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Guidelines for Mobile/Portable Dental Care Programs Working in School Administrative Units – January 2012

OVERVIEW Many school administrative units (SAU) provide opportunities for oral health services to be offered in, or linked to, the school setting. This can facilitate the provision of much needed services to underserved children who are without a dental home. Some schools may be able to incorporate such services internally, e.g., via a school-based health center, and others may choose to engage an outside provider to deliver services.

This document provides guidelines that may be used by school personnel to evaluate proposals from dental services providers. The objectives for providing these guidelines to school personnel are to help assure the health and safety of all Maine students who may receive services provided by a mobile/portable dental program in a school-based setting, and to better assure that such services are coordinated and documented. To this end, the Oral Health Program of the Maine Center for Disease Control and Prevention offers the following guidelines, developed in collaboration with the Maine Department of Education, and which have also been reviewed by a group of dental professionals. **These guidelines do not regulate these activities;** rather, they are intended to help the interested parties achieve those objectives by providing guiding principles by which schools may implement and evaluate activities that are proposed by dental services providers for their students. Furthermore, these guidelines are written broadly and are meant to encompass services that may be offered by organizations or entities proposing to provide dental screenings, preventive dental care, or restorative services or a combination of these, on site at schools during school hours. The last page of this document provides references to other resources.

Additional information, forms and other resources are available on request from the Maine CDC's Oral Health Program, and will be posted as available on the OHP's webpage:
<http://www.maine.gov/dhhs/mecdc/population-health/odh/index.shtml>

A review of applicable rules and regulations pertinent to the practice of dentistry and dental hygiene in the State of Maine may be useful and is recommended. These are available from the State of Maine Board of Dental Examiners via <http://www.mainedental.org/statutes.htm>.

Services provided by a mobile/portable dental program should not supplant activities already available, nor should they supplant existing relationships families have with an established dental home. The primary purpose of such programs should be to fill needs not currently being met, although they may complement and enhance current oral health activities/services.

NOTE: If a student has a dental home, he/she would not receive services at school from a different dental provider unless the provision of those services is coordinated with the dental home. It is the responsibility of the service provider to avoid treating such students unless and until such coordination is achieved and documented; any services provided should be reported back to the dental home in a timely fashion in a manner that is acceptable to the dental home. Such reporting should, for example, clearly describe any services provided, and note if any third party has been billed for any service provided.

School Administrative Units (SAUs) should review all sections of this document when considering providing oral health services in the school setting.

GUIDELINES

1. The following standards should be observed:

- ❖ **Adequate parameters of care should be followed in all settings.** When services are to be provided by registered dental hygienists practicing under Public Health Supervision (PHS) status, a copy of the specific standing orders signed by the hygienist's supervising dentist should be provided to the school by the provider/entity. When services are provided by dentists, any applicable standards should be followed and provided to the school for their records as well. An infection control protocol should be established to include an exposure control plan based on OSHA's Bloodborne Pathogen Standard. (NOTE: For an understanding of the requirement for standing orders, please review the rules for Public Health Supervision at <http://www.mainedental.org/statutes.htm>. The Board of Dental Examiners does not review standing orders for individual PHS entities or events; rather, these are filed with the Board after being signed by the dental provider/entity and the supervising dentist. If needed, the Board can provide a template that can be used by the supervising dentist and the entity.)
 - ❖ **Engineering controls should be established** to isolate or remove hazards from the workplace/service delivery site.
 - ❖ **Personal Protective Equipment (specialized clothing worn by healthcare providers) should be utilized.** Specific equipment needs may vary with the type of activity being conducted. Items include but are not necessarily limited to lab coats or disposable gowns, safety glasses or face shields, gloves and masks.
2. **Consult with the provider/vendor and ask questions pertaining to the proposed activity** (see below for suggestions). Be consistent between and among any providers being considered; ask everyone the same questions.
 3. **Obtain a written project proposal** that outlines all proposed activities including any related financial details. For example, if MaineCare is to be billed, the proposal should be clear on who submits claims and who receives any revenue. If families are expected to pay for services (regardless of the amount of payment), the basis for charges and an explanation of how payments will be collected should be included in the proposal.
 4. **Enter into a written agreement with the provider.** A "Memorandum of Agreement," which can be as simple as a letter or an email, may suffice, or a more formal document or even a contract may be appropriate. This agreement should outline proposed activities and services to be provided, describe each party's obligations (programmatic, logistic and

financial), address any relevant requirements or issues, and be mutually agreed upon by the school or school district and the provider organization prior to services being initiated. It should note an end date, or, at the least, a date for mutual review and renewal. It may be useful to have such a document reviewed by legal counsel before it is finalized.

- 5. Understand how the potential service provider is organized and how it functions.** The following questions may be helpful in gaining this understanding:
- Does this provider function as a for-profit organization, a private non-profit or something else? How is it funded and supported? Is there sufficient evidence to indicate financial stability for at least the period of time in which services are to be provided?
 - Can the provider supply references and assurances that all participating service providers are appropriately licensed or credentialed? (See the last page of this document for more information.) Will the organization provide copies of all the professional licenses of the staff? What is the history (if any) of the provider's previous collaborations with the school, SAU, or other organizations?
 - Do the provider and your organization adhere to similar scientific, ethical, and legal principles and practices? Will the provider comply with your organization's policies and regulations?
 - Are there arrangements for follow-up care? If the provider is a dental hygienist offering services under Public Health Supervision or as an Independent Practice Dental Hygienist, the school may wish to discuss with the entity how or if they will arrange for any recommended follow-up care either by the provider entity's supervising dentist or another source, and/or may choose to contact that dentist to determine if follow-up treatment will be provided by her/him.
 - Is contact information for a program administrator (who may be off-site) available, and is there someone to contact in case of any urgent or emergent situation that might arise, either while services are being provided or afterwards, such as at night or on a weekend?
 - What are the vendor's practices in promoting its services and interests? (*That is, how do they advertise, solicit patients/clients, etc., and are these practices consistent with school policies?*)
- 6. Review the permission form(s) and the process of gaining permission.** Does the provider have a protocol that clearly establishes how parental permission will be obtained (including, if appropriate, what language(s) the permission form will be in)? Does that process meet the school's requirements for confidentiality, active consent, etc.? Will the permission form allow for any or all of the following, as determined to be necessary: permission for screening and for services to be rendered, identifying data or information needed for billing, other data needs? Does the form clearly state any limitations? For example, if services are provided by dental hygienists, does the form state clearly that the services do not take the place of a dental examination?
- 7. Determine what information will be required in terms of reporting.** At a minimum, the dental program should be expected to provide the school with a copy of a signed permission form for each child receiving services and any related forms indicating which services were provided. A copy of these forms should be kept in the student's health

record. The service provider should be responsible for identifying any children who already have a dental home so they do not receive duplicative, conflicting or unnecessary treatment. This should not be the responsibility of the school or the school nurse.

Information to be provided would include but would not necessarily be limited to the following:

- Findings of oral inspection (hygienist) or examination (dentist).
- Treatment plan if an examination by a licensed dentist has been performed. (NOTE: It is beyond the scope of practice for dental hygienists to do treatment plans.)
- Treatment completed (notation that it has been completed)/*services provided*.
- If an examination by a licensed dentist has been performed, any unmet treatment needs (if so, this might require the need for another treatment plan, or follow-up plan, or at the least, documentation that such a plan exists and where). Note that hygienists cannot write treatment plans as that involves diagnosis which is beyond their scope of practice. They can, however, describe any concerns they observe.
- Referral information if the child was referred to another dental provider, including a description of the reasons for the referral.

A school may request summary reports from the dental services provider as a way to determine if this was an effective service and/or an effective way to provide the service(s) to the students. Such a report would include but not necessarily be limited to the following:

- Number of children returning permission slips
- Number of children served
- Insurance status of each child
- Number of uninsured children receiving treatment during the event
- Number of children referred, and for what treatment.
- Number of children referred who received treatment (during specified timeframes)

Other questions of interest that could be useful in evaluating proposals from mobile/portable dental programs might include but are not limited to the following:

- Which services does the mobile/portable care dental provider propose to provide:
 - From a dentist: restorative dental care (fillings, x-rays, extractions)
 - From a registered dental hygienist: preventive dental care (dental cleanings, fluoride, sealants and temporary fillings)?
- Is the time allocated by the provider (per child or for the provider time at the school) sufficient to provide the services they offer?
- Do they provide case management to assure that a child who needs emergency care/restorative care will receive it, if they cannot provide it within an appropriate timeframe? Do they describe or provide a timely method of addressing identified needs for emergency/restorative care (rather than only providing a referral list or advising parents/caregivers of the need)?
- When will the mobile/portable provider return for follow up care? How will children be scheduled to receive this care?
- Where are the services provided (for example, in the school's parking lot in a van-or RV type vehicle or located in the school using portable equipment)?

- How will the provider determine if a child has a dental home, first initially and then how will this status be monitored on a continuing basis? Will they track how successful have they been in reaching those children without a dental home, and when applicable, how they document that they coordinate care if the child has a dental home?
- What happens if a child who has been seen by the mobile/portable dental program develops a problem? To whom will the child be referred when the dental provider is not at the school? Do they have a community dental partner (that is, a dentist or dental clinic) in the local community to which to refer the child if an emergency should arise?
- Who are their community partners?
- How is quality of care assessed and monitored, including for example,
 - By a hygienist: sealant retention rates
 - By a dentist: follow-up on extractions
- What are the provider's policies on photography and use of information for marketing or with the media? Are these policies consistent with the school's policies?
- Are they willing to provide services to uninsured children for a reduced fee?
- What are their billing and collection practices and policies? Are these policies acceptable to the school and consistent with any relevant or similar school policies?

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Resources for More Information

Licensing of Dental Professionals in Maine

Through the licensing process, the Maine Board of Dental Examiners ensures that all practicing dental professionals have an appropriate level of education and training and that high professional standards are maintained. <http://www.mainedental.org/how.htm> The license status of Maine dental professionals may be checked by going to <http://www.mainedental.org/> and click on Licensee Search. Dentists, dental hygienists (both IPDH and RDH) and denturists must renew their licenses every two years. Each licensee must demonstrate that they have obtained the necessary continuing education credits and certify that they have maintained the accepted standard of practice and conduct.

Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment

The Centers for Disease Control and Prevention (CDC) published [infection control guidelines for dental healthcare settings in 2003](#). Although the 2003 recommendations are applicable to all settings in which dental treatment is provided, the recommendations focus mainly on dental settings that use traditional, fixed equipment. A variety of non-traditional dental settings, such as school-based dental programs, use portable dental equipment, and often operate in challenging settings. Additional guidance may be useful in these unique situations, where space and resources needed to comply with recommended infection control practices may be limited (e.g., absence of sinks) or other challenges exist. To address these issues, stakeholders in academia and public health worked together to identify some of these challenges and to provide strategies and suggestions for implementing CDC recommendations. A national advisory group took the draft guidance and field-tested the format and content of a site assessment and checklist: <http://osap.site-ym.com/?page=ChecklistPortable>

Issue Brief, Mobile and Portable Dental Services in Preschool and School Settings: Complex Issues.

Developed in response to continuing questions from dental professionals, policymakers and school personnel about use of mobile vans and portable dental equipment to provide onsite services in preschools and K-12 schools, the document explores underlying issues for using mobile or portable dental care systems in school settings. http://www.astdd.org/www/docs/Mobile-Portable_ASTDD_Issue_Brief_final_2.29.2011.pdf

The **Mobile Portable Dental Manual** (<http://www.mobile-portabledentalmanual.com>) offers new resources, links to programs, site assessment and infection control checklists from OSAP, and other additions. The Web site contains five chapters with a wealth of information that has helped many communities start, expand and evaluate mobile and portable dental care models.

Mobile Dental Facilities

California Dental Association, Dental Health Foundation. School-based Dental Services Guidelines for Mobile and Portable Programs. Information Toolkit. 2010.

http://www.cda.org/patient_&_community_resources/community_oral_health; scroll to Mobile Dental Facilities. Many school districts throughout California have been solicited by mobile/portable dental care providers offering to provide school-based dental services for students. For most schools and school districts, talking and negotiating with such providers was new, and some expressed a need for assistance in deciding whether and under what conditions to contract with these providers. In an effort to assist school districts approached by mobile/portable dental care providers, a statewide group of dental and education professionals developed this resource, which includes a one-page overview of issues to consider, a more detailed set of guidelines, and a sample memorandum of understanding. This information kit is not intended to lead schools/districts to a particular decision; rather, it is intended to give decision-makers some tools and ideas to help make the best choice for a particular situation.

- [Cover Memo](#) [Things to Consider](#) [Mobile Provider Guidelines](#) [Sample MOU](#)