



GUIDANCE FOR DENTAL HYGIENISTS IN TIERS 3 AND 4 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!

We are excited about your ability to offer preventive dental services on site and count on you to support continuous quality improvement efforts.

1. Make sure you've met the legal requirements for providing services on site

Please remember that RDHs providing any services beyond screenings need to have a [General Supervision Agreement](#) on file with the Board of Dental Examiners. Please make sure you follow the instructions on the form and send a signed copy to the Board. Additionally, we strongly recommend that **if providing any clinical services at school, you should carry your own professional liability insurance**. Carrying your own insurance is a **requirement** if you are a Medicaid provider.

2. 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. Therefore, 802 Smiles providers should prioritize schools with the highest percentage of eligible students (50% or greater). **This doesn't mean that schools below 50% should not participate**; 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.

Note: according to the [VT Agency of Education](#), "Starting in School Year 22-23, the state has required all public schools to offer meals at no charge to all students. State funds cover these costs." Vermont now has an alternative method to identify children eligible to receive meals through the NSLP at free or reduced price without need of application, through use of Medicaid data. You can view the list of all Vermont schools, their enrollment and percentage of students eligible for free and reduced price meals (%FRL) [here](#).

3. Promote the program

The first step to implement a Tier 3 or 4 program involves educating the school community (school staff, families, and children) on the services that will be provided. With this in mind, we suggest that you start by **explaining the benefits of fluoride varnish, SDF, and sealants**. Many people may not know the difference between fluoride varnish and sealants, for example. Also, we expect that most people will not know what silver diamine fluoride or SDF mean. We have developed an [SDF fact sheet](#) and a handout [explaining the difference between varnish, SDF and sealants](#).

All students in schools participating in the 802 Smiles Network are eligible for a dental screening and for recommended services, as long as they have a consent form signed by their parent or legal guardian saying "yes" to services.



We suggest that you be as visible as possible in school events and make yourself available as the go-to source of oral health information, both for school staff and for students and their families. It is equally important to connect with local dental practices to introduce yourself and invite them to become part of the 802 Smiles referral base. You should also use this opportunity to ask them how they'd like you to communicate with them (e.g., when referring a patient or sending them the Report on Dental Findings if you see one of their patients of record). We have developed a **template letter** for you to leave when you visit dentists in the area (if you need that file re-sent, let us know).

4. Send the permission packets home with all students

Ask the nurse and/or teachers for help to ensure that the consent forms are read by parents and returned by a set deadline. For Tier 3 and 4 programs, we suggest sending the following items as a packet (stapled together) or virtually, if your school has the capability to communicate virtually with families:

- The **Tier 3 or Tier 4 consent form** in the family's **primary language** (this form *cannot* be modified)
- A **letter to parents/guardians**, signed by the school principal, explaining the program (you can download a template for this letter from the 802 Smiles webpage; this template can be modified by your program, as appropriate)
- The **SDF fact sheet** - also available in [العربية \(Arabic\)](#) | [नेपाली \(Nepali\)](#) | [Español \(Spanish\)](#)
- The **fillable SDF informed consent form** (use of this form is required by the Board of Dental Examiners; should ideally be printed in color)

Once you collect the signed consent forms, you may start conducting dental screenings and applying fluoride varnish, silver diamine fluoride, and glass ionomer sealants, as appropriate. The section below explains how to prioritize students for treatment.

- Share [this link](#) or the QR code below with guardians for instructions on how to fill the form (it can be pasted on a Word document and sent with the packet, or pasted on the letter above)



*Please keep in mind that **having a blanket permission to screen does not allow you to provide treatment or to share individual-level data with us.** Therefore, in order to receive any services beyond dental screenings, students need to have a **signed consent form saying "yes" for services.***



5. Develop your priority groups for screening and services

*Children in **emergency situations** (pain and/or infection) should be referred to dental care **immediately**, regardless of their grade and whether they did or did not see a dentist in the past year.*

Aside from emergencies, we recommend prioritizing students for screenings and services according to the sequence described below. This recommendation is partly based on the ages at which first and second permanent molars usually erupt and helps ensure that all children receive sealants and preventive treatments in a timely manner.

- **First priority group:** students with **signed consent forms** saying “yes” to services and **who have not been to the dentist** in the past year/no dentist on file, according to information reported in their 802 Smiles consent forms. Within this group, follow this sequence for **screening and services**:
 - 2nd graders, then 1st graders
 - 7th graders, then 6th graders
 - Students in remaining grades
- **Second priority group:** remaining students with a **signed consent form** saying “yes” to services, even if they had a dental visit dentist in the past year/have a dentist on file. Follow the same grade sequence described above.

***IMPORTANT!** After providing services to a student who has a dentist, communication with their dental provider is essential: please **send the dentist a copy of the “Report on Dental Findings” form** so they are informed of your findings and any services you provided.*

*Also: talk with the child’s caregiver about the **importance of having a dental home** and gently refer them back to their primary dentist.*

- **Third priority group:** if you still have time during the school year, focus on the students who have **not returned** signed 802 Smiles consent forms and who **do not have a dental home** on file in their school health forms. Follow up with their caregivers to explain the program, urge them to sign the 802 Smiles consent form, and offer to help them find a dentist. Follow the same grade sequence described above.

*Following up with caregivers who have not signed the consent form may **motivate them** to accept your offer to provide services and help them connect with a dental home for their child.*

To help you visualize this prioritization process, we have developed a **Flowchart** summarizing the information in this section. Let us know if you need the flowchart re-sent to you.



6. Recommended clinical steps:

***TIP:** Best practice guidelines for school-based dental health programs recommend that services be provided **on the same day as the screening**. This is more efficient and minimizes the amount of class time students miss.*

*Remember, **a screening alone has no clinical value for the patient**. By providing preventive services such as fluoride varnish, SDF and sealants on that same day, you are acting to improve the student's oral health.*

- **Perform toothbrush prophylaxis** prior to conducting the screening. There is no need to add toothpaste to the brush. ([AAPD Policy on the Role of Dental Prophylaxis in Pediatric Dentistry, 2012](#) and [Journal of the American Dental Association, 2009](#)).
- **Conduct screenings** following the guidelines for screening, recording data, and infection prevention according to the [Evaluation and Calibration training](#) (also available under Guidance Documents on the [802 Smiles website](#))
- **Enter the services provided using the data collection method of your choice** (or the 802 Electronic Data System, when available). Our goal is to start collecting individual-level data as soon as possible. We encourage you to keep detailed clinical notes for your own records (you may use the forms shown in the [Evaluation and Calibration slides](#) every time you conduct screening and perform services on a child; let us know if you want these forms e-mailed to you). When the 802 Smiles Electronic Data System is available, that will be the preferred method of record-keeping for 802 Smiles programs.

***Very important:** patient forms contain personally identifiable data and protected health information, so they need to be stored in a safe location. If using paper, please ask your school nurse for guidance on where you should keep these records. Electronic files should also be protected as appropriate.*

- **Apply SDF to suspected decay lesions **on posterior teeth only****. Make sure the student has a signed SDF consent form prior to applying SDF. Follow the procedures from the SDF training you received.

*If you suspect active decay in a front tooth, speak with the parent/guardian. **SDF treatment to esthetic zones should ideally be done in a dental office, so the stain can be covered with a filling.***

- When SDF is applied, you should follow up with the student (ideally within a couple of weeks) to verify whether the decay was arrested (the lesion will be significantly darker). If unsure, apply SDF a second time. Studies show that a second application dramatically increases the success rate of SDF treatment ([Horst et al., 2016](#); [American Academy of Pediatric Dentistry, 2017](#)). Make sure you **record this second application in your notes** (or using the Electronic Data System when available) and fill an updated [Report on dental findings](#) form.



After SDF is applied, we recommend following up in a week or two to ensure that decay was successfully arrested. If the lesion is not dark, SDF should be reapplied. Research shows that a second application significantly increases the success rate of SDF treatment.

- **For Tier 4 programs: Apply glass ionomer-based sealant to fissures and pits of partly and fully erupted molars**, following manufacturer's instructions and according to the training you received.
 - **Apply fluoride varnish to all teeth**, [according to manufacturer's instructions](#), including to teeth that received SDF. We recommend **applying varnish to the front teeth first before moving to back teeth**, if you applied SDF. This prevents inadvertently spreading SDF to the front teeth and staining them.
 - Instruct the child **not to brush or floss for the next 4 hours** (ideally, wait until the next day to resume brushing and flossing), and avoid hard, crunchy foods and hot beverages for the rest of the day.
 - **Record the services provided** using the data collection method of your choice (use the 802 Electronic Data System when available).
 - **Dismiss the child** with a sticker and instructions not to brush or floss for the next 4 hours (ideally wait until the next day to resume brushing and flossing), and to avoid hard, crunchy foods and hot beverages for the rest of the day. To save time, ask them to call the next student on your list. If SDF was applied, let them know that the cavity should get darker within the next couple of weeks, and that this is a sign that the treatment is working.
 - **Send caregivers a letter reporting your findings, services provided, and instructions.** This letter should also include an offer to help them connect with a source of comprehensive dental care. Make sure to include a copy of the [Board of Dental Examiners' Report on Dental Findings](#).
 - **For students who have a dentist on file**, don't forget to also send the [Board of Dental Examiners' Report on Dental Findings](#) to their dentist, **ideally on the same day** you saw the student!
7. **Final recommendation:** if you receive additional signed consent forms for services later in the school year, whenever possible follow the sequence in Step 5 to screen and to provide, while simultaneously working with the caregivers of children you've identified as needing urgent or early care.

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 all programs participating the 802 Smiles Network.

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

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