



Maine's School Oral Health Program Handbook



*Maine Center for Disease Control and Prevention
an Office of the Maine Department of Health and Human Services*

2020 - 2021

PUBLIC HEALTH DENTAL HYGIENE
CONSULTANTS

SCHOOL NURSES

VOLUNTEERS

SCHOOL ADMINISTRATORS

DENTISTS

The Maine Center for Disease Control and Prevention School Oral Health Program is grateful to you all for your contributions over the years that built the Program into what it is today. We look forward to our partnerships and your continued commitment to ensure the success of the Program for years to come.



PREFACE

The intent of the manual for Maine’s School Oral Health Program is to assist school administrators, dentists, dental hygienists, nurses, and volunteers in implementing the Program. This handbook addresses questions and concerns stakeholders have presented to the Maine Department of Health and Human Services during its administration of the Program.

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INTRODUCTION

TO SCHOOL-BASED ORAL HEALTH PROGRAMS

CHILDREN'S ORAL HEALTH

Tooth decay is the single most common chronic childhood disease, occurring five to eight times as frequently as asthma. Oral health problems affect our ability to eat certain foods, the way we communicate, how we view ourselves, and how others perceive us.

A major theme of the Surgeon General's Report on Oral Health is that oral health means much more than healthy teeth and gums. It means being free from oral pain, oral cancers, birth defects, and other diseases or problems that affect our daily functioning. Children who have decay, abscesses, and chronic dental pain are more frequently absent from school. In fact, more than 51 million school hours are lost each year to dental related illness. They often cannot concentrate on, nor excel in, their school work and are unable to actively participate in their learning environments.

There are many barriers to dental care that cause children to needlessly suffer from dental disease. These include cost, lack of transportation, lack of knowledge about the importance of preventive care, language and cultural differences, and fear.

School-based oral health programs are one way to overcome these obstacles and ensure equal access to oral health services for all children. In taking steps to eliminate the oral health disparities that we currently see across the state, it is important to include pediatric and family physicians, school health providers, and parents/caregivers. Collaborative, community-based oral health promotion programs are also vital to improving the oral health of children in Maine.

PREVALENCE OF DENTAL DISEASE IN MAINE'S CHILDREN

In 2008, a report was issued from the Catalyst Institute describing the results of a statewide survey of children's oral health. The report showed that children in the state suffer from significant levels of dental disease, with at least one in every four children having experienced dental disease by grade six. Almost 18% of third grade students in Maine are attending school with untreated dental disease.

The report also indicated that disparities exist among our state's children. Children from racial and ethnic minority groups' experience one and a half times more dental caries (cavities) when compared to their white, non-Hispanic peers. Additionally, children from low income families experience almost two times more dental caries as compared to their peers from higher income families. Furthermore, children from racial and ethnic minority groups and children from low income families are less likely to have their dental disease treated.

Data shows that Maine children still suffer from dental disease. In 2019, the Maine Integrated Youth Health Survey reported that 44.7% experience dental caries by the third grade.

PREVENTING DENTAL DISEASE

Fluoride, a naturally occurring element, plays a critical role in the prevention of tooth decay. By adjusting the naturally occurring fluoride levels found in public water supplies there is less tooth decay in the population being served. Topical fluorides, such as toothpastes, rinses, and professionally applied fluoride treatments provide a complimentary benefit for the prevention of tooth decay.

Community Water Fluoridation

Community water fluoridation, adjusting the naturally occurring levels of fluoride in the drinking water to those most optimal for preventing tooth decay, should be the foundation for improving the oral health of everyone in a community. Community water fluoridation is the most cost-effective preventive measure for tooth decay, as everyone in the

community benefits. The United States Centers for Disease Control and Prevention estimates that for every \$1 spent on fluoridation, there is a savings of \$38 in future dental treatment that will not be needed. At the recommended level, fluoride is safe, odorless, colorless, and tasteless. You may view a listing of fluoridating communities in Maine at the following website: <https://www.maine.gov/dhhs/mecdc/population-health/odh/water-fluoridation.shtml>

Topical Fluoride

Topical fluoride provides an added benefit to community water fluoridation when it is used on a regular basis; though not all topical fluorides are equal in their effectiveness at preventing tooth decay.

Professionally applied fluoride treatments administered by dentists, dental hygienists, physicians, nurses, and other health practitioners, come in the form of a gel or foam in trays or more recently, as a painted on varnish; and may be more effective at preventing tooth decay. A person at moderate to high-risk for tooth decay usually receives at least two professionally applied fluoride treatments each year. The American Academy of Pediatrics, American Dental Association and United States Preventive Services Task Force recommend fluoride varnish treatments 2-4 times per year or every 3-6 months.

Over-the-counter topical fluoride may be found in toothpaste or mouth rinses and are an important component for preventing tooth decay. Everyone benefits from the daily use of fluoridated toothpaste.

Dental Sealants

Dental sealants are a thin layer of plastic material that is applied to the pits and fissures of the occlusal (chewing) surfaces of posterior (back) teeth in order to prevent dental decay.

Sealants act as a physical barrier, preventing decay-causing bacteria from entering the difficult to clean deep grooves, where 90% of all dental decay in school-aged children occurs. Dental sealants are most frequently applied to permanent first and second molars soon after eruption because these teeth are at greatest risk for decay.

The application of dental sealants has proven to be a safe and effective means to prevent dental caries (tooth decay) as well as to remineralize or stop the progression of early carious lesions. In fact, sealants are reported to be 100% effective for as long as they are completely retained on the teeth. There are two important factors that influence sealant retention. The first is the use of appropriate sealant material.

Resin-based sealants are the first choice of material for dental sealants due to their high retention rates. The second factor impacting retention is the ability to keep the tooth dry during the placement of the sealant. This is more complicated to evaluate because it is related to many factors including the operator's skill, procedures, and equipment as well as the child's cooperation. School sealant programs should be expected to maintain a retention rate of greater than 80% of the sealants that are placed.

Healthy People 2010 reports that "if sealants were applied routinely to susceptible tooth surfaces in conjunction with the appropriate use of fluoride, most tooth decay in children could be prevented," and has set a goal for 50% of all third graders in the United States to have dental sealants on at least one permanent first molar tooth by the year 2010.

SCHOOL-BASED ORAL HEALTH PROGRAMS

Improved Access

School-Based Oral Health Programs (SBOHP) are specifically designed to improve access to dental care by reducing barriers for all children. Typically, children with the most needs are the ones that are best served in SBOHP, but all children can benefit from the services provided by their school's program.

These services typically include:

- Dental education
- Oral screenings
- Fluoride applications
- Sealant placement
- Referral for follow up dental treatment.

Children benefit from receiving oral health screenings and the dental care they may need while at school, in a familiar and non-threatening environment. SBOHP often benefit parents as well. For some parents, taking time during the work day to take a child to a dental appointment can be difficult – having dental services at school may mean that parents do not have to take time off from work for their child’s dental appointments. In addition, school-based oral health care may eliminate barriers, such as transportation, and most programs welcome parents to their child’s appointment. In all cases, the school-based oral health program keeps parents informed of their child’s condition and the treatment they received.

For schools, these programs offer the benefit of reducing time out of the classroom for each child who might otherwise take time during the day for a trip to the dentist. It also allows teachers to integrate the importance of oral health into their classrooms and demonstrates to parents and children that the school is committed to the total welfare of their students.

Another serious barrier to dental care access is the lack of availability of dentists in a community, particularly dentists who accept MaineCare (Medicaid) insurance. School-based oral health programs are especially useful in communities that have a shortage of dentists or dentists who accept MaineCare. Eliminating this barrier by providing a program allows children’s oral health needs to be addressed and relieves parents of the burden of finding a dentist and dental home on their own.

Medicaid’s Early and Periodic Screening, Diagnosis, and Treatment Program requires states to provide dental screenings as well as diagnostic, preventive, and treatment services to all Medicaid-covered children. While this should mean comprehensive dental coverage for children it has not resulted in actual care for most children. The use of school-based programs can contribute to better access to dental care for these children.

School-based sealant programs focus on schools with higher caries risks and provide protection for newly erupted permanent molars.

School Health Providers’ Role in School-Based Oral Health Programs

The school health provider has an essential role in school-based oral health programs, and the success of the program is dependent on their

involvement and support. These health professionals often serve as advocates to school administration, parents, and guardians for oral health services to be offered in the school setting and often serve as the liaison between the school-based oral health program and others in the school.

School health providers should work in collaboration with the oral health program in a variety of areas, including providing input, as needed, on the dental services that can be provided safely. The school health provider may also collaborate on space and scheduling issues with teachers and administrators in the school so that oral health services can be delivered in a safe and efficient manner.

Finally, the school health provider's promotion of the program and their involvement in the distribution and collection of the consent forms are essential for success. School health providers may also serve as a liaison between the parents and guardians and the dental program if additional health information is needed or if an immediate referral for additional dental treatment is required. The school health provider is responsible for ensuring that proper documentation of consents, services provided, and referrals are maintained in the student's school health record. Further, the school health provider should ensure that the oral health program is providing them with appropriate and complete information on the dental services provided to each student as well as a list of resources for follow-up dental care in the community so that they may assist parents and guardians and address any concerns well after the dental program has completed their work at the school.

HISTORY

MAINE SCHOOL ORAL HEALTH PROGRAM

The Maine School Oral Health Program is an activity of the Oral Health Program within the Maine Center for Disease Control and Prevention, Division of Population Health, an Office of the Maine Department of Health and Human Services. School-based oral health education has been supported by the Department since the mid-1970s. The Maine School Oral Health Program provides a range of services including oral health education, oral health assessment and screening, fluoride treatments, dental sealants, and assistance with care coordination to a dental home. Its purpose is to improve the health of Maine's citizens by promoting oral health and preventing dental disease in children. Maine has mandatory school health education and the School Oral Health Program has strongly supported the inclusion of oral health in this initiative.

In order to direct services to schools where children are most likely to have difficulty accessing dental services, eligibility for School Oral Health Program enrollment has been based upon grade level as well as the proportion of students that are eligible for the Free and Reduced Lunch Program at each school. The services and educational programming offered at each school are determined locally.

In 1998, the School Oral Health Program began awarding additional funds to participating schools to implement school-based and school-linked dental sealant programs for second-graders, starting with 22 schools, again within the limits of available funding and based on an allocation methodology. Since schools must be part of the School Oral Health Program to be funded, this program component meets the same eligibility screen. About half of the

participating schools have these supplemental grants. The dental sealant program was developed as part of efforts to target schools in underserved areas and to provide preventive services to children without a dental home. Funds may be used to purchase supplies and to contract with licensed dental hygienists or dentists to provide the sealants.

The School Oral Health Program has evolved since its inception. At first, school personnel were responsible for administering the weekly fluoride mouth rinse and conducting oral health educational programming. Eventually, school nurses were trained to conduct a basic oral health screening and apply fluoride varnish, which was completed twice per year.

In 2017, under the direction of the Rural Health and Primary Care Program, the School Oral Health Program sought to increase consistency and to reduce the burden placed on school nurses. Public health field hygienists were employed to conduct oral health screenings, apply fluoride varnish applications and sealants (when applicable) and collect and report data to the Maine Center for Disease Control and Prevention. Data will be collected electronically beginning in 2020.



ORAL HEALTH SERVICES

FOR MAINE STUDENTS

Recognizing that school districts often do not have the money or personnel for oral health education, fluorides, and professional initiatives, the Oral Health Program remains committed to the continuation of financial and technical assistance, particularly for small schools in rural areas, which also tend to be underserved for oral health services. One identified strength of the Maine School Oral Health Program has been that it is locally designed and implemented within the state Oral Health Program's guidelines. School-based services are provided, for the most part, by Independent Practicing Dental Hygienists or dental hygienists working under Public Health Supervision status, a practice status in Maine that allows hygienists to provide services in public health settings. Although some are contracted individually by schools and some work for private organizations that make arrangements with schools, most work in concert with the School Oral Health Program. One distinction to be noted is that the School Oral Health Program will provide or facilitate services at smaller and more rural schools that other organizations may not find cost-effective to serve.

To help ensure that services are coordinated and documented for the health and safety of all Maine students who receive services provided in a school-based setting, the Oral Health Program developed, in collaboration with the Maine Department of Education and a group of dental professionals, a document entitled *Guidelines for Mobile/Portable Dental Care Programs Working in School Administrative Units*. This document may be found at the following website: www.maine.gov/dhhs/mecdc/population-health/odh/documents/Guidelines-Mobile-providers.pdf. School personnel are encouraged to review these guidelines prior to evaluating proposals from dental services providers.

The guidelines do not regulate school-based or linked activities; rather, they are intended to help the interested parties by providing guiding principles, based in best practices, by which schools may implement and evaluate activities that are proposed by dental services providers for their students. Broadly written, they are meant to encompass services, such as dental screenings, preventive dental care, restorative services, or a combination of these, offered by organizations or entities on site at schools during school hours.

CARE AND COORDINATION

MAINE CDC SCHOOL ORAL HEALTH PROGRAM

PURPOSE AND SCOPE

The following information is for participating schools and is intended to define collaborative roles and responsibilities of Maine School Oral Health Program, school personnel, MCD Public Health, the Program's Administrator, and field hygienists with respect to implementing the Program.

PROGRAM FUNDAMENTALS

The Maine School Oral Health Program will provide support to participating schools during the conventional school year (September – June).

Screenings will be conducted and fluoride varnish will be applied for all students participating in the Program twice per school year by Public Health Field Hygienists. Depending on the individual program, the hygienists may also be available to support a school-based or school-linked dental sealant component, for children for selected grade levels with written parental or guardian permission.

During the screening, areas of concern will be identified and will be reported to the school nurse. Although follow-up care is primarily the responsibility of school personnel, in certain circumstances the School Oral Health Program can provide a written referral (see Appendix B) to a dental office to expedite the need for care. The use of intraoral cameras will be used to coordinate care and document the areas of concern.

A results form will be sent home with each student. This form is for parents and guardians to have an understanding of services that were provided on a specific date. The School Oral Health Program will not retain a copy of the form although it is encouraged that the school place a copy in the student's permanent medical file.

Data collection and reporting will remain the responsibility of the program administrators. The data collection sheets (see Appendix C) must be emailed to slaliberte@mcd.org in a timely manner. Although the School Oral Health Program is utilizing an electronic database for data collection and reporting, students' names and identifying features will not be transferred to the database.

Either party may terminate the agreement upon thirty days' written notice, but it should be understood that this would happen only under extreme circumstances.

ROLES AND RESPONSIBILITIES

The Maine School Oral Health Program will:

- Provide public health field hygienists to conduct basic dental screenings and apply fluoride varnish twice per school year.
- Provide limited technical assistance to the schools and or agencies that are part of the School Oral Health Program effort.
- Provide orientation and ongoing guidance as needed to local program administrators (i.e. school nurses).
- Provide lists of available facilities where dental care can be obtained.
- Provide and coordinate training and/or planning related to providing school-based oral health services.

The school will:

- Send consent forms (see Appendix A) at the beginning of the school year and distribute to any new students entering mid-year.

- Identify a local program administrator designated to the School Oral Health Program. The designated administrator will collect completed consent forms and report feedback to the assigned hygienist.
- Assure that any new local program administrator meets with the School Oral Health Program coordinator for an orientation.
- Work with the School Oral Health Program hygienists to organize basic dental screenings and the topical fluoride program (fluoride varnish application) twice per school year. The basic dental screening is to identify children who may have active dental disease.
- Contact parents/caregivers should follow-up care be necessary. The hygienist or School Oral Health Program coordinator can provide assistance upon request.
- Provide assistance with documentation while the hygienist performs the oral health services.
- Summon the students when the hygienist is scheduled to perform the oral health services.

MCD Public Health will:

- Maintain yearly agreements with field hygienists for HIPAA and FERPA compliance.
- Provide supplies to the field hygienists.
- Collect and organize reports.
- Share data with Maine Center for Disease Control and Prevention.

Field hygienists will:

- Maintain an active Independent Practice Dental Hygienist Authority or have Public Health Supervision status issued by the Maine Board of Dental Practice. Applications are available at the Board's website:
 - www.maine.gov/dental/documents/ipdhauthorityapplication.pdf
 - www.maine.gov/dental/documents/PHSNotifFormStandingOrders12192016.pdf

- Complete fingerprinting clearance through the Maine Department of Education. Register Online:
 - www.maine.gov/doe/cert/fingerprinting
- Obtain liability (malpractice) insurance. Many hygienists use Healthcare Professionals Service Organization (HPSO):
 - www.hpso.com
- Adhere strictly to HIPAA and FERPA requirements.



QUICK Q & A

WHAT IS THE SCHOOL ORAL HEALTH PROGRAM?

The School Oral Health Program is committed to providing oral health education and prevention services to thousands of children who attend a participating Maine public elementary school, primarily pre-kindergarten through sixth grade. The oral health prevention services delivered include: dental screenings, fluoride varnish applications, and, when applicable, dental sealants. The School Oral Health Program focuses resources at elementary schools where children are at increased risk of tooth decay and have difficulty accessing regular oral health care.

Participation in School Oral Health Program services is determined by the number of children who qualify for the Free and Reduced Lunch Rate Program.

HOW LONG HAS THE MAINE SCHOOL ORAL HEALTH PROGRAM BEEN IN EXISTENCE?

The School Oral Health Program has been in Maine since the 1970s.

CAN THE SCHOOL ORAL HEALTH PROGRAM FIND DENTAL HOMES FOR STUDENTS?

Yes! The School Oral Health Program works closely with dental providers and can find dental homes for students, regardless of ability to pay.

WILL DENTAL INSURANCE BE CHARGED?

In most cases, no. The School Oral Health Program has sub-contracted with a few non-profit organizations that may charge for services such as dental sealants and fluoride applications to cover their costs.

WHAT IS FLUORIDE VARNISH?

According to Association of State and Territorial Dental Directors, most fluoride varnishes are lacquers containing 5% sodium fluoride in a colophony/resin base. The exact composition differs based upon the manufacturer. It provides a highly concentrated, temporary dose of fluoride to the tooth surface. The varnish holds fluoride close to the tooth surface for a longer period of time than other concentrated fluoride products.

Fluoride varnish is approved by the U.S. Food and Drug Administration and is endorsed by the American Dental Association and Dental Hygiene Association.

HOW OFTEN SHOULD CHILDREN RECEIVE A FLUORIDE VARNISH

Varnish should be applied to children at high risk of cavities every three to six months.

HOW IS FLUORIDE VARNISH APPLIED?

A small amount of fluoride varnish is painted on teeth to help prevent cavities and to help slow or stop decay that has started.

Unlike low-dose fluorides available over the counter, such as fluoride toothpaste, highly concentrated fluoride products must be applied by a health care professional (in most states).

ARE THERE ANY ALLERGY RISKS?

To date, there are no known cases of allergies to fluoride varnish. An allergy fact sheet is available at per request from the School Oral Health Coordinator.

WHO WILL PERFORM SERVICES?

The Maine School Oral Health Program has contracted public health dental hygienists (field hygienists) who will be assigned to various schools based upon your location.

WHY ARE HYGIENISTS PERFORMING THE SERVICES INSTEAD OF SCHOOL NURSES?

Dental hygienists are very familiar with all aspects of the oral cavity. They have extensive training and can recognize all stages of dental decay. School nurses are fantastic with triaging health concerns but have little training with oral health. This also allows the nurses to attend to the health needs of their students. The School Oral Health Program appreciates the assistance that the school nurses have given in the past and their **continued support** of the School Oral Health Program

HOW CAN A SCHOOL JOIN THE SCHOOL ORAL HEALTH PROGRAM?

To apply for the Maine School Oral Health Program, complete the application using Survey Monkey:

<https://www.surveymonkey.com/r/69Y6DBH>

The Oral Health Coordinator will review the information and return a decision on acceptance.

ALL ABOUT CAVITIES

AND HOW TO AVOID THEM

SUGARS AND STARCHES



Sugars and starches combine with naturally occurring bacteria and saliva to create acid.

ACID



The acid forms a sticky, colorless film called plaque.

PLAQUE

The plaque continues to produce more acid which wears away the tooth enamel and causes cavities to form.

HOW TO AVOID CAVITIES

1. Brush at least twice a day and floss at least once a day.
2. Choose toothpaste with fluoride.
3. Eat a nutritious diet and limit sugary and starchy snacks.
4. Dental check ups every six months.

APPENDIX A

SAMPLE CONSENT FORM

School _____ Teacher _____ Grade _____



Fluoride Treatment at School

Your child can get TWO FREE fluoride varnish treatments at school. With your permission, a health professional will provide a dental screening and apply a fluoride varnish treatment to help strengthen the teeth.

The American Academy of Pediatrics (AAP), American Dental Association (ADA) and United States Preventive Services Task Force (USPSTF) recommend fluoride varnish treatments 2-4 times per year or every 3-6 months.

This program does not take the place of regular check-ups at a dental office.

Please complete entire form as all information is required:

- Yes, I want my child to get a dental screening and fluoride treatment at school.
- No, I do not want my child to get a fluoride treatment at school.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Daytime Phone _____ Home Phone _____

Home Mailing Address _____

Child's Name _____ Male Female Birth Date ____/____/____

School _____ Teacher _____ Grade _____

Child's Dentist _____

1. When was the last time your child went to the dentist?

- In the past year
- More than one year ago
- Never

2. Does your child have?

- MaineCare (Medicaid)
- Dental Insurance
- No Dental Insurance

Please Provide the MaineCare ID# _____

(This information is used for billing purposes only)

3. List your child's health problems or allergies: _____

If you have any questions regarding this form, please contact your child's school nurse.

This program receives funding from Maine Center for Disease Control & Prevention, Maine Oral Health Program.

APPENDIX B

SAMPLE REFERRAL FORM

Referral for Dental Care

The following student was screened by a Registered Dental Hygienist through the Maine CDC, School Oral Health Program. This student is recognized as requiring urgent care. Urgent care is defined by either clinical signs of infection or exhibiting pain.

Please accept this as an official referral for dental care to your facility

Students Name: _____

School: _____

Date of Screening: _____

Sample

Sherry A. Laliberte, RDH, IPDH
Maine CDC Oral Health Coordinator
School Oral Health Program
MCD Public Health
11 Parkwood Drive
Augusta, ME 04330
P: 207-622-7566 x 208
F: 1-866-277-5706
email: slaliberte@mcd.org

APPENDIX C

SAMPLE DATA COLLECTION FORM

Fluoride Varnish & Oral Screening Summary Form

School: Year: Month: Day:

Summary completed by:

Student:

	Yes	No	Unsure
Fall			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Treated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Untreated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealants on Molars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Urgency			
<input type="radio"/> No			
<input type="radio"/> Early			
<input type="radio"/> Immediate			

Student:

	Yes	No	Unsure
Fall			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Treated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Untreated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealants on Molars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Urgency			
<input type="radio"/> No			
<input type="radio"/> Early			
<input type="radio"/> Immediate			

Student:

	Yes	No	Unsure
Fall			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Treated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Untreated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealants on Molars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Urgency			
<input type="radio"/> No			
<input type="radio"/> Early			
<input type="radio"/> Immediate			

Student:

	Yes	No	Unsure
Fall			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Treated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Untreated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealants on Molars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Urgency			
<input type="radio"/> No			
<input type="radio"/> Early			
<input type="radio"/> Immediate			

Student:

	Yes	No	Unsure
Fall			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Treated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Untreated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealants on Molars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Urgency			
<input type="radio"/> No			
<input type="radio"/> Early			
<input type="radio"/> Immediate			

Student:

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Fall			
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Spring			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Screening			
Untreated decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealants on Molars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Urgency			
<input type="radio"/> No			
<input type="radio"/> Early			
<input type="radio"/> Immediate			

Medical Care Development Public Health

Maine CDC School Oral Health Program



APPENDIX D

RDH Consultant Job Description

MCD Public Health, a division of Medical Care Development (MCD), Inc., is seeking qualified consultants to serve as a Registered Dental Hygienist (RDH) to provide basic oral health screenings, fluoride varnish and dental sealant application in support of the Maine CDC, School Oral Health Program (SOHP). These consultancies require self-directed RDHs with both a keen attention to detail and follow through to meet required deadlines.

The RDH should be registered as an Independent Practice Dental Hygienist or have a Public Health Supervision status or is in the process of receiving either designation. Qualified applicants should also have a valid driver's license, reliable transportation, and the ability to travel around the State of Maine.

The Consultant RDH will complete the following tasks at a designated number of schools participating in the Maine CDC School Oral Health Program:

- Conduct basic oral health screenings and fluoride supplementation (fluoride varnish) at participating elementary schools two times per year, typically in the fall and spring and dental sealants at assigned elementary schools participating in the SOHP services. Note: screenings are typically done by visual inspection with a disposable mirror and/or an intraoral camera.
- Provide referrals/care coordination to the student's parent or guardian for students who are identified as needing immediate follow-up oral care with a dentist.
- Provide, as needed, oral health education to elementary school students, staff, and parents or guardians participating in SOHP services including but not limited to:
 - In-service educational programs
 - Distribution of oral health pamphlets and posters
 - Educational classroom learning sessions, online educational oral health resources and activities.
- Participate in school based surveys, such as the Maine Integrated Youth Health Survey.
- Participate in meetings and/or calls throughout the year as determined by the SOHP Coordinator. Track elementary school oral health services for each student you serve, report data back the SOHP.