



GUIDANCE FOR DENTAL HYGIENISTS IN TIER 1 AND 2 PROGRAMS

These step-by-step recommendations were developed taking into consideration evidence-based strategies and best practices for school dental health programs.

We hope you find this guidance helpful!

1. Prioritize your schools

For those of you who work in multiple schools, we are mindful that you may have to prioritize your time among the different sites. The Centers for Disease Control and Prevention's guidance is for programs to focus on schools with the highest percentage of children eligible for the free and reduced-price meal program. Our recommendation is for dental professionals to prioritize schools with the highest percentage of eligible students (50% or greater). Next, prioritize schools below 50%, with the highest need schools first – there are students in need of help, even in schools with lower percentages of eligibility for free and reduced meals.

Please share this recommendation with school administrators and other staff.

You can view the list of VT schools and their percentage of students eligible for free and reduced price meals [here](#).

2. If your school does not have blanket (passive) permission to screen, send permission forms home with all students

If your school does not have a blanket permission for dental screening, we suggest you speak with the nurse and other appropriate staff about the importance of having this in place.

Ask the nurse and/or teachers for guidance on how to ensure forms are read by parents and returned by the date you set. Once you collect the signed permission forms (or if your school has a blanket permission to screen), you may start conducting dental screenings according to the priority groups described in Step 3.

IMPORTANT! Having a blanket permission to screen does not allow you to share individual-level data with us.

We are developing a 'permission to screen' template to help you develop your own form.

3. Develop your priority groups

Based on the results from the Tooth Tutor evaluation, which have been widely shared with this group, we envision the need for several changes. These changes include developing an improved version of the 'true target group'. While we are not expecting immediate changes, we suggest that you start transitioning to this new way of developing your priority group.

We recommend prioritizing students according to the guidelines described below. This recommendation is partly based on the ages at which first and second permanent molars usually erupt (to increase the chance that they would be getting sealants at the appropriate time).



- **First priority group:** all students for whom you have permission to screen (either blanket permission or signed forms) **and** who have not been to the dentist in the past year, according to information found in their health forms.

Within this group, prioritize these students:

- 2nd graders, then 1st graders
- 7th graders, then 6th graders
- All remaining grades

Next, focus on the groups below:

- **If your school has blanket permission for screening and has 40% or higher %FRL:**
 - All the remaining students *regardless of whether they went to the dentist or not* (following the grade sequence above)
- **If your school does not have blanket permission for screening:**
 - All the remaining students in the other grades who returned signed permission to screen forms, *whether they went to the dentist or not*
 - Also, **follow up** with the families of children who have *not* returned signed permission to screen forms **and** have not been to the dentist in the past year

*Children in **emergency situations** (pain and/or infection) should be referred to dental care **immediately**, regardless of the child's grade and whether they went or not to the dentist in the past year*

4. Conduct oral health screenings and record your findings

*When screening a student who has accessed dental care in the past year, **communication** with their dental provider is essential: **please send them a copy of the "Report on dental findings" form you sent to the family**, so they are informed of your findings.*

Once you've collected permission forms, start conducting screenings according to the priority groups in Step 3.

Although we may be unable to collect detailed individual-level data from your program this year, our goal is to start doing so as soon as possible. This means we encourage you to use the teleforms developed by our Epidemiologist/Evaluator (Denise Kall) for your records when you conduct screening on a child. Two important benefits of starting to use these teleforms immediately are: (1) you will become comfortable using them to collect and report data; and (2) you may provide feedback that will help us improve them, fine-tuning them to meet both your needs and ours.



Please follow the guidelines for screening, data collection, and infection control presented at the Evaluation and Calibration training (slides are attached).

Very important: patient forms contain personally identifiable data and protected health information and need to be stored in a safe location. Please ask your school nurse for guidance on where you should keep these records.

5. Dismiss the child and send caregivers a letter reporting your findings

Give the child a sticker and, whenever possible, ask them to send in the next student on your list (this saves time). Send the caregiver a letter that includes a summary of your findings and an offer to help them connect with a source of dental care. The Board of Dental Examiners has a [template](#) for this letter.

Please follow up closely with the caregivers of children you've identified as needing **early** or **urgent care**. Don't forget to send a copy **to their dentist** if they have one!

*Please remember: It is important for every child to have a **dental home** where they can receive ongoing, comprehensive dental care for life! Therefore, case management continues to be an important component of programs participating the 802 Smiles Network.*

Thanks for helping to improve oral health for all Vermont children!