



**SCHOOL-BASED  
HEALTH ALLIANCE**

Redefining Health for Kids and Teens

# Nuts and Bolts of School-Based Oral Health Delivery and Planning

August 26, 2015

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# Reminders

- **All attendees are in listen-only mode.**
- **We want to hear your questions! To ask a question during the session, use the chat tool that appears on the bottom right side of your control panel.**
- **Please complete evaluation poll questions at the end of the presentation.**



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- SBHC Operations (PCMH, HIT)
- Policy & Advocacy
- Quality Improvement
- Special Initiatives
- School-Based Health Alliance Tools

<http://www.sbh4all.org/webinars>



# Objectives

1. Understand different School-Based oral health delivery and service models
2. Identify opportunities for program partnerships to broaden oral health program outreach
3. Understand how to minimize program staff and recipient risk through OSHA and infection control guidelines

# Today's Presenters



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Janette Atkins, CHSP

# NUTS AND BOLTS OF SCHOOL- BASED ORAL HEALTH DELIVERY AND PLANNING

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# LEARNING OBJECTIVES

Upon completion of this course the audience should be able to:

- Understand the 3 different school-based dental operational models
- Understand Future Smiles school-based dental hygiene services
- Identify resources and develop a program design
- Address elements of operational delivery in the school setting
- Understand OSHA and infection control in a school-based environment
- Understand how to comply with infection control regulations
- Understand risk management and program operations
- Utilize lessons learned by Future Smiles and Compliance Alliance



# A DENTAL HYGIENIST SPECIALIZES IN PREVENTION

Our primary focus is dental disease prevention through treatment provided by dental hygienists in a community health center or school-based setting.



# NATIONAL FINDINGS



- ✓ 23% children 2-11 have 1 or more primary teeth with untreated decay
- ✓ 20% 12-19 have one permanent tooth with untreated decay
- ✓ By age 15 approximately 60% have experienced tooth decay

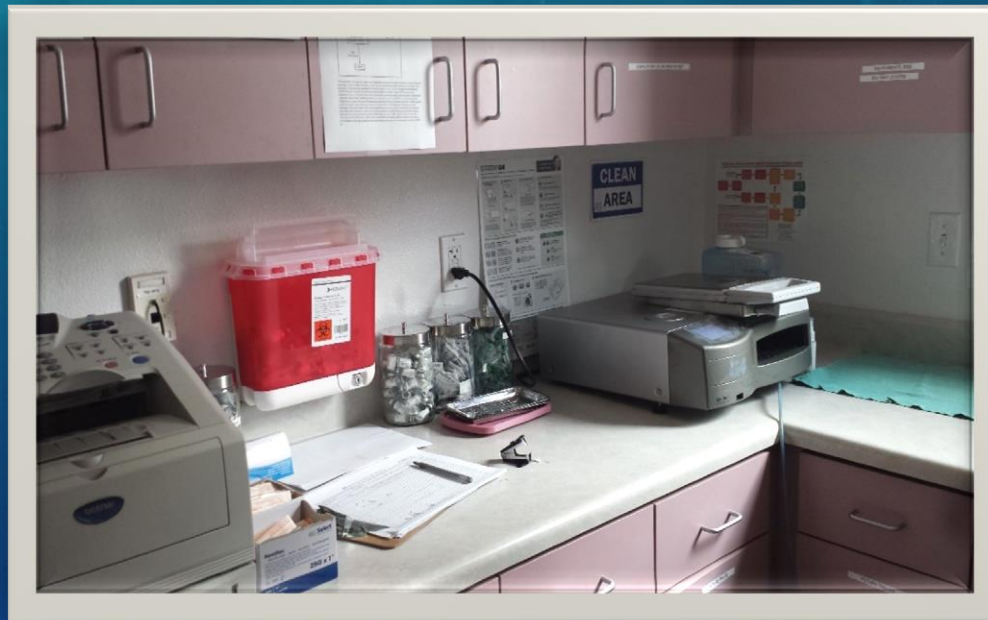
# THE COST OF DENTAL DISEASE

- ✓ Dental expense in 2009 for children 5-17 were \$20 billion
- ✓ 40% of costs were paid out of pocket
- ✓ 51.7 million hours of school were lost due to a dental health problem



# THERE ARE 3 PRIMARY SCHOOL-BASED DENTAL OPERATIONAL MODELS

- Care Mobile “drive in and drive out”
- School-Based Health Center “brick and mortar”
- Portable Dental Units “carry in and carry out”



# CARE MOBILE

- ✓ Everything is contained
- ✓ 2-3 clinical rooms
- ✓ PR/Marketing
- ✓ Capital investment
- ✓ Long-term maintenance
- ✓ Can be climate sensitive

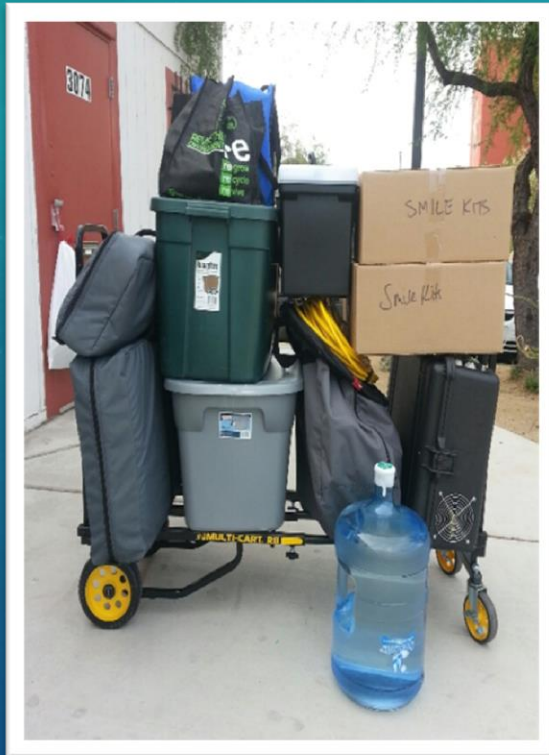


# SCHOOL-BASED HEALTH CENTER EPOD-EDUCATION AND PREVENTION OF ORAL DISEASE



# FUTURE SMILES MOBILE

2 units in a school  
computer lab



Could you load this into your car?

Mobile Team

# TYPES OF DENTAL SERVICES IN THE SCHOOL SETTING

- **Basic Services**
  - screenings, OH education, brush at lunch and distribution of OH supplies
- **Dental Disease Prevention**
  - dental hygiene, sealants, F1, prophylaxis and case management-referral
- **Full Dental Care Program**
  - on site dental restorative treatment with dental hygiene prevention





# WHO ARE YOUR PARTNERS?



- ✓ School Districts
- ✓ SBHC
- ✓ School Linked Programs
- ✓ Health Districts
- ✓ Homeless Shelters
- ✓ Child Haven
- ✓ Head Start
- ✓ FQHC
- ✓ Higher Education-Dental and Dental Hygiene Schools
- ✓ Professional Dental and Dental Hygienists Organizations

# QUESTIONS TO ASK TO IDENTIFY YOUR PROGRAM DESIGN

- 1) Who will you serve?
- 2) What services will be offered?
- 3) Why are these services necessary data collection?
- 4) How and when will services be offered?
- 5) Identify criteria for schools or locations to be served?

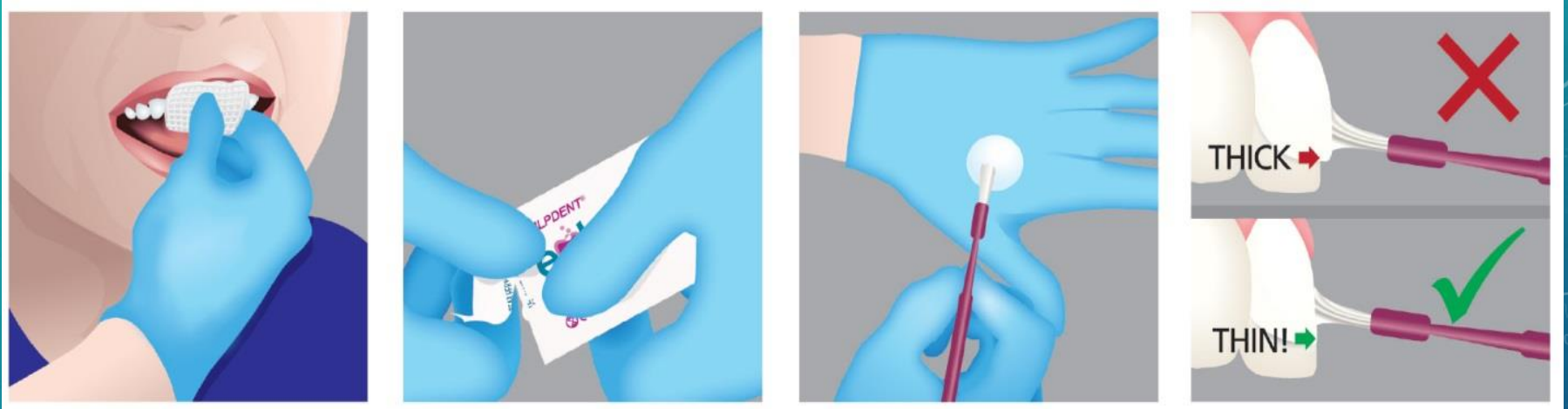


# RESOURCES AND SUPPORT

1. Best Practice Models
  2. Establish Funding Relationships
  3. Data collection
  4. MOU-Agreements
  5. Insurance
  6. Business Licenses
  7. Program Goals
- weekly + monthly = annual*



# Thin-to-Win Application of Embrace Varnish



Dry teeth with a gauze pad. It is best if the teeth are minimally clean, but prophylaxis is not necessary.

Pinch varnish foil pack to push contents back from tear line, and tear at slit to open varnish pack.

Dispense varnish on glove or pad. Pick up varnish with brush. Embrace requires no mixing.

Apply a THIN coat of Embrace Varnish with one horizontal swipe of the brush. Apply Embrace Varnish Thin-to-Win.

It is best if patients refrain from eating hard foods or drinking hot liquids or alcohol for 3-4 hours after treatment.



**ORAL HEALTH AMERICA**  
BRINGING HEALTHY MOUTHS TO LIFE

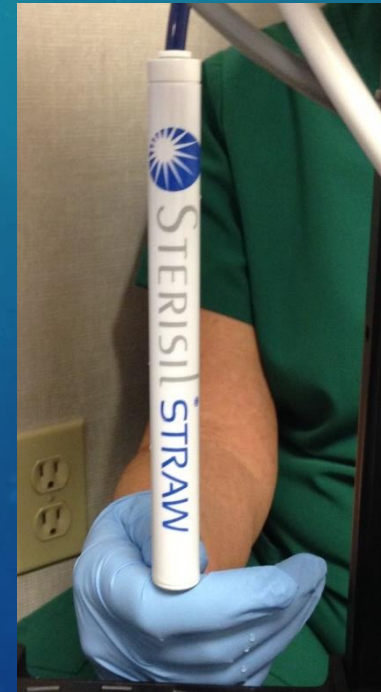
# THE TEAM MAINTAINS OUR DENTAL UNITS



[www.dntlworks.com](http://www.dntlworks.com)  
[www.garageflooringllc.com](http://www.garageflooringllc.com)

# WATER TREATMENT- STERISIL

<http://sterisil.com/products/sterisil-straw>



# THE UNEXPECTED



DON'T PANICK...CALL AN EXPERT

# FUTURE SMILES

## EPOD-School-Based Health Center for Education and Prevention of Oral Disease

- ✓ Clark EPOD
- ✓ Cunningham EPOD
- ✓ Fay Herron EPOD
- ✓ Hollingsworth EPOD
- ✓ Martinez EPOD

## Future Smiles Mobile

- ✓ 16-18 Additional schools





# FUTURE SMILES OUTREACH

## Outreach efforts since 2009:

- 18,745 oral health presentations
- 10,525 screenings
- 5,071 prophylaxis
- 25,719 dental sealants
- 10,801 fluoride varnish
- 51% of our children served were uninsured
- 41% had untreated decay
- Monthly we serve 300-600 students



# Nuts and Bolts of School-Based Oral Health Delivery and Planning

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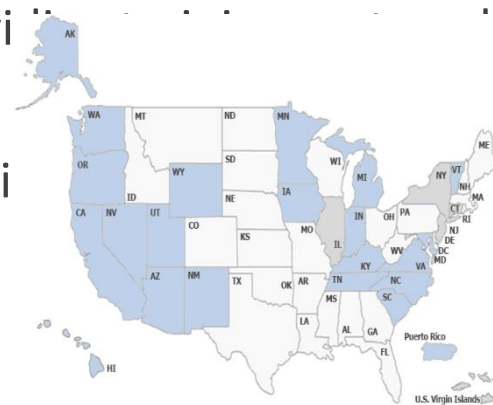
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# Who is OSHA

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- Occupational Safety and Health Act of 1970, Congress created the Occupational Safety and Health Administration (OSHA) to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing education and assistance.
- Concerned with Employee/Employer Relationships
  - Volunteers –
    - Not in Federal Standard, but State Plans can vary
    - Other Regulatory Agencies
- State vs. Federal Enforcement
  - State Plans must set workplace safety and health standards that are "at least as effective as" as OSHA standards.
  - 22 State Run Plans



## Top 10 Cited Standards

1910.1030	Bloodborne Pathogens
1910.1200	Hazard Communications
1910.0305	Wiring Methods, Components, and Equipment for General Use
1910.0151	Medical Services and First Aid
1910.0132	Personal Protective Equipment
1910.0141	Sanitation
1910.0157	Portable Fire Extinguishers
1910.1096	Ionizing Radiation
1910.0101	Compressed Gases
1910.0022	Walking Working Surfaces

- Recognition of the hazard by the employer's industry
- Common sense

# Hazard Assessment - ANNUALLY

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- Required Annually
- “Wall to Wall” Inspection
- Statement of Certification
- Date
- Signature of Person Completing Assessment
- Site Specific
- Establish Safety Objectives
- Update Programs to Reflect Hazard Assessment
- Prioritize Hazard List
- Update Regularly
- Perform Routine Assessments



# Routine Assessments - MONTHLY

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- Identify hazards as they arise
- Safety Equipment Checks – even if maintained by the school
  - Fire Protection Systems
  - Egress Paths
  - Eyewash Station
  - Electrical Hazards
  - Water Damage
  - Trip Hazards



# Site Specific Written OSHA Programs

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- Bloodborne Pathogens
  - Exposure Determination
  - Contaminated Linens
    - Lab Jackets/Cover Gowns
  - Regulated Waste
    - Sharps Containers
      - Pick-up/Disposal Frequency
    - Transport
      - Department of Transportation
  - Safer Medical Devices
    - Needlestick Safety & Prevention Act
  - Hepatitis B Vaccination
    - Three Injection Series with a Titer Test
    - Declination
  - Exposure Incident Management
- Hazard Communication
  - Hazardous Chemicals
  - MSDS/SDS
  - Labeling
- Personal Protective Equipment
  - What is provided
  - How to use
- Respiratory Protection
  - Airborne Diseases
  - Hazardous Chemicals
  - Additional Respiratory Precautions

# Site Specific Written OSHA Programs

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- Radiation Safety
  - Monitoring
  - Shields
- Emergency Action Plan
  - Workplace Violence
    - Active Shooting Event
  - Bomb Threat
  - Fire Safety
  - Natural Disasters
  - Bioterrorism
- Ladder Safety
- Laser Safety
  - Laser PPE
  - Plume Evacuation
- Lockout/Tagout
  - Exclusive vs. Non-Exclusive Control
- Machine Guarding
  - Not just lab equipment
- Injury & Illness Prevention Program
  - State Specific
  - All encompassing
    - Emergency Action Plan
    - Evacuation Plan
    - Internal Disaster
    - External Disaster
    - Injury & Illness Reporting



# Written Infection Control Program

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- Review/Revise Annually
  - Reflect changes in technology to eliminate or reduce exposure to infectious agents
  - Document evaluation of available technology that will eliminate or reduce exposure to infectious agents
- State Adoption of Guidelines
  - *Guidelines for Infection Control in Dental Healthcare Settings --- 2003*
  - *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*

# Infection Control Risk Assessment

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- Who is at risk
  - DDS/DMD/MD
  - RDH, RN, LPN
  - RDA/CDA/DA, CST/ST
  - Sterilization
  - **Front Desk**
- What types of risk do they face?
  - Bloodborne
  - Airborne
- What diseases are specific to my area?
  - Disease Management
- Do I have seasonal exposure to certain infectious agents?



# Written Infection Control Program

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- Must address
  - Exposure risks
  - Prevention strategies, infection control policies/procedures
  - Sterilization processes
    - Sterilization flow
    - Use-dilution, material compatibility, storage, shelf-life, and safe-use disposal
    - Sterilization documentation
    - Proper packaging
    - Quality control
  - Injury management and location of facility
  - Facility maintenance
  - Environment of care management
  - Work area restrictions
  - Disease/illness return to work restrictions

# Injury Management

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- Immediately available
- Free of charge to employee
- Is a work related Injury (worker's compensation)
  - Report to work comp carrier
  - Know where to send the employee for treatment
  - Complete Reporting Paperwork
- OSHA 301
- OSHA 300/300 SHARPS
  - Exempt Industries – 6212 – Office of Dentists
  - State Plans can still require this
- Certain Injuries must be reported to OSHA
  - all work-related fatalities within 8 hours
  - inpatient hospitalizations
  - amputations
  - losses of an eye





# Training Requirements

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- Free of charge
- During working hours
- Prior to assignment where occupational exposure may take place
- As responsibilities and/or procedures change
- Upon observed lapses in technique/procedure
- At least annually thereafter
- Site Specific
- Interactive
  - Trainer – Question and Answer Session
- Training Outlines
  - Topic Specific
  - Specific Guidelines for Content of Outlines and Training Records

# Regulated Waste



- means liquid or semi-liquid blood or other potentially infectious materials;
- contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
- contaminated sharps;
- and pathological and microbiological wastes containing blood or other potentially infectious materials.

# Sharps Containers

- Mounting Guidelines

- Standing workstation: 52 to 56 inches above the standing surface of the user
- Seated workstation: 38 to 42 inches above the floor on which the user sits

- Secured to prevent tipping and falling

- Sharps Disposal

- Treated Medical Waste
- Mail-Back Systems



# Healthcare Worker Immunizations

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Healthcare workers (HCWs) are at risk for exposure to serious, and sometimes deadly, diseases. If you work directly with patients or handle material that could spread infection, you should get appropriate vaccines to reduce the chance that you will get or spread vaccine-preventable diseases. Protect yourself, your patients, and your family members. Make sure you are up-to-date with recommended vaccines.

**Healthcare workers include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.**



Hepatitis B

Influenza - Annually

MMR – Measles Mumps Rubella

Tdap – Tetanus Diphtheria and Pertussis

Varicella – Chicken Pox



# Infection Control Evaluation

- Transportation of Instruments
  - Clean and Dirty
  - Labeled Containers
  - DOT/State/County Regulations

- Storage of Equipment
  - Locked Cabinets

- Sterilization Processes
  - Solutions
  - Packaging
  - Quality Control
  - Single-Use Only

- Carpeting/Upholstery

- Avoid using carpeting and cloth-upholstered furnishings in exam rooms, dental operatories, laboratories, and instrument processing areas



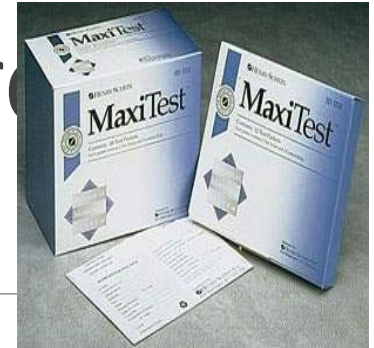
# Instrument Classification



- Low/Intermediate Level Disinfection (HBV/HIV or Tuberculocidal Claim)
  - Non critical items
    - Touch intact skin but not mucous membranes
  - Clinical contact surfaces
- High Level Disinfection
  - Heat **sensitive** semi critical items
    - Semi-Critical: May contact mucous membranes or non intact skin but do not penetrate soft tissue
- Sterilization
  - All heat tolerant semicritical and critical items
    - Critical: Penetrate mucous membranes or contact bone, the bloodstream or other normally sterile tissues of the body



# Biological Indicators/Sporulation Tests



- Weekly at minimum
- For every sterilizer!!!
- **Full load**
- If failure – needs three passes



# Dental Waterlines

- Management
  - Treat/Maintain
    - Every bottle
  - Shock
    - Follow manufacturer's instructions
  - Test
    - Follow manufacturer's instructions
    - State guidelines
    - 3 consecutive months then quarterly



(<math>500\text{cfu/ml}</math> per CDC/ADA/EPA)



# Questions?





# Questions?



# Questions?

Please enter your questions into the  
“Chat” box of the GoToWebinar control window





# Exciting News



## **DentaQuest Foundation funded SBHA grant: Innovation in School-Based Oral Health Services: Learning Collaborative Network**

### **Project Goal:**

**Facilitate systems change to incorporate oral health services into the nation's ten largest school districts.**

## Three Objectives:

- 1. Assess the capacity and readiness of the ten school districts to engage in a collaborative**
- 2. Bring together a panel of experts to advise and provide expert content to learning collaborative**
- 3. Establish a framework and curriculum based on national scan of best practices**





# Contact Information

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**BECOME A MEMBER!**

# Membership

## Join Now: **Individual** - \$100

- **A national voice advocating for SBHCs at the federal level**
- **Access to exclusive members-only content on the website (including archived resources)**
- **News and resources in special, members-only Weekly Updates**
- **Access to customizable patient education materials on influenza (courtesy of MedImmune)**
- **And more....**

## Join Now: **Organizational** - \$500

- **All individual member benefits**
- **Discounts on professional services and products**
- **Weekly e-mail updates and action alerts**
- **Letters of support for grants**
- **Recognition in School-Based Health Alliance's annual report and on its website**
- **And more....**

To learn more and to become a member, visit our website [www.sbh4all.org](http://www.sbh4all.org) or call Larry Bostian at 202-638-5878.

# Questions?

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“Chat” box of the GoToWebinar control window



# Closing Reminders

**This presentation has been recorded and will be archived on the School-Based Health Alliance website within the next 3-5 business days.**

**Take a moment to fill out four poll questions that will appear on your screen.**

**To request support and technical assistance related to Oral Health and SBHCs, please send us an e-mail at:  
[info@sbh4all.org](mailto:info@sbh4all.org)**

# Poll Question

**Did this presentation meet your needs?**

**1) Yes**

**2) No**



# Poll Question

**How well did the presentation meet the stated objectives?**

- a) the T/TA did not meet the stated objectives**
- b) the T/TA somewhat met the stated objectives**
- c) the T/TA mostly met the stated objectives**
- d) the T/TA met all stated objectives**

# Poll Question

**How likely are you to apply information from the presentation in your organization?**

- a) not at all likely**
- b) unlikely**
- c) likely**
- d) extremely likely**

# Poll Question

**Would you recommend this  
webinar to others?**

**a) Yes**

**b) No**



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# **Additional Questions?**

## **Contact us at:**

**[info@sbh4all.org](mailto:info@sbh4all.org)**

# **Thank You for Attending**