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**GUIDELINES FOR THE
SCHOOL DENTAL HEALTH PROGRAM
FOR
PENNSYLVANIA'S SCHOOL AGE
CHILDREN AND ADOLESCENTS**

**DEPARTMENT OF
HEALTH**

... in pursuit of good health

Edward G. Rendell, Governor

TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGMENT	i
PREFACE.....	ii
I. INTRODUCTION	1
II. LEGAL BASIS.....	3
III. MANDATED DENTAL HEALTH PROGRAM	5
A. Dental Examination Procedures	5
B. Staffing	6
C. Record Keeping	6
D. Reporting	6
IV. DENTAL HYGIENE SERVICES PROGRAM.....	7
A. Program Plan Development.....	7
B. Authorization of Dental Hygiene Services Performed in School Districts .	8
C. Staffing	9
D. Guidelines for Performing DMF/def, if desired	9
E. Guidelines for Performing the Oral Hygiene Index (OHI), if desired.....	10
F. Record Keeping	11
G. Reporting	11
V. MODIFIED DENTAL HEALTH PROGRAM.....	12
A. Introduction	12
B. Authorization of Dental Hygiene Services Performed in School Districts	12
C. Procedures	12
D. Staffing	14
E. Guidelines for Performing DMF/def, if desired	14
F. Record Keeping	14
G. Reporting	14
VI. MANAGEMENT OF DENTAL EMERGENCIES	15
VII. PROCEDURES FOR REFERRALS AND FOLLOW-UP	16

TABLE OF CONTENTS
(continued)

	<u>Page</u>
VIII. GUIDELINES FOR FLUORIDE PROGRAMS	17
A. Dietary Fluoride Supplement Program.....	17
B. Fluoride Mouthrinse Program	18
C. Record Keeping	19
D. Reporting	20
IX. REFERENCES	21
APPENDICES	22
Appendix A Glossary	23
Appendix B 28 PA Code, Chapter 23 School Health Regulations	26
Appendix C School Dental Health Record – H514.025, Rev. 3/99	29
Appendix D Private Dentist Report of Dental Examination of a Pupil of School Age	31
Appendix E Report to Parent/Guardian	32
Appendix F Report from Family Dentist (Sample)	33
Appendix G Sample Consent Letters for Participation in School Fluoride Programs	34
1. Dietary Fluoride Supplement Program.....	35
2. Fluoride Mouthrinse Program	36
Appendix H Authorization of Dental Hygiene Services Performed in School Districts	37
Appendix I Sample Job Descriptions	39
1. School Dental Hygienist.....	40
2. School Dentist	42
3. School Dental Consultant	43
4. School Dental Clerk/Aide.....	44

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PREFACE

The intent of the Guidelines for the School Dental Health Program for Pennsylvania's School Age Children and Adolescents is to assist school administrators, dentists, dental hygienist and nurses in implementing school dental health programs. The Guidelines address the many questions and concerns school administrators and dental health personnel have presented to the Department of Health in previous years. The Guidelines provide directions for implementing, staffing, documenting and evaluating school dental health programs.

The latest revisions to this manual reflect an updating of the organizational structure and reporting protocol for the School Dental Health Program within the Department of Health, rather than significant procedural changes to the program.

SCHOOL DENTAL HEALTH PROGRAM

I. INTRODUCTION

The need for effective school dental health services was documented in Pennsylvania during the 1920's.

Annual medical inspection reports of school children during those early years "indicated year after year that seventy out of every one-hundred of our school children had defective teeth." This percentage is greater than the percentage of children having all other recognized defects.¹

One of the nineteen (19) tenets listed in the Children's Charter states, "for every child health protection from birth through adolescence, regular dental examinations and care of the teeth."²

Dental diseases are the most prevalent chronic conditions of children in the United States and the major cause of loss of teeth in children and adolescents.³ Dental diseases account for much pain and disruption of time and attention in school. Dental diseases untreated are progressively destructive of teeth, gums and bony supporting structures.⁴ The major dental conditions that affect children are:

- A. Dental caries caused by complex interaction of genetics, diet, oral hygiene and dental care.
- B. Malocclusion, defined as imperfect occlusion of the teeth caused by congenital malformation of the teeth and face, loss of teeth, dental disease and injury.
- C. Periodontal disease is inflammation of tissues surrounding a tooth. Periodontal disease ranges in severity from minor inflammation of the gingiva, to irreversible destruction of the bone and ligaments supporting the teeth. Gingivitis in children may progress to periodontitis in adolescents and adults.⁵
- D. Trauma or injuries to teeth due to school accidents in sports participation, etc. Trauma or injuries to teeth occurred in school accidents ranging from 4.7 percent of accidents in elementary school to 1.5 percent of accidents in high school. Statistics from high school football show the importance of protective devices:

2.3 injuries per 100 players with no protection
1.8 injuries per 100 players with face guard
0.4 injuries per 100 players with face guards and tooth protectors⁶ (mouth guards)

Dental diseases is largely preventable by the practice of appropriate dental and oral hygiene care.

Schools have played a considerable role in delivery of dental services to children from the earliest days of school health. All the following services are currently provided by some school or have been successfully demonstrated by some school in the past:

For dental caries: fluoridation of school water supplies, administration of fluoride tablets and/or topical fluoride application to children, instruction in brushing and flossing, less sugar in school diet, nutrition education, dental hygienist cleaning and scaling, screening and/or examination, referral for treatment, provision for treatment on school premises with restoration and diminished loss of school time and selective use of sealants.

For malocclusion: screening and referral.

For periodontal disease: brushing and flossing instruction, dental hygienist cleaning and scaling, screening and referral for treatment.

For trauma: manufacture of mouth guards, safety education, first aid instruction and provision.⁷

The school dental health program in Pennsylvania is an integral part of the total school health program. School districts must provide one of the following:

1. A dental examination program in which periodic dental examinations are conducted at specified grade levels.
2. A program of Dental Hygiene Services.
3. A modified Dental Health Service Program approved by the Secretary of Health.

Whatever option the school district selects, it is the responsibility of the school nurse or dental hygienist (depending on program selection) to coordinate the program through a successful year.

The schedule of services should be functional, flexible and well planned. The size of the school population, distance and travel time between schools, schedules of holidays, special classes and school activities are necessary elements in developing a workable schedule.

Children with chronic and/or handicapping conditions or developmental disabilities have a variety of dental needs caused by or related to their underlying conditions. "The basic condition may cause abnormalities or maldevelopment of teeth; therapy for the condition (e.g., sugars used in phenylketonuria and cystic fibrosis as calorie sources or sugary syrups used as bases for medications) may stimulate caries; the condition may inhibit dental treatment (e.g., hemophilia inhibits extractions, and cardiac conditions inhibit administration of anesthesia); side effects of treatment may produce dental diseases (i.e. Dilantin produces a gum hyperplasia); frequent candy snacks during hospitalization and candy given as a reward in school causes caries."⁸

"Because pupils who are developmentally disabled may be unable to understand and/or comprehend the need for daily oral hygiene, school personnel will be required to assist them and their parents/guardians in caring for their teeth, not only in school, but also at home."⁹ Eating is often a problem for this population. Food is frequently retained in the mouth and around the teeth, thus promoting dental caries and gum disease. Many communities lack dentists who will treat this population of children.

II. LEGAL BASIS FOR THE SCHOOL DENTAL HEALTH PROGRAM

The legal basis for the school dental health program is the Public School Code of 1949 and Title 28 PA Code Health and Safety Chapter 23, School Health regulation of the Department of Health.

“The requirement for a school dental health program is comparatively young, having been included in the School Health Act in 1946. Act 425, 1946 required that pupils receive six dental examinations during their school life. School dentists and school dental hygienists were included among the personnel defined to participate in the School Health Program.”¹⁰

Article 14 of the Public School Code requires:

1403 (a) All children of school age in the Commonwealth, upon original entry into school, third grade and in seventh grade to be given a dental examination by a school dentist

or

(b) receive the service provided within an approved dental hygiene program.

1402 (f) Provides for individual school districts to offer a modified school dental health program which conforms to approved dental practices.

1404 – Requires school dentist to conduct dental examinations in rooms set aside for this special purpose and equipped with adequate facilities for the thorough examination of children. If facilities in schools are inadequate for conducting dental examinations the school district may, with the approval of the Secretary of Health, arrange for the use of facilities of hospitals or clinics.

1405 – Requires school dentist to be assisted by a dental hygienist if available or a trained assistant.

1406 – Requires recommendations as to dental care be sent to parents/guardians and to family dentist on forms prepared or approved by the Secretary of Health. Parents are to be instructed to consult the family dentist and to report to the school authorities of the action taken concerning the recommendations.

1407 – Encourages parents and guardians to have their child examined by the family dentist in lieu of the school dentist. The family dentist is to report the dental examination on a form approved by the Secretary of Health.

1408 – Requires each school district and school dentist to file reports required by regulations of the Department of Health and Education.

- 1410 – Requires all school districts alone or jointly with other districts to employ only school dentists approved by the Secretary of Health. School districts may employ dental hygienists and other technical and clerical personnel as necessary to carry out the school dental health program.
- 1414 – Allows school districts to provide for the care and treatment of the teeth of all children of school age within the district.
- 1415 – Provides for the county board of public assistance to pay the cost of dental care (as defined by the standards, rules and regulations established by the Secretary of Public Welfare).
- 1421 (a) Establishes the Secretary of Health’s authority for the technical content of the dental portions of the school health program. The Secretary of Health also approves all school dentists and recommend to the State Board of Education standards of certification for school dental hygienists for employment by school districts. This section also requires the Secretary of Health to advise the Secretary of Education on matters connected with the school health program.
- (b) Specifies that the administration and supervision of the educational and teaching aspects of the program are the responsibility of the Secretary of Education. The Secretary of Education approves certification of school dental hygienists for employment. Services of the dental hygienist are to be used exclusively in connection with dental examinations and associated health activities.

Section 2505.1 of the Public School Code addresses the matter of State reimbursement for health services. Section 2505.1 requires the Secretary of Health to reimburse school districts for dental and dental hygiene services which conform to standards approved by the Secretary. The amount reimbursed shall be the actual cost of dental services less than any charges deemed unreasonable but limited to eight cents (\$.80) times the number of children enrolled for the entire year and those enrolled for a part of the school term of the school year (average daily membership). Reimbursement for dental hygiene services is \$2.00 for the actual number of children enrolled in the school for the entire school term who receive such services.

Chapter 23 of Title 28 of the Pennsylvania Code contains the regulations of the Department of Health which implements Article 14 and §2505.1 of the Public School Code. (See Appendix B for 28 Pa. Code Chapter 23 School Health Regulations).

III. MANDATED DENTAL EXAMINATION PROGRAM

The mandated dental examination program represents the minimum dental health services which pupils in specified grades must receive.

The dental examination provides baseline data for determining the dental health status of the pupil population served. Parents/guardians are encouraged to have their family dentist perform the examinations and report the results of the examination on approved forms provided by the school and returned to the school to be included in the comprehensive school health record. Examinations done by the family dentist within four months (up to one year with a Department of Health approved modification) prior to the opening of school are accepted for the required examination that year.

A. Procedures

1. Dental examinations shall be conducted with sufficient care and detail to command dental respect and to provide an educational experience for the child and his parents.
2. Dental examinations shall be scheduled so that an average of no more than eight (8) children are examined in an hour (see 28 PA Code §23.3 Appendix B)
3. Mouth mirror and dental explorer are required.
4. Appropriate sterilization of dental instruments in order of preference an reliability:
 - a. Steam under pressure
 - b. Prolonged dry heat
 - c. Ethylene oxide gas
 - d. Boiling water
 - e. Chemical agents*
5. Adequate lighting should be utilized.
6. Chart all teeth on the dental health record H514.025, Rev. 3/99 (Appendix C).
7. Children requiring follow-up dental treatment will be referred to the family dentist or usual source of care. No specific diagnosis should be indicated.

* Quarternary ammonium compounds (i.e., zephirian [benzalkonium] chloride) are not recommended for sterilization of dental instruments.

B. Staffing

Personnel required to implement the mandated dental examination program are (1) a school dentist, licensed in Pennsylvania and approved by the Secretary of Health; (2) school nurse/dental hygienist, trained aide or clerk to assist the dentist and to record the results of the examination.

C. Record Keeping

A comprehensive school health record is maintained for each pupil enrolled in a public, private or parochial school including children in special education classes. The School Dental Health Record (H514.025, 3/99, Appendix C) is included in the pupil's comprehensive health record. The dental health record is ordered from the Department of Health, Division of School Health. The school health record is maintained by the certified school nurse in files in the school health room as specified in the Public School Code, Section 1402 (b) and 1409. When the school nurse assists the dentist in the mandated program she/he is responsible for documenting the results of the examination and any other pertinent information in the dental health record. The dental health record must also document all dental referrals and outcomes of treatment.

When a dental clerk and/or aide assists the dentist, the certified school nurse is responsible for supervising their work and their documentation in the record.

D. Reporting

1. Every school district shall submit to the Pennsylvania Department of Health aggregate information regarding the mandated dental examination program as specified in the Instruction Manual for the "Request for Reimbursement and Report of School Health Services", due September 30.
2. Reimbursable Services and Items for the Mandated Dental Examination Program – See "Cost of Dental Services" and "Reimbursable Supplies and Equipment for the Dental Program" specified in the Instruction Manual for the "Request for Reimbursement and Report of School Health Services."

IV. Dental Hygiene Service Program

Instead of the mandated dental examination program, a school district may institute a program of dental hygiene services. A preventive dental hygiene program is defined as one which utilizes preventive measures to enhance a child's dental health and improve his/her oral hygiene status. If the school district chooses to provide dental hygiene services, a plan for those services must be submitted for the approval of the Secretary of Health.

A. Program Plan Development

1. A program plan is required from every school district implementing a dental hygiene program.
2. The plan is to be developed according to P.O.M.E. and should include those grades in which preventive and educational dental health services will be rendered.
 - a. Problems
 - b. Objectives
 - c. Methods (services)
 - d. Evaluation
3. The plan is to be developed as follows:
 - a. Rationale and or statement of the problem(s) must be addressed.
 - b. Program goals and objectives – objectives must be clearly stated, time bound and quantifiable.
 - c. Methods to be used and services to be provided must be clearly stated by grade levels.
 - (1) Dental Health Education (dental health education must be part of all services).
 - (2) Oral Health Assessment
 - (a) Mouth mirror and explorer evaluation
 - (b) Oral pathology evaluation
 - (3) Dental Indices
 - (a) DMF or def
 - (b) OHI
 - (c) Other
 - (4) Fluoride Prophylaxis
 - (5) Applicable Preventive Fluoride Programs

- (6) Brush-Ins
 - (7) Plaque Control Programs
 - (a) Flossing and brushing with disclosing agent or plaque lite.
 - (8) Caries Susceptibility Testing with Follow-Up
 - (9) Special dental projects, e.g., preparation and assistance for mouth guards with follow-up, special nutrition programs with education follow-up.
 - (10) Emergency care and corrective services financially supported by the school district, e.g., fractured tooth, tooth replacement as a result of injury.
 - (11) Dental Hygiene Services as performed in school supported and operated dental clinics.
4. Evaluation criteria and methods to be used must be clearly stated in the plan. Evaluations must indicate outcomes and relate directly to objectives.
 5. The program plan submitted to the Department of Health must include the signatures of:
 - a. District Superintendent
 - b. School Dental Consultant
 - c. School Dental Hygienist
 6. The program plan is submitted to the Department of Health, Division of School Health, for review and approval.
 7. Written notification is sent to the school district indicating approval of the plan.
 8. Plans are to be reviewed and updated every two years. If there are no changes to the plan from year one to year two, a letter from the school district stating same is acceptable. Program plans are due for approval prior to the start of the school year.
- B. Authorization of Dental Hygiene Services Performed in School Districts

Pennsylvania State Board of Dentistry Regulation (Section 33.205) requires that a dental hygienist at various practice sites, including schools, shall provide professional services under the general supervision of a dentist. General supervision is defined as supervision by a dentist who authorizes and takes full professional responsibility for the provision of services provided by the dental hygienist. An authorization form must be completed and signed by the school dental hygienist and consulting dentist, and submitted to the Division of School Health along with the annual program plan. (See Appendix H)

C. Staffing

Personnel providing service in school dental hygiene programs include:

1. School Dental Hygienist
Licensed by State Board of Dentistry
Certified by the Department of Education
2. School Dental Consultant
Licensed by State Board of Dentistry
Approved by the Department of Health
3. Dental Aide or Clerical Assistant

D. Guidelines for performing DMF and def, if desired.

1. The symbol DMF refers to the number of decayed, missing or filled permanent teeth where:
 - “D” – is the number of decayed permanent teeth requiring filling at the time of the examination. It also refers to teeth which have previously been filled, but which have become carious.
 - “M” – is the number of permanent teeth which are missing at the time of examination. (Do not use for teeth extracted as part of orthodontic treatment.)
 - “F” – refers to those permanent teeth which have been satisfactorily filled and exhibit no caries at examination.
 - “N” – normal permanent tooth
 - “U” – unerupted permanent tooth

The DMF rate is utilized for first, third and seventh grades.

The symbol def refers to the number of decayed, indicated for extraction or filled deciduous teeth where:

- “d” – decayed deciduous tooth
- “e” – deciduous teeth indicated for extraction
- “f” – filled deciduous teeth
- “n” – normal deciduous tooth

The def rate is utilized for kindergarten only.

2. To develop a DMF or def rate, the following procedures should be followed:
 - a. From tooth chart, count total number of DMF or def teeth.
 - b. Divide DMF or def total by total number of children examined.
 - c. The resultant figure equals DMF or def rate.
 - d. Do not add DMF and def teeth together.

Example:

$$\begin{array}{r}
 30 \text{ children examined } 5D \\
 \phantom{30 \text{ children examined }} 6M \\
 \phantom{30 \text{ children examined }} 7F
 \end{array}
 \frac{5 + 6 + 7}{30} = \frac{18}{30} = .6 \text{ is the } \underline{\text{DMF rate}}$$

$$\begin{array}{r}
 30 \text{ children examined } 5d \\
 \phantom{30 \text{ children examined }} 6e \\
 \phantom{30 \text{ children examined }} 7f
 \end{array}
 \frac{5 + 6 + 7}{30} = \frac{18}{30} = .6 \text{ is the } \underline{\text{def rate}}$$

- E. Guidelines for performing the Oral Hygiene Index (OHI), if desired.

Oral Hygiene Index (OHI)

Criteria: This scoring system is based on the quantity of oral debris and calculus present at the time of the examination.

<u>Score</u>	<u>Oral Debris</u>	<u>Calculus</u>
0	No debris or stain present	No calculus present
1	Not more than gingival 1/3 covered and/or extrinsic stains present	Supragingival, not more than 1/3 covered
2	1/3 to 2/3 covered	1/3 to 2/3 covered and/or presence of individual flecks or subgingival calculus
3	2/3 or more covered	2/3 or more covered and/or a solid band of subgingival calculus

Procedure: The mouth is divided into six segments –

- Maxillary anterior – labial of central
- Maxillary posterior – right buccal of molar
- Maxillary posterior – left buccal of molar
- Mandibular anterior – labial of central
- Mandibular posterior – left lingual of molar
- Mandibular posterior – right lingual of molar

Debris score: 0 – 3 range

$$\frac{\text{Sum of all of the segment scores}}{\text{Number of segments}} = \frac{0 - 18}{0 - 6} = 0 - 3$$

Calculus score: 0 – 3 range

The calculus score is calculated independently but in the same manner.

Oral Hygiene Index (OHI): 0 – 6 range

Sum of the debris score and calculus score.

F. Record Keeping

When a dental hygiene program is being provided, the dental hygienist is responsible for documenting all dental health services to pupils in the school dental health record (H514.025, 1/83 – Appendix 5).

The dental health record must also document all dental referrals and outcomes of treatment.

G. Reporting

1. Every school district shall submit to the Pennsylvania Department of Health aggregate information regarding the dental hygiene services program as specified in the Instruction Manual for the “Request for Reimbursement and Report of School Health Services”, due September 30.

2. Reimbursable Items and Services for Dental Hygiene Services Program

See “Cost of Dental Services” and “Reimbursable Supplies and Equipment for the Dental Program” in the Instruction Manual for the “Request for Reimbursement and Report of School Health Services.”

V. Modified Dental Health Program

A. Introduction

Modified dental health programs are preventive dental health services provided by a school district as an alternative to the mandated dental examination program or a school dental hygiene services program.

Modification of school dental health programs is based on §1402(f) of the P.S. Code of 1949. Modified programs must be approved by the School Board and the Secretary of Health, conform to approved dental practices and permit valid statistical appraisals of the various components of the program.

B. Authorization of Dental Hygiene Services Performed in School Districts

If a Dental Hygienist is utilized in providing services in a Modified Dental Health Program, the following requirement applies.

Pennsylvania State Board of Dentistry Regulation (Section 33.205) requires that a dental hygienist at various practice sites, including schools, shall provide professional services under the general supervision of a dentist. General supervision is defined as supervision by a dentist who authorizes and takes full professional responsibility for the provision of services provided by the dental hygienist. An authorization form must be completed and signed by the school dental hygienist and consulting dentist, and submitted to the Division of School Health along with the annual program plan. (See Appendix H)

C. Procedures for modified dental programs in schools.

1. A program plan is required from every school district implementing a modified program.
2. The program plan is to be developed as follows:
 - a. Rationale and or statement of the problem(s) to be addressed.
 - b. Program objectives – objectives must be clearly stated, time bound and quantifiable.
 - c. Methods to be used and services to be provided must be clearly stated by grade levels.
 - d. Evaluation criteria and methods to be used must be clearly stated. Evaluations must indicate outcomes and relate directly to objectives.
 - e. Program plans should specify preventive services and dental educational activities to be rendered by grade levels. Services and activities that may be provided, but that schools are not limited to, include:
 - (1) Dental Health Evaluation
 - (a) Mouth mirror and explorer evaluation
 - (b) Oral pathology evaluation

- (2) Dental Indices
 - (a) DMF or def
 - (b) OHI
 - (3) Fluoride prophylaxis
 - (4) Applicable preventive fluoride programs
 - (5) Brush-Ins
 - (6) Plaque Control Programs
 - (a) Flossing and brushing with disclosing agent or plaque lite.
 - (7) Caries Susceptibility Testing with follow-up.
 - (8) Special dental projects, e.g., preparation and assistance for mouth guards with follow-up, Special nutrition programs with education follow-up, sealants.
 - (9) Emergency care and corrective services financially supported by the school district, e.g., fractured tooth, tooth replacement as a result of injury.
 - (10) Dental Hygiene Services as performed in school program or school supported and operated dental clinics.
- f. The program plan submitted to the Department of Health must include the signatures of:
- (1) School Board President/Secretary
 - (2) District Superintendent
 - (3) School Dental Consultant
 - (4) School Dental Hygienist
- g. The original or revised school district program plan is submitted for review and approval to the Department of Health, Division of School Health annually.
- h. Written notification is sent to the school district's superintendent indicating approval of the program plan.
- i. A written statistical appraisal and evaluation must be submitted to the Division of School Health at the conclusion of each school year. The evaluation should be in accordance with the methods designated in the plan.
- j. Plans must be approved every two years with request for approval submitted prior to the start of the school year. If there are no changes to the plan from year one to year two, a letter from the School District stating same is acceptable.

D. Staffing

Personnel providing dental health service in modified dental health programs may include, but are not limited to:

1. School Dental Consultant
Licensed by State Board of Dentistry
Approved by the Department of Health
2. Certified Dental Hygienist
Licensed by State Board of Dentistry
Certified by the Department of Education
3. Dental Aide and/or Clerical Assistant

E. Guidelines for performing DMF and def, if desired.

See Section IV, subsection D – Dental Hygiene Services Program (page 9).

F. Record Keeping

The school dental health record is included in the pupil's comprehensive health record. The certified school nurse or the school dental hygienist (if applicable) assists the dentist in a modified dental health program. She/he is responsible for documenting the results of the examination and any other pertinent information in the school dental health record. The dental health record also documents all dental referrals and outcomes of treatment.

When a dental clerk or aide assists with the modified dental health program, the certified school nurse or school dental hygienist (if applicable) is responsible for their supervision and documentation in the school dental record.

G. Reporting

1. Every school district shall submit to the Pennsylvania Department of Health aggregate information regarding the Modified Dental Health Program as specified in the Instruction Manual for the "Request for Reimbursement and Report of School Health Services", due September 30.
2. Reimbursable Items and Services for the Modified Dental Health Program. See "Cost of Dental Services" and "Reimbursable Supplies and Equipment for the Dental Program" specified in the Instruction Manual for the "Request for Reimbursement and Report of School Health Services."

NOTE: Reimbursement by the Department for approved Modified Dental Health Program is based on the average daily membership and an approved program.

VI. Management of Dental Emergencies

In any dental emergency the parent should be notified immediately.

A. Dental First Aid. In the event of accident to the tongue, lips, cheeks or teeth:

1. Attempt to calm the child. All incidents should be handled quietly and calmly; a panicked child is likely to create problems for treatment and may cause further trauma.
2. Check for bleeding.
3. If the child is bleeding:
 - a. Stop bleeding by applying pressure to area with a sterile gauze pad.
 - b. Wash affected area with clean water;
 - c. Apply ice for swelling.
4. If tooth is fractured:
 - a. Staff can do little for a fractured tooth except calm the child.
 - b. If the broken tooth has created a sharp edge it may be covered with wax to prevent tissue lacerations.
 - c. Recommend the child be taken immediately to a dentist for treatment.
5. If the tooth is knocked out (avulsed):
 - a. Recover tooth.
 - b. If possible, replace tooth in socket and have parent take child to the dentist. Check medical/dental history to determine if a tetanus booster is needed.
 - (1) If it is not possible to replace the tooth in the socket, place in milk or a clean wet cloth.
 - (2) Do not put the tooth in mouthwash or alcohol, or scrub it with abrasives of chemicals. And do not touch the root of the tooth.
 - (3) Recommend the child and tooth be taken to the dentist immediately. It is most important that the tooth be replanted within 30 minutes by the dentist.

6. If a tooth or teeth are loosened in an accident:
 - a. Rinse the child's mouth.
 - b. Do not attempt to move teeth or jaw.
 - c. Recommend the child be taken to the dentist immediately.
7. If a tooth is knocked into the gums (intruded):
 - a. Do not attempt to free or pull on the tooth.
 - b. Rinse out the child's mouth.
 - c. Recommend the child be taken to the dentist immediately.
8. If injury to tongue, cheek or lips occur:
 - a. Rinse affected area.
 - b. Apply ice to control swelling.
 - c. Recommend child be taken to dentist or physician if bleeding continues or wound is large.

VII. Procedures for Referral and Follow-Up

A strong referral and follow-up program begins with good organization. The kindergarten registration affords an opportunity to introduce the total program to the parent. The school nurse or dental hygienist (if applicable) is responsible for referring any pupil in whom abnormal dental conditions are discovered or suspected. Referrals should be made by written notification to parent or guardian followed by personal contact. Pupils should be monitored until all dental treatment has been completed. The school dental health record should document the pupil's dental health status.

VIII. Guidelines for Fluoride

A. Dietary Fluoride Supplements in Schools

In non-fluoridated areas, Dietary Fluoride Supplements are safe and effective in reducing the incidence of dental caries, when used according to the accepted methods.

Fluoride supplementation for the prevention of dental caries has been investigated extensively by the U.S. Public Health Services and others involved in dental research.

The daily administration of Dietary Fluoride Supplements is desirable for children living in areas where the community or school water supplies are not fluoridated.

The administration of the fluoride supplement must be consistent and continuous if substantial benefits are to be achieved.

In Pennsylvania, any school district (or early childhood program) in a non-fluoridated area may adopt the Dietary Fluoride Supplement Program. The acceptance and approval depends on the School Board, the School Administrator, the School Dentist, School Dental Hygienist (if applicable), and the School Nurse.

1. The program is not initiated in communities that have water fluoridation or school water fluoridators.
2. The present fluoride concentration of the water supply now being consumed must be determined.
3. The effectiveness of dietary fluoride continues to at least the age of 14. Thus, this program should be initiated at age 3 and continued through at least grade 6. (The American Academy of Pediatrics recommends providing tablets through at least age 16.)
4. Descriptive information is sent to the parents of all children eligible for participation in the program. Written parental permission is required before a child may participate in the program and should be attached to the pupil's dental record.
5. The parents must be surveyed to determine if the child is receiving the supplement in another form, such as vitamins, or if receiving the supplement prescribed by the family dentist or physician.
6. Dietary Fluoride Supplements are prescribed via a standing order by the School Dental Consultant. The dosage, in line with standards established by national health organizations and as indicated by the School Consulting Dentist, is also included on the order. This prescription is kept on file at the School District. A new prescription is written when the school district appoints a new dentist/dental consultant.

7. The person responsible for administering the tablet is determined by the individual School District. This may include a classroom teacher or aide.
8. A list of children for whom parental permission slips are on file will be given to each classroom teacher.
9. One tablet is administered to the child each day. The tablet should be chewed, swished around the mouth for one (1) minute and swallowed. The time to administer is at the discretion of the teacher or the center's director. It is recommended that no eating or drinking should take place for 30 minutes after taking the tablet.
10. If a daily supplement had been missed, DO NOT double the dosage.
11. As a precautionary measure, a stored package of bottles of the supplement should bear a statement: CAUTION – Store out of reach of children. Storage in a locked cabinet is recommended.
12. When communal fluoridation is initiated or a school water fluoridator is installed, the supplement program is discontinued.

B. A Fluoride Mouthrinse Program

An accepted method by which tooth decay can be substantially reduced is through the use of the Fluoride Mouthrinse Program.

The benefits from mouth rinsing with dilute solutions of neutral sodium fluoride have been repeatedly demonstrated by scores of careful research studies and demonstrations for over 10 years.

Results show that children who rinse weekly with fluoride solution may expect to have 20-50 percent fewer cavities.

It is recommended that, in geographic areas with low fluoride levels, school-based fluoride-mouth rinsing programs be initiated using dilute, unflavored solutions of neutral fluoride.

H.S. Horowitz of the National
Institute of Dental Research

The results of a few studies suggest that children who reside in optimally fluoridated communities may receive added protection from a fluoride mouth rinse.

In Pennsylvania, any School District may adopt the Fluoride Mouth Rinse Program. The acceptance and approval depends on the School Board, the School Administrator, the School Dentist, the School Dental Hygienist (if applicable), and the School Nurse.

1. Ideally, all students over age 6 should be included in the program. If, however, the potential student population is extremely large, the program could be conducted on an incremental basis or in several grades.
2. Descriptive information is sent to the parents of all children eligible for participation in the program. Written parental permission is required before a child may participate in the program and should be attached to the pupil's dental record.
3. Fluoride Mouth Rinse Procedures are prescribed via a standing order by School Dental Consultant. The dosage, in line with standards established by national health organizations and as indicated by the School Consulting Dentist, is also included on the order. This prescription is kept on file at the School District.
4. The person responsible for administering the fluoride mouth rinse is determined by the individual School District. This may be the classroom teacher or aide if school nurses or dental hygienists are responsible for several schools within the district.
5. A list of children for whom parental permission slips are on file will be given to each classroom teacher.
6. It is best to designate a specific day of the week for the fluoride mouth rinsing procedure. Whichever day and time is selected, it should remain consistent. It is recommended that no eating or drinking should take place for 30 minutes following mouth rinsing.
7. As a precautionary measure, stored packages or containers of the solution should bear a statement: CAUTION – Store out of reach of children. Storage in a locked cabinet is recommended.

C. Record Keeping

1. Dietary Fluoride Supplements

A daily log is maintained by each classroom teacher for each child receiving the supplement.

2. Fluoride Mouthrinse

A classroom fluoride mouthrinse record is maintained by each classroom teacher.

The school dental health record (H514.025) also documents individual pupil participation in the fluoride tablet program. Summary data for pupil participation in fluoride preventive programs is provided to the school nurse or school hygienist at the end of each school year. This data is included in the annual "Request for Reimbursement and Report of School Health Services".

D. Reporting

1. Every school district shall submit to the Pennsylvania Department of Health aggregate information regarding the Fluoride Program as specified in the Instruction Manual for the “Request for Reimbursement and Report of School Health Services”, due September 30.
2. Reimbursable Items and Services for the Fluoride Program.
See “Cost of Dental Services” and “Reimbursable Supplies and Equipment for the Dental Program” specified in the Instruction Manual for the “Request for Reimbursement and Report of School Health Services.”

IX. References

1. Child Health in America, Children's Charter, USDHEW, PHS, HSA, 1976.
2. School Health: A Guide for Physicians, American Academy of Pediatrics, Evanston, Illinois 1981, p. 196.
3. Lynch, A. – Redesigning School Health Services, Human Sciences Press, Inc., NY, NY 1983, p. 124.
4. Ibid. School Health: A Guide for Physicians, p. 197.
5. Ibid, Lynch, A. – Redesigning School Health Services, p. 125.
6. Ibid, p. 126.
7. Ibid.
8. Op. cit – A Guide for Physicians, p. 220.
9. Frey, M. – School Health. Philadelphia Medicine, Vol. 63, October 5, 1967, p. 863 and p. 865.

APPENDICES

Appendix A – Glossary 23

Appendix B – 28 PA Code, Chapter 23 School Health Regulations..... 26

Appendix C – School Dental Health Record – H514.025, Rev. 3/99 29

Appendix D – Private Dentist Report of Dental Examination
of a Pupil of School Age 31

Appendix E – Report to Parent/Guardian..... 32

Appendix F – Report from Family Dentist (Sample)..... 33

Appendix G – Sample Consent Letters for Participation
in School Fluoride Programs 34

 1. Dietary Fluoride Supplement Program 35

 2. Fluoride Mouthrinse Program..... 36

Appendix H – Authorization of Dental Hygiene Services Performed
in School Districts 37

Appendix I – Sample Job Descriptions 39

 1. School Dental Hygienist 40

 2. School Dentist..... 42

 3. School Dental Consultant 43

 4. School Dental Clerk/Aide 44

GLOSSARY

1. **ABSCESS** – A collection of pus in the tissues, usually due to infection by bacteria.
2. **ACID** – Compound having a sour taste and ability to turn litmus paper red.
3. **ALVEOLAR BONE** – The cavity or socket in which the root of the tooth is held by the periodontal membranes.
4. **AMALGAM** – Alloy of silver, tin, and mercury used for filling teeth.
5. **ANTERIOR TEETH** – Front teeth.
6. **ARCH, DENTAL** – A term used to designate the upper or lower teeth.
7. **BICUSPID (PREMOLAR)** – Double pointed tooth on either side of the jaw above and below next to the cuspids.
8. **BRUXISM** – Grinding the teeth together, usually during sleep.
9. **CARIES (TOOTH DECAY)** – Localized disease process which destroys the structure of a tooth and produces a cavity.
10. **CAVITY** – Hollow place or hole caused by decay in a tooth.
11. **CEMENTUM** – The bony layer which forms the outer substance of the root of a tooth.
12. **CENTRAL INCISORS** – The two front teeth in upper and lower jaw.
13. “Children of school age” or “child of school age” – means every child attending, or who should attend, an elementary, grade or high school, either public or private, within the Commonwealth, and children who are attending a kindergarten which is an integral part of a local school district.
14. **CROWN** – The part of the tooth that is outside the gums.
15. **CUSPID (CANINE)** – A sharp pointed tooth next to the lateral incisors.
16. **DECIDUOUS TEETH (PRIMARY)** – Those teeth that are shed at a certain age; baby teeth.
17. “Dental hygienist” – means a dental hygienist licensed by the State Board of Dentistry who is assigned to a school district or joint school board or a dental hygienist licensed by the State Board of Dentistry and certified as a school dental hygienist by the Secretary of Education, who is employed by a school district or joint school board as a dental hygienist.
18. **DENTAL PLAQUE** – A thin tenacious filmlike deposit made up of protein substance and microorganisms which adheres to the crown of the tooth.

19. DENTIFRICE (TOOTHPASTE OR POWDER) – Cleansing substance for the teeth.
20. DENTIN – The hard, dense calcified tissue which forms the body of the tooth underneath the enamel.
21. DENTISTRY – That department of the healing arts which is concerned with the teeth, oral cavity and associated parts including the diagnosis and treatment of their diseases and the restoration of defective and missing tissue.
22. DENTURES – A set of artificial teeth.
23. “Department” – means Department of Health.
24. ENAMEL – The smooth, hard coating of the teeth.
25. ERUPTION – The act of breaking out, appearing, or becoming visible, as cutting teeth.
26. EXTRACTION – The act of removing or pulling a tooth.
27. “Family dentist” – means a doctor of dental surgery or dental medicine legally licensed to practice dentistry in the Commonwealth who has been designated by the parent or guardian as the personal dentist of the child.
28. FILLING – A material (usually gold, silver or cement) inserted in a prepared cavity in a tooth.
29. FISSURE – A fault in the surface of a tooth caused by imperfect enamel formation.
30. FLUORIDATION – The adjustment of the fluoride content in the public water supply to prevent or reduce tooth decay.
31. FLUORIDE – A compound of fluorine and some metallic element.
32. GINGIVA – The gum, or tissue, which covers the alveolar bone of the upper and lower jaw and surrounds the necks of the teeth.
33. GINGIVITIS – Inflammation involving the gums or gingival tissue.
34. HYGIENE, ORAL – Cleanliness or proper care of the mouth and teeth.
35. IMPACTED TOOTH – The condition in which a tooth is embedded in the alveolar bone so that its eruption is prevented.
36. INCISOR – Any one of the four front teeth of either upper or lower jaw.
37. LATERAL INCISOR – Tooth on either side of the central incisor.
38. MALOCCLUSION – Irregularity of tooth position and poor fitting together of the teeth on closing the jaws.

39. MANDIBLE – Lower jaw.
40. MASTICATION – The act of chewing.
41. MAXILLA – Upper jaw.
42. MOLAR – A tooth adapted for grinding; a back tooth of which there are three on each side of both jaws.
43. PERIDONTAL MEMBRANE – A layer of tissue made up of tiny fibers which help hold the tooth in its socket.
44. PERIODONTITIS – Inflammation of the supporting tissue of the teeth.
45. PERMANENT TEETH – The second set of teeth or those that follow the primary teeth (32 in number).
46. PIT – A small indentation in the crown of a tooth.
47. ORAL PROPHYLAXIS – The professional cleaning of teeth by a dentist or a dental hygienist.
48. PULP CHAMBER – The chamber in the center area of the tooth which is filled with blood vessels, nerves and connective tissue.
49. ROOT – Part of tooth which is normally beneath the gums and anchors the tooth in the jawbone. It is covered with cementum.
50. SALIVA – The mixed secretions of the glands of the mouth.
51. “School dentist” – means a doctor of dental surgery or dental medicine legally licensed to practice dentistry in the Commonwealth who has been appointed or approved by the Secretary of Health.
52. SODIUM FLUORIDE – A chemical combination of sodium and fluorine.
53. STANNOUS FLUORIDE – A chemical combination of tin and fluorine.
54. TEMPOROMANDIBULAR JOINT – The hinge of the jaw just in front of each ear on which the mandible or lower jaw swings.

Commonwealth of Pennsylvania
Pennsylvania Code

Title 28. Health and Safety

Department of Health
Health Care Cost Containment Council



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§ 23.3. Dental examinations.

(a) Dental examinations shall be required on original entry into school and in grades three and seven. In instances where there are kindergartens in some schools of a district and not in others, the board or joint board may decide whether medical and dental examinations shall begin in the first grade or in the kindergarten.

(b) Children transferred from other school systems shall be examined as soon as possible after the transfer regardless of their age or grade if an adequate dental record is not made available by the original school.

(c) Dental examinations shall be conducted with sufficient care and detail to command dental respect and to provide an educational experience for the child and his parents. Examinations shall be scheduled so that an average of no more than eight children are examined in an hour.

(d) The school dental examination may be conducted by the family dentist and reported to the school on forms supplied by the school. Administrators are urged to have as many children examined privately as possible to provide for continuity in the dental care of the child. Payment for these examinations shall be the responsibility of the parent; however, children examined privately shall be counted as part of the enrollment for reimbursement purposes as provided in § 23.24 (relating to maximum reimbursement for dental services).

Cross References

This section cited in 28 Pa. Code § 23.21 (relating to general).

§ 23.8. Maintenance of medical and dental records.

(a) School districts and joint school boards shall maintain comprehensive medical and dental records of each individual child.

(b) The records shall contain all the information the school obtains concerning the health of the child.

Cross References

This section cited in 28 Pa. Code § 23.21 (relating to general).

§ 23.28. Application.

(a) Application for reimbursement shall be made to the Department of Health within three months after the end of the school year during which the payment for the services was made by the school district or joint school board.

(b) Applications for reimbursement shall be accompanied by a certified statement in detail of the amounts actually spent for medical and dental services.

Cross References

This section cited in 28 Pa. Code § 23.21 (relating to general).

§ 23.33. School dentists.

(a) *Qualifications.* A school dentist shall be a doctor of dental surgery or dental medicine legally qualified to practice dentistry in this Commonwealth.

(b) *Employment.* School districts alone or with other districts or joint school boards shall employ school dentists and shall compensate them on a basis agreed upon by the school dentist and the employing district or joint school board. Compensation may not be less than \$6 per hour. Appointments shall be approved by the Department of Health. School districts shall submit to the regional dental officer the names of school dentists for approval by the Department of Health.

(c) *Duties.* School dentists shall perform the required dental examinations. They shall also examine children referred to them by the administrator, teacher, dental hygienist, nurse or physician because of suspected dental disease. They shall also perform other duties as may be required by the board which are not inconsistent with the rules and regulations of the Department of Health.

§ 23.35. Dental hygienists.

(a) *Qualifications.* A dental hygienist shall be licensed by the State Dental Council and Examining Board and be certified as a school dental hygienist by the Department of Education.

(b) *Employment.* Dental hygienists shall be employed by a school district or joint school board.

(c) *Duties.* The duties of a dental hygienist shall be those exclusively performed in connection with school dental health activities and to include those preventive services as recommended by the Department of Health.

§ 23.45. Objections to examination on religious grounds.

(a) School children or school employes may be excused from regular or special medical or dental examinations on presentation of written evidence to the school administrator that the examinations are contrary to the religious beliefs of the parent or guardian of the child or of the employe.

(b) Exemption from medical or dental examinations will not be granted if the Department of Health finds that facts exist under which the exemption constitutes a present substantial menace to the health of other persons exposed to contact with the unexamined person.

Source

The provisions of this § 23.45 adopted July 3, 1986, effective July 5, 1986, 16 Pa.B. 2412.

REPORT TO THE PARENT/GUARDIAN

Date: _____

School District: _____

Name of Child

Address

Dear Parent/Guardian:

A dental examination of your child, _____, has been made. This inspection shows:

- _____ 1. No readily apparent dental defects. However, it is recommended that your child visit your family dentist for a more complete examination.
- _____ 2. Found to be in good condition. We urge that your child be re-examined within six months by your family dentist.
- _____ 3. Need for professional dental evaluation. It is recommended that your family dentist be consulted as soon as possible.

Dental Hygienist/School Nurse

Date

S A M P L E

FAMILY DENTIST REPORT

School District: _____ County: _____

Name of Child (Last, First, Middle) _____ Birthdate _____

Home Address (No. and Street) _____ Sex: _____

The above named child last visited my office on _____.
(Give date)

At that time all necessary dental corrections had been made.

YES NO

If the answer is NO, please fill in the following:

Primary Teeth _____ Fillings _____ Extractions _____

Permanent Teeth _____ Fillings _____ Extractions _____

Diseases of the supporting tissues _____

Gross Malocclusion which is producing a facial deformity or is interfering with function. _____

Cleft Palate and/or Cleft Lip _____ Other Congenital Malformations _____

Prosthetic replacements for lost or missing teeth. _____

This child is currently under treatment. YES _____ NO _____

Signature: _____

Date Submitted: _____ Address: _____

(Return this from to the School Nurse.)

S A M P L E

_____ SCHOOL DISTRICT

Dear Parent or Guardian:

A valuable health service is being offered to you by the _____ School District. With parental permission, children in elementary schools who do not have a fluoridated water supply will have an opportunity to receive a fluoride tablet each day. Clinical studies have shown that these tablets will reduce the incidence of tooth decay and are especially valuable to young children when their teeth are developing.

Fluoride tablets should not be given to a child both at home and in the school on the same day. Therefore, if your child is receiving fluoride tablets at home, he or she should not participate in the tablet program in school.

These tablets will be given to your child each school day by his/her teacher. Doctor _____, Dental Consultant for the School District, has approved this program and recommends it for those children who do not have a fluoridated water supply available.

This permission will be valid through _____ grade unless the school is notified by the parent to discontinue dispensing the tablet.

Please complete the lower portion of this form and return to school promptly.

Thank you for your cooperation.

Sincerely,

School Health Services

Parent Permission Slip

_____ School District

DATE: _____ TEACHER: _____
 NAME OF CHILD: _____ SCHOOL: _____
 ADDRESS: _____ GRADE: _____
 WATER COMPANY: _____

_____ I would like my child to participate in the Fluoride Supplement Program. This permission will be valid through grade _____ unless the school is notified by me to discontinue the dispensing of the tablet.

_____ I am not interested in the Fluoride Supplement Program for my child.

_____ My child takes fluoride tablets at home.

Signature of Parent or Guardian

S A M P L E

FLUORIDE SUPPLEMENT CONSENT FORM

Dear Parent or Guardian:

The _____ School District, with the endorsement of the Pennsylvania Department of Health, is offering a valuable health service to your child.

With parental permission, children will have an opportunity to receive a fluoride tablet each day. The program is offered in grades _____. The tablets will be given to your child each day by the homeroom teacher. The Fluoride Supplement Program has been recommended by Dr. _____, Dental Consultant for the _____ School District, and will be under the supervision of the _____. This service will be continued in the grades designated unless your permission is withdrawn.

This project is very important to the oral health of your child. Participation is entirely voluntary and without cost to you. We encourage you to allow your child to participate in this valuable health activity. This preventive program, however, should not take the place of regular dental care by your dentist or proper home care. Please return the completed form without delay to your child's teacher.

Sincerely,

School Health Services

Name of Student

Grade

Room Number

- I would like my child to participate in the school fluoride supplement program.
- I would not like my child to participate in the school fluoride supplement program offered at school.
- My child is currently receiving fluoride supplement at home and will not participate in the school fluoride program.

Date

Signature of Parent/Guardian

S A M P L E

FLUORIDE MOUTHRINSE PROGRAM

Dear Parent or Guardian:

A valuable dental service is being offered to you by _____
School District with endorsement by the Pennsylvania Department of Health.

With parental permission, children in grade(s) _____ will have an opportunity to participate in a mouthrinse program. The children will rinse (swish fluoride solution in the mouth) once a week. Studies have shown that a supervised program of mouth rinsing, using a solution of fluoride, can reduce the incidence of dental caries by 20% to 50%.

Please indicate below whether or not you wish your child to participate in this program. The original permission given for your child to participate in the program will be extended from year to year, unless we hear otherwise from you.

Thank you for your support and cooperation in our efforts to promote the best possible dental health in our students. Please feel free to call _____ if you have any questions regarding this program.

Sincerely,

School Health Services

Please Detach and Return to School

Date: _____

_____ I would like my child to participate in the mouthrinse program.

_____ I am not interested in the mouthrinse program for my child.

Child's Name

Age

Teacher and Grade

Signature of Parent or Guardian

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**AUTHORIZATION OF DENTAL HYGIENE SERVICE
PERFORMED IN SCHOOL DISTRICTS***

Part A

1. Location(s) of dental hygiene services:

School district name:

Private/Parochial school name(s):

2. Grades in which students will be receiving dental Hygiene services:

3. Authorization period:

_____ to _____

4. Check services to be provided by dental hygienist:

Screening with mirror/explorer

Data collection

Dental prophylaxis

Sealant application (Teeth to be sealed must be designated by a dentist after the dentist's examination and diagnosis)

Taking impressions for mouthguards

Oral/dental health education

fluoride Services

Provide instruction for fluoride use

Topical fluoride treatments

Coordinate fluoride tablets programs

Coordinate fluoride mouthrinse programs

Other _____

Part B

1. Name of Dental Hygienist: (print)	5. Name of Authorizing Dentist: (print)
2. License Number:	6. License Number:
3. Hygienist Signature: Date:	7. Dentist Signature: Date:
4. Dental Hygienist Address: Phone: () Fax: ()	8. Dentist Office Address: Phone: () Fax: ()

*Authority: Pennsylvania State Board of Dentistry Regulation, Section 33.205. A dental hygienist at the following practice sites (a public or private institution such as a school, hospital, public health care agency, nursing home, mobile health unit, home for juveniles or for the elderly or for the handicapped) shall provide professional services (Section 33.205 (a) Scope of professional practice) under the general supervision of a dentist. General supervision at the above practice sites is defined as supervision by a dentist who authorized and takes full professional responsibility for the provision of the services [provided by the dental hygienist]. A single authorization may, when appropriate, apply to one or more classes or categories of students/patients.

DIRECTIONS FOR COMPLETION OF THE AUTHORIZATION OF SCHOOL DENTAL HYGIENE SERVICES:

A separate authorization form is required to be submitted for each dental hygienist performing service in a school dental hygiene services program or school based health center. The original is to be maintained at the school district. A copy is to be submitted with the school district dental hygiene plan to the Division of School Health every two years, or more often if necessary. Forms may be obtained from the Division of School Health or photocopied by the district.

Part A

1. List school district name and any and all private/parochial schools served. Use an additional sheet of 8-1/2 x 11 paper if needed.
2. List grades in which students will be receiving services. (Example: K, 1, 2, 3, or K-12)
3. List time period for which authorization period is valid. (Example: 9/97 to 6/98)
Authorizations are valid for a one-year time period only.
4. Check off any and all services being provided by the dental hygienist.

Part B

1. Print full name of dental hygienist as it appears on his/her license.
2. List license number of dental hygienist.
3. Dental hygienist signature and date.
4. List complete address where dental hygienist could be contacted if necessary (i.e., school, home), including phone and fax numbers.
5. Print full name of authorizing dentist as it appears on his/her license.
6. List license number of authorizing dentist.
7. Authorizing dentist signature and date.
8. List complete address of authorizing dentist, including phone and fax numbers.

SAMPLE JOB DESCRIPTIONS

1. School Dental Hygienist
2. School Dentist
3. School Dental Consultant
4. School Dental Aide

SCHOOL DENTAL HYGIENIST

The school dental hygienist is administratively responsible to the school superintendent or his/her delegated representative for the policy-making, problem solving and personnel procedures related to the school dental health program.

Periodic and special reports should be presented to the school superintendent, his/her delegated representative, the school dental consultant and the school board.

DEFINITION: An employee who implements comprehensive education and preventive dental health programs. These programs provide an educational experience that cultivates dental health habits and understanding, permitting students to function at their optimum level throughout life. The employee is under the general supervision of the school dental consultant and direct supervision of the Director of Pupil Services or Superintendent.

DUTIES AND RESPONSIBILITIES: Include but are not limited to:

Develops, initiates and coordinates the school's Dental Health Program.

Provides individual and classroom dental health instruction and demonstrations, and works with the school faculty to provide sequential instructional programs.

Provides nutritional counseling as it relates to dental and general health.

Performs dental screenings to identify dental health problems, to provide a dental education experience for students, and to evaluate the school dental program. Functions as a dental resource person for other school faculty and provides authentic dental health educational materials and visual aids.

Confers with parents and teachers regarding dental health problems of individual students.

Refers parents and children to sources of dental care and coordinates dental corrective programs.

Maintains liaison between the school and community agencies which are related to the dental program.

Conducts preventive dental programs, e.g., plaque control, mass brush-ins, dietary fluoride, fluoride mouthrinse, self-application of topical fluorides, and dental sealants.

Provides dental prophylaxis and other oral hygiene measures, e.g., topical fluorides, where indicated.

SCHOOL DENTAL HYGIENIST (Continued)

Maintains comprehensive dental records for each student.

Conducts in-service training programs for school faculty.

Evaluates and revises the goals and objectives of the Dental Health Program through utilization of dental surveys, etc.

Provides supervision of auxiliary dental personnel.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of the theory, principles, practices, current developments and techniques of dental hygiene and direct services.

Knowledge of the principles and practices of preventive dentistry.

Knowledge of the organization, administration, and operation of schools and school programs.

Ability to communicate and work with school administrators, classroom teachers, students, parents, and community groups.

Ability to understand child development.

Ability to determine the socio-economic, ethnic and racial needs of the community.

Ability to use initiative and judgment in formulating plans, developing programs and applying them to appropriate areas.

MINIMUM EXPERIENCE AND TRAINING: Experience and training gained through the completion of a dental hygiene program and a baccalaureate program in natural sciences, social sciences or education.

NECESSARY SPECIAL REQUIREMENT: Possession of a license to practice as a dental hygienist as issued by the Pennsylvania State Dental Council and Examining Board and eligible for certification by the Pennsylvania Department of Education.

SCHOOL DENTIST

QUALIFICATIONS:

- Doctor of Dental Surgery or Dental Medicine.
- Licensed by State Board of Dentistry.
- Approved by the Secretary of Health.

REPORTS TO: Chief School Administrator (Superintendent) or his designee.

DUTIES:

1. Perform quality level dental examinations for pupils in the required grades (kindergarten or first grade, third, seventh and age appropriate pupils in ungraded classes), according to standards determined by the Department of Health.
2. Perform quality level dental examinations on all pupils referred by school personnel (teachers, administrators, nurses, dental hygienists or physicians).
3. Provide consultation to school board directors, administrators, teachers, school nurses, and school dental hygienists in matters related to dental health.
4. Perform other duties as may be required by the school board which are not inconsistent with the rules and regulations of the Department of Health.

SCHOOL DENTAL CONSULTANT

QUALIFICATIONS:

- Doctor of Dental Surgery or Dental Medicine.
- Licensed by State Board of Dentistry.
- Approved by the Secretary of Health.

REPORTS TO: Chief School Administrator (Superintendent) or his designee.

DUTIES:

1. Advisor to the school authorities and dental staff.
2. Prescribes and writes orders for preventive dental pharmaceutical agents.
3. Technical supervisor of the school dental hygienist.
4. Reviews and signs plans for modified and School Dental Hygiene Services Programs.

SCHOOL DENTAL CLERK/AIDE

DEFINITION: An employee who performs non-professional work in assisting the school dental staff with the dental program. The employee has specified responsibilities that permit the dental program to be expanded. The employee will be under the general supervision of the dental consultant and the direct supervision of the school dental hygienist or school nurse (if applicable).

DUTIES AND RESPONSIBILITIES:

Assists with dental screenings.

Assists with implementation of preventive dental programs, e.g., plaque control, mass brush-ins, dietary fluoride, fluoride mouthrinse, self-application of topical fluoride, etc.

Assists with the preparation of dental health education materials and classroom education presentations.

Prepares and maintains dental records.

Assists with referrals for dental care and dental corrective programs.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

Some knowledge of the principles and practices of oral hygiene and preventative dentistry.

Ability to deal with children.

Ability to perform assigned duties.

Ability to communicate and work with the school faculty.

Ability to prepare and maintain records.

Ability to understand and follow oral and written instructions.

MINIMUM EXPERIENCE AND TRAINING:

Graduation from high school; or equivalent certification or formal training.