

Pennsylvania School Health Procedures: School Dental Health Program

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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, public health dental hygiene practitioners (PHDHP), dental hygienists 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 1920s.

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 School and sports activities are associated with dental injuries due to falls, collisions, contact with hard surfaces and contact from sports-related equipment.
 - Between 10-61 percent of athletes report experiencing dental trauma*

• From 1990-2003, children ages 17 years and younger represented 80.6% of the total (sport and non-sport related) dental injuries in United States emergency rooms *

*American Academy of Pediatric Dentistry. *Policy on prevention of sports-related orofacial injuries*. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2021:110-115.

Dental diseases are 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: adjustment of fluoride in 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 promotion of school-based sealant programs.

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 <u>one</u> of the following:

1. A Mandated Dental Program (MDP) in which periodic dental screenings/examinations are conducted at specified grade levels.

2. A Dental Hygiene Services Program.

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 physical 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 medications may produce dental diseases_T frequent candy snacks during hospitalization; and candy given as a reward in school can cause caries.⁸

"Because pupils who have physical or developmental disabilities may be unable to understand and/or physically address 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

Act 55 Dental Screenings and Dental Hygiene Services

Title 49 PA Code Professional and Vocational Standards, Chapter 33, State Board of Dentistry regulation (See Appendix C)

Section 2505.1 of the Public School Code addresses the matter of State reimbursement for health services. (See Appendix D)

III. MANDATED DENTAL PROGRAM (MDP)

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

The dental screening provides baseline data for determining the dental health status of the pupil population served. Parents/guardians are encouraged to have their family dentist perform an examination and report the results of the examination on approved forms provided by the school and return to the school to be included in the comprehensive school health record. Examinations/screening 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 screening/examination that year.

- A. Procedures
 - 1. Mouth mirror required; dental explorer is optional.

- Disposable instruments are preferred. Whenever reusable dental instruments are used, appropriate sterilization must be performed prior to each use. Sterilization of dental instruments must be achieved using steam under pressure (preferred) or prolonged dry heat.
- 3. Adequate lighting shall be utilized.
- 4. Chart <u>all teeth</u> on the dental health record H514.027, Rev. 2/13 (Appendix J).
- 5. Students requiring follow-up dental treatment will be referred to the family dentist or usual source of care. No specific diagnosis should be indicated.
- B. Staffing

Personnel necessary to implement the mandated dental program are (1) a school dentist, licensed in Pennsylvania and approved by the Secretary of Health; (2) <u>Act</u> <u>55 of 2023</u> allows a Public Health Dental Hygiene Practitioner to complete the mandated screenings. (3) School nurse/dental hygienist, trained aide or clerk to assist the dentist and to record the results of the examination or screening.

C. Record Keeping

A comprehensive school health record is maintained for each student enrolled in a public, private or parochial school including children in special education classes. The School Dental Health Record (H514.025, 3/99, Appendix J) is included in the student's comprehensive health record. 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/PHDHP, the certified school nurse is responsible for overseeing 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 program as specified in the Instruction Manual for the "Request for Reimbursement and Report of School Health Services", due September 30.

- Reimbursable Services and Items for the Mandated Dental 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."
- The number of students in the mandated grades of kindergarten <u>or</u> first, third, and seventh grades (unless modification of grade level) in public or private/non-public schools, respectively, who received a dental screening/examination by a family dentist.
 - Modification of the grade for mandated examinations/screenings:
 - According to Pennsylvania law § 14-1402 (f), school entities may request modification of the school health services program. The program as modified shall conform to approved medical or dental practices and shall permit valid statistical appraisals of the various components of the program.
 - Modification of the <u>acceptable timeframe from 4 months to 1 year</u>:
 - According to Pennsylvania law § 14-1407, students may furnish a dental report (from a family dentist) of an examination performed no earlier than <u>four months</u> prior to the start of the school year.
 - In an April 14, 2000 letter, the Department notified school entities of the option to request an extension of the mandated timeframe from four months prior to the school year to <u>one year</u> prior to the start of the school year (According to the Pennsylvania Department of Education the school year begins on July 1st).
- To request a modification of the acceptable timeframe from 4 months to 1 year and/or a modification of the grade(s) for mandated examinations/screenings, the school entity must send a letter to the Division of School Health (1) on school letterhead, (2) signed by the superintendent/CEO, and (3) confirmation of the inclusion of the modifications into school health policy/procedures with approval by the school board.

IV. Dental Hygiene Services Program

Pennsylvania's Dental Hygiene Services Program (DHSP) affords school entities with the opportunity to provide preventive dental health care and education to their students. The DHSP is a preventive program that incorporates dental health education into the school curriculum and utilizes prophylaxis/preventive measures to enhance students' dental health and improve their oral hygiene status.

Each school entity with a DHSP must develop a plan according to the following criteria and annually request approval by the Secretary of Health.

A. DHSP Plan Development

- 1. The DHSP plan must:
 - i. Include the six essential criteria
 - ii. Be in written form
 - iii. Be reviewed and evaluated at least every three years
 - iv. Be amended when changes are made to the essential criteria
 - v. Be approved by the following professionals when created and when the essential criteria are amended:
 - 1. <u>Certified School Dental Hygienist; CSDH/PHDHP</u> (Certified School Dental Hygienist/Public Health Dental Hygiene Practitioner)
 - 2. School Dentist
 - The School Dentist assumes dental responsibility for the school entity and must approve the DHSP plan even when the CSDH is a PHDHP.
 - 3. <u>School Administration</u> (Superintendent/CEO, Assistant Superintendent or Pupil Services Director)

vi. The signature of the Authorizing Dentist, who assumes supervisory oversight of the CSDH, is required on an annual basis. The signature of an Authorizing Dentist is not required when the CSDH is a PHDHP.

2. The DHSP plan must provide dental examinations/screenings, at a minimum, for students in the mandated grades or the equivalent grades as specified in the DHSP plan.

Mandated Grades:

- i. Upon original entry into the school (kindergarten or first grade)
- ii. While in the third grade
- iii. While in the seventh grade
- iv. Age-appropriate students in Special Education according to grade level on IEP
- v. New students with no record of the mandated examination/screen

SIX ESSENTIAL Criteria:

1. Public and Private/Non-public Schools

The DHSP plan must include the names of the public school entities and private/non-public schools identified to receive dental hygiene services through this plan:

Note: In the DHSP annual authorization request, the school entity will report, separately, the number of public and private/non-public schools <u>identified to receive</u> dental hygiene services.

In the School Health Annual Request for Reimbursement System (SHARRS), the school entity will report, separately, the number of

public and private/non-public schools that <u>received</u> dental hygiene services.

2. Examinations by a Family Dentist

The DHSP plan must include the grade levels where data will be collected on students who receive examinations by their Family Dentists. At a minimum, this must include students in the mandated grades or equivalent grades as specified in the DHSP plan. Count examinations which were performed within 4 months prior to the start of the school year, or one year with written Department of Health (DOH) approved modification. Please see section III D. Reporting.

Refer to-Appendix F for clarification of examinations performed by dental providers.

Note: In the DHSP annual authorization request, the school entity will report the grade levels of students <u>identified to receive</u> examinations by Family Dentists.

In the annual SHARRS report, the school entity will report the number of students by grade levels who <u>received</u> examinations by Family Dentists.

Count each student once in <u>either</u> the "Examinations by the Family Dentist" or the "Examinations/Screens by the School Dental Provider" category.

3. Examinations by the School Dental Provider

The DHSP plan must include the grade levels of students identified to receive examinations/screenings by a School Dental Provider (CSDH, CSDH/PHDHP or School Dentist). At a minimum, this must be students in the mandated grades or the equivalent grades as specified in the DHSP plan.

Refer to the Appendix J for clarification of examinations performed by dental providers.

All dental health providers must adhere to current dental practice standards within their respective scope of practice.

Dentists perform dental examinations whereas CSDH and CSDH/PHDHP perform dental screenings.

Note: In the DHSP annual authorization request, the school entity will report the grade levels of students <u>identified to receive</u> examinations/screenings by a School Dental Provider.

> In the annual SHARRS report, the school entity will report the number of students by grade level who <u>actually received</u> examinations/screenings by a School Dental Provider, the number of students referred for further evaluation and/or treatment, and the number of completed referrals.

Count each student once in <u>either</u> the "Examinations by the Family Dentist" or the "Examinations/Screens by the School Dental Provider".

4. Prophylaxis/Preventive Treatment

This essential element is recommended but not required.

The DHSP plan must include the grade levels of students identified to receive prophylaxis/preventive treatments. These treatments may include but are not limited to, topical fluoride applications, sealant applications, impressions for non-sports related mouth-guards.

Prophylaxis/preventive treatment may be provided by a School Dental Provider (CSDH, CSDH/PHDHP or School Dentist) or-may be coordinated through a local dental provider or a mobile dentist group.

Note: The DHSP is a preventive program, therefore, "diagnostic" dental services and "restorative" treatment are not to be included in data reported for the DHSP. Diagnostic treatment may include diagnostic examinations, dental x-rays, etc. and restorative treatment may include dental fillings, extractions, etc. The school's applicable unreimbursed expenses for preventive, diagnostic and restorative services may be reported in the annual SHARRS report on the Itemized Expenditures page under Special Dental Preventative, Diagnostic and Treatment Services. See the Appendix H for additional information on SHARRS.

Refer to the Appendix for clarification of the role of a Mobile Dentist Group serving as a School Dentist or a Family Dentist.

All dental health providers must follow current dental practice standards within their respective scope of practice.

Note: In the DHSP annual authorization request, the school entity will report the grade levels of students <u>identified to receive</u> prophylaxis/preventive treatment.

In the annual SHARRS report, the school entity will report the number of students by grade level (count each student once in this category) who <u>received</u> prophylaxis/preventive treatment.

5. Dental Health Education

The DHSP plan must include the grade levels of students identified to receive grade-appropriate dental health education, which may include dental health activities, provided by – or coordinated by – the CSDH or CSDH/PHDHP.

Note: In the DHSP annual authorization request, the school entity will report the grade levels of students <u>identified to receive</u> dental health education.

In the annual SHARRS report, the school entity will report the number of students by grade level (count each student once in this category) who <u>received</u> grade-appropriate dental health education.

6. Goals, Objectives, Methods, and Evaluations

The DHSP plan must contain specific, measurable goals, objectives, methods as well as an evaluation of the outcomes to determine if the program is successfully meeting students' dental health needs.

Goals:

- i. Identify overall program goals
- ii. Identify specific program goals

Objectives:

- i. Identify specific, measurable objectives which support the DHSP goals
- ii. Evaluate the objectives at least every three years to determine if the objectives are being met
 - 1. If the objectives have been met, determine whether the methods should be continued or amended
 - 2. If the objectives have not been met, determine whether the objectives are attainable and if the methods should be continued, amended, or discontinued
- iii. Examples of objectives

Note: The following **example** objectives are not listed in order of priority.

- 1. Develop and maintain a complete dental health record for at least 90% of students
- 2. Data is collected on 100% of the mandated or DHSP specific grades for students who have received dental examinations by their Family Dentists within the appropriate timeframe
- 3. 95% of students without a dental exam by the Family Dentist will be offered an examination/screen by a School Dental Provider
- 4. 80% of students will be under the care of a Family Dentist
- 5. 95% of students will be provided with grade-appropriate dental health education

Methods:

- i. Identify methods to reach the DHSP objectives
- ii. Several methods may be needed to achieve each objective
 - 1. Examples of methods to achieve objective #4 listed above
 - a. Identify students who had dental examinations performed by their Family Dentists during the appropriate timeframe
 - b. Coordinate dental examinations/screenings for students who did not have a dental examination performed by the Family Dentist
 - c. Secure appropriate parental permission forms as needed
 - d. Perform dental examinations/screening for identified students by the School Dental Provider
 - e. Identify those students in need of additional dental evaluation and/or treatment
 - f. Inform parents/guardians of the dental status and needs of their children
 - g. Assist students to acquire dental services when indicated, such as, referring to a local dentist, securing the services of a Mobile Dentist Group, etc.

Evaluation:

- i. Evaluate the effectiveness of the methods
 - 1. <u>Examples</u> of evaluating the methods used to meet objective #4
 - a. Was the objective of 80% of students being under the care of a Family Dentist reached?
 - b. Were students who had examinations by their Family Dentists identified?
 - c. Was parental permission obtained prior to student examination by the School Dentist?
 - d. Were students who received an examination/screen by the School Dental Provider given contact information on local dental providers?

- e. Were all students needing follow-up care referred?
- f. Were parents informed of students' dental needs?
- g. Are changes in methods needed to better achieve the desired objective?

V. Dental Emergency

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 or chemicals. 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.

VI. <u>Guidelines for Fluoride</u>

A. Topical Fluoride in Schools

In non-fluoridated areas, 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.

Quarterly application of topical fluoride is desirable for children living in areas where the community or school water supplies are not fluoridated.

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

- 1. The present fluoride concentration of the water supply now being consumed should be determined.
- The effectiveness and benefits of topical fluoride continue through adulthood. Thus, this program should be initiated at age 3 and continued through at least grade 7.
- 3. 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.
- 4. Topical Fluoride varnish can be prescribed via a standing order by the School Dentist. This prescription is kept on file at the School District. A new prescription is written when the school district appoints a new dentist.

- 5. The person responsible for applying the topical fluoride is determined by the individual School District and should be the Dental Hygienist.
- 6. As a precautionary measure, a stored package of fluoride supplement should bear a statement: CAUTION Store out of reach of children. Storage in a locked cabinet is recommended.
- B. Record Keeping
 - 1. Topical Fluoride

The school dental health record (H514.025) also documents individual pupil participation in the fluoride 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".

- C. Reporting
 - 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.
 - 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."

VII. <u>Referral and Follow-up</u>

A strong referral and follow-up program begin 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. <u>References</u>

- 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.

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Appendix A

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.
- 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.
- 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.

DENTAL PROGRAMS AND DENTAL EXAMINATIONS:

Article 14 of the Public School Code of 1949:

§ 14-1403 Dental [Examinations] Screenings and Dental Hygiene Services

- (a) [All] Notwithstanding any other provision of law, all children of school age in the Commonwealth, (i) upon original entry into the school, (ii) while in the third grade, and (iii) while in the seventh grade, shall be given a dental [examination] screening by a school dentist or public health dental hygiene practitioner: Provided, however, That this requirement shall not apply to those school districts or joint school boards which have instituted a program of dental hygiene services as provided in subsection (b) of this section.
- b) Any school district or joint school board may institute a program of dental hygiene services for children of school age, which program shall be approved by the Secretary of Health, and for that purpose may employ dental hygienists.
- (c) Notwithstanding any other provision of law, a school district or joint school board that has not instituted a program of dental hygiene services as provided under subsection (b) may use a public health dental hygiene practitioner to satisfy the requirements under this section.
- (d) As used in this section, the term "public health dental hygiene practitioner" shall have the same meaning given to that term in section 2 of the act of May 1, 1933 (P.L.216, No.76), known as "The Dental Law."

Article 14 of the Public School Code:

§ 14-1405 Assistance; presence of parents

Every school physician shall be assisted by a school nurse and every school dentist by a dental hygienist, if available, or a trained assistant. Parents or guardians of children of school age shall be advised in advance of the date of examination

§ 14-1404 Place of examination, use of hospital facilities

The school physician and school dentist shall conduct medical, dental and other examinations in rooms set aside for this special purpose and equipped with adequate facilities and with such other accessories as may be required by the Secretary of Health for the thorough examination of children. If facilities in schools are inadequate for conducting medical, dental and other examinations, the school districts or joint school boards and private schools may, subject to the approval of the Secretary of Health, make arrangements for the use of laboratories and facilities of hospitals or clinics for examinations herein provided for.

DENTAL EXAMINERS OF OWN CHOICE:

Article 14 of the Public School Code:

§ 14-1407 Examinations by examiners of own choice

In lieu of the medical or dental examinations prescribed by this article, any child of school age may furnish the local school officials with a medical or dental report of examination made at his own expense by his family physician or family dentist on a form approved by the Secretary of Health for this purpose. The in lieu examinations shall be made and the report shall be furnished prior to the date fixed for the regularly scheduled examination but no earlier than four months prior to the opening of the school term during which the regular examination is scheduled.

SCHOOL RESPONSIBILITIES:

1. **DENTAL RECORDS**

Article 14 of the Public School Code:

§ 14-1402 (b) For each child of school age, a comprehensive health record shall be maintained by the school district or joint school board, which shall include the results of the tests, measurements and regularly scheduled examinations and special examinations herein specified.

Title 28 PA Code Health and Safety Chapter 23, School Health regulation:

§ 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.

2. SPECIAL RECOMMENDATIONS

Article 14 of the Public School Code:

§ 14-1402 (d) All teachers shall report to the school nurse or school physician any unusual behavior, changes in physical appearance, changes in attendance habits and changes in scholastic achievement, which may indicate impairment of a child's health. The nurse or school physician or school dentist may, upon referral by the teacher or on his own initiative, advise a child's parent or guardian of the apparent need for a special medical or dental examination. If a parent or guardian fails to report the results to the nurse or school physician, the nurse or school physician shall arrange a special medical examination for the child.

Title 28 PA Code Health and Safety Chapter 23, School Health regulation:

§23.11 Special examinations

Children who appear to the schoolteacher, nurse, physician, dentist or dental hygienist to deviate from their normal growth and development pattern shall be reported to the parents or guardians who shall be requested to have the children examined by their family physician or family dentist. The results of these examinations shall be reported to the school. If the children are not examined within a reasonable length of time and their growth and development pattern continues to deviate from normal, the nurse, school physician, school dentist or dental hygienist shall arrange special school examinations for these children.

AUTHORITY: DEPARTMENTS OF HEALTH AND EDUCATION

Article 14 of the Public School Code:

§ 14-1408 **Reports**

Every school district of the Commonwealth or school districts jointly, school physicians, school dentists and school nurses, shall file with the Secretary of Health and/or the

Superintendent of Public Instruction such reports as required by the regulations of the two departments.

- § 14-1421 Powers and duties of the Secretary of Health and of the Superintendent of Public Instruction; rules and regulations
 - (a) The technical content of the medical, dental, nursing and sanitary portions of the school health program shall be prescribed by and under the general direction of the Secretary of Health who shall--

1. Approve all appointments of school physicians and school dentists and prescribe their duties and formulate and prescribe standards for medical technicians and sanitary officers for employment in the school health program.

2. Suggest or recommend to the State Board of Education standards of qualification for school nurses and dental hygienists for employment by a school district or joint school board in the school health services program and advise school administrators on matters connected with carrying out the school health program.

(b) The administration and supervision of the educational and teaching aspects of the program shall be the responsibility of the Superintendent of Public Instruction who shall--

1. Approve certification of school nurses and dental hygienists for employment by a school district or joint school board and administer and direct their services and program: Provided, That the services of school nurses and dental hygienists shall be utilized exclusively in connection with medical and dental examinations and associated health activities.

2. Advise the Secretary of Health and school physicians and school dentists on matters pertaining to the educational impact of the school health services program.

(c) The Secretary of Health and the Superintendent of Public Instruction, after consultation, shall--

Adopt such records and report forms as will facilitate the efficient operation, administration and comprehensive evaluation of the school health program.
 Adopt and enforce rules and regulations for the school health program not inconsistent with the provisions of this act.

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SCHOOL HEALTH PERSONNEL

Article 14 of the Public School Code:

§ 14-1410 Employment of school health personnel

Except as otherwise provided in this article, all school districts alone or jointly with other districts or joint school boards shall employ school physicians and school dentists but only with the approval of the Secretary of Health, and shall compensate them on a basis agreed upon by the school physician or school dentist and the employing district or joint school board, and shall employ one or more school nurses. Health officers of municipalities may be appointed as school physicians by school districts or joint school boards. For special examinations recommended by school physicians, school districts or joint school boards may engage the services of ophthalmologists or other licensed medical specialists or of optometrists. Any school district alone or jointly with other districts or joint school boards may employ dental hygienists and such other technical and clerical personnel as are necessary to carry out the provisions of this article.

Title 28 PA Code Health and Safety Chapter 23, School Health regulation:

§ 23.71 Assist in health program and examining

(a) School nurses shall assist the school administrator and the school physicians and dentists in planning and organizing the school health program and shall encourage parents to have the required medical and dental examinations done by their family physicians and family dentists.

(b) School nurses shall schedule physical and dental examinations conducted in the school, assist at examinations, and arrange for special tests, examinations and immunization programs included in the school program for health services.

SCHOOL DENTIST:

Article 14 of the Public School Code:

§ 14-1401 Definitions

(5) "SCHOOL DENTIST" means a doctor of dental surgery or dental medicine legally qualified to practice dentistry in the Commonwealth, who has been appointed or approved by the Secretary of Health.

Title 28 PA Code Health and Safety Chapter 23, School Health regulation:

§ 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.

FAMILY DENTIST

Article 14 of the Public School Code:

§ 14-1401 Definitions

(7) "FAMILY DENTIST" means a doctor of dental surgery or dental medicine legally qualified to practice dentistry in the Commonwealth, who has been designated by the parent or guardian as the personal dentist of the child.

DENTAL HYGIENIST

Article 14 of the Public School Code:

§ 14-1405 Assistance; presence of parents

- Every school physician shall be assisted by a school nurse and every school dentist by a dental hygienist, if available, or a trained assistant. Parents or guardians of children of school age shall be advised in advance of the date of examination.
- § 14-1401 (9) "DENTAL HYGIENIST" means a dental hygienist licensed by the State Dental Council and Examining Board, who is assigned to a school district or joint school board or a dental hygienist licensed by the State Dental Council and Examining Board and certificated as a school dental hygienist by the Superintendent of Public Instruction, who is employed by a school district or joint school board as a dental

hygienist. The employment of any dental hygienist employed by a school district or joint school board as a dental hygienist prior to the effective date of this act shall not be affected by a contract for school health services that may be entered into by any school district or joint school board under the provisions of this act.

(1401 repealed and added July 15, 1957, P.L.937, No.40)

Title 28 PA Code Health and Safety Chapter 23, School Health regulation:

§ 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.

Appendix C

Title 49 PA Code Professional and Vocational Standards, Chapter 33, State Board of Dentistry regulation

§ 33.116 Certification of public health dental hygiene practitioners

Note: State Board of Dentistry certification does <u>not</u> meet the requirement for certification by the PA Department of Education.

TITLE 49 PA Code Professional and Vocational Standards, Chapter 33, State Board of Dentistry regulation:

§ 33.205 Practice as a dental hygienist

- (a) *Scope of professional practice*. A dental hygienist may offer to perform or perform services that involve:
- (2) Periodontal probing, scaling, root planning, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the gingiva.
- (3) Evaluation of the patient to collect data to identify dental hygiene care needs.
- (4) The application of fluorides and other recognized topical agents for the prevention of oral diseases.
- (5) Conditioning of teeth for and application of sealants.
- (6) Taking of impressions of the teeth for athletic appliances.

(b) *Prohibition against independent practice*. A dental hygienist is prohibited from establishing or maintaining an office or other workplace for the provision of dental hygiene services separate or independent from the office or other workplace in which the supervision of a dentist is provided.

(c) Practice sites. A dental hygienist may engage in professional practice at the

following sites under the supervision of a dentist as required in subsection (d):

- (2) In public or private institutions such as schools, hospitals, public health care agencies, nursing homes, mobile health units and homes for juveniles, the elderly and the handicapped.
- (d) Supervision.

(2) In subsection (c)(2) and (3) practice sites (public and private institutions and institutions under the jurisdiction of Federal, State or local health agencies), a dental hygienist shall provide professional services as follows:

(ii) A dental hygienist may provide the professional services identified in subsection (a)(2)—(6) under the general supervision of a dentist. For the purposes of this paragraph, general supervision is defined as supervision by a dentist who authorizes and takes full professional responsibility for the provision of the services. A single authorization may, when appropriate, apply to one or more classes or categories of students/patients.

(4) Notwithstanding the supervision requirements in this subsection, a dental hygienist may provide oral health education and perform preliminary dental screenings in any setting without the supervision of a dentist.

EXPANDED FUNCTION DENTAL ASSISTANT

TITLE 49 PA Code Professional and Vocational Standards, Chapter 33, State Board of Dentistry regulation:

§ 33.205a Practice as an expanded function dental assistant

(c) Supervision. Expanded function dental assistants shall perform under the direct supervision of a dentist. Direct supervision means that a dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedure and remains in the dental office or treatment facility while the procedure is being performed by the expanded function dental assistant, and, before dismissal of the patient, personally evaluates the work performed by the expanded function dental assistant.

PUBLIC HEALTH DENTAL HYGIENE PRACTITIONER

TITLE 49 PA Code Professional and Vocational Standards, Chapter 33, State Board of Dentistry regulation:

§ 33.1 DEFINITIONS

Public health dental hygiene practitioner—A licensed dental hygienist who is certified by the Board as having met the requirements of section 11.9 of the act (63 P. S. § 130j), and who is authorized to perform dental hygiene services in accordance with § 33.205b (relating to practice as a public health dental hygiene practitioner) without the authorization, assignment or examination of a dentist.

§ 33.205b Practice as a public health dental hygiene practitioner

- (a) Scope of professional practice. A public health dental hygiene practitioner may perform the dental hygiene services set forth in § 33.205(a)(2)—(6) (relating to practice as a dental hygienist) in the practice settings identified in subsection (c) without the authorization, assignment or examination by a dentist. A public health dental hygiene practitioner may perform the dental hygiene services set forth § 33.205(a)(1) and (7) in accordance with § 33.205(d).
- (b) Requirement of referral. A public health dental hygiene practitioner shall refer each patient to a licensed dentist on an annual basis. Documentation of the referral must be maintained in the patient's dental record. The failure of the patient to see a dentist as referred will not prevent the public health dental hygiene practitioner from continuing to provide dental hygiene services to the patient within the scope of professional practice set forth in subsection (a).
- (c) *Practice settings*. A public health dental hygiene practitioner may perform dental hygiene services without the supervision of a dentist in the following practice settings:
- (1) Public and private educational institutions that provide elementary and secondary instruction to school aged children under the jurisdiction of the State Board of Education, and in accordance with all applicable provisions of the Public School Code of 1949 (24 P. S. § § 1-101—27-2702.), the regulations relating to the certification of professional personnel in 22 Pa. Code Chapter 49 (relating to certification of professional personnel), and the regulations of the Department of Health in 28 Pa. Code § 23.35 (relating to dental hygienists).
- (d) Recordkeeping. A public health dental hygiene practitioner shall maintain a dental record which accurately, legibly and completely reflects the dental hygiene services provided to the patient. The dental record must be retained for at least 5 years from the date of the last treatment entry. The dental record must include, at a minimum, the following:
- (1) The name and address of the patient and, if the patient is a minor, the name of the patient's parents or legal guardian.

- (2) The date dental hygiene services are provided.
- (3) A description of the treatment or services rendered at each visit.
- (4) The date and type of radiographs taken, if any, and documentation demonstrating the necessity or justification for taking radiographs, as well as the radiographs themselves.
- (5) Documentation of the annual referral to a dentist.
- Note: State Board of Dentistry certification of Public Health Dental Hygiene Practitioners (PHDHPs) does <u>not</u> meet the requirement of PA Department of Education certification (CSPG No. 75) as cited in § 14-1401(9) of the Public School Code and § 23.35 of the School Health regulation.

§ 33.116 Certification of public health dental hygiene practitioners

- (a) Application. A licensed dental hygienist who desires to obtain certification as a public health dental hygiene practitioner shall submit an application on a form provided by the Board, pay the application fee prescribed in § 33.3 (relating to fees) and meet the qualifications for certification as prescribed in this section.
- (b) *Qualifications*. To qualify for certification as a public health dental hygiene practitioner, a dental hygienist shall:
 - (1) Hold a current license in good standing to practice as a dental hygienist in this Commonwealth.
 - (2) Provide to the Board a certification statement signed by a licensed dentist verifying that the dental hygienist has completed 3,600 hours of practice as a licensed dental hygienist under the supervision of the licensed dentist.
 - (3) Provide to the Board documentation demonstrating that the dental hygienist has obtained professional liability insurance or is a named insured covered by a group policy in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate. This documentation may include a certificate of insurance issued by the insurer, or a copy of the declarations page of the professional liability insurance policy.

Appendix D

Article 25 of the Public School Code:

Section 2505.1. State Reimbursement for Health Services.--(a) Every school district and joint school board which renders health services to children of school age shall be reimbursed by the Commonwealth on account of health services which conform to standards approved by the Secretary of Health. Reimbursements shall be paid by the Secretary of Health. The amount thereof shall be the actual cost of the medical and dental services and school nurse services as certified to the Secretary of Health, less any charges deemed unreasonable by him, but for medical services shall not for any school year exceed the sum of (1) one dollar and sixty cents (\$1.60) multiplied by the number of children enrolled in a school for the entire school term of that school year and for whom the school district or joint school board maintains comprehensive health records as defined in section 1402, and (2) a proportionate part of one dollar and sixty cents (\$1.60) for each child enrolled for a part of the school term of that school year and for whom the school district or joint school board maintains a comprehensive health record as defined in section 1402, for dental services shall not for any school year exceed the sum of (1) eighty cents (\$.80) multiplied by the number of children enrolled in a school for the entire school term of that school year and for whom the school district or joint school board maintains comprehensive health records as defined in section 1402, and (2) a proportionate part of eighty cents (\$.80) for each child enrolled for a part of the school term of that school year and for whom the school district or joint school board maintains a comprehensive health record as defined in section 1402, and for school nurse services shall not for any school year exceed the sum of (1) seven dollars (\$7.00) multiplied by the number of children enrolled in a school for the entire school term of that school year, and (2) a proportionate part of seven dollars (\$7.00) for each child enrolled for a part of the school term of that school year. ((a) amended July 13, 1979, P.L.94, No.41)

(a.1) Every school district or joint school board which employs one or more dental hygienists for the purpose of dental hygiene services to children of school age shall be reimbursed by the Commonwealth on account of such services which conform to standards approved by the Secretary of Health. Reimbursement shall be made by the Secretary of Health. The amount thereof shall be the actual cost of the dental hygiene services as certified to the Secretary of Health, less any charges that shall be deemed unreasonable by him, but for any school year shall not exceed the sum of two dollars (\$2) multiplied by the actual number of children enrolled in the school for the entire school term who receive such dental hygiene services, and a proportionate part of two dollars (\$2) for each child enrolled for a part of the school term of that school year and who actually receives dental hygiene services. Reimbursement under this subsection shall be in lieu of any reimbursement provided in subsection (a) of this section for dental services. ((a.1) amended July 13, 1979, P.L.94, No.41)

(b) No reimbursement shall be made under this section for services for which the Commonwealth reimburses, in whole or in part, under any other section of the act to which this is an amendment. Reimbursement on account of the employment of school nurses shall be made under the provisions of this section. Reimbursement on account of health services rendered by a school district or joint school board may be withheld by the Secretary of Health unless the actual expenditures for the health services are certified to the Secretary of Health within three months after the end of the school year during which the payment for the service was made by the school district or joint school board. (b.1) Every school district which renders health services to children shall be reimbursed by the Commonwealth on account of health services which conform to standards approved by the Secretary of Health. Reimbursement shall be paid by the Secretary of Health. For the school year 1990-1991, the amount of this reimbursement for this subsection shall be the sum of five dollars and ninety cents (\$5.90) multiplied by the average daily membership of each school district. For the school year 1991-1992 and each school year thereafter, the amount of this reimbursement for this subsection shall be the sum of nine dollars and seventy cents (\$9.70) multiplied by the average daily membership of each school district. ((b.1) added Aug. 5, 1991, P.L.219, No.25)

(c) Nothing herein contained shall be construed to prohibit any school district or joint school board from expending for health services amounts in excess of the reimbursable amounts.

(2505.1 amended Sept. 29, 1961, P.L.1743, No.707)

19490014u2506s

Section 2506. Payments on Account of Approved Travel.--(2506 repealed May 11, 1982, P.L.396, No.115)

Appendix E

DENTAL SCREENING REPORT - PARENT/GUARDIAN

Date:
School:
Name of Child
Address
Dear Parent/Guardian:
A dental_screening of your child,, has been made. This screening is <u>not</u> a complete dental exam, and your child should still visit your family dentist at least twice a year for a more complete examination. This inspection shows:
1. No readily apparent dental concerns. We urge that your child be re-examined by your family dentist.
2. Need for professional dental evaluation by your family dentist as soon as possible.

Dental Hygienist/PHDHP/School Nurse

Date

H514.027 (2/2024)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL											DATE									
NAME OF STUDENT											Date of GRADE SECTION/ROOM Birth							<u>[</u>		
Last			First Middle																	
ADDRE	<u>SS</u>																			
No. and Street City or Post Office Borou						ugh/T	ownship County State								e	Zip				
<u>REPOR</u>	REPORT OF EXAMINATION																			
TOOTH CHART																				
		RIGHT								LEFT										
UPPER	<u>1</u>	<u>2</u>	<u>3</u>	$\frac{4}{A}$	<u>5</u> B	<u>6</u> <u>C</u>	<u>7</u> D	<u>8</u> <u>E</u>	<u>9</u> <u>F</u>	<u>10</u> <u>G</u>	<u>11</u> <u>H</u>	<u>12</u> <u>I</u>	<u>13</u> J	<u>14</u>	<u>15</u>	<u>16</u>	Upper			
LOWER		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u> <u>T</u>	<u>28</u> <u>S</u>	<u>27</u> <u>R</u>	<u>26</u> Q	<u>25</u> <u>P</u>	<u>24</u> <u>0</u>	<u>23</u> <u>N</u>	<u>22</u> <u>M</u>	<u>21</u> <u>L</u>	<u>20</u> <u>K</u>	<u>19</u>	<u>18</u>	<u>17</u>	Lower		
EXAM	<u>UPPER</u>																	<u>Upper</u>		
LAAM	LOWER																	Lower		
Untreated I	d Decay:		<u>No</u>		<u>Yes</u> Yes															

Any Sealants on Permanent Molars: No Yes

Treatment Urgency: None Early Urgent

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address of Dental Examiner

Appendix F

Appendix G (1)

SAMPLE

TOPICAL FLUORIDE 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 <u>topical fluoride</u> <u>application every three months</u>. The program is offered in grades ______. The <u>fluoride</u> will be given to your child by the <u>dental hygienist</u>. The <u>Topical Fluoride</u> 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 <u>topical</u> fluoride-program.

 \circ I <u>would not</u> like my child to participate in the school <u>topical</u> fluoride program offered at school.

Date

Signature of Parent/Guardian

		Appendix	ĸН
1.337 (nin. 702019)		Pa	oe R of 17
DENTAL HY Annual <u>Authorization Plan Requ</u>	GIENE SERVICES PRO est completed for upco		
Note: Due by April 30.			
April 1 and April 30 of each year for the through SHARRS on the "DHSP Author "hard close date" of April 30. Due to	e upcoming school year. This a rization" page accessed on the system's design, schools that ental Hygiene Services Progra	submit this completed authorization plan la authorization plan must be submitted elect e SHARRS Navigation menu. This page ha submit a written plan or attempt to enter d am. Any SHARRS user may submit the au	ronically as a lata late
Name of School Entity:		Date:	
	School Dental Hygienis	st	
*PPID# (Professional Personnel ID number) Act 48 Continuing Profes	sional Education <u>7 digit</u> number is accessible	on the PA Department of Education's (PDE) website.	
NAME as appears on DH license			
PHONE/EXT			
EMAIL			
PENNSYLVANIA LICENSE	License Number	Expiration date:	
CERTIFICATION as an Educational Specialist Dental Hygienist by the Pennsylvania Department of Education (PDE) https://www.perms.pa.gov/screens/wfpublicaccess.aspx	Not PDE certificated PDE Certified School Dental Hyg PDE Emergency Certification *		
Additional Pennsylvania Licensure	PHDHP (Public Health Dental Hy License Number:	ygiene <u>Practitioner)</u> Other: Expiration date:	- 12
DAYS per School Year Worked	Days per School Year Worke	d	
Comments:			
	School Dental Hygienis		
*PPID# (Professional Personnel ID number) Act 48 Continuing Profes	isional Education 7 digd number is accessible	on the PA Department of Education's (PDE) website.	
NAME as appears on DH license			
BHONE/EXT			

as PHONE/EXT EMAIL PENNSYLVANIA LICENSE License Number Expiration date: CERTIFICATION as an □ Not PDE certificated Educational Specialist Dental Hygienist by the Pennsylvania Department of Education (PDE) PDE Certified School Dental Hypienist *PPID #: PDE Emergency <u>Certification *PPID #:</u> https://www.perms.pa.gov/screens/wfpublicaccess.aspx PHDHP (Public Health Dental Hygiene Practitioner) Other. Additional Pennsylvania Licensure License Number Expiration date: DAYS Days per School Year Worked per School Year Worked Comments:

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DENTAL HYGIENE SERVICES PROGRAM (DHSP) (continued) Annual Authorization Plan (SUBMIT IN APRIL FOR APPROVAL FOR THE UPCOMING SCHOOL YEAR)

			ygiene Service	lest for SY es Program (DHSP) Pla required in schools wi					
1 Plan lis	ts the names of	the public and private/n	on-public schoo	ols that are part of the Di	HSP				
2 Plan ide	entifies the grad	es data is collected for "	Exams: Family	Dentist" (column 01)				D Ye	
		es identified to receive " of students referred and		s: School Dental Provide	er" (column 02)	2			
				eventive Treatment", opt	ional (column	031			
	The second s		Contract Contract of Contract	Education/Activities"_(co	and the second second second second	0.07			
		jectives, methods, and						DY	
-			Contract of the second second	ntial criteria listed in 1 th	rough 6			DY	
		Dental Hygiene Servic	es Program (C	HSP) Plan: PUBLIC AN	ND PRIVATE /	NON PUBLIC SCHOO)LS		
List the	number of publ	lic schools identified to	receive dental h	ygiene services through	the DHSP pla	in.			
List the	number of priva	ate/non-public schools	identified to re-	ceive dental hygiene ser	vices through t	he DHSP plan.		25	
services. Ac	dd comments in	the space provided.		identify the grade levels s 01B, 02B, 03B, and 04 02					
00	S 9	Exams	Eva	ms / Screens	Dr	ophylaxis /	04 Dental Health		
GRADE	Far	mily Dentist		Dental Provider		tative Treatment	Education/Activities		
	01 A Check grade(s)	01 B Total Students (Count each student once)	02 A Check grade(s)	02 B Total Students (Court each student once)	03 A Check grade(s)	03 B Total Students (Count each student once)	04 A Check grade(s)	04 B Total Stude (Count each	
K4									
К]							
1									
2									
3									
4							64 - 45 V		
5									
6									
7]]				
8									
		23							
9							CC		
9 10					6		(i		
10000							<u>())</u>		
10							<u></u>		
10 11	Not Applicable per PDE		Not Applicable per PDE		Not Applicable per PDE		Not Applicable per PDE		
10 11 12 Ungraded	Applicable		Applicable		Applicable		Applicable		

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05 A	Exams / Screens Performed by the School Dental Provider	Requir	ed in all
	Referred for Further Evaluation/Treatment	100 March 100	rograms
05 B	Completed Referrals Reported		Yes
06	Fluoride Application Program (Optional in DHSP plan):	lf yes, o appropria	heck the the fluoride
06 A	Fluoride MOUTH RINSE Program		D N/A
06 B	Fluoride TABLET Program	Yes	D N/A
06 C	Fluoride TOPICAL Program	Yes	DN/A
07	Sealant Application Program (Optional in DHSP plan):	If yes,	identify vider(s).
07 A	Sealant Application by School Dental Provider (School Dentist, Certified School Dental Hygienist, CSDH /PHDHP)		D N/A
07 B	Sealant Application coordinated through school entity or DHSP plan but services provided by other than the School Dental Provider	D Yes	D N/A
	(3) School Administration (Superintendent/CEO, Assistant Superintendent or Pupil Services Director) Month and year when the Certified School Dental Hygienist(s) or CSDH/PHDHP(s) approved the written DHSP plan		MM/DE
	Month and year when the School Dentist approved the written DHSP plan (required even when the CSDH is a PHDHP)		5
2	Month and year when School Administration (Superintendent/CEO, Assistant Superintendent or Pupil Services Director) approved written DHSP plan	the	8
	Dental Hygiene Services Program (DHSP) Plan: SIGNATURE OF AUTHORIZING DENTIST The Authorizing Dentist assumes supervisory oversight of the Certified School Dental Hygienist(s) (CSDH).	Date	of signatu
4.	The signature of the Authorizing Dentist must be obtained <u>annually</u> for each CSDH. Note: The signature of an Authorizing Dentist is not required when the CSDH is a PHDHP	Date	or eignatu
4.	Dental Hygiene Services Program (DHSP) Plan: CERTIFY AND SUBMIT		
4.			
	ication Statement: I hereby certify that this is a true and accurate summary of the Dental Hygiene Services Program plan this annual authorization. I certify and accept responsibility for the truthfulness of this information	for the sch	ool year
Certif		for the sch	ool year
Certif Sign	this annual authorization. I certify and accept responsibility for the truthfulness of this information	for the sch	ool year

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DENTAL HYGIENE SERVICES PROGRAM (continued) Completed <u>AFTER</u> the services were provided in schools with an approved DHSP

		A Sel		Hygiene Services Pro st is required in schoo							
	e DHSP pla ment of Hea	n updated/amended sin		norization for this school			the	🗆 Yes 🗖 No			
	st the number of public schools that received dental hygiene services through the DHSP plan										
	ist the number of private/non-public schools that received dental hygiene services through the DHSP plan										
			rade who a	OVIDED (Public and P actually received Dental n, as applicable)				, and 04B.			
00	1	01	1	02		03	Ľ.	04			
GRADE		Exams	E	xams / Screens	1	Prophylaxis /	nd.	Dental Health			
UNDE	-	amily Dentist		ol Dental Provider		entative Treatment		ucation/Activities			
2010 40	01 A Check grade(s)	01 B Total Students (Count each student once)	02 A Check grade(s)	02 B Total Students (Count each student once)	03 A Check grade(s)	03 B Total Students (Count each student once)	04 A Check grade(s)	04 B Total Students (Count each student once)			
K4											
K											
1											
2				4	ii li						
3		2		29 - 29	11 11			8			
4											
5		-						5/			
6											
7			2	6	27 - N			8			
8		-	Ĵ.		0						
9											
10								5/			
11								6			
12	20.00	2	2	49	27. VS			8			
Ungraded		Not Applicable per		Not Applicable per		Not Applicable per		Not Applicable per			
Spec Ed *Other	1	PDF	8	PDF	20 - N	PDF		PDF			
TOTAL					S						
11.021.03.000	Other" cat	ecory is limited to stude	nts where a	single grade is not assi	aned in thei	r IEP.	2	5			
5 Fo	ollow-up Exa	ms / Screens by School	Dental Prov				arrals	TOTAL Students (Count each student once)			
5 A R	eferred for Fi	urther Evaluation/Treatm	ent								
		ferrals Reported									
8	Fluoride Application Program: TOTAL Students Enter the number of students who actually received fluoride by rinse, tablet, fluoride application in the respective program(s) (Count each student once)										
1000 - Dia	luoride MOUT	TH RINSE Program					38				
	uoride TABL										
1001	10000000	CAL Program					24				
4.3 D.2.3		ation Program: er of students who actuall	received s	ealants by the respective o	lental provid	er		TOTAL Students (Count each student once)			
				chool Dentist, Certified S			HP)				
	ealant Applic ental Provide		gh school e	ntity or DHSP <u>plan</u> but s	ervices pro	vided by <u>other than</u> the S	School				

Chapter 11 - Dental Services Page Dental Hygiene Services Program (DHSP)

Reminder: Information entered but not saved or submitted will be lost

A School Dentist is REQUIRED for schools that have a DHSP

All DHSP Hygienists must be Certified by the Department of Education and provide their Personal Professional Identification Number (PPID#)

The PPID# can be obtained from the Department of Education at https://www.perms.pa.gov/screens/wfpublicaccess.aspx OR http://www.teachercertification.pa.gov/Screens/wfSearchEducators.aspx

This page is disabled for Career and Technical Centers (CTC)/Vo-Tech as they are not required to perform dental exams due to no student enrollment in grades K, 1, 3, or 7

The Dental Hygiene Services Program section will automatically display for all schools that have an approved DHSP. In order to receive approval for a DHSP the school **must submit the Dental Hygiene Authorization Plan between April 1 and April 30 in the preceding school year in which they plan to offer the DHSP (any user may submit the Authorization Plan it does not have to be the Superintendent).** The Division of School Health will review the plan and approve it if acceptable. Plans will not be accepted after April 30 due to programming requirements in SHARRS. There will be **NO EXCEPTIONS** Schools with a Mandated Dental Program should refer to the instructions for the Mandated Dental Program

The Dental Hygiene Services Program captures data on the school dental hygienists; the Dental Hygiene Services Program plan; dental examinations performed by a Family Dentist and dental screens performed by the school dental hygienist; prophylaxis/preventative treatment and dental health education/activities provided to students. In addition, data is collected for schools with a fluoride and/or sealant program

School Dental Hygiene Services Authorization Plan

The Authorization Plan must be approved by the following professionals when created, amended, and at least every 3 years:

(1) Certified School Dental Hygienists (CSDH) or CSDH/Public Health Dental Hygiene Practitioners (PHDHP)

(2) School Dentist (The School Dentist has dental responsibility for the school entity)

(3) School Administration (Superintendent/CEO, Assistant Superintendent or Pupil Services Director)

School Dental Hygienist Summary

To **ADD a School Dental Hygienist**, select the "Add Dental Hygienist" button on the summary grid To **EDIT School Dental Hygienist** data, select the "Edit" link on the summary grid

To DELETE a School Dental Hygienist, select the "Delete" link on the summary grid

School Dental Hygienist Detail Section

The School Dental Hygienist Detail section captures detailed information on employment/credentials specific to each School Dental Hygienist. Once entered and saved on the detail section, the information automatically populates the School Dental Hygienist summary grid

01 First Name

02 Last Name

Enter the first and last name exactly as it appears on the Dental Hygienist license The license information can be obtained from the Pa Licensing System at https://www.pals.pa.gov/#/page/search

03 Phone and Phone Extn (if applicable) 04 Email and Confirm Email

05 Credentials

Pennsylvania Dental Hygiene License Number, including leading letters-do not use dashes Pennsylvania Dental Hygiene License Expiration Date Pennsylvania Department of Education (PDE) Certification

Select either Certified, Emergency Certified or None

Enter the 7 digit Professional Personnel ID number (PPID#)

The PPID# can be obtained from the Department of Education at <u>https://www.perms.pa.gov/screens/wfpublicaccess.aspx</u> OR <u>http://www.teachercertification.pa.gov/Screens/wfSearchEducators.aspx</u>

Indicate Yes or No to the two options listed

Public Health Dental Hygiene Practitioner (PHDHP)

Other Licensed Credentials

06 Days Per School Year Worked

Enter the number of days worked during the school year

07 Comments

Enter any comments needed to clarify any answers

Select "Save"

Dental Hygiene Services Program (DHSP) Plan Section

The DHSP Plan section captures changes (if applicable) to the DHSP Authorization Plan that was submitted to the Division of School Health in April of the prior school year

1 Answer Yes or No as to whether the DHSP Plan was amended since the authorization plan was approved 2A Prepopulated from the DHSP plan.

- 2B Answer Yes or No as to whether the number of public schools receiving services has changed since the DHSP plan was approved
 - If 2B is answered Yes, field opens allowing the change to be made
- 3A Prepopulated from the DHSP plan.
- **3B** Answer Yes or No as to whether the number of private/non-public schools receiving services has changed since the DHSP plan was approved
 - If **3B** is answered Yes, field opens allowing the change to be made

Dental Hygiene Services Provided Section

The Dental Hygiene Services Provided section captures detailed information on the number of students, in public and private/non-public schools combined, who actually received dental hygiene services. The grades identified in the DHSP authorization plan will automatically populate for each category (01A, 02A, 03A and 04A)

01 Exams Family Dentist

01B

Enter the number of students by grade who received a dental exam by their Family Dentist 02 Exams/Screens School Dental Provider

02B

Enter the number of students by grade who received a dental exam/screen by the School Dental Provider

03 Prophylaxis/Preventative Treatment

03B

Enter the number of students by grade who received prophylactic/preventative treatment as part of the DHSP (scaling, cleaning, polishing, plaque control programs, brush-ins, caries susceptibility testing, etc)

04 Dental Health Education/Activities

04B

Enter the number of students by grade who received dental health education as part of the Dental Hygiene Services Program (oral hygiene instruction, nutrition education, tobacco use, special dental projects, etc)

Select the Save Section: Dental Hygiene Services Provided

05 Follow-up Exams/Screens School Dental Provider

05A Referred for Further Evaluation/Treatment

Count the number of students who were screened by the hygienist and was referred for further evaluation/treatment

05B Completed Referrals Reported

Count the number of students who reported the referral was completed

06 Fluoride Program

Count students in all grades who received fluoride by any of the three following three methods

06A Fluoride Mouth Rinse Program

06B Fluoride Tablet Program

06C Topical Fluoride Program

07 Sealant Application Program

Count the students in all grades who received a sealant application by any of the two methods

07A Sealant Application by School Dental Provider

07B Sealant Application coordinated through school entity or DHSP plan but services provided by other than a School Dental Provider

Select the Save Section: Follow-up, Fluoride and Sealant

Select "**Submit**" after all Dental Hygiene Services Program data is entered and saved in order to receive the green check mark ($\sqrt{}$) on the Dental Services tab

Appendix I

SAMPLE JOB DESCRIPTIONS

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

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, topical fluoride, 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.

Appendix I (2)

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.

Appendix I (3)

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 with oversight from 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, fluoride, 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.

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH SCHOOL DENTAL HEALTH RECORD

SCHOOL DISTRICT/CHARTER SCHOOL COUNTY DATE OF BIRTH																		
STUDENT:	LAST			F	IRST			1	NIDDL	E.				GR	ADE			SEX MD FD
HOME ADI	ORESS												TELEF	HON	IE NO			
	Reco	ord on	Denta	al Char			is teet it teeth	1 - D (l	Decay		I (Miss					f (fill	ed)	
					RIG	SHT		10			ci		LEF	FT				
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 	13 J	14	15	16	UPPER
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 0	23 N	22 M	21 L	20 K	19	18	17	LOWER
First Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Second Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Third Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Fourth Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Fifth Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Untreated Decay:				No					Ye	es								
Treated Decay:				No					Ye	es								
Any Sealants on Permanent Molars: Treatment Urgency:			No Yes				es arly				Urg	ont						
rreaunen	r orgencj	y.					Non	e				Es	ury				org	CIIL
Name of	Dental Pr	ovide	r							Sigi	nature	e						
Address_														Pho	ne			

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STUDENT REFERRAL								
DATE	EXAMINED or SCREENED BY	REFERRED TO	REMARKS (if yes, provide details at bottom of page)					
1ST EXAM or SCREEN			Yes 🗆 No 🗆					
2ND EXAM or SCREEN			Yes 🗆 No 🗆					
3RD EXAM or SCREEN			Yes 🗆 No 🗆					
4TH EXAM or SCREEN			Yes 🗆 No 🗆					
5TH EXAM or SCREEN			Yes 🗆 No 🗆					

DENTAL FINDINGS – Check Applicable Items

		불문	SD		FLUORIDE		SI	EALANT	s	TO	TALS	HS N	io
GRADE	DATE	examined <u>ac</u> screened by	PROPHYLAXIS	SPECIAL PROJECTS (Specify)	VARNISH	NUTRITION COUNSELING	PREMOLARS	1s" MOLARS	2 ⁴⁰ MOLARS	Def DMF	OHI Index	TOOTH BRIISH INSTRUCTIONS	Oral Evaluation Passed/ Referred
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1													
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11													
12													
Other													
	Remarks												

DATE	
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DATE	