exchange, Medicaid Policy Updates, Provider Relations contact and Vendor presentations.
- **Self Testing Modules Computer-Based Training:** All courses are free. All recommended courses listed are approved PACE providers, ADA/CERP recognized providers and/or Maryland board certified courses. All courses offer continuing education credits, however, some courses may be taken only once by the provider (please check each site and individual course). All sites offer a variety of on-line, distance learning courses that can be taken.

P.A.N.D.A - <http://www.wsdha.net/panda> (Abuse, Neglect, Family Violence & Human Trafficking)

Infection Control – <http://www.dentalcare.com> (In the Dental Health Care Setting and Special Needs))

Ohio Safety Net – <http://www.ohiodentalclinics.com> (School-Based Dental Sealants, Special Care and Fluoride Varnish Training for Medical Care Providers)

- **Application & RFA Workshop:** Explanation of how to fill out the application and RFA for funding from OOH for the dental sealant program and the application and RFA for other dental services.
- **Teleconferences and Other Webinars:** periodic up-dates.

## SECTION 8: Reports, Comprehensive/Focused Site Reviews and Technical Assistance

### a. Reports

#### To DHMH/OOH

- *Yearly Reports:*

*Will consist of all four quarters to include -*

- Quarterly Expenditure Reports
- Quarterly Activity Reports
- Optional Word Document (to report additional information)

- *Quarterly Reports:*

- Quarterly Expenditure Report
- Quarterly Activity Report
- Placement Data Collection Report (Follow-Up)

#### To Parent/ Schools/ LHDs

- *Maryland Dental Report Card rendered to each child*

### b. Guidelines for Completing Reports

A prerequisite of awards provided by the Office of Oral Health are quarterly activity reports, in conjunction with quarterly fiscal reports. The due dates are as follows:

<b><u>Quarter Ending</u></b>	<b><u>Due Date</u></b>
September 30	October 15
December 31	January 15
March 31	April 15
June 30	July 15

These reports are to be submitted electronically to: [FHAUGA-oralHealth@dhmh.state.md.us](mailto:FHAUGA-oralHealth@dhmh.state.md.us).

It is suggested that you save your reports electronically in whatever way works best for you. OOH will not be maintaining individual quarterly reports for health departments. A cumulative report will be kept.

Prior to each quarter's due date, an e-mail reminder will be sent out to the appropriate Program personnel. Please make sure that OOH has up-to-date e-mail addresses for the Program person responsible for the submitting of these reports.

c. Comprehensive Site Reviews

Once a year during the program cycle, a site review may be conducted. The site review will assess program strengths and challenges and overall program performances.. The following is entailed in the review:

- A review of all submitted documentation (prior to site visit)
- An assessment of clinical delivery, sterilization techniques and infection control
- An assessment of procedures
- An assessment of data collection
- Administrative review of policies and operations
- Assessment of community relations, staffing and equipment
- A 30 minute team meeting to discuss and notate findings
- An assessment report with OOH recommendations

d. Focused Site Reviews

Occasionally situations may arise that necessitate a site visit to address a problem that may present itself. Information will be gathered prior to the visit as well as on-site to address situation.

e. Technical Assistance

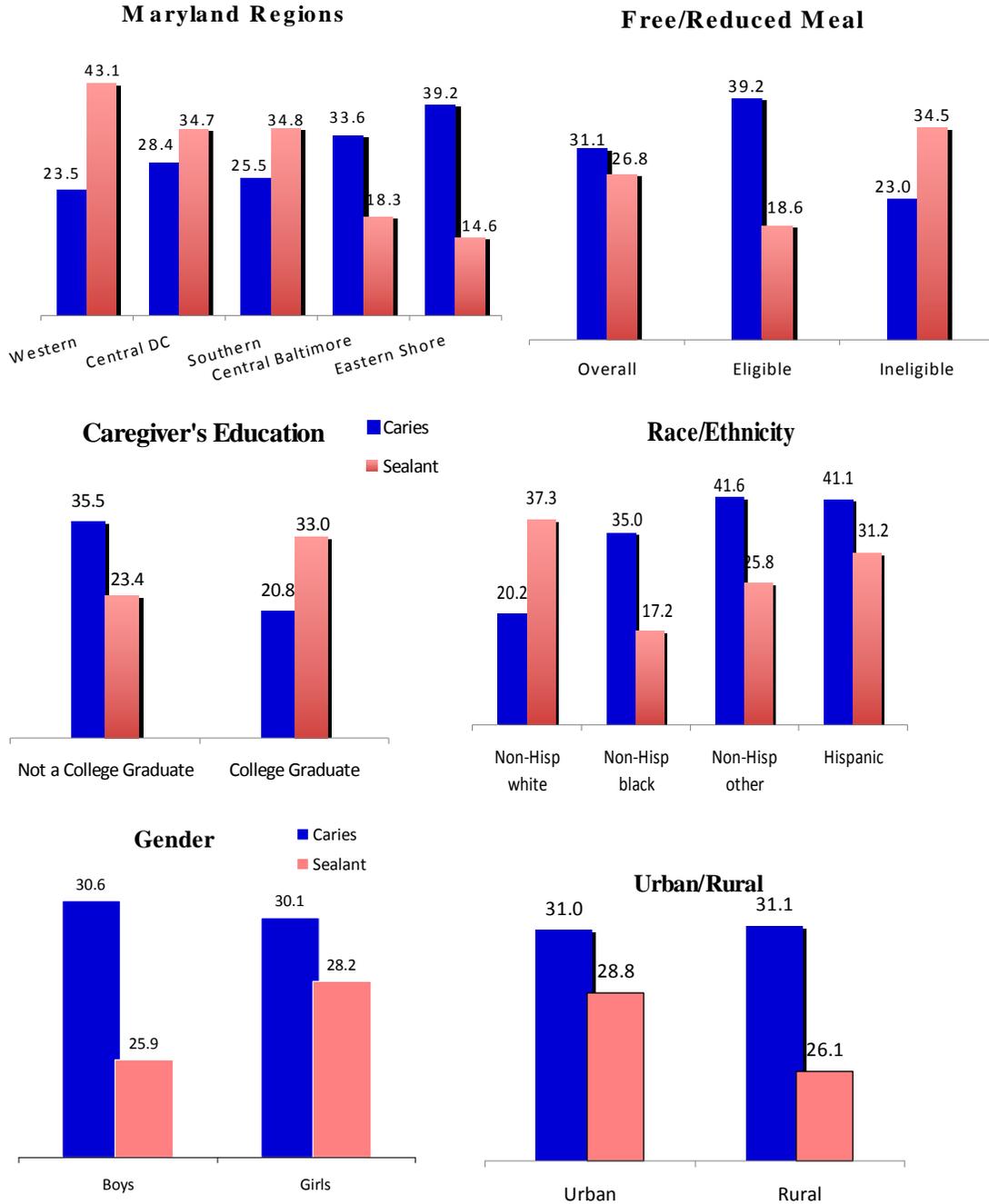
Technical assistance is available to help programs improve performance, attain goals and adhere to standards. A review of grant proposals, reports, site reviews, interviews and any other information that can provide the desired outcome will be used. Technical assistance may be given by meetings, site visits, telephone or e-mail. A written plan will be provided at the conclusion of the research containing recommendations and strategies for favorable outcomes.

**SECTION 9: APPENDICES**

**A. Prevalence of Dental Caries and Sealants in Maryland School Children**

**By Selected Characteristics, 2005-2006:**

**Source: Survey of the Oral Health Status of Maryland School Children, 2005-2006**



**Please Note: ALL LETTERS AND FORMS WITHIN APPENDICES ARE SAMPLES**

B. Principal Letter regarding Newsletter

**XYZ County Health Department**

Health Officer

Telephone Number

Address

Fax Number

Web Address

To: XYZ School

From: Name, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Dental Sealant Program

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Attached is an article for your school newsletter and a schedule for the School-based Dental Sealant Program.

You will be receiving permission forms by (WHO) within (TIME FRAME). Permission forms are sent according to when your school is scheduled for sealant placement. (ANY ADDITIONAL INFORMATION YOU MAY WANT TO ADD).

Thank you for your help!

Should you have any questions, please call or email.

C. Article for Newsletter

**XYZ County Health Department**

Health Officer

Telephone Number

Address

Fax Number

Web Address

To: XYZ School

From: Name, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Article for School Newsletter, Dental Sealant Program

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Dental sealants are plastic coatings that are applied to the grooves of the chewing surfaces of the permanent molar teeth, where tooth decay occurs most often. The dental sealant acts as a barrier, protecting the decay prone areas from plaque and acids that cause tooth decay.

Dental sealants for children in the 2<sup>nd</sup> and 3<sup>rd</sup> grades will be offered (offered again) this year by the XYZ County Health Department. The dental team will be visiting your elementary school to provide your child with a dental assessments, dental sealants and reseals to 3<sup>rd</sup> graders previously sealed, at **no cost** to you. Permission forms will be sent home from the school for you to complete and return to the school. Parents are encouraged to complete the permission form so your child can benefit from this program.

(PLEASE ADD ANY OTHER DETAILS THAT YOU WOULD LIKE TO CONVEY ALONG WITH A CONTACT NUMBER).

D. Consent Flyer

**XYZ County Health Department  
Dental Sealant Program  
(PLEASE SIGN AND RETURN IMMEDIATELY)**

**Dear Parent/Guardian:**

**The XYZ County Health Department Dental Program is offering Dental Sealants for children in the 2<sup>nd</sup> and 3<sup>rd</sup> Grades.**

**What are dental sealants?**

Dental sealants are thin, plastic coatings painted onto the chewing surfaces of the permanent molar teeth. They provide protection for your child's teeth by acting as a barrier to prevent cavities from damaging the teeth. Dental sealants can be applied by the dentist or dental hygienist.

**Does my child need sealants on all of their teeth?**

Dental sealants are only applied on permanent molars; molars have deep grooves that can trap food debris and germs that can cause cavities. Even though your child brushes his/her teeth, these grooves may still contain hold the cavity-causing germs.

**How are sealants applied to my child's teeth?**

First your child's tooth is cleaned and dried. Then the dentist or hygienist paints the plastic coating onto the chewing surface of the tooth. The sealant is then dried with a special light and becomes hard. Sealants are very quick to apply and do not cause any pain or discomfort to your child.

**How long will sealants last?**

Dental sealants can last many years if they do not become chipped or damaged. Your child's dentist can check the dental sealants at each visit to make sure they are still intact. If any of the dental sealants are damaged, they can be easily replaced.

**Please fill out the form YES or NO and return it to your child's school.**

E. Consent Form

XYZ County Health Department

FREE SCHOOL-BASED DENTAL SEALANT CONSENT FORM  
(Please sign his form and return immediately)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Male/Female: \_\_\_\_\_

\_\_\_ YES, I want my child to be screened and have dental sealants placed.

If yes, please complete the remainder of this form and return to school. If your child has had dental sealants in the past, these sealants will be checked to see if they are intact or need to be replaced.

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

➤ Does your child have a dental insurance? Yes \_\_\_ No \_\_\_

➤ Does your child have a Maryland Medical Assistance Card? Yes \_\_\_ No \_\_\_

If your child has a Maryland Medical Assistance Card, please provide the number? \_\_\_\_\_

➤ Does your child have any medical condition and/or allergies that we need to be aware of?

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

➤ Has your child ever been to a dentist? Yes \_\_\_ No \_\_\_

If yes, date seen: \_\_\_\_\_

Dentist's Name (please Print): \_\_\_\_\_

Dentist's Phone \_\_\_\_\_

\_\_\_ NO, I do not want my child to be screened or have dental sealants placed.

If my child needs follow-up for medical conditions, I agree that this health history may be shown to the School Nurse. I authorize the use of the above information by the XYZ County Health Department for benefits described and received.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

F. Dental Screening Results/Follow-Up

**XYZ County Health Department**

Health Officer  
Address

Telephone Number  
Fax Number  
Web Address

Dear Parent/Guardian:

As requested, your child, \_\_\_\_\_, received a dental screening at school on \_\_\_\_\_ to determine if dental sealants should be placed on his/her teeth. This was a visual screening and no dental X-rays were taken. It does not take the place of a regular examination in a dental office and we recommend that you visit your family dentist regularly.

**DENTAL SCREENING RESULTS**

**Yes**, Dental sealants were indicated for your child.

**No**, Dental sealants were not indicated for your child. Reasons why sealants were not indicated include the following: teeth decayed, already filled, already sealed, or not completely through the gums.

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

**Immediate dental treatment** – Your child appears to have **large/multiple** cavities. Please schedule an appointment with your child’s dentist as soon as possible.

**Non-urgent dental treatment** – Your child has apparent tooth decay. Please schedule an appointment with your child’s dentist within the several weeks.

**Regular dental checks-up – Tooth decay was not readily visible** - regular visits to the dentist are recommended.

**Other** \_\_\_\_\_

**SEALANT ACTIVITY**

Your child received \_\_\_ \_\_\_ dental sealants during the school-based Sealant Program at your child’s school.

If your child has a Maryland Medical Assistance card, they are eligible for dental care at the XYZ County Health Department.

Please call the XYZ County Health Department, Dental Program if you have any questions at (000) 000-0000.

**Date:** \_\_\_\_\_

**Health care provider’s signature:** \_\_\_\_\_

G. Signature Verification of Custodial Parent

Verification that the Custodial Parent of the Student has given Consent for Participation in the Dental Sealant Program

Child's Name: \_\_\_\_\_

Date of Birth on the Consent Form: \_\_\_\_\_

School Name: \_\_\_\_\_

Type of School Record Used to Verify Information (Check One):

School Emergency Information Card

Other Record Used (Specify): \_\_\_\_\_

Date of Birth Verified with School Record:  YES  NO

Name of the Parent/Guardian who signed Dental Consent: \_\_\_\_\_

Relationship of signer to the child per school record (Check One):  Mother  Father

Grandparent  Step-mother  Step-father  Other: \_\_\_\_\_

Is there an existing current court order regarding custody on child per consent?  YES  NO

Is the court order on file with the school?  YES  NO

Name of the school representative who verified that the order was or was not on file in the school record and verified who has legal custody: \_\_\_\_\_

Is the signer of the consent listed on the court order as having legal custody?  YES  NO

Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

Community Health Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

H. Instructions for Forms to Principal/School Coordinator

**XYZ County Health Department**

Health Officer

Telephone Number

Address

Fax Number

Web Address

To: XYZ School

From: Wonderful, Dental Program Coordinator

Date: 00/00/0000

Subject: Dental Sealant Program, Instructions for Forms

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- 1) Distribute the sealant consent forms to all **second** and **third** grade children when you receive them.
- 2) Check off the names on the class list if the child has returned their forms.
- 3) Give a pencil OR OTHER FORM OF REWARD to each child who returned a form for the program.
- 4) Three days later, redistribute sealant consent papers to those who did not return a form.
- 5) Review returned consent papers and check to see if the parent or guardian has **signed** and if the **medical history is completed**. If it is complete, divide the forms by "yes" and "no" answers. Put all "no" answers in one folder, paper clipped by grade. Put all "yes" answers in a different folder by grade and teacher. Please include class list with names marked if "yes", "no", or no permission form has been returned.
- 6) If the medical history is not completed and signed, but the parent has checked "yes", please send a medical history form home to be completed with a letter attached. **(Letters are included with the permission forms)**.
- 7) Return all completed forms **as soon as possible** to the XYZHD Dental Program by the Board of Education's courier service OR SOME OTHER MEANS THAT CAN BE VERIFIED.
- 8) Please return all unused forms and pencils to the XYZ Dental Program.
- 9) Please call me if you have any questions at (000) 000-0000.

**Thank you for your assistance!**

I. Second and Third Grade Teacher Letter

Health Officer

Telephone Number

Address

Fax Number

Web Address

DATE

Dear Second and Third Grade Teachers:

The XYZ County Health Department Dental Program is again providing a School-based Dental Sealant Program OR OTHER for children in the 2<sup>nd</sup> and 3<sup>rd</sup> grades of XYZ County schools. This program is the same as last year. When the students return their permission forms, they are to be given to the school nurse. Each child in 2<sup>nd</sup> and 3<sup>rd</sup> grade that returns a permission form to their class teacher will receive a YOUR CHOICE OF INCENTIVE.

A dental sealant is a plastic coating that is placed into the grooves of the chewing surfaces of the permanent molars to prevent tooth decay commonly known as “cavities”. Dental sealant placement is a simple, safe, and painless procedure. Portable dental equipment will be used to set up the “dental clinic area” in the school. Students with signed permission forms from their parents or guardians will participate.

The dental team will need to be placed near an electrical outlet in the area that the sealants will be placed. This area needs to be large enough to accommodate a full size dental chair, and 2 tables. We have set up the clinic in (CHOSEN AREA OF THE SCHOOL - art room, stage, resource room, cafeteria, etc.).

Our Dentist or Public Health Dental Hygienist will be providing screenings for the 2<sup>nd</sup> and 3<sup>rd</sup> grades on the following days:

(LIST CLASS ROOMS OR TEACHERS NAMES WITH DATES)

Thank you for your cooperation. If you have any questions, please call the Dental Department of XYZ County Health Department at (000) 000-0000.

Sincerely,

Dental Program Administrator

J. Informational Parent Letter for Envelope (Letter 1)

**XYZ Elementary School**

School Principal

Telephone Number

Address

Fax Number

Web Address

Dear Parent/Guardian:

The Dental Unit of XYZ County Department of Health will be conducting dental screenings and placing dental sealants on the 2<sup>nd</sup> and 3<sup>rd</sup> grade students. The services are FREE for your child. The program will be at our school from (SPECIFIED DATES).

Dental sealants provide maximum protection from food debris, harmful bacteria, biofilm (plaque) and acids that contribute to tooth decay. The chewing surfaces of the permanent molar teeth are coated with a plastic material in the grooves that act as a barrier.

All dental practitioners (dentists and hygienists) are licensed by the state of Maryland. Portable equipment will be used and current infection control regulations will be followed.

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

This is a wonderful free service for your child and I encourage you to review the attached information, sign the enclosed **Parent Consent Form and return it to the school nurse by (THE DATE REQUESTED)**. Your child can not be seen unless we have a signed Parent Consent form. If you have any questions, please contact the school nurse or XYZ County Dental Unit at (000) 000-000.

Sincerely,

Principal

K. Medical History/Informed Consent

**XYZ COUNTY DEPARTMENT OF HEALTH  
DENTAL SEALANT PROGRAM/INFORMED CONSENT**

**CHILD'S MEDICAL HISTORY**

**(Please complete this form in ink. Thank you!)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**CHILD'S NAME** **CHILD'S DATE OF BIRTH**

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
**ADDRESS** **DAYTIME PHONE**  
Please circle type: Home/Work/Cell

\_\_\_\_\_  
**SCHOOL** **ROOM NO.** **GRADE** **TEACHER'S NAME**

**GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Race (Optional):**

Native Indian or Alaskan: \_\_\_\_\_

Asia or Pacific Islander: \_\_\_\_\_

Black or African American, Non-Hispanic: \_\_\_\_\_

Hispanic or Latino: \_\_\_\_\_

White, Non-Hispanic: \_\_\_\_\_

Other: \_\_\_\_\_

**Does your child have Medical Assistance?** YES \_\_\_ NO \_\_\_

**Does your child see a dentist regularly?** YES \_\_\_ NO \_\_\_  
If yes, when was her/his last appointment? \_\_\_\_\_



L. Follow-Up Procedure Form

**XYZ Health Department**

Health Officer  
Address

Telephone Number  
Fax Number  
Web Address

School \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_, Date \_\_\_\_\_

The result of your child's recent dental screening suggests the need for your child to be seen by a dentist for the following reason(s).

\_\_\_ Infection \_\_\_\_\_

\_\_\_ Decay \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**NOTE:** This was a dental screening, not a complete dental examination. Please take your child to the dentist for a complete dental examination. Have the dentist fill out the lower portion of this form and return the completed form to the school nurse.

If you do not have a family dentist, please call XYZ County Health Department Clinic/Unit at (000) 000-0000.

\_\_\_\_\_ was seen at my office on \_\_\_\_\_.

\_\_\_ All necessary dental treatment was completed.

\_\_\_ Treatment is in progress.

\_\_\_ No treatment was necessary.

Further Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dentist Name (print)

\_\_\_\_\_  
Dentist Signature

## M. Dental Sealant Program Grants Application (RFA)

(This document is available at <http://fha.dhmm.maryland.gov/oralhealth/docs1/Sealant-RFA.pdf>)

### OFFICE OF ORAL HEALTH REQUESTS FOR GRANT APPLICATIONS (RFA) FY 2013

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#### Dental Sealant Program Grants

##### I. INTRODUCTION

The Maryland Department of Health and Mental Hygiene (DHMH), Office of Oral Health announces a request for applications (RFA) for dental sealant grants. These grants support the application of dental sealants in dental clinics and/or school-based/school-linked/mobile settings administered and/or coordinated by Local Health Departments. These grants are competitive and will be awarded for one year dependent upon available funds.

Please note that this RFA ONLY supports pit and fissure dental sealant services provided in children's oral health care clinical programs or off-site component dental programs administered and/or coordinated by Local Health Departments. A separate RFA and application that supports overall 'Oral Disease and Injury Prevention Grants' covering the following: Adult Clinical Dental Services Program, Oral Cancer Prevention, Children's Clinical Dental Services Program, Off-site Component, or Other County Identified Need will also be issued. Please note that the Oral Disease and Injury Prevention Grants cover all appropriate services covered under these categories except dental sealants.

##### II. BACKGROUND

###### **Oral Health and Systemic Health**

Oral diseases are not self-limiting and increase in severity with time. As a result, medical, nutritional, psychological, educational, social, esthetic, and speech difficulties can originate from preventable oral disease and injury. The adverse consequences of dental caries and other oral diseases include pain, infection, tooth loss, and occasionally death. Studies have demonstrated that oral diseases can place individuals at risk for low-birth weight infants, failure to thrive, and pneumonia. Adverse oral health conditions have been shown to affect aspects of daily living such as quality of life, economic productivity, and work or school performance and attendance including readiness to learn. Future contributions to society and the workplace also may be affected by the poor self-esteem, physical well being, and quality of life generated by oral health problems.

###### **Prevention and Control of Dental Caries - Dental Sealants**

Access to oral health care is a critical problem for underserved and minority populations in Maryland. The 2005 - 2006 Survey of Oral Health Status of Maryland School Children, conducted by the University of Maryland Dental School, found that 31% of children in kindergarten and third grade had untreated tooth decay. Approximately 27% of school children in Kindergarten and Grade 3 had at least one tooth with a dental sealant. School children in Kindergarten and Grade 3 residing on the Eastern Shore and in Central Baltimore were less likely to have at least one tooth with a sealant than similar children residing in Western Maryland or Central DC. Non-Hispanic Black school children in Kindergarten and Grade 3 were less likely to have at least one tooth with a dental sealant than Non-Hispanic White children.

Dental sealants are generally applied in a dental clinic setting but because of the relatively low proportion of high-risk children receiving dental sealants, alternative public health strategies have been enlisted including the provision of dental sealants through school-based, school-linked or mobile approaches.

## School-based & School-linked Dental Sealant Programs

School-based programs are conducted completely within the school setting, with teams of dental providers (dentists, dental hygienists and dental assistants) utilizing fixed or portable dental equipment within the school setting.

School-based dental sealant delivery programs provide sealants to children unlikely to receive them otherwise directly within the school setting. Such programs:

- Define a target population within a school district
- Verify unmet need for sealants
- Get financial, material, and policy support
- Apply rules for selecting schools and students

School-based sealant programs are especially important for reaching children from low-income families who are less likely to receive private dental care. Programs generally target schools by using the percentage of children eligible for federal free or reduced-cost lunch programs and/or those identified as Title I schools. Tooth decay may result in pain and other problems that affect learning in school-age children. Findings from scientific studies clearly show that school dental sealant programs work to stop tooth decay. The Task Force on Community Preventive Services recommends school sealant programs and issued a [strong endorsement](#) in 2001. In 2010, the Association of State and Territorial Dental Directors (ASTDD) issued a strong Policy Statement endorsing school dental sealant programs. This policy states that ASTDD “fully supports, endorses, and promotes expansion of school-based and school-linked dental sealant programs that follow evidence-based guidelines as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease. The ASTDD recommends school-based and school-linked dental sealant programs as an important and effective public health approach that complements clinical care systems in promoting the oral health of children and adolescents.”

There are many resources on school-based dental sealants including new materials being developed by the Office of Oral Health in 2012. For a listing of those resources, please refer to the Office of Oral Health website at <http://fha.dhmh.maryland.gov/oralhealth/>. To access national and other state school-based dental sealant materials, please access the following Centers for Disease Control and Prevention (CDC) link: [http://www.cdc.gov/oralhealth/topics/dental\\_sealant\\_programs.htm](http://www.cdc.gov/oralhealth/topics/dental_sealant_programs.htm).

School-linked programs are connected with schools in some manner but deliver the sealants at a site other than the school (i.e., a clinic or private dental office). School-linked programs may present information, distribute consent forms and conduct dental screening at schools.

Mobile programs refer to a mobile self-contained motorized van or a non-motorized mobile trailer that can be placed in close proximity of a school. Portable dental programs refer to services provided using portable dental equipment that can be transported into a school. There also are “hybrid” programs that combine elements from both systems.

### **III. GOAL AND APPROACH**

The goal of these grant awards is for local health departments to assume a leadership role in the coordination, development, implementation, and evaluation of a targeted dental sealant intervention for 12 months. The project will be identified, coordinated, and implemented through input from the local public health community, citizen groups, academia, and private sector entities. The project will be evaluated for efficiency and effectiveness in meeting its intended goals and objectives.

### **IV. ELIGIBILITY**

Eligible applicants are local health departments located in all twenty-four jurisdictions in Maryland. Local health departments who apply may enter into contracts with private and other public sector

entities, including consortia agreements as necessary to meet the requirements of the program and strengthen the overall application.

#### **V. AVAILABILITY OF FUNDS**

The Department of Health and Mental Hygiene anticipates having available resources to fund dental sealant grants for the next year. While the Office of Oral Health will not set a benchmark, please be aware that previous awards averaged approximately \$20,000. Awards are dependent upon available funding and may be awarded at levels less than requested. The awards will begin on or about July 1, 2012 and will be made for a 12-month budget period. Grant funds will be awarded on a competitive basis.

#### **VI. USE AND PURPOSE OF GRANT FUNDS**

Grant funds should be used to cover the direct costs of the implementation and evaluation of an oral health intervention. This includes personnel costs only for the provision and application of dental sealants either in the Children's Clinical Dental Services Program or Off-site component.

Grantees should be mindful of the Healthy People 2020 objectives for dental sealants when creating projects. The Healthy People 2020: Objectives for Improving Health for dental sealants is:

OH-9.1 Increase the proportion of school-based health centers with an oral health component that includes dental sealants.

OH-12 Increase the proportion of children who have received dental sealants on their molar teeth.

#### **NOTE: Oral Health Education/Literacy:**

It is our expectation that an oral health education and/or literacy intervention pertinent to the service being delivered will accompany the dental sealant program whether provided in a clinical, school-based/school-linked/mobile setting. If we are to treat dental caries as the disease that it is in order to reduce "repeat treatment offenders", it is absolutely critical that appropriate and evidence-based education/literacy information accompany any oral disease and injury prevention initiative to truly attempt to prevent the disease from reoccurring.

#### **NOTE: Dental Sealants and /Screenings in Off-Site Programs:**

The dental sealant project must appropriately include, in addition to the dental sealant application, an initial risk assessment through examination or screening of the schoolchildren. As such, there must be assurance that there will be appropriate case management or care coordination into the appropriate dental clinical care service for any child found to be at high risk for dental decay

Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a regular basis so that project accomplishments can be monitored, compared, and compiled.

The Office of Oral Health is required annually to submit success stories to the Centers for Diseases Control and Prevention to highlight program achievements. A success story is a simple description of a program's progress, achievements, or lessons learned. Beginning Fiscal Year 2013, some award recipients will be randomly selected to submit a success story to the Office of Oral Health. Once selected, the Office of Oral Health will provide the necessary guidance on how to write and document your success story.

The project team may be asked to attend meetings, participate in site visits, and give reports on progress and accomplishments.

As a condition of receiving funds, grantees must agree to participate in an evaluation of the grants program and provide the Office of Oral Health with any data collection, such as State Stat measures. The Office of Oral Health is required to collect demographic data regarding race beginning in Fiscal Year 2013.

Effective fiscal year 2013, all award recipients are required to report this information.. Funds awarded in Fiscal Year 2013 may be used for data collection support, i.e. either software or personnel.

**PLEASE NOTE: Whether an Office of Oral Health grant of any type is awarded or not, all local health department programs MUST submit State Stat measures. A template of the appropriate State Stat oral health measures to be collected will be sent to all local health department programs and is available on our website at <http://fha.dhmd.maryland.gov/oralhealth/>.**

Additionally, as part of the grant application review process, the Office of Oral Health may request an applicant organization to provide additional information or revise its application as a condition of approving the award. Grants will be reviewed and awarded by the Office of Oral Health.

## **VII. ROLES**

The role of the Department of Health and Mental Hygiene, Office of Oral Health is to provide programmatic support, evaluation, fiscal oversight of the grants as well as technical assistance in the implementation of these projects. The grant can be used to fund the salary of a health care practitioner, dental community outreach worker, community health nurse, health educator or other appropriate professional or support staff for the project. The grant can also be used to fund the purchase of supplies, equipment (other than computer, audio or video equipment or out of state travel to conferences). However, there must be clear justification and connection to a planned oral health intervention related to this grant.

The local coordinator(s) will be expected to:

1. Develop, plan and implement the proposed project, based on targeted needs;
2. Identify data sources and collect (when feasible) local oral health status data;
3. Be a designated contact for technical information;
4. Submit quarterly activity and expenditure reports, using the Office of Oral Health Excel Spreadsheet Reporting System, via e-mail to [fhauga-oralhealth@dhmd.state.md.us](mailto:fhauga-oralhealth@dhmd.state.md.us). All quarterly reports, which must include all required State Stat measures, as applicable, should only cover the reporting periods listed below. Reports are due 15 days following the end of the quarter. See attached sample of the quarterly activity reporting form to see how information is completed at the top of the form. Please note the telephone number and fiscal year.

Quarter	Reporting Period	Due Date
First	July 1 – September 30	October 15
Second	October 1 – December 31	January 15
Third	January 1 – March 31	April 15
Fourth	April 1 – June 30	July 15

The role of the local health department(s) entails:

Overall interest, involvement, and support for the dental sealant project including related oral health access, outreach and/or case management;  
Administrative support in the form of a desk, telephone, office supplies, a computer and postage for correspondence.

The Office of Oral Health is able to provide technical assistance in the following areas:

1. Education
2. Funding source
3. Work plan
4. Resource Materials
5. Program development
  - a. Intervention information
  - b. Program materials
  - c. Process, impact, and outcome evaluation

- d. Data Analysis
- e. Implementation
- 6. Access and referrals to local, state and national consultants as necessary.
- 7. Monitoring progress of the objectives of the project, which will include detailed review of electronically submitted reports and expenditures.

### **VIII. SCOPE OF WORK - REQUIREMENTS**

A. The awards will be made contingent upon availability of funds and the following general criteria:

- 1. A detailed description of your program including implementation plans and appropriate target population;
- 2. Realistic, specific, and measurable programmatic objectives and goals;
- 3. A budget that clearly explains the use of the Department's funds and is adequately justified, reasonable, and consistent with the intended use of grant funds (see attached budget form & instructions);
- 4. Description of your data collection method and evaluation measures;
- 5. A detailed description of challenges faced when implementing a school-based dental sealant program.

B. Site visits may be conducted to evaluate the progress and accomplishments of each project.

### **IX. SELECTION CRITERIA**

Each applicant/proposal will be reviewed for the following factors:

- 1. A clear and appropriate target population based on oral health problem and need;
- 2. A developed program implementation plan;
- 3. A program evaluation plan with clear, measurable and realistic goals and objectives;
- 4. Demonstration of an effective use of resources within the proposed budget;

### **X. APPLICATION SUBMISSION AND DEADLINE**

Applicants should complete the attached application and budget forms provided with this announcement.

**Do not recreate the application forms.** The application form is available electronically by contacting Teresa Robertson at [TRobertson@dhhm.state.md.us](mailto:TRobertson@dhhm.state.md.us) or on our website at <http://fha.dhhm.maryland.gov/oralhealth/>

**NOTE: All applications must be submitted electronically via e-mail attachment to [fhauga-oralhealth@dhhm.state.md.us](mailto:fhauga-oralhealth@dhhm.state.md.us) no later than April 2, 2012 in order to be considered for funding.**

**NOTE: In your e-mail's subject line, please reference "your county name and FY 2013 Oral Health Grant Application."** Applications received after April 6, 2012 will not be reviewed by the Office of Oral Health and applicants will have to re-apply the following fiscal year. Applications will not be accepted in hard copy format. The anticipated mailing of award letters will be April 27, 2012. (Once you receive your award letter notifying you that your application has been approved, the official budget will be submitted using the DHMH 4542 budget package by the health department to [fhauga-oralhealth@dhhm.state.md.us](mailto:fhauga-oralhealth@dhhm.state.md.us).)

### **XI. ADDITIONAL INFORMATION AND TECHNICAL ASSISTANCE**

Additional information and technical assistance may be obtained from Ms. Robertson at the Office of Oral Health. She may be reached by phone at (410) 767-7922, or e-mail [TRobertson@dhhm.state.md.us](mailto:TRobertson@dhhm.state.md.us).

### **XII. NON-DISCRIMINATION CLAUSE FOR EMPLOYMENT IN CONTRACTS**

By state law, every contract that you develop and monitor needs to include a nondiscrimination clause for employment. The DHMH State Office of the Attorney General mandates that every contract include the following clause: "The Contractor agrees: (a) not to discriminate in any manner against an employee

or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry or disability of a qualified individual with a disability; (b) to include a provision similar to that contained in subsection (a), above, in any subcontract except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause.”

### **XIII. OWNERSHIP AND RIGHTS IN DATA**

Work produced as a result of this solicitation is and shall remain the sole property of the Department of Health and Mental Hygiene (DHMH):

1. The Department may duplicate, use and disclose in any manner and for any purpose whatsoever, and have others do so, all data delivered under the contract resulting from this solicitation, except where such use may contravene Federal or State guidelines or Regulations. The Contractor hereby grants to the Department a royalty free, nonexclusive, and irrevocable license to publish, translate, reproduce, deliver, perform, dispose of, and to authorize others to do so, all data now or hereafter covered by copyright; provided that with respect to data originated in the performance of this contract, such license shall be only to the extent that the Vendor has the right to grant such license without becoming liable to pay compensation to others because of such a grant.

The Contractor shall exert all reasonable effort to advise the Department, at time of delivery of data furnished under this agreement, of all invasions of the right to privacy contained therein and of all portions of such data copied from work not composed or produced in the performance of this agreement and not licensed under this clause. The Contractor shall report to the Department, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all data delivered under this agreement.

2. The Contractor agrees that at all times during the term of this contract and thereafter, the works created and services performed shall be “works made for hire” as that term is interpreted under U.S. copyright law. To the extent that any products created under this contract are not works for hire for the Department, the Contractor hereby relinquishes, transfers, and assigns to the Department all of its rights, title and interest (including all intellectual property rights) to all such products created under this contract, and will cooperate reasonably with the Department in effectuating and registering any necessary assignments.

The Department shall have the right to use such works for hire without restriction and without compensation to the Contractor other than that specifically provided by the contract. The Contractor shall not affix any restrictive markings to such works and if such markings are affixed, the Department shall have the right at any time to modify, remove, obliterate, or ignore such markings.

N. Dental Sealants Program Grant Application

(This document is available at <http://fha.dhmd.maryland.gov/oralhealth/docs1/Sealant-RFA.pdf>)

**Office of Oral Health**  
**FY 2013 Dental Sealants Program Grant Application**

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County Name:

Amount of Funding Requested:

New Sealant Program  Existing Sealant Program

Type of Sealant Program: Clinical  School-based  School-linked  Mobile  Other

**Section I. Program Description**

A. Please provide a brief description of your sealant program, including your implementation plans.

B. What are your programmatic goals? (*i.e. to prevent and control dental caries (tooth decay) across the life stages*).

1)

2)

3)

C. What is your target population?

High percentage of children receiving free or reduced lunch

Title 1 designated school - (# of Title 1 schools in jurisdiction)

Other (explain)

D. Please provide a brief description of your follow-up plan for children identified as needing more oral health care

**Section II. Budget**

A. Will you be receiving funding for this program from other sources?  Yes  No

1) If yes, please list source(s)

a.

b.

c.

B. Please use the attached budget justification form to detail what funding received from OOH will support.

**Section III. Data Collection Method & Evaluation Measures**

A. What database will you be using to house your dental sealant data?

1)

2)

B. Please provide an estimate of your anticipated reach for the following services and/or measures.

School-Based/School-linked/Mobile

Measures	Annual Anticipated Reach
Number of Title 1 schools visited	
Number of children receiving free or reduced lunch	
Number of children screened	
Number of children receiving sealants	

Clinic

Measures	Annual Anticipated Reach
Number of children screened	
Number of children sealed	

C. What type of challenges are you anticipating in implementing the school-based dental sealant program?

**Section IV. Contact Information**

Please provide contact information for the individuals that will be involved in your dental sealant program.

Contact Position	Name	Phone	Email
Application Preparer			
Quarterly Report Contact			

## O. Hints for Filling Out Dental Sealant Grant Applications

(This document is available at <http://fha.dhmm.maryland.gov/oralhealth/docs1/Sealant-FillingoutDentalSealants-RFA.pdf>)

### **Helpful Hints for Filling out Office of Oral Health (OOH) FY 2013 Dental Sealant Program Grant Application**

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#### **General Tips for Filling out the Application**

- Applications are expected to be filled out completely and thoughtfully. If required information is left blank, it will be returned to you.
  - Please see below for guidelines to complete the RFA
  - If you need clarification of what information might result in a returned application or any further assistance, please do not hesitate to contact Ms. Teresa Robertson at 410-767-7922 (phone) or [TRobertson@dhmm.state.md.us](mailto:TRobertson@dhmm.state.md.us).

#### **Section I: Program Description**

A. When writing the narrative and descriptions in these sections, here are some useful guidelines to keep in mind:

- Include a thorough description of your current program.
  - Who does it target
  - What are the goals or programs
  - When will the program begin and when will program milestones be met
  - Where will the services be provided
  - How will the program be measured
  - Include supporting data for best practices from previous years (if applicable)
- If applicable, provide a description of what your current grant is supporting, such as:
  - Infrastructure
  - Supplies
  - Salaries, etc.
  - How might this change in the coming year?

B. Programmatic Goals

(Note: some of the following material is borrowed from CDC guidelines). ***Applications will be returned if this section is incomplete, not thought through, and/or does not relate to indicated evaluation measures in Section III.***

- Objectives are intended to help applicant think strategically, be accountable, communicate effectively, consider obstacles, and think outside the box.
- Clear objectives will also facilitate the evaluation process for the applicants and the OOH.
- It is recommended that objectives follow the SMART formula:
  1. Smart
  2. Measurable
  3. Acceptable
  4. Realistic
  5. Time Bound
- Objectives can be found in:
  1. Performance indicators
  2. Strategic plans
  3. Program goals
  4. Budget documents

- Objectives should be contained to one clear sentence (i.e. “By October 1st, initiate a pilot program for distributing health education materials to five (5) Title I schools”).
- C. Define your target population.

### **Section II: Budget**

- A. This refers to any funding sources for your program received outside of the Office of Oral Health, including funding from the Community Transformation Grant.
- B. See attached Budget Instructions to complete Budget Justification Form.

### **Section III: Data Collection Method & Evaluation Measures**

***Applications will be returned if values in “Anticipated Number” are unrealistic or do not relate to programs indicated in earlier sections*** (i.e. do not include an estimate for oral cancer screenings if you only plan to visit schools for fluoride varnish applications).

- A. This refers to any database or system you use to collect data for your program; for instance, Excel or SoftDent.
- B. Annual Anticipated Reach
- School-Based/School-Linked /Mobile – total number of children in school-based/school-linked/Mobile programs anticipating on providing services for in fiscal year 2013.
  - Clinic - total number of children in clinical programs anticipating on providing services for in fiscal year 2013.

All of the items refer to total number of children since it is not always possible to determine whether a child was previously seen or not (duplicate patient).

- C. The Office of Oral Health is aware that there are going to be several challenges associated with either launching a new dental sealant program or adjusting the data collection requirements for existing programs. Additionally, these challenges will vary by program and each local health department’s capacity. Therefore, a realistic assessment of these challenges will prepare the OOH to determine how it can better assist each program for successful implementation.

### **Additional Questions**

- Can funds be used for travel to out-of-state meetings?  
No, grants are exclusively intended to assist local programs in providing direct education, prevention, and treatment services to constituents

P. School-Based Dental Sealant Activity Reporting Form

**School-Based Dental Sealant Activity Reporting Form**

***Data Definitions***

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General Demographics

This measure includes a demographic breakdown of children screened in school-based/school-linked/mobile settings by sex/gender, race/ethnicity, and insurance status.

**Number of Schools**

*Number of Title 1 Schools* – refers to the number of schools visited that meet the requirement of ‘Title 1’ for the state of Maryland.

They are two types of Title 1 programs in Maryland – Targeted Assistance and Schoolwide Programs.

- A. **Targeted Assistance Programs** - schools participating in targeted-assistance programs must have at least 35 percent of their population eligible for Free and/or Reduced Meals (FARMS).
- B. **Schoolwide Programs** - schools may be designated as schoolwide when at least 40 percent of the students are eligible for Free and/or Reduced Meals (FARMS).

*Number of Schools with Free and/or Reduced Lunch* – refers to the number of schools visited that are classified as having free and/or reduced lunch programs.

**Screening**

*Number of Children Screened* – refers to the number of unduplicated children screened in a school-based/school-linked/mobile setting only per quarter. This excludes children screened in clinical settings.

*Number of Children with Untreated Decay* – refers to the number of children screened in a school-based/school-linked/mobile setting with untreated decay (unfilled cavitated lesion) per quarter.

*Number of Children with Urgent Dental Needs* – refers to the number of children screened in a school-based/school-linked/mobile with urgent dental needs per quarter.

Urgent dental need - Signs or symptoms that include pain, infection and/or swelling. The recommendation for their next dental visit is tantamount to an emergency referral or to be seen as soon as possible.

*Number of Children with Early Dental Needs* – refers to the number of children screened in a school-based/school-linked/mobile with early dental needs per quarter.

Early dental needs – Pre-cavitated carious lesions and/or small or incipient cavitated carious lesions without any accompanying signs or symptoms. Also could include individuals with other oral health problems found during the screening requiring care before their next routine dental visit. The recommendation for their next dental visit is within several weeks.

*Number of Children with Sealant Present* – refers to the number of children screened in a school-based/school-linked/mobile setting with at least one sealant present.

*Number of Children Needing Reseal* – refers to the number of children screened in a school-based/school-linked/mobile setting that have sealants but need at least one of their teeth to be resealed due to a missing or defective sealant.

*Number of Children Receiving Sealant Retention Check* – refers to the number of children screened in a school-based/school-linked/mobile setting receiving dental sealant retention checks.

### **Services Provided**

*Number of Children Sealed* – refers to the number of children screened in a school-based/school-linked/mobile setting who will be receiving at least one sealant.

*Number of Children Receiving Reseal* – refers to the number of children screened in a school-based/school-linked/mobile setting that already have sealants but are receiving at least one reseal for a tooth with a missing or defective dental sealant.

*Number of Children Receiving Dental Referrals* – refers to the number of children screened in a school-based/school-linked/mobile setting receiving dental referrals for any dental service.

*Number of Children Receiving Health Education* – refers to the number of children screened in a school-based/school-linked/mobile setting who are receiving health education in any oral health topic area.

**Q. Dental Sealants Program Reporting Form**

(This document is available at <http://fha.dhmd.maryland.gov/oralhealth/docs1/Sealant-ReportingFormsample.pdf>)

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF ORAL HEALTH DENTAL SEALANT PROGRAM**

Local Health Department	
Name of Reporter	
Phone Number	
Email address	
Fiscal/Award Year	

**ENTER INFORMATION ONLY IN THE GRAY AREAS**

School-Based Dental Sealant Activity Reporting Form												
Grade Level	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total			
	2nd - 3rd	6th - 8th	2nd - 3rd	6th - 8th								
<b>Measure/Activity</b>												
General Demographics (Unduplicated Count)												
Sex/Gender												
Male										0	0	CROSS CHEC
Female										0	0	0
Race/Ethnicity												
White										0	0	
Black/African American										0	0	
Asian										0	0	
Hispanic										0	0	
Hawaiian/Pacific Islander										0	0	
Native American/Alaska Native										0	0	
Other/Unknown										0	0	0
Insurance Status												
Medicaid/SCHIP												
Yes										0	0	
No										0	0	
Private										0	0	
Uninsured/Unknown										0	0	0
Number of schools												
Number of Title I schools (unduplicated count)										0	0	
Number of Schools with Free and/or Reduced Lunch										0	0	
Screening												
Number of children screened (unduplicated count)	0	0	0	0	0	0	0	0	0	0	0	
Number of children with untreated decay										0	0	
Number of children with urgent dental needs										0	0	
Number of children with early dental needs										0	0	
Number of children with sealants present										0	0	
Number of children receiving sealant retention check										0	0	
Number of children needing reseal										0	0	
Services Provided												
Number of children sealed										0	0	
Number of children receiving reseal										0	0	
Number of children receiving dental referrals										0	0	
Number of children receiving health education										0	0	

R. Dental Sealants Program Budget Instructions

(This document is available at <http://fha.dhmm.maryland.gov/oralhealth/docs1/Budget-Instructions.pdf>)

**Office of Oral Health**  
**ORAL HEALTH APPLICATION**  
**BUDGET INSTRUCTIONS**

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In order to assist health departments in the preparation of their budget and to comply with the requirements of this RFA, Budget Instructions and a Budget Form have been prepared for use with the application. Health departments shall submit their budget using the included template in accordance with the instructions on the template and as specified herein. Please do not alter the form; however, you may re-label the line items to reflect your request. A few blank spaces have been provided for additional budget line items as needed.

The budget form is used to calculate the health department's total Oral Health award request.

- A. All line items must be clearly entered in whole dollars, e.g., \$5,550.
- B. All line items must be the actual estimated cost for which funds are requested from the Office of Oral Health, DHMH as identified in the RFA.
- C. Any goods or services requested from the Office of Oral Health through this RFA should be clearly entered under "DHMH Funding Request." If other funding sources including in-kind support, will be used to support this program, please include the amount under "Other Funding". Explain these sources in the Justification box. (Boxes which have been blacked out do not require justification.)
- D. Every line item in the budget form shall be addressed. If the line item does not apply, please enter \$0 (or N/A in the justification column.)
- E. Except as instructed on the form, nothing shall be entered on the form that alters or proposes conditions or contingencies on the cost.
- F. It is imperative that the explanation for the estimated cost included on the budget form be clear and accurate. This information will weigh heavily on the decision of the Review committee in awarding funds.

If you have any questions, please contact the Office of Oral Health at [fhauga-oralhealth@dhmm.state.md.us](mailto:fhauga-oralhealth@dhmm.state.md.us) or 410-767-7922.

