

School-Based Dental Prevention Program



Policy & Procedures Manual

Tennessee Department of Health
Community Health Services
Oral Health Services Section

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Section 1: Program Overview

1.1 : Introduction

School sealant programs are an effective way to reach millions of children with dental sealants to prevent cavities. The Center for Disease Control and Prevention supports states to put into action school sealant programs that reduce oral disease and improve oral health.¹ The purpose of the Tennessee Department of Health's (TDH) School-Based Dental Prevention Program (SBDPP) is to reduce the number of children who experience tooth decay, and the conditions associated with decay – pain, infections, and tooth loss – which may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often miss more school and receive lower grades than children who don't.²

The SBDPP (School-Based Dental Prevention Program) is a statewide, year-round dental prevention program funded by TennCare starting in 2001, and administered by the Tennessee Department of Health, Community Health Services, Oral Health Services Section. The program offers preventive services that include, but not limited to, oral health education, oral health screenings, referrals for care, immediate need follow-up, prophylaxis, dental sealants, and fluoride varnish to children in grades K-8 in the school setting. **Schools with 50% free and reduced lunch populations are targeted for these services, but all children in these schools are eligible for the program.** Exceptions must be approved by the state dental director after review of data. Portable dental equipment is used to provide these services in the school setting. Each target school must receive all phases of the preventive program to be considered complete. Under no circumstances does the school based staff bill for any services provided.

1.2 : Definitions

Oral Evaluation/Sealant Screenings – Parental/guardian consent is required for participation in the sealant aspect of this preventive program. An oral evaluation by a dentist or a sealant screening by a hygienist is completed on every child who returned a completed and signed consent *SBDPP Information and Consent Form (PH-4294/PH-4294S)*. A signed Treatment record is required and should include the type and date of service as well as any findings. This constitutes a legal medical record. A *Dental Report (PH-3782)* is completed and sent home with each student. Any student(s) receiving an “immediate need” rating is to receive mandatory follow-up, which should consist of at least one follow-up letter of referral to the parents at a later date.

Referred for Treatment – All students with a rating of immediate need or treatment at an early date on the *Dental Report (PH-3782)* have unmet dental treatment needs and should be referred

¹ School Sealant Programs. Centers for Disease Control and Prevention.

Website: https://www.cdc.gov/oralhealth/dental_sealant_program/school-sealant-programs.htm.

Accessed May 21, 2018.

² Centers for Disease Control and Prevention, Children's Oral Health.

Website: <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>. Accessed May 17, 2018

to private or public dental offices for care. It is important that the dental staff in the schools work closely with the nursing and office staff to insure proper referral.

School-Based Sealant Program – School-Based Sealant Programs consists of oral health education, TennCare outreach, oral health screenings, sealant application, fluoride varnish application, silver diamine fluoride application, and dental referrals for follow-up care. When school-based sealant programs are conducted, *SBDPP Information and Consent Form (PH-4294/PH-4294S)* and the *SBDPP Silver Diamine Fluoride Information and Consent Form (PH-4336/PH4336S)* (when needed) must be completed and kept, as these procedures require consent and progress note documentation. This program is offered to targeted schools where fifty percent or more of the student body is eligible for the Free and Reduced Lunch Program. Once the school accepts the program, all students of the school are eligible for the program services. For a school-based sealant program to be considered complete all three aspects of the program; education and outreach, screening and referral, and sealants must be completed. The medical records for this program are maintained according to TDH Records Disposition Authority (RDA) 150 guidelines.

Community-Based Sealant Program – Community-Based Sealant Programs consists of oral health education, TennCare outreach, oral health screenings, sealant application, fluoride varnish application, silver diamine fluoride application, and dental referrals for follow-up care. When community-based sealant programs are conducted, *SBDPP Information and Consent Form (PH-4294/PH-4294S)* and the *SBDPP Silver Diamine Fluoride Information and Consent Form (PH-4336/PH4336S)* (when needed) must be completed and kept, as these procedures require consent and progress note documentation. This program is offered to targeted communities where the demographics align with our targeted schools demographics. For a community-based sealant program to be considered complete all three aspects of the program; education and outreach, screening and referral, and sealants must be completed. The medical records for this program are maintained according to TDH RDA 150 guidelines.

Fluoride Varnish Programs – Fluoride Varnish programs consists of oral health screenings, oral health education, TennCare outreach, fluoride varnish applications, and dental referrals for follow-up care. When fluoride varnish programs are conducted, *Consent for Topical Application of Fluoride Form (PH-0172)*, must be completed and kept, as this procedure requires consent and progress note documentation. An example of this type of program would be to a daycare in the summer months. There are no permanent teeth to seal so the only service offered is fluoride varnish and education. This would be coded as a community project but a consent and record of fluoride varnish application are required. This is a medical record and is maintained according to TDH RDA 150 guidelines.

Screening & Referral Programs – Screening & Referral Programs consist of oral health screenings, oral health education, TennCare outreach, and dental referrals for follow-up care. When screening & referral programs are conducted, *Report of Dental Inspection Form (PH-1688)* must be completed by the provider and sent home with each child.

Head Start Programs – When target school children are not accessible, Head Start children should be provided the Fluoride Varnish Program, with the *Consent for Topical Application of Fluoride Form (PH-0172)*. When the fluoride program is not an option, a Screening and

Referral Program may be provided, utilizing the *Report of Dental Inspection Form (PH-1688)*

Silver Diamine Fluoride – is a colorless liquid containing silver particles and 38% fluoride ion that at pH 10 is 25% silver, 8% ammonia, 5% fluoride, and 62% water; this is referred to as 38% silver diamine fluoride (SDF). SDF applied directly to the cavitated lesion outperforms fluoride varnish for the non-surgical arrest of caries in children and older adults. SDF is indicated for the arrest of active carious lesions painlessly avoiding or delaying traditional surgical removal of caries. Application of SDF requires prior parent/guardian consent via SBDPP *Silver Diamine Fluoride Information and Consent Form (PH-4336/PH-4336S)*. Once SDF has been applied, SBDPP *Silver Diamine Fluoride Report (PH-4335)* should be sent home with the student for unmet dental treatment needs.

1.3 : Tennessee Department of Health (TDH) Protocol

The following protocol is in response to the amended language of the Dental Practice Act effective July 1, 2013. TCA § 63-5-109 adding subsections (15) and (16). Click [here](#) for access to TCA § 63-5-109.

Definition – *Remote supervision* – a Tennessee Department of Health (TDH) dentist has regular, periodic communications with a TDH dental hygienist regarding patient treatment, without requiring an evaluation by a dentist prior to application of a dental sealant or application of topical fluoride.

Management – Program guidance and quality assurance shall be provided by Oral Health Services Section in the Community Health Services Division of the Tennessee Department of Health for public health dentists providing supervision under this protocol. Guidance for all TDH dental hygienists providing services through remote supervision is outlined below:

- TDH annual training by the public health dentist will include didactic and on-site components utilizing evidence based protocols, procedures and standards from the Standards of Practice Manual for Dental Public Health and the School Based Dental Prevention Program Manual.
- TDH monitoring by the public health dentist during remote supervision activities shall include tracking locations of planned service delivery and review of reports of services provided. Phone or personal communication between the public health dentist and the dental hygienist will occur at a minimum of every 14 days.
- TDH monitoring by public health dentist of each hygienist during remote supervision will include at least semi-annually on-site visits with completion of all categories of Quality Assurance review checklist at each visit.
- No limit shall be placed on the number of full or part time TDH dental hygienists that may practice under the remote supervision of a public health dentist.

Remote Supervision Practice Requirements – The dental hygienist shall have a current unrestricted Tennessee dental hygiene license and provide services in a Tennessee Department of Health public health dental program or Metropolitan Health Department program.

Scope of Services:

- Provide educational services

- Conduct needs assessment and referral for all children with unmet dental needs
- Assess patients to determine appropriateness of sealant placement according to TDH Oral Health Services guidelines and apply sealants as indicated
- Chart teeth eligible for sealants and teeth sealed
- Application of topical fluoride varnish
- Silver Diamine Fluoride
- Participate in data collection activities and surveys as needed

Section 2: Regulatory Guidelines

2.1 : Tennessee Department of Health Policy

All School-Based Dental Prevention Programs (SBDPPs) are components of Tennessee Department of Health (TDH) Community Health Services Oral Health Services Section; therefore, the policies and regulations of TDH are applicable to all SBDPPs.

SBDPPs must:

- Ensure services and staffing are consistent and appropriate as they pertain to the approved TDH plan and contract on file with TennCare and in accordance with federal legislation;
- Adhere to the policies of the TDH Community Health Services Programs.
- Ensure no services are billed or be associated with billing for any services provided.

School-based dental sealant program services (screenings, sealants, silver diamine fluoride, fluoride varnish) are within the direct services level of the TennCare Contract. The SBDPPs providing these direct services must ensure they will continue to meet the minimum requirements for enabling services and public health services and systems, as outlined in the applicable TennCare Contract

2.2 : Tennessee Board of Dentistry

The Tennessee Board of Dentistry (TBOD) is the state agency charged with the overall responsibility for regulating the professions of dentistry, dental hygiene and dental assisting in Tennessee. All dental sealant programs in Tennessee must use appropriate dental professionals working within their scope of practice, as identified in the Rules of the Tennessee Board of Dentistry.

Rules of the Tennessee Board of Dentistry can be found at:

<http://publications.tnsosfiles.com/rules/0460/0460.htm>

Access to Tennessee Statutes is located here, [Tennessee Code Annotated](#)

2.3 Occupational Safety and Health Administration (OSHA)

OSHA is the federal agency that enforces rules and regulations to prevent injuries and protect the health of workers. OSHA's Bloodborne Pathogens Standard specifies precautions that are needed to protect oral health care workers, such as:

- A written exposure control plan must be reviewed and updated annually to include common and potential health hazards.
- Infection control training is required prior to employees working in an environment where

exposure to blood or other potentially infectious materials may occur, and on an annual basis thereafter.

- Personal protective equipment (eye protection, gloves and protective clothing) must be worn by all dental personnel.
- Appropriate hand washing must be performed.
- Instruments that can withstand heat must be sterilized in an autoclave. If the instruments cannot withstand heat, a high-level disinfectant must be used according to manufacturer's directions.
- Disposable items must not be re-used.
- Proper handling and disposal of sharps is required.
- The autoclave must be monitored weekly by biologic spore testing to ensure proper functioning.
- Environmental surfaces must be cleaned and disinfected. Barrier techniques must be used for items that are difficult to clean or disinfect.
- Food/drink is not permitted in patient care areas.

OSHA regulations and interpretations are available

at: <https://www.osha.gov/SLTC/dentistry/index.html>

and <http://www.osha.gov/SLTC/bloodborne pathogens/index.html>.

2.4 : Infection Control Guidelines

Infection Control Section: CDC Four Basic Principles for Infection Control

Principle I: Take Action to Stay Healthy

Immunizations

Hand Hygiene

Training

Principle II: Avoid Contact with Blood & Other Potentially Infectious Body Substances

Personal Protective Equipment

Safe Handling of Sharps

Principle III: Make instruments and Equipment Safe

Instruments

Sterilization Monitoring

Portable Dental Unit Water Quality

Principle IV: Limit the Spread of Blood and Other Infectious Body Substances

Spatter

Barriers and Disinfection of Surfaces

Waste Disposal

INFECTION CONTROL

TDH requires all SBDPP staff to comply with current infection control regulations and standards (OSHA, TOSHA, CDC recommendations and TDH policy).

The portable nature of the SBDPP presents particular challenges for infection control (e.g., safe transport of sharps). TDH protocol is consistent with guidance developed by the Organization for Safety, Asepsis and Prevention (OSAP). The OSAP FACT SHEET can be used by the SBDPP to assess their site location and is located in the Resources section of this manual. Site assessment prior to providing dental services can help prevent concerns with set-up and infection control.

The CDC has identified levels of risk for transmission of infections and Bloodborne diseases during dental services. These risk levels are based on the anticipated contact between the provider and patients' mucous membranes and/or blood and blood-contaminated saliva.

Risk Levels Based on Anticipated Contact Between Provider and Patients		
Level	Anticipated contact with mucous membranes?	Anticipated contact with blood or saliva contaminated with blood?
I	Yes	Yes
II	Yes	No
III	Yes	No

Adapted from the OSAP Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Equipment in 2014.

The SBDPP have two basic procedures: screening for tooth selection and application of preventive procedures (sealants, fluoride varnish, and silver diamine fluoride). Each of these procedures pose a Level II risk, due to provider contact with patients' mucous membranes and saliva (but no anticipated contact with blood or saliva contaminated with blood). The CDC has four basic principles for infection control: 1) take action to stay healthy, 2) avoid contact with blood and other potentially infectious body substances, 3) make instruments and equipment safe, and 4) limit the spread of blood and other potentially infectious body substances.

Principle I: Take Action to Stay Healthy

Immunizations – SBDPP staff immunizations must be current (per CDC's recommended adult immunization schedule) or required documentation for waiver should be on file.

Hand Hygiene – Appropriate hand washing must be performed. Although ideal to be in a room with a sink, this often is not possible. Soap and water, as well as alcohol-based hand sanitizers, may be used for cleansing hands. Hands must be cleansed before and after treating each patient, before donning or after removing gloves, after ungloved contact with surfaces or objects that may be contaminated by blood or other potentially infectious materials, before leaving the patient care area, and when hands are visibly soiled. Soap and water (not hand sanitizers) must be used when hands are visibly soiled.

The procedures for hand washing and for the use of hand sanitizers are as follows:

- Wash hands by vigorously rubbing soap and water over hands and fingers for 15 seconds before rinsing with cool water and thoroughly drying.
- If hand sanitizer is used, apply it to hands and rub hands together as if washing hands until hands are dry.

Additional hand hygiene information is available

at: <http://www.cdc.gov/oralhealth/InfectionControl/faq/hand.htm>

Training – SBDPP staff must receive education and training annually: Bloodborne Pathogens and Infection Control Principles, reviewed for understanding Exposure Control Plan, must be completed and reviewed Sealant Application, must be reviewed

In addition, training must be provided upon initial employment or when a change in duties or procedures shall affect exposure. Staff designated for specific task responsibilities (e.g., instrument sterilization, waste disposal) must receive appropriate training for that task. Training must address the portable environment and OSHA regulations.

The TDH Infection Control Plan (including a post-exposure control plan) is located in section 7 of the SBDPP Manual. The infection control plan and procedures must be reviewed by SBDPP staff annually.

Onsite patient care area:

- Should contain no expired materials
- TDH policy prohibits any personal food or drinks in the patient care area Principle II:

Avoid Contact with Blood and Other Potentially Infectious Body Substances

Personal Protective Equipment – personal protective equipment (PPE) should be stored close to the patient care area and facilities must be available for disinfection of PPE (e.g., patient eyewear, utility gloves). PPE must be worn in the patient care area only.

- Each Regional SBDPP must have a PPE Certification list signed and dated by the Regional Dental Director. This certification consists of all the PPE that should be used within the regional SBDPP.
- Gloves – are single use, disposable items, and they cannot be re-used or washed. Gloves that are damaged (e.g., torn punctured) must be discarded. If gloves are damaged during a procedure, remove and discard them, wash hands immediately, and put on clean gloves. Over-gloving (i.e., putting a clean pair of gloves over a used pair) between patients is not permitted in Tennessee. Gloves must be removed carefully to avoid exposure to microorganisms from patients. Wearing gloves does not replace hand washing.
- Because of possible latex sensitivity among patients and staff, which can result in allergic reactions ranging from skin rash to anaphylaxis, SBDPP staff must use non-latex gloves.
- Heavy-duty (utility gloves) puncture-resistant gloves must be worn along with protective clothing and face protection during clean-up and during preparation of instruments for sterilization. Utility gloves are to be used when placing and removing instruments from

the ultrasonic. Utility gloves shall be decontaminated and used again, but damaged or worn-out gloves must be discarded.

- Face Protection – (e.g., chin-length face shields, face mask, eyewear with side shields) is required during patient care. Eyewear must have solid side shields. Eyewear and face shields must be cleaned and disinfected between patients, at the end of the day and if visibly soiled. Masks must be changed between patients or during treatment if they become damp or visibly contaminated. SBDPP staff must remove masks by the fasteners because the front of the mask is considered contaminated and must not be touched. Masks must not be worn off the face or around the neck.
- Protective Clothing – must be worn during patient care. SBDPP staff must use disposable protective clothing, which does not need to be changed after each patient, unless visibly soiled.

Safe Handling of Sharps – Sharps must be transported in securely closed containers that are impervious to sharps. When transporting sharps from patient care area to sterilization area, instruments/sharps must be transported in a leak-proof container with sides and lid and biohazards sticker attached. All instruments transported from the work site are to be properly sterilized prior to transporting.

All contaminated disposable sharps must be discarded in a closeable, leak-proof container that is manufactured for that purpose and that is impervious to sharps; the container must either be red or be labeled with the biohazard symbol, or both. The container must also be labeled “sharps.” The sharps container must be placed in a secure location as close to the user as possible. Program staff must receive annual training on the proper handling of sharps and their disposal.

Each Regional SBDPP, with the input of staff, must evaluate and document safer medical devices (safer sharps) to be used within the program annually.

Principle III: Make Instruments and Equipment Safe

Instruments - when disposable instruments are not being used, SBDPP requires heat sterilization between patients of all patient-care items that touch mucous membranes and can withstand repeated exposure to high heat. Instruments shall be heat sterilized on-site. Disposable instruments are a good alternative to reusable instruments.

Programs that use handpieces or air/water syringes that are detachable from the unit must heat sterilize them between patients and follow the manufacturer’s instructions for sterilization and care. If the handpiece or air/water syringe is permanently attached to the unit, programs must barrier protect the handle and either use disposable tips or sterilize metal tips between patients.

Multi-use sealant material syringes used in the sealant application process can easily become contaminated but cannot be disinfected or heat-sterilized. The barrel of the syringe must be covered with a replaceable barrier. Programs that use this item must use a new disposable syringe tip for each patient. Programs that use syringes to apply etchants and sealants may wish to consider using single-use, disposable syringes, rather than the multi-use type.

TDH SBDPP policy does not permit the transport of non-sterile autoclavable dental instruments. *Sterilization Monitoring*- The autoclave must be monitored every 7 days, by biologic testing (spore test) for proper functioning, and programs must document testing and keep a log with test results. Testing must be done weekly, even if a program operates only one day per week. If a spore test result is positive, the SBDPP requires that immediate action be taken to ensure that heat sterilization is accomplished. While programs shall do biological spore testing themselves, most Tennessee SBDPPs choose instead to use independent sterilization-monitoring services.

Onsite sterilization monitoring consists of:

- Mechanical – time, temperature and pressure
- Chemical – internal indicator in all packages
- Biological – spore test used to assess sterilization

All three monitoring systems must be used each sterilization cycle. All SBDPP autoclaves in use must be checked annually by a third party vendor.

If the autoclave has been idle for an extended period (e.g., during summer break), staff must perform a biologic spore test before program start-up to ascertain whether the autoclave is functioning correctly.

The “SBDPP Autoclave and Spore Test Log” must be onsite and filled-out for each autoclave in use. The logs must be maintained for two years and the current year’s log must be kept onsite in the SBDPP Manual.

When autoclavable dental instruments are used, an ultrasonic units must be onsite and available for use with biohazard labels present.

Chemical indicator strips must be placed in each package prior to sterilization, unless built in indicator strips are used. Sterilized instruments must have the date of sterilization on the outside of the package and stored in a manner that preserves the integrity of the sterilized packages.

Portable Dental Unit Water Quality-CDC recommends that water used for routine dental treatment meets Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria). Only distilled water is to be used in the water-supply bottle of the portable dental units.

Approved waterline treatment and monitoring is required for all portable dental units used in SBDPP. Each waterline on the portable dental units must be tested every six months. If a waterline fails, it must be immediately “shocked/cleaned” using approved treatments per manufacturer’s instructions, and then retested for acceptability.

The “SBDPP Waterline Treatment and Monitoring Form” must be onsite and filled-out for each unit in use. The logs must be maintained for two years and the current year’s log must be kept in the onsite SBDPP Manual.

CDC recommends that water and air be flushed for a minimum of 20–30 seconds after each patient from any device connected to the dental water system that enters the patient’s mouth (e.g., air/water syringe) to expel organisms that shall have been drawn into the waterline. Water must be drained from the self-contained water systems at the end of each day and the lines bled with air to remove any remaining water in the lines.

Principle IV: Limit the Spread of Blood and Other Infectious Body Substances

Spatter - use the air/water syringe carefully to avoid creating backsplash or spatter. The high-velocity evacuation (HVE) tubing and container must also be used in such a way as to limit potential spatter. **Patients must not close lips around the HVE tip to prevent potential “suck-back” of bacteria that shall be in the tubing.**

Barriers and Disinfection of Surfaces- Clinical-contact surfaces (e.g., tabletops, instrument tray, light handles) must be cleaned and disinfected with either a hospital-grade disinfectant or a disinfectant wipe product that is registered with the EPA. Disinfect surfaces between patients or cover them with barriers that are discarded and replaced between patients. Each region must make a list of surfaces to be cleaned, disinfected or barrier protected and the process and products to be used.

If a surface is not barrier-protected or if contact is made under a barrier, the surface must be cleaned and disinfected. SBDPP staff use a combination of barriers (e.g., for curing lights, head rests) and disinfection (e.g., for trays, counters). Regions must have a protocol for the management, storage and disposal of chemical disinfectants. Products must be used appropriately for their intended purpose and with a minimum of exposure for the sealant team and patients. Areas where chemicals are used must be well-ventilated. Storage must prevent spills or contain them, in the event a spill occurs. Products must not be exposed to extreme temperatures. Refer to the manufacturer’s instructions for proper handling, storage and disposal of products.

Use the following procedures to clean and disinfect clinical contact surfaces:

1. Spray surface with disinfectant.
2. Wipe surface to clean it, and remove any debris.
3. Spray surface with disinfectant again.
4. Follow manufacturer’s directions for the amount of contact time required to allow the product to achieve disinfection.

If disinfectant wipes are used, clean the surface and discard the wipe; then use a fresh wipe for disinfection. Follow the manufacturer’s directions.

The high velocity evacuation (HVE) tubing, saliva ejector tubing and waste container must be disinfected. Refer to the manufacturer’s instructions for proper disinfection. The entire system should be cleaned and disinfected by evacuating a cleaner/disinfectant through the entire hose assembly and waste bottle each time it is emptied. Thorough scrubbing of the entire assembly is also recommended each time the bottle is emptied.

Each region must have a protocol for the management, storage and disposal of chemical disinfectants; called a Written Housekeeping Plan for the clinic, which should be reviewed annually. Products must be used appropriately for their intended purpose and with minimum exposure to the sealant team and patients. Areas where chemicals are used should be well-ventilated. Storage should prevent spills or contain them, in the event a spill occurs. Products should not be exposed to high temperatures. Refer to the manufacturer's instructions for proper handling, storage and disposal of products.

Waste Disposal - disposal of regulated medical waste (e.g., sharps, blood-soaked gauze) must comply with OSHA rules. Sharps containers should never be emptied. When the contents reach the fill/full line, dispose of the entire container and begin using a new one.

In the unlikely event that a program generates regulated medical waste (e.g., blood-soaked gauze), that waste must be contained in a leak-resistant, securely fastened bag/container. The container should be red or conspicuously labeled with the international biohazard symbol. SBDPPs are typically small generators of infectious waste (less than 50 lbs. per month, with proper documentation of infectious waste's weight available for each month). This allows for the disposal of both non-regulated waste (e.g., gloves, masks, disposable instruments, cotton rolls, protective coverings) and regulated waste (infectious waste) in regular trash bags without special handling. It is best to consult with school personnel about their preferences before discarding non-regulated waste on-site.

CDC guidelines related to waste removal may be found at:

<http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>

The OSHA Hazard Communication Standard requires Safety Data Sheets (SDSs) to be readily accessible to employees for all hazardous chemicals in their workplace. The information contained in the SDS must be in English (although it may be in other languages as well). All SBDPPs must house copies of the appropriate SDSs in the onsite School-Based Dental Prevention Program Manual. Chemical information (such as substance or agent, where it was used, when it was used) must be kept for at least 30 years.

Section 3: Program Requirements

3.1 Staffing/Personnel Requirements

The School-Based Dental Preventive Program (SBDPP) staffing / personnel requirements:

- All dental providers – dentists, dental hygienists, and dental assistants – who provide services must be currently licensed or registered with the Tennessee Board of Dentistry.
- Current staff licenses must be displayed at each project and visible to the public at all times. Licenses cannot be worn around the provider’s neck.
- All dentists working within the SBDPPs must have a current TennCare provider number.
- Lay people (unlicensed, unregistered, non-dental providers) may not be used in conjunction with any intra-oral, extra-oral, or infection control services.
- Oral Health Education may be completed by any SBDPP staff member.
- Sealant programs must use dentists to provide examinations or dental hygienists to provide screenings to determine which teeth will benefit from the application of dental sealants. Dental hygienists providing screenings must be public health hygienist working under remote supervision to make such a determination in a project setting.
- Programs may use dentists, dental hygienists or dental assistances to apply dental sealants. Dental hygienists applying sealants must be public health hygienists. Dental assistants must be certified for sealant application by the Tennessee Board of Dentistry and under the direct supervision of a dentist.
- If applying silver diamine fluoride, the applicant must be dentists or dental hygienists working under remote supervision.
- If applying fluoride varnish, the applicant must be dentists or dental hygienists working under remote supervision.
- Sealant placement must be attempted on all children who are identified as needing sealants. If treatment was documented and no services were provided, there must be documentation of why the services were not provided.
- It is recommended that each staff member, applying sealants, average ten (10) children per day and/or the placement of fifty (50) sealants in a school or community setting.
- Programs are strongly encouraged to use registered dental assistants to assist dentists and/or dental hygienists to apply dental sealants, when resources are available. Four-handed sealant application may improve the quality and efficiency of sealant placement through shortened placement time, improved isolation, and reduction in operator fatigue and enhanced patient care.

For more information on public health supervision of dental hygienists and assistants, go to:
Supervision of dental hygienists: <http://publications.tnsosfiles.com/rules/0460/0460-03.20180123.pdf>

Supervision of registered dental assistants: <http://publications.tnsosfiles.com/rules/0460/0460-04.20180123.pdf>

3.2 : Staff Program Monitoring

Semi-annual program monitoring will be conducted by the Regional Dental Directors for all hygienists within the SBDPP. The *SBDPP Six Month Quality Assurance Review* tool (Appendix A.12) should be used for collecting this information.

- The review documentation must be as complete as possible with any additional comments entered on the form.
- After the review is complete, both the Regional Dental Director and the hygienist must sign off on the review.

To ensure that costs unrelated to directing or providing services for the SBDPP are not charged to the program, Regional Dental Directors must use cost allocation procedures to identify time spent within SBDPP versus clinical or regional duties. Metros should follow their municipalities' cost allocation protocol.

3.3 : Federal Laws

- No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under and program or activity receiving Federal financial assistance.
- No otherwise qualified individual with a disability in the United States, as defined in section 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency.

3.4 : School Selection

SBDPPs target schools with a higher proportion of children at risk for tooth decay and lack of access to dental care. Guidelines for selection of schools include the following criteria:

- Fifty percent or more of the student body is eligible for Free/Reduced Lunch (FRL) Program.
- The school is not receiving dental sealant services through another agency or organization.

SBDPP staff is to familiarize themselves with all school emergency procedures and policies upon arrival at each event. SBDPP staff is to adhere to all school and community policies and procedures.

SBDPPs may only provide services in schools in which 50 percent or more of the students are enrolled in FRL programs. Schools with less than 50 percent FRL rates may be served if they meet other guidelines for school selection; however, these programs must be approved by TDH Oral Health Services prior to the program.

3.5 : Community Project Selection

Community projects should target:

- Health Professional Shortage Areas (HPSA)
- Areas that have no Community Water Fluoridation
- Community is identified as high need based on Community Needs Assessment
- Community has a high percentage of immigrant, migrant worker, refugee, and/or other vulnerable and underserved populations
- Areas where there is no SBDPP presence

3.6 : Documentation of the Medical/Dental History

A signed, dated and completed (no unanswered questions) medical/dental history must be on file for each student prior to an oral evaluation or sealant screening. If the form is signed by the parent/guardian, but not dated, the hygienist can write “received consent form today” then they may place their signature and the date. The standard TDH SBDPP Information and Consent Form (PH-4294 or PH-424S) is the preferred form for medical/dental history and consent.

Medical conditions or medications requiring an alert are to be flagged and possible compromising conditions are to be followed-up and documented in the patient’s chart.

All personal medical/dental information is held in confidence in accordance with HIPAA regulations.

3.7 : SBDPP Patient Record

Sealant screening documentation minimally consists of:

- Diseased, Filled, Previously Sealed, Sealant Prescribed, Recommended Reseal and/or no treatment recommended
- Screening Completed (yes or no)
- Date Services Provided
- Untreated Cavities (yes or no)
- Caries Experience (yes or no)
- Sealants Presents (yes or no)

- Treatment Urgency (no, early, urgent)
- Referral For Treatment (yes or no)
- Diseased/Filled teeth (yes or no)

The standard TDH SEALS Child-Level Data Collection Form (PH-4305) should be used for documenting sealant screenings.

Oral Evaluation documentation minimally consists of:

- Oral conditions including restorations, caries, soft tissue status, oral cancer screening, and occlusion.
- All of the information listed under sealant screening documentation

The standard TDH School-Based Dental Prevention Program “Preventive” Oral Evaluation & Treatment Record Form (PH-1937) should be used for documenting oral evaluations.

SBDPP Charting of treatment should utilize standardized charting and be completed in the appropriate tooth grid on TDH PH-4305 for sealant screenings and TDH PH-1937 for oral evaluations.

Silver Diamine Fluoride documentation minimally consists of:

- Screening of teeth needing silver diamine fluoride
- Treatment documentation of silver diamine fluoride application
- Parental Consent on File (yes or no)
- Medical History Verified (yes or no)
- SDF Application: tooth/teeth isolated, dried, Advantage Arrest SDF 38% applied to tooth/teeth, remain moist for one minute, rinse (yes or no)
- Oral Hygiene (poor, fair, or good)
- Treatment Needs (immediate, early, or regular)

The standard *TDH SBDPP Silver Diamine Fluoride Treatment Record (PH-4334)* should be used for documenting silver diamine fluoride screening and application.

Errors should never be corrected with white out. A line should be drawn through the mistake to avoid the impression that a record may have been altered. CID (correction in documentation) is written immediately above the mistake, along with initials and the date (if different from date of original entry).

Progress Notes should be legible, chronologically dated, and signed by the provider with their credentials, in black or blue ink only. In Section 8 of each SBDPP Manual should be a legal signature page, which is a list of all providers in the Regional SBDPP, with the signature and credentials they use to sign all SBDPP documents. Documentation of progress notes should be completed directly after treatment; must be completed the same day of service.

Progress notes should include, but not limited to: teeth sealed, acid etch, brand name of sealant material, brand name of fluoride varnish (if used), brand name of silver diamine fluoride (if used), and any additional findings or concerns.

Dental Report – all children having an oral evaluation or a sealant screening must receive a *Dental Report Form (PH-3782)* indicating the findings of the screening, services provided and treatment needs. All children receiving a first or second application of silver diamine fluoride must receive a *Silver Diamine Fluoride Report form (PH-4335)* indicating which teeth were treated with a first or second application of SDF. All personal medical/dental information is held in confidence in accordance with HIPAA regulations. All forms sent home to parents/guardians must be folded and stapled/taped with child's name written on the outside of the form.

School-based program records, that contain patient information, should remain at the program site, in a lockbox and behind a locked door throughout the program when records are not in use. If the set-up location prohibits locking the door, the records should be taken to the school/program office for safe keeping daily. Records should never be transported on a daily bases.

Section 4: Clinical Materials and Methods

4.1 : Equipment

Programs are required to use appropriate equipment, supplies, and techniques to apply dental sealants.

Appropriate equipment includes:

- portable dental unit
- patient chair
- provider stool
- assistant stool (if applicable)
- curing light
- overhead halogen light or dental loupes with light attachment

These products are widely available from a variety of vendors. Individual programs may select equipment to meet their program needs. Programs should consider cost-effectiveness and the ability to have the equipment quickly repaired when making selections.

Sealant program equipment should be serviced and maintained according to manufacturer's directions.

4.2 : Sealant Material

TDH SBDPP does not require the use of specific brands or types of sealant materials.

Sealants should quickly self-adjust through normal occlusion; therefore, programs are encouraged to use resin-based sealant materials with a higher ratio of resin to filler material.

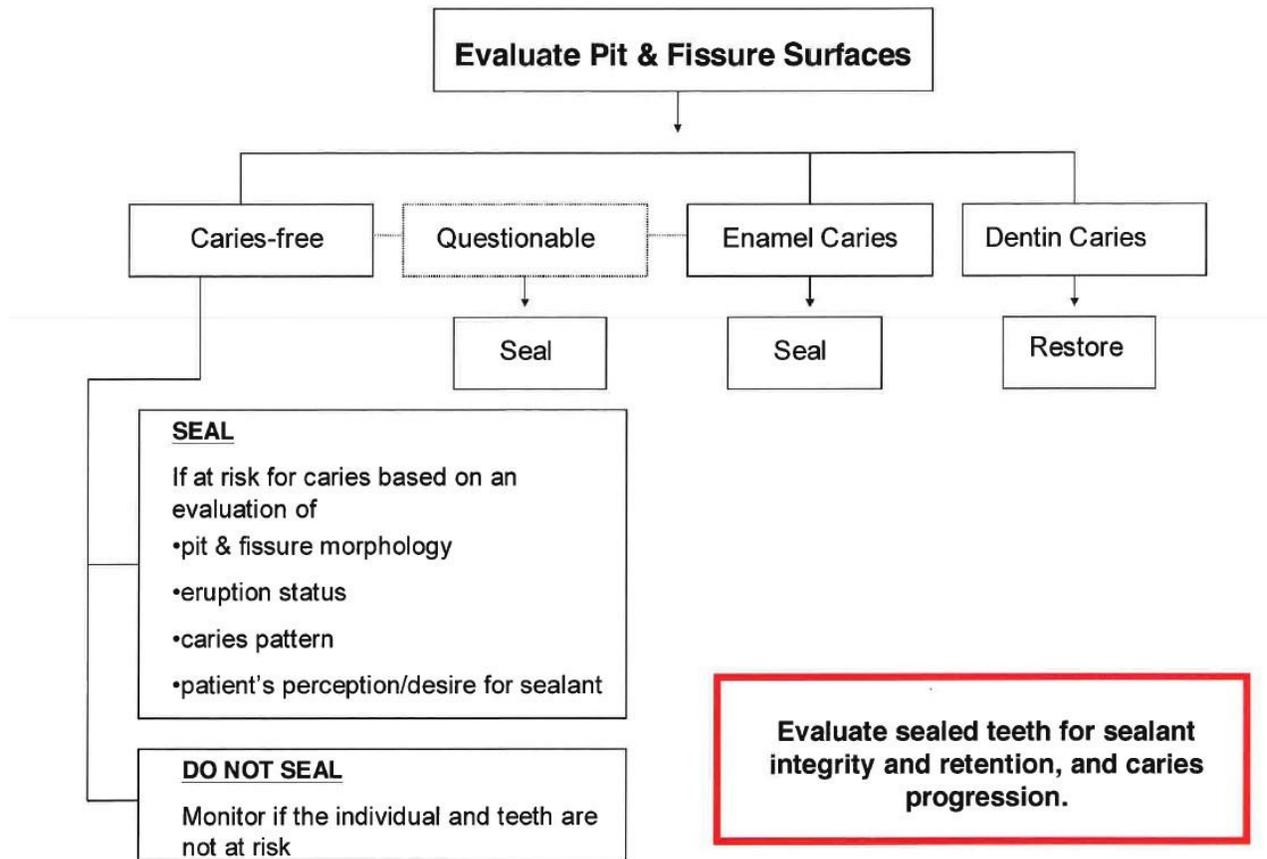
When choosing sealant materials for your program, be considerate of cost-effectiveness, prolonged retention properties, and simplicity of application. *Seal America: The Prevention Invention* (<https://www.mchoralhealth.org/seal/step-4-5.php>) provides a useful overview of the attributes of sealant materials that are appropriate for use in school-based programs.

Etching tooth surfaces prior to sealant placement is an essential step. According to the American Dental Association, a separate etching step (not combined with a bonding agent) may result in higher retention rates.

4.3 : Tooth Selection

Recommendations from *Techniques for Assessing Tooth Surfaces in School-Based Sealant Programs*, JADA 2010, Fontana, M. et al, have been adapted by the TDH SBDPP. These recommendations are as follows:

- Unaided visual examination is the method of choice when deciding whether a tooth is cavitated and whether a sealant should be placed.
- Dental explorers may be used in SBDPPs; however, programs must be aware that non-cavitated lesions can become damaged from pressure of the explorer during examination.
- Magnification may be used; however unaided visual assessment of tooth surfaces is the appropriate approach for detection of cavitation in SBDPPs.
- Radiographs are not indicated in SBDPPs. Radiographic images do not show images of approximal surfaces.
- Caries detection devices and technologies (e.g. DIAGNOdent) are not permitted to be used in SBDPPs to determine the need for sealant placement. These devices do not detect lesion cavitation and their misuse could lead to teeth being misclassified and incorrectly precluded from sealant placement.



4.4 : Application of Sealants

All SBDPP staff must use techniques that assure dry tooth surfaces at critical points during the sealant application procedure. *Seal America: The Prevention Invention* (<https://www.mchoralhealth.org/seal/step-8-3.php>) describes the steps in sealant application technique.

The following sealant application protocol is from *Seal America* and is recommended by TDH SBDPP. Sealant application technique will vary depending upon the type of material and isolation used. Before dental sealants are applied, be sure to read the manufacturer's instructions carefully, as different brands of sealants may require slightly different application techniques.

Wear non-latex gloves (to protect those who shall be allergic to latex), wear safety glasses (for SBDPP staff and the patient); have eye wash available. Avoid etchant (phosphoric acid) contact with eyes, skin or oral soft tissues.

The basic procedure for applying sealants is as follows:

Step 1: Thoroughly clean teeth to be sealed Step 2:

Isolate the teeth

Step 3: Etch tooth surface

Step 4: Rinse and dry Step

5: Place sealants

Step 6: Polymerize sealants Step

7: Inspect sealants

Step 8: Remove un-polymerized BPA from sealant

Step 1: Thoroughly Clean Teeth to be Sealed

Sealant programs may use a dry toothbrush or a handpiece with a bristle brush to clean teeth to be sealed. The teeth must be thoroughly rinsed before they are isolated. **Products containing fluoride should not be used prior to sealant placement to minimize probability of sealant failure.**

Step 2: Isolate the Teeth

Effective saliva control can be achieved by positioning the student so that the teeth to be sealed are visible and accessible. The student's head can be tilted so that saliva pools on the opposite side of the mouth from the side with teeth being sealed. A high-volume evacuator may be used. Cotton rolls or cotton roll holders and dry angles should be used and positioned as desired. Dry angles are most effective if placed over the parotid duct opening. Consider placing a dry angle between the cotton roll holder and the lingual surface of the mandibular teeth to create an additional barrier for the tongue. Once the cotton rolls are in place, the teeth should be thoroughly dried. Evaluate the student's ability to tolerate sealant application before attempting to seal multiple teeth at a time.

Step 3: Etch Tooth Surface

The cleaned and dried tooth surfaces are etched with phosphoric acid for at least 15-20 seconds. A small cotton pellet, mini-sponge, or brush can be used to apply the etchant. Etchants are available in liquid and gel form – the type used is a matter of personal preference. Acid should be placed widely over the enamel surface so there is no chance that the sealant margin is placed on un-etched enamel. If the acid inadvertently comes in contact with soft tissue, it needs to be rinsed immediately and thoroughly.

Note: If etchant inadvertently contacts skin or soft tissue, rinse immediately with water. Because protective eyewear is worn, contact with the eyes is unlikely. However, in the unlikely event that etchant does contact the eye(s), immediately initiate the emergency eyewash procedure as follows:

- Injured person must flush their eye(s) with eyewash solution or water.
- Upon completion of the first bottle of eyewash, the injured person must begin flushing with the second bottle.
- As each bottle is emptied, another member of the team must refill the bottle so the wash shall be continued for 15 minutes.
- Seek medical attention.
- After an emergency eyewash procedure, be sure to replenish supplies.

Step 4: Rinse and Dry

Thoroughly rinse to remove all etchant from all tooth surfaces. This must take at least 10-15 seconds. It is critical that saliva does not contact teeth. Excess moisture can be removed with a high-volume evacuator or the saliva ejector. Sometimes dry cotton rolls or dry angles may be placed over the moist ones to maintain a dry field.

When drying the teeth first check the air/water syringe by blowing a jet of air into a glove or mirror. If small droplets are seen, adjust so only air is expressed. When dry, a properly etched surface will have a dull matte or frosty appearance, in contrast to the glossy appearance of un-etched enamel. Should salivary contamination occur after this point, the surface must be washed, dried, re-etched for 10 seconds, and washed and dried again before the next sealant-application step.

Step 5: Place Dental Sealants

Since the application step will vary according to the product selected, the SBDPP staff should follow the manufacturer's instructions. The student's head should be positioned so that the occlusal plane is parallel to the floor to prevent the sealant from flowing distally, leaving the mesial pits under filled. The dental sealant should be placed into the fissured surface, flowing from one end of the fissure carefully through the fissure complex to avoid air bubbles, and covering only the fissures and a small area of the fissure walls. If more than one tooth in a quadrant is being sealed, the most posterior tooth should be treated first, since maintaining dryness is more difficult in the back of the mouth.

Step 6: Polymerize Dental Sealants

When using light-cured dental sealant material it is important that the curing light is set at the correct intensity and that the manufacturer's instructions on the length of time the sealant should be exposed to the curing light are followed.

Step 7: Inspect Dental Sealants

Isolation of the teeth should be maintained until the dental sealants are checked visually and with the sealant application tip or end of a cotton tip applicator to make sure coverage of the pits or fissures is complete. If there is a surface air bubble, more sealant material can be applied if the tooth has remained uncontaminated. Otherwise, the tooth must be re-etched for 10 seconds, washed, and dried before sealant material is applied. The isolation materials can then be removed, and the student can rinse.

Step 8: Remove Unpolymerized BPA from Dental Sealant

To avoid the unlikely event of BPA toxicity, the surface layer of the dental sealant should be treated to remove un-polymerized BPA remaining on the tooth. This can be done using any one of the following techniques:

- Wipe the sealant surface using a mild abrasive, such as pumice, either on a cotton applicator or in a prophylaxis cup.
- Have older students who are able to, gargle with tepid water for 30 seconds.
- Rinse the surface of the sealant for 30 seconds with an air/water syringe, and suction the fluid and debris from the student's mouth.

4.5 : Fluoride Varnish Application

The benefits of fluoride varnish make it extremely useful within public health programs. Fluoride varnish applications are incorporated within the SBDPPs as part of the preventive services.

Fluoride varnish is highly effective in preventing decay and remineralizing white spot lesions. It is recommended for use on at-risk children as soon as teeth begin to erupt. When applied to teeth, fluoride varnish sets upon contact with saliva. The hardened layer of fluoride is then absorbed into enamel. If not brushed off the teeth, it will continue to be absorbed for several hours. The absorption time is much longer than for traditional fluoride gels and foams. Fluoride varnish application may be applied up to four times a year, based on risk assessment.

Because of the hardening and small amount used, the risk of ingestion and toxicity of fluoride varnish is extremely low, making it safe for young children.

The criteria for application of fluoride varnish include:

- Suspected tooth decay
- White spot lesions
- Visible plaque
- History of decay (fillings or crowns)

- Low socio-economic status

Fluoride varnish application must be provided according to the manufacturers guidelines. The basic application guidelines are:

1. Clean the teeth. Teeth need to be “toothbrush clean” before fluoride varnish is applied.
2. Dry the quadrant to be treated with gauze or air.
3. Apply the varnish to all exposed surfaces of the teeth, including the chewing and interproximal surfaces.
4. Repeat for all remaining quadrants.
5. Provide patient instruction (to parent or patient):
 - a) Patient should not brush or floss their teeth for four to six hours following the application.
 - b) Patient should wait 2 hours after application before eating crunchy foods or drinking hot drinks.
 - c) Patient should be informed that the teeth may appear discolored until the varnish is brushed off.

The [TDH fluoride varnish](#) guide may be accessed via SharePoint.

4.6 : Silver Diamine Fluoride Application

The benefits of silver diamine fluoride make it extremely useful within public health programs. Silver diamine fluoride applications are incorporated within the SBDPPs as part of the preventive services.

Silver diamine fluoride (SDF) is a safe, effective treatment for dental caries for all ages. SDF arrests active carious lesions painlessly and without local anesthetic, as long as the teeth are asymptomatic, avoiding or delaying traditional surgical removal of caries. This intervention can be applied to teeth as soon as caries are detected. SDF is effective in treating people who are unable to access dental treatment or tolerate conventional dental care, including very young “pre-cooperative” children, persons with intellectual/developmental disabilities, or older adults.

The criteria for application of silver diamine fluoride include:

- Cavitated dental lesion
- Difficult to treat dental lesions
- Patients with carious lesions that may not all be treated in one visit
- Treatment challenged by behavioral or medical management

Contraindications: Silver allergy, Ulcerative Gingivitis, Stomatitis

Considerations:

- SDF will likely cause a very dark stain in demineralized tooth surfaces
- SDF may irritate the pulp, especially if the tooth is symptomatic.
- If contacted, SDF will cause reversible stain to skin (2-3 weeks) for patient or provider

- SDF can permanently stain operatory surfaces and clothes

Silver diamine fluoride basic application guidelines are:

1. Plastic-lined cover for set-up
2. Plastic-lined bib for the patient
3. 2x2 cotton gauze or cotton rolls
4. Air/water syringe
5. Saliva ejector
6. Cotton tip applicator
7. Petroleum jelly or lip moisturizer
8. 1 microbrush applicator
9. Dappen dish (glass or plastic, NOT metal)
10. 1 drop of SDF

Silver diamine fluoride procedure:

1. Put on standard Personal Protective Equipment (PPE) before handling SDF
2. Ensure that the patient is wearing protective eyewear and a plastic-lined bib
3. Place 1 drop of SDF into a dappen dish
4. Remove bulk saliva (e.g. saliva ejector)
5. Isolate tongue and cheek from affected teeth with cotton
6. Apply petroleum jelly to gingiva near affected areas with a cotton applicator
7. Dry affected tooth surfaces as well as possible with air syringe
8. Bend the microbrush, immerse into the SDF, and remove excess on the side of the dappen dish
9. Apply directly onto the tooth surface
10. Allow to absorb for 1 minute, then remove excess with cotton roll or gauze
11. Re-application of SDF is recommended a week after the initial application
12. Place gloves, cotton, and microbrushes into trash, NOT the counter

4.7 : Care Coordination and Referrals

Each student receiving services through the SBDPPs must be given a dental report. These forms, sent home to the child's parent/guardian, include services provided and treatment needs.

TennCare Outreach assures that all students screened receive TennCare contact information.

For those students identified with treatment needs, follow-up care coordination and referrals must be provided by the onsite provider. Those students identified with immediate treatment needs, an additional notification is provided to the school and the parent/guardian the same day.

TennCare student's information is given to the CHANT (Community Health Access and Navigation Team) Lead County or Regional staff members for further follow-up and direct contact.

CHANT links children and families to needed oral health care services and assures timeliness, appropriateness and completeness of care. The SBDPPs work closely with school staff (a vital resource) to ensure students who have been identified as needing immediate dental care, are connected with a dental provider.

4.8 : Retention Checks / Evaluation

Retention checks can be an effective way to evaluate staff performance, identify needed protocol changes, and detect clinical problems related to equipment and/or dental materials. Retention checks are recommended by the National Maternal and Child Oral Health Resource Center's document, *Seal America: The Prevention Invention*, and should be performed regularly for quality assurance purposes.

SBDPP staff will be notified of retention check requirements (e.g., the proportion of students checked and the frequency with which they are checked) at the beginning of each contract year.

Short-term retention checks - recommend that a sample of students who receive dental sealants be evaluated a few days or weeks after sealant application to ensure that the dental sealants are intact, adequately cover the occlusal pits and fissures, and have marginal integrity. These short-term retention checks should be completed on as many students as possible. The goal for short-term retention rates of properly applied sealants should be 98-100 percent.

Short-term retention checks can be especially useful in evaluating the performance of a new provider working in the SBDPP.

Long-Term Retention Checks - are done approximately one year following initial sealant placement. One-year retention rates of sealants should be high, averaging at least 90 percent.

Section 5: Forms and Reporting

All SBDPPs are required to use approved program forms including:

- Combined Information and Consent Form
- Sealant Data Collection form
- Event-Level Data Collection tool
- Parent/Guardian Dental Report Form

5.1 : Combined Information and Consent Forms

For the purposes of a sealant program, a combined informational and consent form is used. The TDH SBDPP has developed a standard form for use in the sealant programs that contains the minimum information that must be incorporated. Each region has the option of modifying a template for their use; however, if modified, approval from TDH Oral Health Services must be received prior to use.

TDH SBDPP Information and Consent Form – English PH-4294 (Appendices A.1)

TDH SBDPP Information and Consent Form – Spanish PH-4294S (Appendices A.1)

For the purposes of the SBDPP silver diamine fluoride, a combined informational and consent form is used. The TDH SBDPP has developed a standard form for the Silver Diamine Fluoride program that contains the minimum information that must be incorporated. Each region has the option of modifying a template for their use; however, if modified, approval from TDH Oral Health Services must be received prior to use.

TDH SDF Information and Consent Form – English PH-4336 (Appendices A.2)

TDH SDF Information and Consent Form – Spanish PH-4336S (Appendices A.2)

5.2 : Sealant Data Collection Form

The Sealant Data Collection Form captures both screening information and the data indicators needed for the TDH SEALS data file. A Sealant Data Collection form must be completed for each child examined/screened. The TDH SBDPP has developed a standard form for use in the sealant programs that contains the minimum information that must be incorporated. Each region has the option of modifying a template for their use; however, if modified, approval from TDH Oral Health Services must be received prior to use.

TDH SBDPP SEALS Child-Level Data Collection Form – PH-4305 (Appendices A.3)

5.3 : Event-Level Data Collection Tool

The Event-Level Data Collection Tool captures both event information and data indicators need for the TDH SEALS data file. The TDH SBDPP has developed a standard tool for use in the sealant programs that contains the minimum information that must be incorporated. Each region has the option of modifying a template for their use; however, if modified, approval from TDH Oral Health Services

must be received prior to use.

TDH SEALS Event-Level Data Collection Tool (Appendices A.4)

5.4 : Parent/Guardian Dental Report Form

Every student receiving services through a SBDPP must receive a parent/guardian dental report to take home that indicates the findings of the screening, services provided and treatment needs, if any. Each region has the option of creating its own dental report, but the one developed for use with this system contains the minimum information a program must incorporate into its own form. If modified, approval from TDH Oral Health Services must be received prior to use.

TDH Dental Report – English PH-3782 (Appendices A.5)

TDH Dental Report – Spanish PH-3782 (Appendices A.5)

Every student receiving an application of silver diamine fluoride through a SBDPP must receive a parent/guardian Silver Diamine Fluoride Report to take home that indicates which teeth were treated with a first and/or second application of silver diamine fluoride. Each region has the option of creating its own dental report, but the one developed for use with this system contains the minimum information a program must incorporate into its own form. If modified, approval from TDH Oral Health Services must be received prior to use.

TDH Dental Report – English PH-4335 (Appendices A.6)

TDH Dental Report – Spanish PH-4335 (Appendices A.6)

6.2: ACUTE ASTHMA ATTACK

SUBJECTIVE

History of:

- Current/past medications and efficacy
- Recent contact with irritant
- Previous asthma attack
- Acute or chronic infection

Symptoms may include:

- Severe wheezing, difficulty breathing, chest tightness, coughing
- Anxiety, apprehension and breathlessness

OBJECTIVE

- Use of the neck, chest, or abdominal muscles in breathing
- Rapid pulse and respiration
- Systolic blood pressure usually rises
- Heavy perspiration
- Prolonged expiration with expiratory and occasionally inspiratory wheezes
- During severe distress, wheezing may be absent and breath sounds may be diminished and lip and fingernail cyanosis may be present

ASSESSMENT

Acute asthmatic attack

PLAN

- Call 911
- Assure adequate airway - administer CPR if indicated
- Question regarding most recent weight, medication use and allergies. Avoid Inhaler overuse.
- Locate and use Emergency Kit
- Keep patient's head/chest elevated
- Administer aqueous epinephrine 1:1000, **INTRAMUSCULARLY** according to Emergency Drug Chart; may repeat epinephrine dosage in 15-20 minutes if necessary
- Observe closely for signs of Status Asthmaticus (cyanosis, confusion, and lethargy)
- Reassure and calm patient
- Administer oxygen, 4-6 liters per minute by nasal catheter or cannula, or 6-12 liters by mask
- Transfer to hospital as soon as possible and send report of care given to receiving providers.
- After transfer, document actions in patient record.

Reference

Simons, F., MD, FRCPC. Anaphylaxis: Rapid Recognition and Treatment. In: UpToDate, Feldweg, A., (Ed), UpToDate, Waltham, MA, 2016

6.3: ANAPHYLAXIS

SUBJECTIVE

History of:

- Ingestion of medication or recent injection, often within minutes
- Recent insect bite or sting
- Food consumption
- Previous allergic reaction

Symptoms may include:

- Headache
- Anxiety/feeling of impending doom
- Difficult breathing/tightness in throat and chest, wheezing
- Feeling faint
- Localized or generalized pruritus
- Swelling of hands, feet, face and tongue

OBJECTIVE

- Weak, irregular, and rapid pulse (above 100 beats per minute)
- Rapid and shallow respirations
- Fall in blood pressure
- Patient apprehensive and perspiring heavily, may be confused
- Lips, tongue, and eyelids are frequently swollen
- Hives, rash, erythema present
- Cyanosis of the lips and nail beds
- Labored breathing and wheezing (wheezes are heard throughout chest)
- Nasal discharge, nasal congestion, change in voice quality, sensation of throat closure or choking, shortness of breath

ASSESSMENT

Anaphylactic reaction

PLAN

There are **NO** absolute contraindications to epinephrine use in anaphylaxis:

- Initiate emergency response system, call 911
- Place patient in supine position
- Assure adequate airway - administer CPR if indicated
- Question regarding most recent weight
- Administer aqueous epinephrine 1:1000 **INTRAMUSCULAR** according to Emergency Drug chart
- May repeat epinephrine dosage every 5-15 minutes, if necessary
- Administer Benadryl IM according to Emergency Drug Chart
- Observe closely for signs of continuing shock, airway obstruction, convulsions, and coma

- Administer oxygen, 4-6 liters per minute by nasal cannula or mask
- Give report to EMT team upon arrival
- Document event per health department protocol

ANNAPHYLAXIS EMERGENCY DRUG CHART

Epinephrine Dose

Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose.

May be repeated every 5–15 minutes for a total of 3 doses.

Age group	Range of weight (kg)*	Range of weight (lb)	1 mg/mL injectable (1:1000 dilution); <u>INTRAMUSCULAR</u> Minimum dose: 0.05 mL
1–6 months	4–8.5 kg	9–19 lb	0.05 mL (or mg)
7–36 months	9–14.5 kg	20–32 lb	0.1 mL (or mg)
37–59 months	15–17.5 kg	33–39 lb	0.15 mL (or mg)
5–7 years	18–25.5 kg	40–56 lb	0.25 mL (or mg)
8–10 years	26–34.5 kg	57–76 lb	0.3 mL (or mg)
11–12 years	35–45 kg	77–99 lb	0.4 mL (or mg)
13 years & older	46+ kg	100+ lb	0.5 mL (or mg) – maximum

NOTE: Dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

Diphenhydramine (commonly known as Benadryl)

Injectable 50mg/ml INTRAMUSCULAR

Age group	Range of weight (kg)*	Range of weight (lb)	Dose 50 mg/ml	INTRAMUSCULAR
7–36 months	9–14.5 kg	20–32 lb	10–15 mg/dose	0.3 ml
37–59 months	15–17.5 kg	33–39 lb	15–20 mg/dose	0.4 ml
5–7 years	18–25.5 kg	40–56 lb	20–25 mg/dose	0.5 ml
8–12 years	26–45 kg	57–99 lb	25–50 mg/dose†	1.0 ml
13 years & older	46+ kg	100+ lb	50 -100 mg/dose†	2.0 ml

NOTE: Dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

†According to AAP’s *Red Book*, for children age ≥12 years, the diphenhydramine maximum single dose is 100 mg.

WEIGHT CONVERSION:

1 kg = 2.2 lbs

1 lb = 0.45 kg

REFERENCES

Community Health Services Policy #3.4A

Campbell, RL., MD, PhD, Kelso, JM, MD. Anaphylaxis: Emergency treatment. In: UpToDate, Walls, RM, MD, FRCPC, FAAEM (Ed), UpToDate, Waltham, MA, accessed on June 9, 2016.

Medical management of vaccine reactions in children and teens,
<http://www.immunize.org/catg.d/p3082a.pdf> accessed February 26, 2016

Simons, F., MD, FRCPC. Anaphylaxis: Rapid Recognition and Treatment. In: UpToDate, Feldweg, A., (Ed), UpToDate, Waltham, MA, 2016

6.3 SEIZURES

SUBJECTIVE

History of:

- Previous seizures or "fits" or positive family history
- Ingestion of drugs or poisons
- Previous head trauma
- High fever - infections
- CNS congenital abnormalities or neonatal insult
- Recent alcohol cessation

Symptoms may include:

- Sensory or motor disturbances, "Aura" Nausea

OBJECTIVE

- Localized or generalized rhythmic muscle jerking, clenched jaws
- Confusion, drowsiness (postictal state), unconsciousness;
- Eyes rolled upward or to one side
- Cyanosis of lips and nailbeds
- Urinary and fecal incontinence, vomiting

ASSESSMENT

Seizure

PLAN

During Seizure:

- Call 911
- Maintain an open airway by turning patient on side with head low; DO NOT try to pry clenched jaws apart; loosen clothing around neck
- Use oxygen if needed
- Place patient in a position to prevent injury; avoid physical restraint unless absolutely necessary to protect patient
- Note and record length of seizure and activity

After Seizure:

- Reorient patient and examine for associated injuries
- Refer to medical facility for evaluation and further treatment as appropriate

Reference

Ferri's Clinical Advisor 2008

6.4 : SYNCOPE/VASOVAGAL REACTION/COMMON FAINT

GENERAL INFORMATION

Syncope is a transient loss of consciousness and postural tone due to inadequate cerebral blood flow with prompt recovery that does not require resuscitation.

Vasovagal reactions (referred to as common fainting) are autonomic nervous system responses to stressful, painful, fearful, or claustrophobic experiences.

Syncope may also be caused by cardiac disorders, cerebrovascular disorders, orthostatic hypotension, hypovolemia secondary to hemorrhage or dehydration, chronic diseases such as diabetes-related hypoglycemia or fasting for tests, and neurologic disorders such as transient ischemic attacks (TIAs).

SUBJECTIVE

Symptoms may include:

- Nausea
- Lightheadedness
- Roaring in ears sensation
- Dimming vision

History to establish cause:

- Gather as much information as possible from patient, family/friend(s), or bystanders
- What was the person doing prior to the episode?
- What were the prodromal symptoms (i.e., nausea, lightheadedness etc.)?
- Are there any predisposing factors (i.e., age, chronic disease, fasting, IUD insertion etc.)? Are there any precipitating factors (i.e., a painful or fearful procedure)?
- What did the passersby witness? Were there any signs of seizure?

OBJECTIVE

- Diaphoresis
- Loss of color (pale/ashen)
- Loss of consciousness and postural tone

ASSESSMENT

- Syncope – Possible Vasovagal Reaction

PLAN

- Assure airway, breathing, circulation
- Remove any inciting stimuli (stress, pain, fear etc.) Elevate legs, loosen tight clothing such as a tie or belt
- Monitor vital signs

When there is immediate recovery, review history and refer patients with any significant findings to a primary care provider
Give high flow oxygen if recovery is not immediate
Initiate emergency response (call EMT/911) if recovery is not complete within minutes
Continue to check vitals signs, assure airway, breathing, and circulation until EMT arrives
Give report to EMT team

References

Current Medical Diagnosis and Treatment, 2000
Handbook of Signs and Symptoms, 2006
Rosen and Barkin's 5-Minute Emergency Medicine Consult, 2003
Tennessee Pre-hospital Protocols and Standing Orders, TN Emergency Medical Services, 2004

6.6 Prevention of Infective Endocarditis (IE): Recommendations from the American Heart Association

Current American Heart Association (AHA) recommendations for the prevention of Infective Endocarditis must be used when determining the need for prophylactic coverage during dental procedures.

American Heart Association (AHA) information is available at [AHA - Infective Endocarditis](#)

Section 7: TDH Infection Control Manual

TENNESSEE DEPARTMENT OF HEALTH



INFECTION CONTROL MANUAL

2017

INFECTION CONTROL
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I. OSHA REGULATIONS

OSHA REGULATIONS

1. Definitions:

Antiseptic - a substance that will inhibit the growth and development of microorganisms without necessarily destroying them.

Blood - human blood, human blood components and products made from human blood.

Bloodborne pathogens - pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and hepatitis C virus (HCV).

Clinical Laboratory - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination - the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Disinfectant - a chemical that kills infectious agents outside the body by direct exposure to chemical or physical agents.

Engineering Controls - controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Germicide - an agent that kills pathogenic microorganisms.

Handwashing Facilities - a facility providing an adequate supply of running potable water, soap, and single use towels

Microorganisms - a minute living microscopic organism such as bacteria, viruses, molds, yeast, and protozoa.

Occupational Exposure - reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV- containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV, HBV or HCV.

Parenteral - piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Pathogenic microorganism - a microorganism that can cause disease.

Percutaneous - through the skin. Infectious materials may enter the body through compromised skin surfaces (i.e. needle sticks, acne, cuts, lesions, etc.)

Personal Protective Equipment - specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Regulated Waste - 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.

Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions - an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. Universal precautions apply to blood and other potentially infectious material defined above. Impervious barrier clothing, gloves, face shields, eyewear, must be worn for procedures or with clinical contacts in which blood or potentially infectious materials are present.

Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

2. EXPOSURE CONTROL PLAN

PURPOSE:

A written Exposure Control Plan shall be established to eliminate or minimize employee exposure. The following elements shall be included:

- A. **EXPOSURE DETERMINATION:** means the identification of those individuals whose classification includes tasks which may include skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials.

Employees whose activities place them at risk are:

Physicians - routine patient assessment - taking of specimens

Nurses - patient assessment, blood tests, family planning and prenatal assessment, home health medical procedures (i.e. infusion or changing dressing, etc.) and specimen gathering.

Nurse Assistants - nurse assistants who bathe persons with non-intact skin (open skin lesions) or medical devices used in the home (catheters, etc.) and those who provide laboratory services in clinics.

Dental Healthcare Professionals (Dentists/Dental Assistants/Dental Hygienists) - saliva (all saliva during dental procedures is considered infectious) during invasive procedures (which nearly always contains blood). Any personnel who cleans equipment, supplies after health assessments.

Housekeeping or custodians - who clean or decontaminate bins or cans in which regulated wastes are gathered in health departments.

Laboratory Workers - any employees who collect, process or perform testing on human specimens in laboratories including the local health department laboratories.

Sexually Transmitted Diseases and Tuberculosis Representatives – who must provide services for and take specimens from individuals with HIV, HBV, HCV or Tuberculosis.

Employees of any classification - performing tasks with an exposure risk (e.g. clerk performing nurse assistant duties).

B. METHODS OF COMPLIANCE -

The written Exposure Control Plan shall include a description of how protection will be achieved.

1. General, universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. (See Section III) **ALL BODY FLUIDS SHALL BE CONSIDERED POTENTIALLY INFECTIOUS MATERIALS.** Employees shall be trained in Universal Precautions.
2. **In accordance with TCA 50-3-203 (e) (1) (e) (4) evaluate on a continuing basis available sharps injury prevention devices and use those that are more effective in preventing exposure. To facilitate this effort, each region has appointed a Safer Sharps Work Group to meet on a continuing basis and evaluate the newer devices as they become available. The work group is made up of medical, dental and nursing professionals. This group is charged with obtaining information on the newer protective devices and deciding those that will be evaluated by means of pilot projects in the local health department clinics. An evaluation form will be filled out by the clinic providers performing the evaluation, and these evaluations will be used by the Safer Sharps Work Group and central office infection control committee representative in determining which devices will be used in state-wide clinics and subsequently placed on the state contract. These reports will be kept on file.**

Staff will be trained prior to use of any sharps products that are to be used in the clinics. Proof of training will be maintained at the local clinic site for three years.

3. Work practice controls used to prevent exposure shall be described. A schedule for infection control maintenance of engineering and work place controls shall be established in each clinic.
 - a. Handwashing facilities shall be readily accessible in clinical settings. Where this is not feasible (such as in a home visit), other handwashing cleansers and towels must be made available. The employees will wash hands with soap under running potable water as soon as possible after leaving the home.
 - Handwashing is to take place following removal of protective clothing or gloves.
 - Hands and any other exposed areas must be washed with soap and water after exposure to any body fluid.

*If a mucous membrane is splashed or sprayed by an infectious material, the mucous membrane must be flushed with running water immediately.
 - b. Contaminated needles and other used sharps must not be bent, broken, sheared, recapped or removed from syringes. The only exception will be dental procedures requiring multiple injections of an anesthetic. In this case, resheathing instruments, self-sheathing needles, or forceps are to be used to prevent recapping by hand. Contaminated sharps (needles, scalpels, lancets, lancet platforms, microglass tubes, etc.) shall be discarded immediately into biohazard containers. **CONTAINERS ARE TO BE IN EASY REACH FOR IMMEDIATE DISCARD OF SHARPS. CONTAINERS ARE NOT TO BE FILLED ABOVE THE FULL LINE.**

- ❖ These waste containers shall be placed out of reach of children.
 - ❖ Containers of used sharps will be closed before removing from the clinic site to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
 - ❖ Filled sharps containers are to be stored in the designated biohazardous area.
 - ❖ Patients who use syringes and needles in the home may use hard plastic containers such as liquid detergent or fabric softener for disposal. Lids are to be taped and container labeled as biohazard before disposing into garbage.
 - ❖ **Note:** No food container shall be used for hazardous wastes.
- c. Contaminated laundry shall be handled as little as possible with minimal agitation. Contaminated laundry shall be placed in biohazard bags. All employees handling contaminated laundry must wear protective clothing. An impervious apron and gloves are appropriate. (See Appendix E for further instructions.)
 - d. Blood or other potentially infectious specimen shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping. After labeling properly (color-coded or biohazard sticker), all specimen are to be placed in the appropriate, hard impervious containers. If the outside of the specimen container becomes contaminated, the specimen must be placed within a second hard, impervious container with the color-coded or biohazard label before transporting or mailing.
 - e. Eating, drinking, applying cosmetics, and handling contact lenses are prohibited in areas where there is reasonable likelihood of occupational exposure.
 - f. Food and drink must not be kept in refrigerators, freezers, shelves, and cabinets, nor on countertops or benches where blood or other potentially infectious materials are present. These freezers, refrigerators, cabinets, etc. must be labeled with biohazard labels. No food, drink or personal items are to be kept in the clinic or laboratory areas.
 - g. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing or spraying of these substances.
4. Protective devices or barrier protection will be provided for staff to prevent exposure to contamination during exposure prone procedures.
 - a. Disposable gloves, latex or nitrile, shall be worn (vinyl gloves are too porous to protect from bloodborne pathogens): Powdered gloves are banned by FDA.
 - *Whenever a blood or other potentially infectious specimen is taken or an invasive procedure is performed,
 - *Whenever the Healthcare Worker (HCW) has cuts, dermatitis or open skin lesions.
 - *If a HCW has seeping skin lesions or multiple open wounds they should not participate in invasion prone procedures until healed
 - *Whenever the patient has open skin lesions to clean
 - *To handle specimen containers.

Wash hands under running water with detergent soap before putting on gloves and wash carefully after removal of gloves.

Disposable gloves shall be used only once and disposed of in waste containers.

Gloves shall be changed after each patient contact.

- b. Masks, Eye Protection, Face Shields, and impervious clothing must be worn whenever the possibility of splashes, spray or splatter of infectious materials is possible. Contaminated face shields, goggles and other devices must be cleaned after use with 10% bleach solution or equivalent decontaminate. Disposable masks or barriers must be disposed of in contaminated waste.
 - c. Laboratory coats or aprons made of impervious material must be worn over clothing whenever occupational exposure is possible. The apron or lab coat is not to be worn outside the risk area. Ex. Bathroom, breakroom. Disposable coats or aprons contaminated by infectious materials must be disposed of into biohazard waste containers.
 - d. Dental engineering and work practice controls: Examples of engineering controls that might be used in a dental clinic are needleless devices, shielded needle devices, self-sheathing anesthetic needles, and dental units designed to shield burs in handpieces. Work practice control examples are needles, scalers, laboratory utility knives, burs, explorers, and endodontic files. These controls can include removing burs before disassembling the handpiece from the dental unity, restricting use of fingers in tissue retraction or palpation during suturing, administration of anesthesia and minimizing uncontrolled movements of such instruments as scalers or laboratory knives. Work-practice controls for needles and other sharps including placing used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers located as close as possible to where the items are used.
5. Employees must ensure that the worksite is maintained in a clean and sanitary condition and must establish a schedule for cleaning and decontamination necessary in clinical work areas.
- a. Equipment and work surfaces must be decontaminated with an appropriate decontaminant following spillage of infectious material and at the end of each work shift.
*(Freshly made bleach solution shall be used. Always make fresh daily as it loses strength if it sits too long.) A commercial product that meets bactericidal criteria may be used.
**To make a 10% disinfecting Bleach Solution: Mix one part commercially available straight bleach to nine parts water.*
 - b.
 1. Clinical examination tables will be covered with a clean paper barrier between each patient. If the paper becomes wet or otherwise contaminated, the table must be washed with a germicidal detergent and a decontaminant (10% bleach solution or equivalent bactericidal). Paper visibly contaminated with potentially infectious materials must be disposed of as biohazard waste. Otherwise paper may be put into regular waste containers.
 2. Reusable receptacles which may become contaminated must be inspected and decontaminated as often as necessary (at least once a week) with a 10% bleach solution.
 3. Broken glass must be picked up with forceps, tongs, or a dustpan with brush.
 4. Filled sharps containers must be closed, removed and replaced with new disposable containers. Used sharps containers must be disposed of as infectious waste. **These containers must not be overfilled.**

C. HEPATITIS B VACCINATION:

Hepatitis B vaccination series will be made available, at no cost to the employees, to every employee who may have occupational exposure to blood or other potentially infectious material. For new at risk employees the vaccine should be made available within 10 working days of initial assignment. Post vaccination testing for HB titers shall be performed on new employees 1-2 months after the third dose of vaccine. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

Non-responders shall have the 3 series vaccine repeated. The employee shall then be retested and if found again to be a non-responder no further vaccine is administered. For an exposure incident to a source known to be infected with HBV, follow the most current recommendations of CDC. Employees, who decline to accept the Hepatitis B vaccination series, must sign the PH form indicating their refusal. (See Appendix E) Should a routine booster dose(s) be recommended by the U.S. Public Health Service at a future date, such booster(s) will be made available to the employee at no cost.

Also see Appendix A for **other** indications for post exposure vaccine and/or HBIG administration.

D. COMMUNICATION OF HAZARDS:

Warning labels and biohazard stickers or signs must be affixed to all regulated wastes, refrigerators and freezers containing blood or other infectious or hazardous waste materials. Containers used to store, transport or ship blood or other potentially infectious materials must also be labeled.

The biohazard label may be fluorescent orange or orange-red or predominately red with lettering symbols in a contrasting color.

Labels should be affixed in such a manner that they will not be lost or removed.

Red bags or red containers may be substituted for labels.

Containers of blood or other potentially infectious materials must be placed in a biohazard labeled container during storage, transport, shipment or disposal.

Equipment that may become contaminated shall be labeled with a biohazard label.

Regulated wastes that have been decontaminated do not need to be labeled or color-coded and may be disposed of in regular wastes.

All employees will be made aware of hazardous chemicals, the Safety Data Sheets (SDS), and how to clean up or contain spills without jeopardizing themselves.

E. ORIENTATION AND TRAINING WILL BE PROVIDED FOR ALL STAFF:

1. Who may be exposed to biohazardous materials at no cost to them during work hours.
 - ❖ As soon as assigned to risk taking tasks
 - ❖ At least annually thereafter
 - ❖ Whenever significant changes in practice or procedural updates are made.

2. Training must include
 - ❖ Copy of the Federal OSHA Bloodborne Pathogen Standard with explanation of its contents.
 - ❖ General explanation of the epidemiology and symptoms of bloodborne diseases Modes of transmission
 - ❖ An explanation and a copy of the Exposure Control Plan for each employee
 - ❖ Explanation of those tasks or activities which may put the employee at risk
 - ❖ Explanation of engineering controls, work practices and personal protective devices (barriers) that will prevent or reduce exposure
 - ❖ Proper handling, use, location, removal, decontamination and disposal
 - ❖ An explanation of when and what protective device should be used.
 - ❖ Information on Hepatitis B (HBV) vaccine to include "efficacy, safety, how administered and the benefits and that HBV vaccine will be given free of charge to the employee
 - ❖ Information on what to do and who to notify in an emergency in which an incident involving bloodborne pathogens occurs
 - ❖ Clear explanation of procedure and follow-up of an exposure incident, including forms to complete.
 - ❖ Post exposure follow-up evaluation and counseling to be provided by employer
 - ❖ Explanations of signs, labels and color-coding required
 - ❖ Time for questions and answers allowed
 - ❖ The instructor should be efficient and demonstrate proficiency in infection control practice
 - ❖ Employers will assure that employees are able to demonstrate proficiency in standard microbiological practices before working with HIV, HBV or HCV.

F. RECORD KEEPING SHALL BE MAINTAINED ON EACH EMPLOYEE WHO IS AT RISK OR HAS HAD AN OCCUPATIONAL EXPOSURE AND SHOULD INCLUDE:

1. Name
2. Hepatitis B vaccination status
3. If exposure occurs, copies of all results of examinations, medical testing and follow-up procedures.
4. A copy of the incident report.
5. All medical records are kept confidential, separate from employee personnel file and are not divulged without written consent by the employee.
6. Employee records shall be kept while employee remains in the system plus 30 years.
7. Training records shall be kept to include:
 - ❖ Dates of training
 - ❖ Content summary
 - ❖ Names and qualifications of instructor(s)
 - ❖ Records shall be kept for 3 years from time of first training
 - ❖ Annual training plus update when new procedures or preventive input becomes available

II. UNIVERSAL PRECAUTIONS

1. Assume ALL human blood, plasma, serum, body fluids (semen, saliva in dental procedures, cerebrospinal and amniotic fluid, breast milk, vaginal secretions and any fluid contaminated with blood) and tissues to be contaminated with Human Immunodeficiency Virus (HIV) Hepatitis B Viruses (e.g., HBV), or Hepatitis C (HCV). Handle them with appropriate care!
2. All employees at risk for occupational exposure to blood and other potentially infectious body fluids are to be offered Hepatitis B vaccine at no cost to the employee.
3. Remember: The most susceptible route of laboratory infection for HIV, HBV, and HCV is by accidental needle sticks, contamination of the mucous membranes, or through broken, abraded or irritated skin. Use appropriate caution and maximum protection to prevent such contact.
4. Avoid spilling, splashing or open aerosolization of human blood or body fluids. Wear latex or nitrile gloves and protective garments when handling human materials. If danger of splash or spills exists, use a face shield.
5. Understand the principles of good microbiological practice before working with biohazardous materials. Examples include use of aseptic technique, proper decontamination procedure, emergency biohazard spill management and proper use of biosafety equipment. Develop proficiency before beginning work.
6. Use aseptic technique. Thorough hand washing is essential after patient contact and after handling blood and body fluids and after wearing gloves and prior to exiting the clinic area. Handwashing facilities must be readily accessible to employees.
7. Use great care and caution when handling syringes and needles, sharps or glassware. Never attempt to recap or remove a used needle. Dispose of syringe-needle assemblies in sharp proof, autoclavable containers or disposable biohazard containers.
8. All contaminated liquid or solid wastes are decontaminated before disposal or disposed of in regulated color coded, labeled waste containers.
9. A spill kit (Bleach, leak proof container, paper towels, gloves, forceps, spray bottle) is to be used to clean up infectious material spills. Large spills are cleaned up by donning gloves and lab coats or aprons then pouring 10% bleach solution around edges of spill or alternately paper towels soaked in bleach can be placed over the spill area. Approximately 10 minutes of contact time should be allowed to ensure germicidal action. All materials are then gathered into containers and soaked in bleach for 10 minutes further and then discarded. Small spills can be wiped up with paper towels and sprayed with freshly made 10% bleach solution (1 part bleach, 9 parts water).
10. Clean all work areas and equipment used in handling human biohazardous materials with proven disinfectant (e.g., 10% bleach solution) when concluding work to protect personnel from accidental infection.

11. Mechanical pipetting devices are used; mouth pipetting is prohibited.
12. Eating, drinking, smoking, and applying cosmetics are not permitted in the clinic or laboratory. Food may be stored in cabinets or refrigerators designated and used for this purpose only. Food storage cabinets or refrigerators should be located outside of the work area.
13. All procedures are performed carefully to minimize the creation of aerosols.
14. Laboratory coats, gowns, or uniforms are to be worn to prevent contamination of clothing that will be worn on the street.
15. Report all accidents, untoward occurrences and unexplained illness to your supervisor and the work physician immediately.
16. Caution must be exercised to prevent used, contaminated gloves from cross-contaminating lab surfaces, lab coats, doorknobs, wall switches, phones or lab notebooks. Remove contaminated gloves after each operation and dispose of them as biohazardous waste.
17. Understand the department's post exposure follow-up program and be familiar with the appropriate standard operating procedures for accidental exposure to human materials. The specimens involved must be identified and tested for HIV, HBV, and HCV, and proper procedures followed.

III. OCCUPATIONAL EXPOSURE/POST- EXPOSURE MANAGEMENT

<http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

I. Definition of Occupational Exposure

An *occupational exposure* is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, or other potentially infectious materials that may result from the performance of an employee's duties. For the purposes of this section occupational exposure is specifically defined as:

- A. Percutaneous or parenteral exposures (i.e. needlestick or other penetrating sharps-related injury).
- B. Mucous membrane exposures.
- C. Non-intact skin exposures.
- D. Direct contact with concentrated virus in a laboratory.
- E. Human bites resulting in blood exposure to either person involved.

Note: The exposure should be evaluated for potential to transmit HIV based on the type of body substance involved and the route and severity of the exposure. See the latest CDC recommendations for post exposure prophylaxis.

<https://www.cdc.gov/niosh/topics/bbp/guidelines.html>

In this section these guidelines will be referred to as the CDC Occupational Exposure Management Guidelines.

II. Immediate Treatment of the Exposure Site

An employee who has had an occupational exposure must immediately:

- A. Wash exposed areas, needle stick sites, and cuts, with soap and water.
- B. Flush the nose, mouth or skin with water, if exposed.
- C. Irrigate exposed eyes with clean water, saline, or sterile solutions for 15-30 minutes.
- D. Report exposure to supervisor or designee **as soon as possible**.

III. Exposure Report/Sharps Injury Log

Region/County must ensure that:

- A. When an occupational exposure occurs, the following information is recorded on an Incident/Accident Report (see Appendices F for report form) and maintained as a Sharps Injury Log.
1. Date and time of exposure.
 2. Details about the exposed person.
 - a. Job classification of the exposed employee.
 - b. Hepatitis B vaccination and vaccine-response status.
 3. Details about the exposure source.
 - a. Whether or not the source person is infected with HBV, HCV, and/or HIV.
 - b. If the source person is HIV-infected, the stage of disease, history of antiretroviral therapy, viral load and antiretroviral resistance information, if known.
 4. Description of the exposure incident including the following:
 - a. Type and amount of fluid or material, and the severity of the exposure.
 - b. Body part involved in the incident.
 - c. Use of relevant personal protective equipment.
 - d. Procedure that the exposed worker was performing at the time of the incident.
 - e. Where (i.e., work area where the incident occurred) and how the incident happened including any unusual situation (e.g., violent client).
 5. Type and brand of the device (i.e., sharp) involved in the exposure incident.
 6. If the sharp had engineered sharps injury protection (ESIP):
 - a. Whether the protective mechanism was activated.
 - b. Whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.
 7. If the sharp had no ESIP, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury, as well as the basis for the opinion.
 8. The employees' opinion about whether any other engineering, administrative, or work practice control could have prevented the injury, as well as the basis for the opinion.
 9. Details about counseling, post exposure management and follow-up, which must be kept in the employee's medical file, not personnel file.
- B. Completion of the Incident/Accident Form (PH-1765) (See Appendix E)
1. The employee and/or supervisor or supervisor's designee must notify Workman's Compensation by telephone as soon as possible following the exposure incident if incident involves a state employee. The employee, supervisor or supervisor's designee must also complete the Incident/Accident Form. If county or DGA employee, the county director or designee would file with the appropriate claims person in the county executive's office.
 2. The original completed Incident/Accident Form must be kept locally.
 3. The Human Resources Officer must receive a copy of the completed report within 72 hours of incident. (Reference Policy 3.4)

4. The report shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee and kept on file for 30 years after termination of employment.
- C. The Tennessee Workers' Compensation and Special Injury Policy is followed. After ensuring proper medical care for the employee, the supervisor or designee must report the exposure to workers compensation.

IV. Evaluation of Exposure and Exposure Source

Region/County must ensure that:

- A. The exposure is evaluated for potential to transmit HBV, HCV, and HIV based on the type of body substance involved and the route and severity of the exposure. The following exposures to blood or other potentially infectious body fluids require further evaluation:
1. Percutaneous or parenteral exposures (i.e. needlestick or other penetrating sharps-related injury).
 2. Mucous membrane exposures.
 3. Non-intact skin exposures.
 4. Direct contact with concentrated virus in a research laboratory.
 5. Human bites resulting in blood exposure to either person involved.
- B. The exposure source is evaluated for evidence of HBV, HCV, and HIV infections.
1. Review information available in the source client's medical record at the time of exposure to determine HBV, HCV, and/or HIV status.
 2. Inform the source client or his/her legal guardian/authorized representative of the incident.
 3. Interview the source client or his/her legal guardian/authorized representative for information that might confirm or exclude HBV, HCV, and HIV infections.
 4. If the HBV, HCV, and/or HIV status of the source client is unknown, ensure that the source client or his/her legal guardian/authorized representative is:
 - a. Given the opportunity to voluntarily consent to test(s).
 - b. Provided pretest counseling.
 - c. Informed that his/her test result(s) will be disclosed to the exposed health care worker and, if positive, will be placed in his/her medical file.
 - d. Tested, with consent, for HBs-Ag, anti-HCV, and HIV antibody.
 - e. Provided post-test counseling when test results are available.
 5. The source client is not charged for testing.
 6. The client's care is not discontinued or adversely affected, even if the client refuses to cooperate.
 7. If the exposure source is unknown or cannot be tested, information about where and under what circumstances the exposure occurred should be assessed for the likelihood of transmission of HBV, HCV, or HIV. Consider the source client's medical diagnoses, clinical symptoms, and history of risk behaviors.

V. Post-Exposure Management

A. General Management

Region/County must ensure that:

1. The latest CDC occupational exposure management guidelines are followed.
2. A confidential medical evaluation and follow-up is immediately available to the exposed employee. A plan for medical evaluation must be established and well known to employees. **Note:** According to the CDC, to assure timely access to HIV post-exposure prophylaxis, an occupational exposure should be regarded as an urgent medical concern and PEP started as soon as possible after the exposure (i.e., **preferably within one to two hours post-exposure**).
3. A medical file is established for the exposed employee.
 - a. Medical files must include:
 - 1) A copy of the exposure report.
 - 2) Laboratory results.
 - 3) Post-exposure counseling/education.
 - 4) Medical evaluation(s).
 - 5) Follow-up plans.
 - 6) Immunizations and PEP provided.
 - 7) Other records related to the exposure.
 - b. Confidentiality of all employee medical files must be maintained.
 - c. Medical files must be kept in a locked cabinet and separated from personnel files. **Note:** OSHA requires employers to maintain employee medical records for at least the duration of employment plus 30 years.
4. All hepatitis B unvaccinated employees exposed to any blood or body fluid must be encouraged to initiate the hepatitis B vaccine series.
5. The physician evaluating the employee after an exposure is provided with the following information:
 - a. A copy of the exposure control plan.
 - b. A copy of the exposure report as soon as available.
 - c. HBV, HCV, and HIV status of the source client and other relevant health information about the source when available.
 - d. If the source client is known to have HIV infection, information about the person's stage of infection, CD4 count, HIV viral load results, current and previous antiretroviral therapy, and results of any genotypic or phenotypic viral resistance testing if/when available.
 - e. All medical records relevant to the appropriate treatment of the employee including hepatitis vaccination and anti-HBs response status, any current or underlying medical conditions or circumstances, and pregnancy status, which may influence post-exposure prophylaxis and counseling.
6. The prophylactic treatment or immunizations ordered by the physician are provided to the employee at no charge.

B. Management of Exposures or Potential Exposures to HBV

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

Regions must ensure that:

1. The source client's hepatitis B surface antigen (HBsAg) status is evaluated.
2. The hepatitis B vaccination and vaccine-response status of the exposed employee is reviewed.
3. The employee is tested for antibodies to hepatitis B surface antigen (anti-HBs), if indicated, with consent.
4. Employees who refuse HBV testing, must sign a refusal to consent form (see Appendix E for form).
5. The prophylactic treatment or immunizations ordered by the physician are provided to the employee.
 - a. If indicated, Hepatitis B Immune Globulin (HBIG) and/or Hepatitis B vaccine should be administered as soon as possible after exposure (i.e., preferably within 24 hours, but no later than 7 days). Contact Regional Office Pharmacist for obtaining HBIG. If Regional Pharmacist is not available, contact State Director of Pharmacy.
6. Follow-up anti-HBs testing of employees who receive hepatitis B vaccine is performed within 1-2 months after the last dose of vaccine. **Note:** If HBIG was given in the previous 3-4 months, anti-HBs response cannot be determined.
7. Employees exposed to HBV are counseled on measures to reduce potential secondary transmission during the follow-up period. According to the CDC occupational exposure management guidelines, healthcare workers exposed to viral hepatitis:
 - a. Do not need to take special precautions to prevent secondary transmission during the follow-up period.
 - b. Should refrain from donating blood, plasma, organs, tissue or semen.
 - c. Do not need to modify sexual practices.
 - d. Do not need to refrain from becoming pregnant.
 - e. Do not need to discontinue breastfeeding. **Note:** If a pregnant woman is HBV infected, she can begin breastfeeding immediately after birth, with the caveat that her infant receives both hepatitis B immune globulin, and the first dose of hepatitis B vaccine within 12 hours of birth.
 - f. Do not need to modify patient-care responsibilities. Continue to follow standard precautions and strict aseptic technique.

C. Management of Exposures or Potential Exposures to HCV

Region/County must ensure that:

1. The source client is tested for antibodies to hepatitis C virus (anti-HCV) as indicated. *If positive, refer to CDC algorithm for further testing recommendations.
2. After percutaneous or mucosal exposures, the client and employees are monitored, with consent, for HCV infection through:
 - a. Baseline six weeks, twelve weeks and six months antibody testing to hepatitis C virus (anti-HCV). *If positive, refer to CDC algorithm for further testing recommendations.
 - b. Baseline and 6 month ALT.
3. Confirmational tests are sent to the current reference lab.

4. Employees exposed to HCV are counseled on measures to reduce potential secondary transmission during the follow-up period. According to the CDC occupational exposure management guidelines, healthcare workers exposed to viral hepatitis:
 - a. Do not need to take special precautions to prevent secondary transmission during the follow-up period.
 - b. Should refrain from donating blood, plasma, organs, tissue or semen.
 - c. Do not need to modify sexual practices.
 - d. Do not need to refrain from becoming pregnant.
 - e. Do not need to discontinue breastfeeding. **Note:** According to CDC, HCV infected women do not need to avoid breastfeeding. However, they should consider abstaining from breastfeeding if nipples are cracked or bleeding.
 - f. Do not modify patient-care responsibilities. Continue to follow standard precautions and strict aseptic technique.

Note: Immune globulin and antiviral agents are not recommended for PEP after exposure to HCV-positive blood. In addition, currently there are no guidelines for administration of therapy during the acute phase of HCV infection.

D. **Management of Exposures or Potential Exposures to HIV**

Regions/Counties must ensure that:

1. The source client is tested for HIV antibody through the reference lab.

Note: According to the CDC occupational exposure management guidelines, an FDA-approved rapid HIV antibody test kit should be considered for use in the HIV antibody testing of an exposure source, particularly if the testing of enzyme immunoassay (EIA) cannot be completed within 24-48 hours. Repeatedly reactive results by EIA or rapid HIV-antibody tests are considered to be highly suggestive of infection, whereas a negative result is an excellent indicator of the absence of HIV antibody. Confirmation of a reactive result is not necessary for making initial decisions about post-exposure management, but should be done to complete the testing process and before informing the source client.
2. When the source patient's rapid test result is negative, and the clinician has ascertained that the source patient could have possibly been exposed to HIV in the previous 6 weeks, a plasma HIV RNA assay should be used in conjunction with the rapid HIV antibody test. In these situations, PEP should be initiated and continued until results of the plasma HIV RNA assay are available.
3. Employees exposed to HIV are:
 - a. Encouraged to have a medical evaluation and follow-up immediately.
 - b. Provided initial HIV counseling and education.
 - c. Offered baseline blood collection for HIV antibody testing or for storage.
 1. If the baseline HIV antibody test is negative, repeat the test at six weeks, twelve weeks and six months. Do appropriate pre-test and post-test counseling for each test.

2. If the employee refuses the HIV antibody test, a declination form must be signed by the employee and placed in the employee's medical record.
- d. Provided post-test counseling when test results are available.
- e. Informed that the source client's care and confidentiality must be maintained.
- f. Evaluated for PEP. **Note:** Recommendations for PEP are based on the risk for HIV infection after different types of exposures and on data regarding the efficacy and toxicity of PEP.
- g. Provided PEP as ordered by the physician. (See current recommendations as per CDC.)

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

1. Regions should have drugs for initial management of an HIV exposure readily available.
 2. PEP should be initiated as soon as possible (i.e., within hours).
 3. Prior to initiation of PEP, the employee should have baseline labs drawn according to CDC.
 4. Offer pregnancy testing to all women of childbearing age not known to be pregnant.
 5. Expert consultation is advised in the following situations:
 - a) Delayed (i.e., later than 24-36 hours) exposure report.
 - b) Unknown source.
 - c) Resistance of the source virus to antiretroviral agents.
 - d) Employee experiences toxicity of the initial PEP regimen.
- Note: If a local expert is not available, contact the National Clinicians' Post-exposure Prophylaxis Hotline (PEpline) at 1-888-448-4911.**
6. PEP should be administered for 4 weeks, if tolerated.
 7. The HIV-exposed employee taking PEP should be reevaluated within 72 hours after exposure.
 8. Discontinuation of PEP if the source client is determined to be negative will be decided based on CDC recommendations and/or expert consultation.
 9. All dental exposures should also be reported to the Regional Dental Director.
 10. Regional Dental Director is to review all incident/accident reports involving dental staff.
- h. If taking PEP, monitor for drug toxicity for the duration of therapy as recommended by CDC and ordered by the physician.
Minimally, laboratory monitoring for drug toxicity should include a CBC, and renal and hepatic function tests at baseline and every 2 weeks during PEP.
 - i. Provided the following counseling, if the employee chooses to take PEP:
 1. Stress the importance of completing the prescribed regimen.
 2. Provide information about the potential drug-drug or drug-food interactions, drugs that should not be taken with PEP, the side effects of the drugs that have been prescribed, measures to minimize these

effects, and the methods of clinical monitoring for toxicity during the follow-up period.

3. Advise that the evaluation of certain symptoms should not be delayed (e.g., rash, fever, back or abdominal pain, pain on urination or blood in the urine or symptoms of hyperglycemia [i.e., increased thirst and/or frequent urination]).

Recommended PEP Regimen

2 drug:

Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO daily (or the combination drug Truvada)

3rd drug:

Raltegravir 400 mg PO bid

Timing of Initiation of PEP

When a potential occupational exposure* to HIV occurs, every effort should be made to initiate PEP as soon as possible, **ideally within 2 hours**. A first dose of PEP should be offered to the exposed worker while the evaluation is underway. In addition, PEP should not be delayed while awaiting information about the source or results of the exposed individual's baseline HIV test. Decisions regarding initiation of PEP beyond 36 hours post exposure should be made on a case-by-case basis with the realization of diminished efficacy when timing of initiation is prolonged.

Duration of PEP: 4 weeks

*See Table 1 for Recommended HIV PEP for Percutaneous Exposures

*See Table 2 for Recommended HIV PEP for Mucous Membrane & Non-Intact Skin Exposure

Resources

- Updated USPHS Guidelines for the Management of Occupational Exposures to HIV and Recommendations for PEP (MMWR, Sept 2013) <https://stacks.cdc.gov/view/cdc/20711>
- AIDS Education and Training Centers National Resource Center (<http://www.aidsetc.org>)

Table 1. Recommended HIV PEP for Percutaneous Occupational Exposures

Exposure type	Unknown Source	Known Source			
		HIV (-)	HIV (?)	HIV (+)	
				No symptoms or VL <1,500	Symptoms, AIDS, Acute Infection or VL >1,500
Less Severe	Generally no PEP ..but... Consider 2-drug PEP in settings where exposure to HIV (+) persons is likely	No PEP	Generally no PEP ..but... Consider 2-drug PEP for source with HIV risk factors*	2-drug PEP	≥ 3-drug PEP
More Severe	Generally no PEP ..but... Consider 2-drug PEP in settings where exposure to HIV (+) persons is likely	No PEP	Generally no PEP ..but... Consider 2-drug PEP for source with HIV risk factors*	3-drug PEP	≥ 3-drug PEP

*If PEP is initiated and the source is later determined to HIV (-), PEP should be discontinued.

Table 2. Recommended HIV PEP for Mucous Membrane and Non-Intact Skin Occupational Exposures

Exposure type	Unknown Source	Known Source			
		HIV (-)	HIV (?)	HIV (+)	
				No symptoms or VL <1,500	Symptoms, AIDS, Acute Infection or VL ≥1,500
Small Volume	Generally no PEP	No PEP	Generally no PEP	Consider 2-drug PEP	2-drug PEP
Large Volume	Generally no PEP ..but... Consider 2-drug PEP in settings where exposure to HIV (+) persons is likely	No PEP	Generally no PEP ..but... Consider 2-drug PEP for source with HIV risk factors*	2-drug PEP	≥ 3-drug PEP

*If PEP is initiated and the source is later determined to HIV (-), PEP should be discontinued.

IV. Cleaning, Disinfecting, and Sterilizing

http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf

***Note on following page the information regarding storing and use of bottled sterile and/or distilled water in health department clinics.**

DISTILLED AND/OR BOTTLED WATER

For improved infection control and equipment maintenance, all distilled water and/or sterile water used in TDH clinics and satellite clinics are to be purchased from a third party in pre-sealed containers. *Appropriate size containers of water should be ordered based on amount to be used.*

Once a container of **distilled** water is open, the container is to be dated. The container and contents are to be discarded in 30 days from opening date. Note: *if used for lab purposes the container and contents are to be discarded immediately following use.*

Sterile water and container are to be discarded following one time use.

All bottled water products must comply with the FDA's Quality Standards in Section 165.110(b) of Title 21 of the Code of Federal Regulations (CFR). These standards, along with the FDA's Good Manufacturing Practices, ensure the safety of all bottled water products from production to packaging to consumption, see the FDA's website: <https://www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafeFood/ucm046894.htm>

In addition to established regulations, products should always be used in accordance with practice standards for intended use, see https://www.cdc.gov/healthywater/other/medical/med_dental.html

Cleaning, Disinfecting, & Sterilizing

Introduction

FDA recommends that facilities using liquid chemical sterilants should:

- ❖ Adhere to the label instructions regarding concentrations and application times when soaking devices for disinfection.
- ❖ Use disposable sterile equipment and supplies when possible.
- ❖ Do not reuse equipment and supplies intended for single use since these products have not been manufactured to withstand additional sterilization.
- ❖ Use heat sterilization methods for heat-stable instruments and supplies.

For quality control of autoclaves used for steam sterilizer, spore tests should be performed. Frequency of spore testing should be based on the number of loads run, from once a week to once a month.

UNDERSTANDING THE LABELS OF GERMICIDES

Under the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA), the Environmental Protection Agency (EPA) is responsible for the registration and regulation of germicides. In exercising this responsibility, the EPA requires that label claims be truthful, meaningful and practical for safe and effective use of the product.

When a germicide is being considered for purchase, the label should be checked for:

1. The EPA registration number
2. An ingredient statement
3. Direction for use
4. Adequate safety and precautionary information
5. The name and address of the manufacturer or distributor

Additionally, examine the label for the tabulation of benefits. The claims that appear on the label are established by testing the product against a uniform set of official standards of the Association of Official Analytical Chemists, which are used by the EPA. Under these standards a HOSPITAL DISINFECTANT must be effective against the test organisms *Staphylococcus aureus*, *Salmonella cholerasuis* and *Pseudomonas aeruginosa*. A TUBERCULOCIDAL LABEL means the chemical has been tested against *Mycobacterium tuberculosis var bovia*. Labels may also include a fungicidal, virucidal and sporocidal claims.

The label on a germicide is a legal document and is a guarantee that the product will perform as stated on the label. An informed examination of the label will result in purchase of a germicide that will perform the desired functions effectively.

For general disinfecting procedures in health department clinics and laboratories, a chemical should have an EPA registration number cited on the label and also a tuberculocidal claim on the label. The only exception to this is household bleach, as described throughout this manual.

See the following pages and Appendix F for Cleaning, Disinfecting, and Disposal of Equipment and Supplies, and Appendix G for General Housekeeping. Please note that custodial employees handling or cleaning contaminated equipment, material, or rooms come under OSHA regulations and must be offered Hepatitis B vaccine and receive training as specified in the OSHA Bloodborne Pathogen standard. Also, a cleaning schedule should be posted for each individual facility. Any disinfectant used in cleaning should bear a label showing EPA approval and tuberculocidal activity.

STERILIZATION OR DISINFECTION OF DENTAL INSTRUMENTS

Dental instruments are classified into three categories – critical, semicritical, or noncritical – depending on their potential risk for infection associated with their intended use. Each dental clinic should classify all instruments as follows:

- **Critical.** Instruments which penetrate soft tissue, contact bone, enters into or contacts the bloodstream or other normally sterile tissue. Examples of these instruments are surgical instruments, periodontal scalers, scalpel blades, and surgical dental burs. These instruments must be sterilized by heat.
- **Semicritical.** Instruments which contact mucous membranes or non-intact skin; will not penetrate soft tissue, contact bone, enter into or contact the bloodstream or other normally sterile tissue. Examples of these instruments are dental mouth mirrors, amalgam condensers, reusable impression trays and dental handpieces. These instruments that are heat stable should be sterilized routinely between uses. *Although dental handpieces are considered semicritical, they should **always** be heat-sterilized between uses and not disinfected, this includes low speed motors and attachments.
- **Noncritical.** Instruments which contact intact skin. Examples of these instruments are radiograph head/cones, BP cuff, facebow and pulse oximeter. Because these noncritical surfaces pose the least risk of transmission of infection, cleaning followed by disinfection with an EPA-registered hospital disinfectant is adequate. If the item is visibly contaminated with blood or OPIM, an EPA-registered hospital disinfectant with a tuberculocidal claim (intermediate-level disinfectant) should be used. Cleaning or disinfecting of these surfaces can be difficult or cause damage to the surfaces, the use of disposable barrier protection is recommended.

Methods of Sterilization or Disinfection of Dental Instruments

All instruments should be processed in a designated central processing area to control quality and ensure safety. It should be divided into sections for cleaning, preparation & packaging, sterilization and storage.

Before sterilization or high-level disinfection, instruments should be cleaned thoroughly to remove debris. Persons involved in cleaning and reprocessing instruments should wear heavy-duty (reusable utility) gloves to lessen the risk of hand injuries. Employees should not reach into trays or containers holding sharp instruments that cannot be seen. Cleaning may be accomplished with a mechanical device (e.g., an ultrasonic cleaner). The use of **covered** ultrasonic cleaners does not require presoaking or scrubbing of instruments and is recommended to increase productivity, improve effectiveness of cleaning and to reduce exposure to blood and bodily fluids. After cleaning, instruments should be rinsed with water to remove chemical or detergent residue.

All critical and semicritical dental instruments that are heat stable should be sterilized routinely between uses by steam under pressure (autoclaving). An internal chemical indicator should be placed in every package. Critical and semicritical instruments that will not be used immediately should be packaged before sterilization.

Single-use disposable instruments (e.g., prophylaxis angles, prophylaxis cups and brushes, tips for high-speed air evacuators, saliva ejectors, and air/water syringes) should be used for one patient only and discarded appropriately. These items are not to be reused.

Proper functioning of sterilization cycles should be verified by the period use (at least weekly) of biologic indicators (i.e., spore tests). Results of tests should be kept in a log at each clinic site. Heat-sensitive chemical indicators (e.g., those that change color after exposure to heat) do not ensure adequacy of a sterilization cycle but may be used on the outside of each pack to identify packs that have been processed through the heating cycle. A simple and inexpensive method to confirm heat penetration to all instruments during each cycle is the use of a chemical indicator inside the packages of wrapped instruments or in the center of the load of unwrapped dental instruments. All sterilization methods should be followed closely.

Use of liquid chemical germicides (Cold Sterile) for sterilization is not recommended due to the amount of time required for sterilization (immersion for 12 hours) and the fact that the sterilization process cannot be verified with biological indicators.

Disinfection of Laboratory Materials

Laboratory materials and other items that have been used in the mouth (i.e., impressions, bit registrations, fixed and removable prostheses, orthodontic appliances) should be cleaned and disinfected before being manipulated in the laboratory, whether the laboratory is on-site or a remote location.

When a laboratory case is sent off-site, the Dental Healthcare Professional (DHCP) should provide written information regarding the methods (i.e. type of disinfectant and exposure time) used to clean and disinfect the material, such as impression, stone model or appliance. If the dental laboratory provides the final disinfection, an EPA-registered hospital disinfectant (low to intermediate) should be used, written documentation of the disinfection method is provided, and the item is placed in a tamper-evident container before returning to the dental office.

Because of the increasing variety of dental materials used intraorally, DHCPs are advised to consult with manufacturers regarding the stability of specific materials relative to disinfection procedures. A chemical germicide having at least an intermediate level of activity (i.e., “tuberculocidal hospital disinfectant”) is appropriate for such disinfection. Communication between dental office and dental laboratory personnel regarding the handling and decontamination of supplies and materials is important.

DIAPHRAGM FITTING RINGS

PURPOSE

To provide diaphragm fitting rings free of pathogenic microorganisms.

SUPPLIES

Gloves
Liquid soap and water
Clean, dry, closed container
Autoclave towel

PROCEDURE

1. Autoclave Method
Autoclave at 121 degrees C/15 psi for between 20 and 30 minutes. The time variation is dependent on whether the articles are wrapped or unwrapped.
Allow to air dry and then place in container until ready for use.
2. Bleach Method
Soak in a 10% bleach solution for 10 minutes at room temperature.
Rinse thoroughly with tap water.
Allow to air dry and then place in container until ready for use.

CLEANING AND STERILIZING Reusable Instruments

PURPOSE

To provide clinical equipment that is free of pathogenic organisms.

SUPPLIES

Gloves
Paper towels
Detergent
Running water
Autoclave wrapping
Autoclave

PROCEDURE

Instruments that must be sterile for reuse will be autoclaved.

Observe handwashing and glove procedure
Clean used instruments with a detergent making certain that all secretions and/or debris are removed.
Wrap cleaned, dried instruments and autoclave following manufacturer's recommendations regarding proper temperature, length of cycle, loading and use.
Date package with autoclaved date. Expiration date may also be included.
All disposable devices that have been used in such a manner that they become contaminated with blood or other potentially infectious body fluids must be disposed of into contaminated waste bins.

* Note: Forceps, tongs, pick-ups, etc. shall not be stored in containers with liquid soap or alcohol.

CLEANING AND STERILIZING Metal Vaginal Speculums

PURPOSE

To provide vaginal speculums free of pathogenic organisms.

SUPPLIES

Detergent
Running water
10% bleach solution or enzyme cleaner
Paper towels
Autoclave
Autoclave wrappers
Timer

PROCEDURE

Metal Speculum:

Observe handwashing and glove procedure
Immediately after use, place speculums in a leakproof container containing an enzyme cleaner or bleach solution, timed according to the manufacturer's instructions. (10 minutes for 10% bleach solution)
Discard soaking solution
Wash in soapy water
Dry with paper towels
Wrap speculums individually or by number needed in an examining room and date.
Autoclave according to manufacturer's directions.
Store in a clean dry cabinet in an examining table.

Disposable Speculum:

Used disposable vaginal speculums shall be disposed of in contaminated waste container.

NEEDLES, SYRINGES, AND SHARPS

PURPOSE

To prevent needle stick and/or sharp injuries to HCW or patient.

SUPPLIES

Sharps containers in every clinic room or worksite, placed conveniently near HCW.

PROCEDURE

After use and activation of safety device, sharps are to be dropped immediately into biohazard sharps container.

Vacutainer holders, lancets, scalpels and all other sharps shall be dropped into the sharps container.

PRECAUTIONS

Needles shall not be clipped, bent, broken or removed from the syringe.

Sharps, lancets and scalpels put directly into sharps container prevents injury and possible contamination of the HCW.

Sharps containers **must not be overfilled**.

Filled sharps containers shall be securely closed and stored in designated area for biohazard waste pickup. These containers will be picked up and transported by the state contracted biohazard waste company. **Sharps containers shall be placed out of the reach of children.**

BLOOD AND INFECTIOUS MATERIAL SPILLS PRECAUTIONS

PURPOSE

To prevent transmission of pathogenic microorganisms by appropriate cleaning of any spill of blood or body fluids.

SUPPLIES

A spill kit should be available in each clinic or laboratory setting.

Bleach – 10% solution
Bucket or other leak proof container
Paper towels or absorbent material
Latex or nitrile gloves
Forceps or tongs
Spray bottle

PROCEDURE

Don gloves and lab coat or apron.

Small spills:

Spray with freshly made 10% bleach solution. Wipe up with paper towels.

Large spills:

Pour 10% bleach solution around edges of spill and over spill or use paper towels soaked in the bleach solution.

Allow 10 minutes of contact time to ensure germicidal action.

Gather all spill materials and discard.

STERILIZATION: AUTOCLAVES

DEFINITION

Sterilization is a process with the objective of removal and destruction of all living microorganisms including spores that may exist on the surface of an article or in a fluid.

PURPOSE

To assure the sterility of instruments and supplies.

PROCEDURE

All autoclaves should be inspected annually by manufacturer's representative or other individual trained to service and/or inspect autoclave.

Follow manufacturer's recommendations regarding proper temperature, length of cycle, loading and use.

All employees operating the autoclave must be instructed in the correct operating procedures.

Place a spore capsule in the center of a package to determine if autoclave is reaching the required temperature. Keep a log to record findings. Spore testing should be done based on number of load runs (once a week to once a month). Follow the directions specific to spore test used.

If spores are not killed in routine spore tests, the sterilizer should immediately be checked for proper use and function and the spore test repeated. Instruments autoclaved during this cycle should be re-autoclaved once the repeat spore test is negative. **IF SPORE TEST REMAINS POSITIVE**, use of the sterilizer is to be discontinued until it is serviced.

ANY POSITIVE SPORE TEST RESULTS SHOULD BE REPORTED IMMEDIATELY TO THE SUPERVISOR.

STORAGE OF SUPPLIES

PURPOSE

To maintain the integrity of the sterile or non-sterile supplies.

EQUIPMENT/SUPPLIES

A dry, clean shelf, drawer or cabinet

Wrapped supplies clearly labeled with content and wrapped date. Expiration date may be included.

PROCEDURE

All sterile supplies should be kept wrapped, labeled and dated with wrapped date. Expiration date may be included. Store on the shelf or in a drawer. **DO NOT USE SHARPIE, BALLPOINT PEN OR GEL PEN TO LABEL. PENCIL WORKS BEST.**

Non-sterile supplies and sterile supplies are to be stored separately.

All supplies should be checked for package integrity and expiration dates before use.

Paper wrapped sterile supplies have an expiration date of one year if kept dry and the integrity of the package is maintained.

Commercially prepared sterile supplies may have an expiration date for more than one year.

If a sterile package is punctured, torn or wet, the package is considered non-sterile and must be re-cleaned, re-wrapped and re-autoclaved prior to usage.

All disposable items must be discarded if package is punctured, torn or wet.

V. INFECTION CONTROL TRAINING PLAN

Infection Control Training Plan Tennessee Department of Health

Federal Register Vol. 56 No. 235, December 6, 1991
Biohazard B(2)

"Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during work hours."

- Purpose:
- (1) To provide all employees who during their routine work assignment, are subject to contact with blood and body fluids, with the information necessary to protect themselves against exposure to disease, injury or other hazardous materials.
 - (2) To provide the above stated employees with the information necessary to take appropriate action in the event exposure does occur.

- Activities:
- (1) Provide initial training in accordance with Federal regulations.
 - (2) Provide training at least annually consisting of review and update of pertinent information.
 - (3) Provide all new employees who are at risk of occupational exposure with an orientation consisting of information contained in these guidelines before the employee enters the clinical setting.
 - (4) Conduct an evaluation or testing to ascertain the employees understanding of the information given during the training or orientation session.

All employees must be able to answer the following questions.

These five basic questions will be asked to employees by a TOSHA inspector when determining if a facility is in compliance with the training section of the Bloodborne Pathogen Standard, 29 CFR 1910.1030.

- Q. (a.) What does "Universal Precautions" mean?
- Q. (b.) What do you do when there is a blood spill?
 - a. personal protection
 - b. clean-up and disposal
 - c. disinfection (apply hazard communication standard)
- Q. (c.) What do you do with contaminated sharps and laundry?
- Q. (d.) Have you been offered the hepatitis vaccination free of charge?
- Q. (e.) Where is the "Exposure Control Plan" and has it been explained to you, and have you been trained?

- (5) Provide additional training when changes involving occupational exposure such as modification of task, adding new procedures or, adding new tasks.

Training material must be of appropriate content, vocabulary and literary level and language.

Persons conducting the training shall be knowledgeable of the training content as it relates to the workplace that is being addressed.

A. Training Content

The training program shall contain the following:

1. Provide accessible copy of the regulatory text and explanation of its contents.
2. General explanation of the epidemiology and symptoms of bloodborne diseases.
3. Explanation of mode of transmission for bloodborne pathogens.
4. Explanation of the employers Infection Control Plan and written statement of how the employee can obtain a copy.
5. Explanation regarding the recognition of tasks that may involve the employee with blood and other potentially infectious or hazardous materials.
6. Explanation of universal precautions; the use and limitation of methods that will prevent or reduce exposure. These methods include engineering controls, work practice and personal protection equipment. (See Section III)
7. Provide information on the types, proper use, location, handling, removal, decontamination and disposal of personal protective equipment.
8. Explanation of basis for selection of personal equipment: i.e. what equipment, when.
9. Provide information on Hepatitis B vaccine including:
 - (a.) efficacy
 - (b.) safety
 - (c.) method of administration
 - (d.) benefitsThe vaccine is to be offered by the employer to the employee free of charge.
10. Explain guidelines regarding appropriate action to take and the person to call in the event of an emergency involving blood and other potentially infectious waste.
11. Explain guidelines to be followed in case of an exposure incident. Discuss the medical follow-up that will be available.
12. Discuss post exposure evaluation and follow-up that the employer is required to provide for the employee following exposure.
13. Explanation of signs, labels or color codes required by TOSHA.
14. Offer opportunity during training session for participant participation, i.e. questions during the training session.

B. Record Keeping - Training

Training records shall include the following information:

1. Dates of the training sessions.
2. Contents or summary of material presented.

3. Name and qualifications of person conducting the training.
4. Name and job title of persons attending the training.

Training records shall be maintained for 3 years from the date that the training occurred.

C. Availability of Records

The employer shall ensure that all records required by this section records be made available upon the request to the Assistant Secretary of Labor and the Director of OSHA for examination and copying.

D. Training

Employee training records shall be made available upon request for examinations and copying to the employee, the employee's representative, Director of OSHA and the Assistant Secretary of Labor.

E. Transfer of Records

The employer shall comply with requirements involving transfers of record as set forth in 29 CSR. If employee ceases business and there is no successor for a prescribed period the employers shall notify the Director of OSHA at least 3 months prior to their disposal and transmit them to the Director.

F. Evaluation of Training

An evaluation of the employee's training and understanding of infection control and hazardous waste management will include the following:

1. Documentation of appropriate orientation and training on file including an update at least annually.
2. Evidence that employees have been given the opportunity to ask questions.
3. Documented evidence that the employee demonstrated understanding of material that was presented during the training.
4. Upon observation, the employee demonstrates appropriate understanding of infection control and hazardous waste management.

VI. APPENDICES

Appendix A Table 3

22

MMWR

June 29, 2001

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg [†] positive	Source HBsAg [†] negative	Source unknown or not available for testing
Unvaccinated	HBIG [§] x 1 and initiate HB vaccine series [†]	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder ^{††}	HBIG x 1 and initiate revaccination or HBIG x 2 ^{§§}	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs ^{¶¶} 1. If adequate,** no treatment is necessary 2. If inadequate, ^{††} administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, [†] no treatment is necessary 2. If inadequate, [†] administer vaccine booster and recheck titer in 1–2 months

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

[§] Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[†] Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL).

^{††} A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

^{§§} The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

^{¶¶} Antibody to HBsAg.

Appendix B

TENNESSEE DEPARTMENT OF HEALTH OCCUPATIONAL EXPOSURE FORM

SOURCE PATIENT CONSENT

TESTING for HIV, HEPATITIS B AND HEPATITIS C

I am being tested for antibodies to Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and for antibodies to Hepatitis B, the virus that causes Hepatitis B, and for antibodies to Hepatitis C, the virus that causes Hepatitis C. These tests are being run because a health care employee received an exposure to my blood or other potentially infectious material.

INFORMATION ON HIV:

I understand that a true positive test result indicates infection with the HIV virus, but it does not predict when or if a person will become ill with AIDS. I have been told that if I have a positive HIV test, the process of notifying my sex and/or needle sharing partner(s) should begin.

It has been explained to me that a negative test does NOT guarantee that a person is not infected with the virus. A period of time (6 weeks to 6 months) is required between infection and when antibodies appear. If I have been infected recently, antibodies may not be present yet and the test may show negative.

I have received recommendations on how to avoid the spread of the virus. I further understand that the medical records with my test results are kept confidential. These results will not be released, except with a court order or as outlined in the accompanying consent for release of medical information. In the consent for release of medical information, information is provided only to physician who is treating the person who sustained exposure to my blood or other infectious material and will be maintained in a completely confidential manner.

INFORMATION ON HEPATITIS B:

Hepatitis B is a virus associated with several different types of liver disease, the most common being acute hepatitis. This disorder can produce either no symptoms at all (carrier state) or minor flu-like symptoms to severe liver disease with dark urine and jaundice or in some cases death. Spread of the virus can be by exposure to blood or other human material, by sexual contact, or through needle sharing. The presence of the virus in the blood can be detected by blood tests for both the virus itself or for antibodies produced by the virus.

INFORMATION ON HEPATITIS C:

Hepatitis C is a virus associated with liver disease, either acute or chronic liver disease. Hepatitis C (HCV) is transmitted primarily through large or repeated direct percutaneous exposure to blood, often by intravenous drug use. Other methods of transmission are by sexual contact. The presence of the virus in the blood can be detected by blood tests for an antibody to hepatitis C virus.

I hereby give consent to have HIV, Hepatitis B and Hepatitis C tests performed. I UNDERSTAND THAT I WILL BE GIVEN MY TEST RESULTS ONLY IN PERSON AND THAT FURTHER COUNSELING WILL BE AVAILABLE AT THAT TIME.

Signature

Date

Appendix C

TENNESSEE DEPARTMENT OF HEALTH OCCUPATIONAL EXPOSURE FORM

EMPLOYEE CONSENT

TESTING for HIV, HEPATITIS B, and HEPATITIS C

I am being tested for antibodies to Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and for Hepatitis B, the virus that causes Hepatitis B and for Hepatitis C, the virus that causes Hepatitis C. These tests are being run because of my occupational exposure to material possibly infected with these viruses. If I am found to be infected with any of these viruses, I will be referred for proper and confidential medical care.

INFORMATION ON HIV

I understand that a true positive test result indicates infection with the HIV virus, but it does not predict when or if a person will become ill with AIDS. I have been told that if I have a positive HIV test, the process of notifying my sex and/or needle sharing partner(s) should begin.

It has been explained to me that a negative test does NOT guarantee that a person is not infected with the virus. A period of time (6 weeks to 6 months) is required between infection and when antibodies appear.

I have received recommendations on how to avoid the spread of the virus. I further understand that I should report to the physician managing my post exposure follow-up if I develop any illness associated with fever or flu-like symptoms, swollen glands, and fatigue or sore throat.

I further understand that the medical records with my test results are kept confidential.

INFORMATION ON HEPATITIS B

The virus causing Hepatitis B can cause anything from no symptoms to mild flu-like illness to severe liver disease with jaundice and death. Some persons can be carriers of the disease and not be aware they have the virus. Hepatitis B can be spread by contact with blood or other human infectious material, by sexual contact, and by needle sharing. The presence of the virus in the blood can be detected by blood test for the virus and for antibodies to the virus.

INFORMATION ON HEPATITIS C

Hepatitis C is a virus associated with either acute or chronic liver disease. Hepatitis C virus (HCV) is transmitted primarily through large or repeated direct percutaneous exposure to blood, often by intravenous drug use. Other methods of transmission are sexual contacts.

I hereby consent to have tests for HIV, Hepatitis B, and Hepatitis C. I understand that I will be given my test results only in person and that further counseling will be available at that time. The results of my tests will be kept strictly confidential and will be limited to the physician managing my post exposure follow-up, to the CDC representative, and to the supervisory nurse. The records of any test results and other medical information will be kept in a confidential file in a sealed envelope in my personnel file.

Signature

Date

Appendix D



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

Hepatitis B Vaccine Declination Form

I, _____, understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Witness

Date

Tennessee Department of Health (TDH)
Incident/Accident Investigation Report
Instructions for Completion

EXPLANATION AND DEFINITIONS:

An **INCIDENT** is any occurrence not consistent with the routine operation of the facility, the routine care of an individual or routine practice/procedure. It may be an **ACCIDENT** or a situation that might result in an accident or it may be an exposure to hazardous or infectious substances.

The purpose of the Incident/Accident Investigation Report form is to provide a tool to document all incidents or accidents that involve a patient/client or provider/employee in the TDH, or any individual involved in an incident or accident that occurs on any TDH property. Examples of such events include injuries, falls, TB skin test conversion, needle sticks, chemical splashes, etc.

If an employee sustains a work related accident or injury, or is exposed to a potentially hazardous or infectious substance, both the Incident/Accident form (PH-1765) and the Worker's Compensation form (TR-0231) must be completed. If a medical claim is not made at the time of the accident or injury, the completed worker's compensation form should be sent to the personnel officer in the Office of Workforce Solutions and Services.

Note: In the case of potential exposure to bloodborne pathogens, OSHA mandates strict limitation on the circulation of medical information. Medical information generated by the health professional evaluating the employee must be kept in a sealed envelope in a locked file. The employer is only informed of certain specified facts as described below.

The employer will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

1. The healthcare professional's written opinion for Hepatitis B vaccine is limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:
 - a) that the employee has been informed of the results of the evaluation, and
 - b) that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnosis (es) must remain confidential and will not be included in the report.

USED BY: Any provider or employee of TDH.

OFFICE MECHANICS AND FILING:

If the incident/accident involves an employee, the front of the form should be completed by the employee and page 2 by the employee's supervisor. In the case of a patient or other individual, the nurse supervisor or designee should complete the form.

The report must be filed with the regional office, according to the regional plan, and be sent directly to the Office of Workforce Solutions and Services within seventy-two (72) hours following any incident/accident occurring on any TDH property, and/or involving any TDH employee.

The original Incident/Accident Investigation Report form is to be retained in the Incident/Accident file at the site in the county in which the incident/accident occurred. Copies should be kept in a similar file at the Regional Office and in the Office of Workforce Solutions and Services.

It is recommended that the Regional Office review all Incident/Accident forms on a periodic basis in order to detect trends and assess corrective action strategies.

Any request for a written or oral statement related to the incident or accident must be cleared through Office of Workforce Solutions and Services and Office of General Council prior to dissemination.

RETENTION TIME:

Copies of the completed Incident/Accident Investigation Report should be retained at the site where the incident/accident occurred for a period of two (2) years except for those occurrences involving exposure to hazardous or infectious substances. If an exposure involves a non-employee, the form must be kept for thirty (30) years from the date of occurrence. For employee exposure, the form must be kept for thirty (30) years from the date of termination of employment.

INSTRUCTIONS FOR COMPLETION:

Page 1 of the Incident/Accident Report form should be completed by the individual to whom the incident/accident occurred (if an employee) or the public health nurse who was involved in or observed the incident/accident (if a patient/visitor).

Date Report Initiated	Record date that form was completed
Region and County	Enter region and county where incident/accident occurred
Type of Incident	Check box that applies
Employee, Patient, Visitor	Check appropriate box; for employee, provide title
Date and Time of Occurrence	Record actual date and time of incident/accident if known
Exact Location of Occurrence	Specify where incident/accident occurred, e.g., waiting room
Name of Involved Individual	Record details of individual to whom incident occurred; provide home address, phone number, date of birth and sex
Name of Parent or Guardian	Complete information of parent/guardian if child (0-18); if not applicable, record N/A

Description of Occurrence	Record in accurate detail all events; include equipment, objects or other obstacles involved in the occurrence
Name of Other People Present	Record name(s) of individual(s) present when incident occurred
Was the Involved Person Informed of the Occurrence?	Check one block; if not applicable explain
Was Person Involved Referred for Evaluation, Treatment, etc.?	Check appropriate block; provide referral information if applicable
Exposure to Blood/Source Testing Needle/Sharps Exposure	Check appropriate box Brand name and type of device must be listed
Current Status	Record status of individual at time report is initiated; include Hepatitis B vaccine status if indicated
Action Taken	Record any action taken to assure appropriate follow-up i.e., informed supervisor, discussed need for observation, medication, need for follow-up; specify return date, if no action needed, document action
Signatures	Include signatures of person completing form and supervisor; include title and date

Page 2 of the Incident/Accident Investigation form should be completed by the first line supervisor or designee (individual may vary according to discipline involved)

Report of Investigation	Provide a summary of the incident/accident investigation
Follow-up Plan	Record plan of follow-up i.e., follow-up in 2 weeks to check on condition, evaluate need for further follow up
Plan of Correction	If applicable, record a summary of plan for correction and/or prevention of this type of occurrence in the future
Signatures	Include signatures of supervisor or designee and regional office reviewer

A separate section to record **ONGOING FOLLOW-UP** is included; include signature, title and date of each entry.



TENNESSEE DEPARTMENT OF HEALTH
Incident/Accident Investigation Report

Date Report Initiated: _ Region: Upper-Cumberland County: Cannon	<input type="radio"/> Incident <input type="radio"/> Accident <input type="radio"/> Hazardous/Infectious Substance (e.g., Needle Sticks)	<input type="radio"/> Employee Title _ <input type="radio"/> Patient <input type="radio"/> Visitor		
Date and Time of Occurrence:	Exact Location of Occurrence:			
Name of Involved Individual:	Address:	Phone #:	Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F
Name of Parent or Guardian (if Child):	Address:	Phone #:		
Detailed Description of Occurrence - include influencing factors, e.g., people, equipment, objects, physical and social environment, extent of damage, names of persons involved (use additional paper if needed):				
Name of Other People Present:	Address:	Phone #		
1.				
2.				
3.				
Was the involved person informed of the occurrence? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A If No or N/A, explain				
Was involved person referred for evaluation, treatment, etc.? <input type="radio"/> Yes <input type="radio"/> No If yes, provide the following information				
Referred to:	Date/Time:	Address:	Phone #	
If exposed to blood or other potential infectious material: Type/brand of device Source tested? <input type="radio"/> Yes <input type="radio"/> No				
Current Status - Include Hepatitis B vaccine status and date series completed if applicable:				
What action was necessary? (include return date if any):				

 Signature of Person Completing Form, Title, Date

 Signature of Supervisor or Designee, Title, Date

The following section is to be completed by First Line Supervisor or Designee:

Report of Investigation:

Follow-up Plan:

Plan of Correction (if applicable):

Signature of Supervisor or Designee, Title, Date

Signature of RO Reviewer, Title, and Date

The following section is to be completed at the time of each follow-up:

Record of follow-up - include signature, title and date of each entry

1.

2.

3.

**APPENDIX F
CLEANING, DISINFECTING AND DISPOSAL
EQUIPMENT AND SUPPLIES**

Personal Protective Equipment	Use	Maintenance	Disposal
Gloves - latex or nitrile disposable	During any invasive procedure - dental care, phlebotomy, changing dressings, assessments involving potentially infectious body fluids	Use only once, discard	Gloves used during invasive procedures should be put into hazardous waste. Gloves not contaminated by blood or other infectious body fluids may be put into regular waste.
Plastic eye wear (wrap around goggles) Face shields	Worn when aerosolization, splatter or spray of potentially infectious body fluids is possible (dental procedures, irrigation of wounds, etc.)	Goggles may be reused. Clean under running water with detergent. Rinse in 10% freshly made bleach solution. Dry and put away.	Item may be disposed of in regular waste. If contaminated, dispose of in hazardous waste. Face shields are not to be reused.
Disposable impervious laboratory coats.	To be worn over uniforms or lab coats to protect from exposure to blood or infectious fluids are possible.	Use only once	Dispose of in hazardous waste when contaminated with blood or body fluids.
Ambu bags	To assist with emergency resuscitation.	To be kept in a plastic or protective cover. After use, wash outside of bag with soap and water, rinse, dry and put away.	Plastic facemasks of ambu bags shall be thrown away after each use.
Pocket masks	To assist with emergency resuscitation.	Use only once.	Discard in regular waste.

APPENDIX G GENERAL HOUSEKEEPING

To provide a biosafe environment for HCW's and their patients, a cleaning schedule shall be established.

Items to be cleaned	Barriers to be used	Solutions Necessary	Procedural Activities	Time Line
Patient assessment tables	Latex or nitrile gloves		A new paper barrier shall be used for each patient. Dispose in regular waste.	Replace after each patient.
		10% bleach solution	When paper becomes wet with <u>blood</u> or other infectious body fluids the paper should be removed to contaminated wastes.	Whenever visibly soiled.
			The table shall be cleaned and sprayed with 10% bleach solution, dried and fresh paper barrier applied.	At the end of each clinic day.
Work tables, counter top	Latex or nitrile gloves	10% bleach solution Wash with detergent first if visibly soiled	Clean surfaces with detergent solutions if visibly soiled. Rinse with 10% bleach solution and allow to dry	Daily after clinic day.
Autoclave	Latex or nitrile gloves	Follow manufacturer's instructions	Follow manufacturer's instructions.	Follow manufacturer's instructions.
Centrifuges	Latex or nitrile gloves	10% bleach solution	Whenever soiled or when there is a spill or breakage. Rinse with 10% bleach solution and allow to dry.	Whenever visibly soiled.
Hemocue	Latex or nitrile gloves	Follow manufacturer's instructions	Whenever there is a spill or breakage and at the end of the day. Rinse with 10% bleach solution.	Following manufacturer's instructions.
Regulated waste	Latex or nitrile gloves	Soapy water Bleach Red bags or biohazard label for can and plastic bag.	Empty regulated waste can, securing bag carefully. Place bags into regulated waste pick up area. Wash and rinse can with 10% bleach solution as needed. Replace red plastic bag in can.	When visibly soiled.
Sharps containers			Check sharps containers. Must not be overfilled. When full, closed container to be stored in biohazard area for pickup.	Check at end of each clinic day.
Broken glassware	Tongs or pick ups	Blood or body fluid spills must be cleaned according to Section IV cleaning, disinfecting, and sterilizing.	Pick up glassware with tongs or pick up device. Place in regular waste. If contaminated put into biohazard waste.	Whenever glass is broken.

APPENDIX H

LABELING REQUIREMENTS

Item	No Label Needed if Universal Precautions Are Used and Specific Use of Container or Item is Known to All Employees	Biohazard Label	Red Container	Date Implemented
Regulated waste container (e.g. contaminated sharps containers)		Yes or biohazard container	Yes	
Reusable contaminated sharps container (e.g. surgical instruments soaking in tray)		Yes or biohazard container	Yes	
Refrigerator/freezer holding blood or other potentially infectious material		Yes		
Containers used in storage, transport or shipping of blood		Yes	Yes	
Blood products for clinical use	No labels required			
Individual specimen containers of blood or other potentially infectious materials remaining in health center	Yes or biohazard container	Yes or biohazard container	Yes	
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal		Yes	Yes	

Appendix I

SAFETY FEATURE EVALUATION FORM SAMPLE SYRINGES, LANCETS, BLOOD COLLECTION SETS

Date: _____ Name: _____ Occupation: _____

Product: Name, brand, company: _____

Number of times used: _____

Please circle the most appropriate answer for each question.

Criteria	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The safety feature can be activated using a one-handed technique	1	2	3	4	5
2. The weight of the device was similar to that of a conventional syringe	1	2	3	4	5
3. Use of this product requires you to use the safety feature.	1	2	3	4	5
4. This product does not require more time to use than a non-safety device.	1	2	3	4	5
5. The device is easy to handle while wearing gloves.	1	2	3	4	5
6. The device is easy to handle when wet.	1	2	3	4	5
7. The device performed reliably.	1	2	3	4	5
8. I used the device for all the same purposes for which I use the conventional device.	1	2	3	4	5
9. Activating the safety feature was easy.	1	2	3	4	5
10. The safety feature functioned as intended.	1	2	3	4	5
11. The safety feature operates reliably	1	2	3	4	5
12. There is a clear and unmistakable change (either visible or audible) that occurs when the safety feature is activated.	1	2	3	4	5
13. The user does not need extensive training to operate the product correctly.	1	2	3	4	5

Appendix J

**SAFETY FEATURE EVALUATION FORM
DENTAL SAFETY SYRINGES**

Date: _____ Name: _____ Occupation: _____

Product: Name, brand, company: _____

Number of times used: _____

Please circle the most appropriate answer for each question.

Criteria	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The safety feature can be activated using a one-handed technique	1	2	3	4	5
2. The weight of the device was similar to that of a conventional dental syringe	1	2	3	4	5
3. Use of this product requires you to use the safety feature.	1	2	3	4	5
4. This product does not require more time to use than a non-safety device.	1	2	3	4	5
5. The device is easy to handle while wearing gloves.	1	2	3	4	5
6. The device is easy to handle when wet.	1	2	3	4	5
7. The device accepts standard anesthetic cartridges were easy to change	1	2	3	4	5
8. Aspiration of blood into the anesthetic cartridge was clearly visible.	1	2	3	4	5
9. The device accepts standard dental needles of all common lengths and gauges, and does not interfere with needle changing.	1	2	3	4	5
10. The device performed reliably.	1	2	3	4	5
11. I was able to give injections in all mouth sizes and all areas of the mouth.	1	2	3	4	5
12. I used the device for all the same purposes for which I use the conventional device.	1	2	3	4	5
13. Activating the safety feature was easy.	1	2	3	4	5
14. The safety feature functioned as intended.	1	2	3	4	5
15. Sterilization of this device is as easy as a standard dental syringe.	1	2	3	4	5
16. The device is no more difficult to break down after use for sterilization than a standard dental syringe.	1	2	3	4	5

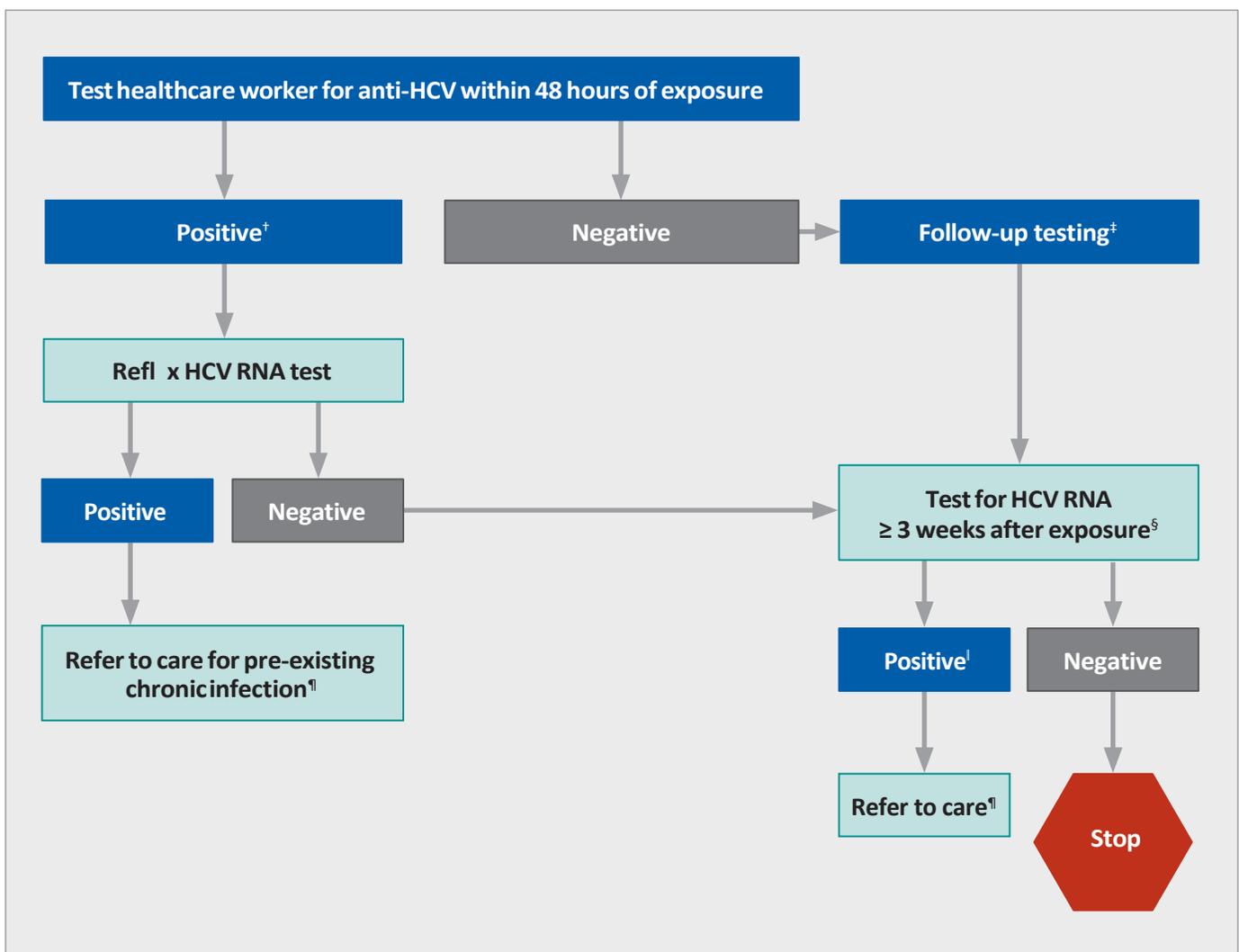
Criteria	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
17. The safety feature operates reliably	1	2	3	4	5
18. The exposed sharp is permanently blunted or covered after use and prior to disposal.	1	2	3	4	5
19. There is a clear and unmistakable change (either visible or audible) that occurs when the safety feature is activated.	1	2	3	4	5
20. The user does not need extensive training to operate the product correctly.	1	2	3	4	5
21. The design of the device allows for easy removal of the needle and carpule from the syringe.	1	2	3	4	5
22. The device provides a better alternative than traditional recapping.	1	2	3	4	5

Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV)

Recommended Testing and Follow-up

Exposure to viral hepatitis has long been recognized as an occupational risk for healthcare personnel, with recommendations previously established for the management of occupational exposures to hepatitis C virus (HCV). This notice, which is based on current laboratory guidance¹, updates the 2001 HCV testing algorithm for healthcare personnel².

Test the source for HCV RNA^{*}. If the source is HCV RNA positive, or if HCV infection status unknown, follow the algorithm below:



[†]If it is not possible to test source for HCV RNA, then test for antibodies to HCV (anti-HCV) and screen HCW exposed to anti-HCV positive source. Note that persons with acute infection may test HCV RNA positive but anti-HCV negative.

[‡]In a nationally representative population sample with low (1%) HCV infection prevalence, 22% of anti-HCV positive results were determined to be false-positive. An additional 10% had indeterminate results in a confirmatory assay; most were likely to be false-positive. Among the subset of persons testing anti-HCV screening reactive and subsequently HCV RNA negative, 50% of the anti-HCV tests were false-positive.³

[‡]Anti-HCV testing at ≥ 6 months with reflex to HCV RNA test, if positive, could also be done.

[§]A single negative HCV RNA test using currently available FDA-approved tests in the US is considered sufficient to rule out chronic HCV infection when screening an HCV antibody-positive individual with no known ongoing risk of exposure. HCV RNA becomes detectable within 3 weeks after exposure even when the antibody is still undetectable. Persons who develop symptoms of acute HCV infection such as jaundice may be tested earlier than 3 weeks, but if negative would require re-testing at ≥ 3 weeks. Spontaneous clearance of acute infection may occur up to six months after exposure, therefore persons testing HCV RNA positive < 6 months after exposure should be tested again at ≥ 6 months to determine infection status.

[‡]All patients with current HCV infection as evidenced by a positive HCV RNA test result should be evaluated by a practitioner with expertise in assessment of liver disease severity and HCV treatment. Guidance for hepatitis C treatment may be found at www.hcvguidelines.org and is changing rapidly with the advent of new therapies.

[†]Spontaneous clearance of infection may occur up to six months after exposure; persons testing HCV RNA positive < 6 months after exposure should be tested again at ≥ 6 months after exposure to determine infection status.

References

¹CDC. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians. MMWR 2013; 62(18): 362-5.

²Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR 2001; 50 (RR11): 1-42.

³CDC Division of Viral Hepatitis, manuscript in preparation, *Prevalence of false-positive hepatitis C antibody results, NHANES 2007-2012*.

Appendix L
WEBSITES

<https://www.osha.gov/Publications/OSHA3186.pdf> Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards

<https://www.osha.gov/SLTC/etools/hospital/hazards/tb/sampleexposurecontrolplan.html>
OSHA Sample Exposure Control Plan

https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf Appendix D Model
Exposure Control Plan

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051 Bloodborne Pathogens 1910.1030

<https://www.cdc.gov/niosh/topics/bbp/guidelines.html> Bloodborne Infectious Diseases:
HIV/AIDS, Hepatitis B, Hepatitis C

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf> Guideline for
Disinfection and Sterilization in Healthcare Facilities, 2008

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm> Updated US Public Health
Service Guidelines for the Management of Occupational Exposures to HBC, HCV and HIV and
Recommendations for Post Exposure Prophylaxis

<https://www.cdc.gov/hepatitis/pdfs/testing-followup-exposed-hc-personnel.pdf> Algorithm –
Information for Healthcare Personnel Potentially Exposed to Hepatitis C Virus (HCV)

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm> CDC Guidance for Evaluating
Healthcare Personnel for Hepatitis B Virus Protection and for Administering Post Exposure
Management

Section 8: School-Based Annual Checklist

Legal Signature Page (Page 8.01)

A copy of the Legal Signature Page with all current regional SBDPP staff members' printed name with credentials, legal signature with credentials, and the date of signature, should be kept in the front of the SBDPP Manual and updated annually.

Sealant Application Review

Sealant application must be reviewed annually. **Attach Documentation**

Site Specific Exposure Control Plan (Page 8.02)

Site specific Exposure Control Plans must be updated annually

Evaluation of Safer Sharps Devices (Page 8.03)

Evaluation of safer sharps devices with the solicitation of staff will be provided annually.

Safer Sharps Devices and Exclusion List of Non-Safe Sharps (Page 8.03)

A copy of the safer sharps devices used within the program and a list of non-safe sharps used within the program, updated annually.

Personal Protection Equipment (PPE) Certification (Page 8.04)

A regional specific PPE list must be signed and dated by the regional dental director annually.

Written Housekeeping Plan (Page 8.05)

A regional specific Written Housekeeping Plan must be signed and dated by the regional dental director annually.

Sharps Injury Log (Page 8.06)

A sharps injury log for all percutaneous injuries occurring from contaminated sharps must be maintained annually; records should be retained for five (5) years.

List of Hazardous Chemicals – Section 9

List of hazardous chemicals must be reviewed (updated if needed) annually

Inventory of Chemicals, Materials, and Supplies – Section 9

Inventory of chemicals, materials and supplies must be reviewed (updated if needed) annually

Infection Control and Hazard Communication Training – Section 9

Infection Control and Hazard Communication Training is provided annually with appropriate documentation. **Attach Documentation**

Safety Data Sheets (SDS) – Section 9

SDS must be reviewed (updated if needed) annually. **Attach Documentation**

Insert Sealant Application Review

Evaluation of Safer Medical Devices (Dentistry)

SBDPP

(regional program name)

(date)

OSHA Regulation: [1910.1030\(c\)\(1\)\(iv\)\(B\)](#) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

The employer must simply keep abreast of new and emerging technologies and solicit input from non-managerial employees to determine if the facility's chosen device remains preferable to any newly developed products. This should be documented in the Exposure Control Plan.

Safer Sharps Devices used within the

SBDPP

(regional program name)

(date)

List the device and how it is being used

Exclusion List of Non-Safe Sharps used within the

SBDPP

(regional program name)

(date)

List the brand name, what the device is and why it is being used

Written Housekeeping Plan

SBDPP

(regional program name)

(date)

OSHA Regulation [1910.1030\(d\)\(4\)\(ii\)\(A\)](#) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

To provide a biosafe environment for healthcare workers and their patients, a cleaning schedule shall be established.

Items to be cleaned	Barriers to be used	Solutions Necessary	Procedural Activities	Time Line

(Regional Dental Director)

(Date)

Establishment/Facility Name: _____

Sharps Injury Log

Year: 2_____

Date	Case / Report No.	Type of Device (e.g. syringe, suture needle)	Brand Name of Device	Work Area Where Injury Occurred (e.g. Geriatrics, Lab)	Brief Description of How The Incident Occurred [i.e. procedure being done, action being performed (disposal, injection, etc.), body part injured]

29 CFR 1910.1030. OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five (5) years following the end of the year to which it relates. The log must be kept in a manner that preserves the confidentiality of the affected employee.

Section 9: Chemical Inventory and Hazardous/Non-Hazardous Lists with SDS Information

List of Hazardous Chemicals- (Page 9.01)

List of hazardous chemicals must be reviewed (updated if needed) annually

Inventory of Chemicals, Materials, and Supplies- (Page 9.02)

Inventory of chemicals, materials and supplies must be reviewed (updated if needed) annually

Infection Control and Hazard Communication Training

Infection Control and Hazard Communication Training is provided annually with appropriate documentation. **Attach Documentation.**

Safety Data Sheets (SDS)

SDS must be reviewed (updated if needed) annually. **Insert all appropriate SDS information.**

Insert Infection Control & Hazard Communication
Training Log

Safety Data Sheets (SDS) Information

Section 10: School-Based Dental Prevention Program Operations Handbook

- **SBDPP Mandates & SBDPP Recommendations**
- **Equipment Maintenance Schedules**
- **Spore Testing**
- **Water Protocol**
- **Autoclave Usage and Maintenance**
- **Silver Diamine Fluoride**
- **ASTDD SDF Fact Sheet**

SBDPP Mandates

Item	Mandates Effective July 1, 2019
Face masks	SBDPP staff is to wear facemask with an ASTM (American Society of Testing and Materials) rating of Level 2 (moderate barrier) or higher during patient treatment
Saliva ejectors	One-way valve is to be used on all saliva ejectors; these items are single use/disposable
High volume evacuation (HVE)	One-way valve is to be used on all high volume evaluations (HVE); these items are single use/disposable

SBDPP Recommendations

Item	Recommendations Effective July 1, 2019
Trashcans	Trashcans in work areas should have closed lid
Soap/Sanitizer dispensers	Utilize hands-free soap dispensers; if hands-free is not used, soap dispenser is to be disinfected after each use
Disinfecting wipes/solution	Use 1 minute disinfecting wipes and/or solution
Tarp	In carpeted areas where SBDPP sets up, it is recommended to place a tarp on carpet before setting up equipment
Continuing Education	Recommendation to utilize tool offered through TN Board of Dentistry at no cost to licensees; web-based CE tracking may be accessed HERE *

*<https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board/dentistry-board/continuing-education.html>

Equipment Maintenance Schedules

Annually

1. Annual inspection/certification of autoclaves
2. Change Dentapure 365 water line treatment cartridges on each chair.

Biannually

1. Waterline testing

Monthly

1. Clean Autoclave monthly or every 30 loads
2. Change suction traps on chairs and main trap at vacuum
3. Check setups for expired materials and instrument packs

Weekly

1. Run Attest spore test for each sterilizer in use
2. Assess light output intensity of curing lights with appropriate radiometer
3. High volume evacuator (HVE) should be cleaned with approved cleaner
4. Saliva ejector traps changed
5. Autoclave - drain water from tank (except Statims); clean and inspect per manufacturer's instructions

Daily use items

1. Inspect all hand instruments and handpieces.
2. Handpieces
 - a. Follow manufacturer's instructions.
 - b. Autoclave all handpiece parts prior to each use.
 - c. Lubricate and run prior to sterilization if indicated.
3. Ultrasonic cleaner
 - a. Should be emptied and cleaned on a daily basis.
 - b. Enzymatic cleaner should be placed in the ultrasonic for proper cleaning of instruments.
 - c. Instruments should be placed in ultrasonic using utility gloves.
 - d. Hand scrubbing of instruments is not recommended.
 - e. Biohazard label should be on the unit.
4. High volume evacuation (HVE), saliva ejector and waste container must be cleaned and disinfected by evacuating a cleaner/disinfectant through the entire hose assembly and waste bottle each time it is emptied.

5. Portable Hand Sanitizer – disinfect after each use; or use hands-free sanitizer dispenser
6. DentaPure – empty water bottle and replace empty bottle back over DentaPure cartridge and bleed lines, when dental unit is not in use. [Click here](#) for access to DentaPure Instructions for use.

Spore Testing

1. Done weekly if instruments are run. (Do not do test if there is no clinic)
2. Follow manufacturer's instructions.
3. Use a control vial each time a test is done.
4. Conduct 3 consecutive spore tests if an autoclave is serviced.
5. Record results in Autoclave Log.

If a Spore Test Result is Positive

1. If the mechanical (e.g., time, temperature, pressure) and chemical (internal or external) indicators suggest that the sterilizer is functioning properly, a single positive spore test result probably does not indicate sterilizer malfunction.
2. Items other than implantable items do not necessarily need to be recalled; however, sterilizer operators should repeat the spore test immediately using the same cycle that produced the positive spore test.
3. If the result of the repeat spore test is negative and operating procedures were correct, then the sterilizer can be returned to service. If the repeat spore test result is positive, do not use the sterilizer until it has been inspected or repaired and rechallenged with spore tests in three consecutive empty-chamber sterilization cycles.
4. When possible, items from suspect loads dating back to the last negative spore test should be recalled, rewrapped, and re-sterilized.
5. Results of biological monitoring and sterilization monitoring reports should be recorded.

WATER PROTOCOL

Run water through each handpiece and 3 way syringe 2 minutes at the beginning of each clinic session and 20-30 seconds between each patient.

Waterline Care and Maintenance

1. Follow manufacturer's instructions of device being used
2. Installation of DentaPure cartridge; (Crosstex DentaPure DP365B Waterline Treatment [Installation video](#))
 - a) Clean dental unit waterlines with approved waterline agent *prior* to initial installation of DentaPure cartridge
 - b) Approved shocking agents: Citrisil, Vistatab, or Sterilex
 - c) Once cartridge is in place, water will pass through cartridge and is ready
3. Inspect cartridge each time water bottle is filled.
4. Empty water bottle and replace empty bottle back over DentaPure cartridge when dental unit is not in use
5. Test each waterline every 6 months
6. Document waterline testing on the waterline log
7. DentaPure 365 cartridge should be replaced at least every 12 months
8. Maintain results for 2 years
9. If a test fails, retest lines that have failed ASAP
10. DentaPure cartridge on a dental unit that has been out of service and/or in storage for a period of time, follow these instructions for re-installing a DentaPure cartridge

PRIOR to STORAGE

- a) Remove cartridge and place in airtight plastic bag with original installation date on bag

PLACING UNIT back in USE

- a) Follow manufacturer's instructions for preparing unit and perform a shock PRIOR to re-installing cartridge
- b) Re-install cartridge
- c) Discontinue use of all DentaPure cartridges after one year from installation date.

NOTE: if unit will be vacant, not in use for greater than two weeks but still in service, daily flushing is recommended. If staff are not available to flush daily, extended flushing protocols should be considered on the days that staff are available; flushing the unit multiple times a day for example

[Click here](#) for access to DentaPure Instructions for use.

Distilled and Sterile Water Usage

I. Sterile water

- a. Sterile water should be used for irrigation in oral surgery
- b. Sterile water should be discarded after opening

II. Distilled water

- a. Distilled water should be purchased in pre-sealed containers
- b. Once opened, date should be placed on the outside of container
- c. Distilled water should be used or disposed of within 30 days of opening
- d. Distilled water should be used for all autoclaves
- e. Distilled water should be used in self-contained water bottles on each chair

Autoclave Usage and Maintenance

USAGE

1. Autoclave should be operated per manufacturer's guidelines.
2. Inspect seals and chamber prior to use.
3. Insure the water level is correct.
4. Use only distilled water.(See water protocol guidelines)
5. Drain water weekly and discard drained water.
6. Package items to be sterilized.
7. Clean and heat sterilize intraoral devices that can be removed from air and waterlines, including all handpieces, motors and attachments.
8. Do not overload chamber/ cassette.
9. Run cycle.
10. Allow instruments to dry.
11. Store in cabinets or covered containers.
12. **Package protocol** – Use date shelf life practices
 - a. Package wrapped instruments with the date (month date and year) of sterilization clearly noted on the package. **“DO NOT USE SHARPIE, BALLPOINT PEN OR GEL PEN TO LABEL. PENCIL WORKS BEST”** (per 2017 Infection Control Manual)
 - b. Use pouches or tape with a steam indicator on the packaging.
 - c. Unpackaged items should be used immediately after sterilization.
 - d. Inspect packages prior to storing. When packaging of sterile items is damaged, re- clean, re-wrap, and re-sterilize.
 - e. Re-sterilize any stored items that have been autoclaved longer than one calendar year.
13. **Sterilization monitoring**
 - a. Mechanical
 1. Measure time, temperature, pressure
 2. Observe gauges/displays on the sterilizer
 - b. Chemical
 1. Chemicals change color when parameter is reached
 2. Must be an internal indicator within all packages
 - c. Biological
 1. Biological spores are used to assess sterilization
 2. Spore test logs should be kept for 2 years
14. TDH Policy- Transportation of non-sterile autoclavable dental instruments is not permitted.

Silver Diamine Fluoride (SDF)

Prior to Application

1. **Educate patient, parent, or guardian**
 - a. Benefits of treatment (kills bacteria, stops decay, might prevent extensive work)
 - b. Clinical effects (dark staining of lesions - **show pictures of examples**)
 - c. Procedure should be repeated in approximately 2 weeks
 - d. Restorations not to be placed less than 4 weeks after application
2. **Obtain consent in writing – per treatment phase**
 - a. English (PH-4300) created 09/01/16
 - b. Spanish (PH-4300S) created 09/01/16
3. **Contraindications**
 - a. Silver allergy or sensitivity
 - b. Ulcerative gingivitis or stomatitis
 - c. Teeth with evidence of pulpitis or pulpal necrosis are not appropriate for SDF treatment and require surgical treatment.
 - d. It is **not** recommended to provide a fluoride varnish application during the SDF visit, for children **under age 21**. This will ensure not exceeding the maximum fluoride dosage.

Application

1. **Apply SDF**
 - a. Do not excavate. Teeth with deep lesions where the carious dentin has been excavated are not candidates for SDF, due to the ammonia content and high pH which may create a pulpal reaction.
 - b. Apply no more than 1 drop/ 10kg (22lbs) of weight
 - c. Protect patient's eyes and use caution to avoid contact with skin or clothing
 - d. Air dry and isolate teeth with cotton rolls and mask with petroleum jelly as appropriate.
 - e. For up to 5 treated sites per patient, dispense 1 drop of solution into a disposable dappen dish
 - f. Transfer the material directly to the tooth surface with an applicator
 - g. Wait and keep isolated for approximately one minute to allow SDF to soak into and react with the lesion
 - h. Wipe away excess SDF with isolating cotton rolls
 - i. Rinse
 - j. Repeat as needed (2 applications per site are recommended with 2 week interval)

2. Post-operative instructions

- a. The affected area will permanently turn black
- b. You might have a metallic taste in your mouth, however, this will quickly go away
- c. If decay is not arrested after the second application, the progress of the decay will continue. This may lead to the need for additional treatments, such as repeating the SDF, a filling, crown, root canal treatment or extraction.

3. Coding

- a. D1354 – Interim Caries Arresting Med. Application
- b. Code per tooth, per application; tooth number is entered on the encounter

Follow up

- a. Recommend 2 applications per site. Clinical evidence supports continued application 1-2 times per year until the tooth is restored or exfoliates.

For more information please reference the ASTDD Silver Diamine Fluoride (SDF) Fact Sheet March 2017 Amended July 2017.

Silver Diamine Fluoride (SDF) Fact Sheet

March 2017 Amended July 2017

What is SDF?

Silver diamine fluoride (SDF) has been used extensively outside the United States for many years for caries control.¹ SDF is a colorless liquid containing silver particles and 38% (44,800 ppm) fluoride ion that at pH 10 is 25% silver, 8% ammonia, 5% fluoride, and 62% water. This is referred to as 38% SDF.

What is the strength of evidence for SDF?

In clinical trials, SDF applied directly to the cavitated lesion outperformed fluoride varnish for the non-surgical arrest of caries in children and older adults. In addition, SDF demonstrated impressive caries prevention to adjoining teeth not receiving direct application of SDF.^{1,2} At least eight published reports of randomized clinical trials consistently demonstrated very high rates of caries arrest.^{3,4,5,6,7,8,9,10} Although a 2016 systematic review and meta-analysis of clinical trials in children concluded 38% SDF applied at least once per year effectively arrested more than 65% of active caries,¹¹ there is no consensus for the number and frequency of applications for optimal caries control.¹² A critical summary of the systematic review, published in early 2017, called for more well-designed and well-conducted clinical trials comparing the effectiveness of SDF with no treatment or other caries management approaches in populations with varying caries risk, lesion severities, and other fluoride exposures.¹²

Does SDF have FDA Approval?

In August 2014, SDF was cleared by the Food and Drug Administration (FDA) as a desensitizing agent, similar to fluoride varnish 20 years ago.¹³ As of early 2017, there is only one SDF product on the U.S. market. The FDA granted the manufacturer “breakthrough therapy status,” facilitating clinical trials of SDF for caries arrest. It is used off-label for caries arrest.

What are indications for SDF use?

SDF arrests active carious lesions painlessly and without local anesthetic, as long as the teeth are asymptomatic, avoiding or delaying traditional surgical removal of caries. This intervention can be applied to teeth as soon as caries is detected. SDF is indicated in treating caries in people who are unable to access dental treatment or tolerate conventional dental care, including very young “pre-cooperative” children, persons with intellectual/developmental disabilities, or older adults.

What are contraindications for SDF therapy?

No adverse events using silver compounds have been reported in more than 80 years of use in dentistry.^{1,14} Silver allergy is the only known contraindication.² Teeth with evidence of pulpitis or pulpal necrosis are not appropriate for SDF treatment and require surgical treatment. Similarly, teeth with deep lesions where the carious dentin has been excavated are not candidates for SDF, due to the ammonia content and high pH, which may create a pulpal reaction.

Are there other considerations for SDF therapy?

The silver particles in SDF darken active dental caries and if touched, temporarily stain unprotected soft tissues, which may be a concern with patient/parent acceptance. It does not stain sound enamel. See the UCSF protocol (below) for additional information. Some individuals report a transient metallic taste after application of SDF. SDF will also permanently stain floors, clothing, and furniture.

Are there recommended protocols?

All providers applying SDF need appropriate training. In January 2016, for example, the University of California San Francisco (UCSF) School of Dentistry published a thorough [clinical protocol](#) for the use of SDF¹⁴ (watch the [application](#) of SDF on YouTube). The American Academy of Pediatric Dentistry is currently conducting a review and, depending on the evidence, may include clinical guidelines (personal communication, Norman Tinanoff, University of Maryland, 3/1/2017).



Pit and Fissure Caries



Pit and Fissures w/ SDF
Photos Courtesy Steve Duffin



Caries-Before SDF



After SDF
Photos: Pediatric Dentistry V 38:
No 3, May/June 2016

Can SDF be used in addition to fluoride varnish, other professionally applied fluorides, or dental sealants?

SDF is a new addition to professionally applied topical fluoride products available in the U.S. While there is little evidence in the literature to support additional efficacy, some practitioners apply fluoride varnish or fluoride in addition to SDF treatment, but not to the teeth already treated with SDF. For any patient with active caries, UCSF's protocol includes replacement of fluoride varnish with the application of silver diamine fluoride to active lesions only.¹⁴ Dental sealants are more effective than SDF for caries prevention in non-cavitated teeth.^{15,16} Compared to SDF, the use of dental sealants is firmly supported for long term caries prevention by the quantity and quality of evidence available.¹⁷

In which states does Medicaid reimburse for SDF therapy?

State Medicaid policy and coverage guidelines may vary by professional training, risk, age, dentition, and frequency of application. As of December 2016, at least 14 states reported using existing or implementing new policy coverage for SDF application (reported by Vermont Department of Health, informal survey of ASTDD members, December 2016). State Oral Health Programs and interested health professionals should review their individual state Medicaid program dental policy on fluoride applications to determine if and how the policy addresses coverage of SDF application.

Who can apply SDF?

According to the rules and as governed by their state medical and/or dental practice acts, dentists, dental hygienists, physicians, nurses, and their assistants may be permitted to apply fluorides and SDF. Dental hygienists in most states whose Medicaid programs cover SDF application may be permitted to apply SDF under the same authorization or restrictions as other topical fluorides.¹⁸

¹ Rosenblatt A, Stamford TC, Niederman R. Silver diamine fluoride: a caries "silver-fluoride bullet." J Dent Res. 2009;88(2):116–125.

² Mei ML, Lo EC, Chu CH. [Clinical use of silver diamine fluoride in dental treatment](#). Compend Contin Educ Dent. 2016;37(2):93–98.

³ Yee RC, Holmgren C, Mulder J, Lama D, Walker D, Helderman W. Efficacy of silver diamine fluoride for arresting caries treatment. J Dent Res. 2009;88(7):644–647

⁴ Zhang W, McGrath C, Lo EC, Li JY. [Silver diamine fluoride and education to prevent and arrest root caries among community-dwelling elders](#). Caries Res. 2013;47(4):284–290.

⁵ Santos Dos VE, de Vasconcelos FMN, Ribeiro AG, Rosenblatt A. [Paradigm shift in the effective treatment of caries in schoolchildren at risk](#). Int Dent J. 2012;62(1):47–51

⁶ Chu CH, Lo ECM, Lin HC. [Effectiveness of silver diamine fluoride and sodium fluoride varnish in arresting dentin caries in Chinese pre-school children](#). J Dent Res. 2002;81(11):767–770.

⁷ Llodra JC, Rodriguez A, Ferrer B, Menardia V, Ramos T, Morato M. [Efficacy of silver diamine fluoride for caries reduction in primary teeth and first permanent molars of schoolchildren: 36-month clinical trial](#). J Dent Res. 2005;84(8):721–724.

⁸ Lo EC, Chu CH, Lin HC. [A community-based caries control program for pre-school children using topical fluorides: 18-month results](#). J Dent Res. 2001; 80(12):2071–2074.

⁹ Zhi QH, Lo EC, Lin HC. Randomized clinical trial on effectiveness of silver diamine fluoride and glass ionomer in arresting dentine caries in preschool children. J Dent. 2012;40(11):962–967.

¹⁰ Li R, Lo EC, Liu BY, Wong MC, Chu CH. [Randomized clinical trial on arresting dental root caries through silver diamine fluoride applications in community-dwelling elders](#). J Dent. 2016 Aug;51:15-20. doi: 10.1016/j.jdent.2016.05.005. Epub 2016 May 18.

¹¹ Gao SS, Zhang S, Mei ML, Lo EC, Chu CH. [Caries remineralisation and arresting effect in children by professionally applied fluoride treatment - a systematic review](#). BMC Oral Health. 2016;16:12.

¹² Cheng LL. [Limited evidence suggesting silver diamine fluoride may arrest dental caries in children](#) J Am Dent Assoc. 148(2) Feb 2017.

¹³ Wittach CM, Burkle CM, Lanier WL. Ten common questions (and their answers) about off-label drug use. Mayo Clin Proc. 2012;87(10):982–990.

¹⁴ Horst JA, Ellenikiotis H, Milgrom PL. [UCSF protocol for caries arrest using silver diamine fluoride: rationale, indications and consent](#). J Calif Dent Assoc. 2016;44(1):16-28.

¹⁵ Liu BY, Lo ECM, Chu CH, Lin HC. [Randomized trial on fluorides and sealants for fissure caries prevention](#). J Dent Res. 2012;91(8):753-758.

¹⁶ Monse B, Heinrich-Weltzien R, Mulder J, Holmgren C, van Palenstein, Helderman WH. [Caries preventive efficacy of silver diamine fluoride \(SDF\) and ART sealants in a school-based daily fluoride toothbrushing program in the Philippines](#). BMC Oral Health. 2012 Nov 21;12:52.

¹⁷ Twetman S. [The evidence base for professional and self-care prevention--caries, erosion and sensitivity](#). BMC Oral Health. 2015;15 Suppl 1:S4. doi: 10.1186/1472-6831-15-S1-S4. Epub 2015 Sep 15.

¹⁸ American Dental Hygienist's Association. [Dental Hygiene Practice Act Overview: Permitted Functions and Supervision Levels by State](#). Rev. Dec. 2016. www.adha.org. Accessed 5.3.2017.

Section 11: SEALS Manuals

S.E.A.L.S. **Sealant Efficiency Assessment** **for Locals and States**

*An Evaluation and Benchmarking Tool for Administrators
of Community Sealant Programs*

11.1: Provider's Manual



Tennessee Department of Health
School-Based Dental Prevention
Program

May 2017 (Revised 05/2018)

SEALS

Tennessee Department of Health School- Based Dental Prevention Program

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Provider's Manual

for

SEALS: **Sealant Efficiency Assessment for Locals and States**

*An Evaluation and Benchmarking Tool for Administrators
of Community Sealant Programs*

Program Concept by Susan Griffin & Kari Jones
Programming by Kari Jones with Reidar Hagtvedt and Tera Bates
Copyright CDC, 2005
Manual by Kari Jones & Susan Griffin

**Revised for the Tennessee Department of Health School-
Based Dental Prevention Program**

Statement of Purpose:

SEALS is designed to capture data regarding your sealant program in a form that allows you to generate summary reports both for an individual event and for your program as a whole. SEALS also saves your data in a format such that state-level program administrators (in states with decentralized programs) may use the data from your program and other programs in the state to generate summary reports at the state-wide level.

You will enter the event-level data from the "SEALS Event-Level Data Collection Form" for each site (or event). You will also enter data regarding each participant/patient at each event from the "SEALS Child-Level Data Collection Form". Then you may generate, print, and export reports and/or export your raw data to create graphs or do additional analysis.

SEALS PROGRAM OVERVIEW

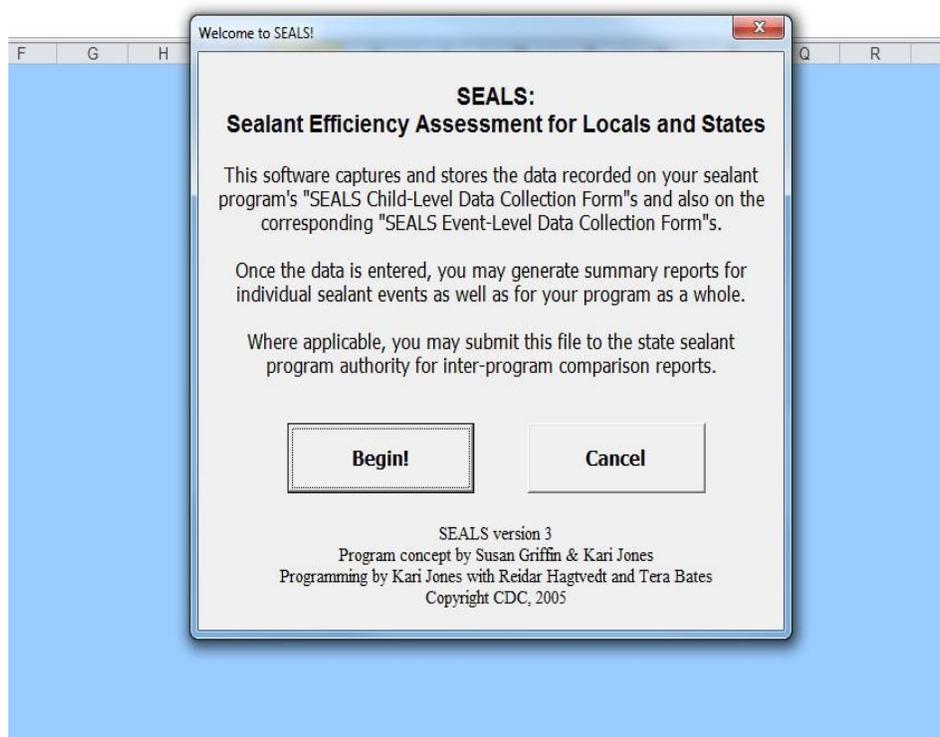
Effective July 1, 2017 the SEALS program will replace the Access program previously used by the School-Based Dental Prevention Program.

The SEALS program will differ in functionality and will be used to report information to TennCare, the CDC, and ASTDD. **All children who participate in the SBDPP will need to be entered into the system so we can report accurate information to these sources.**

SEALS Program Master Copy:

A clean copy of the file will remain on SharePoint and the Server;

- Obtain a clean copy of the file from these two sources **only**.
- Do **NOT** run the file from your email or thumb drive
- Save it to your desktop/desired folder.
- Please generate and rename your file for each new event as instructed

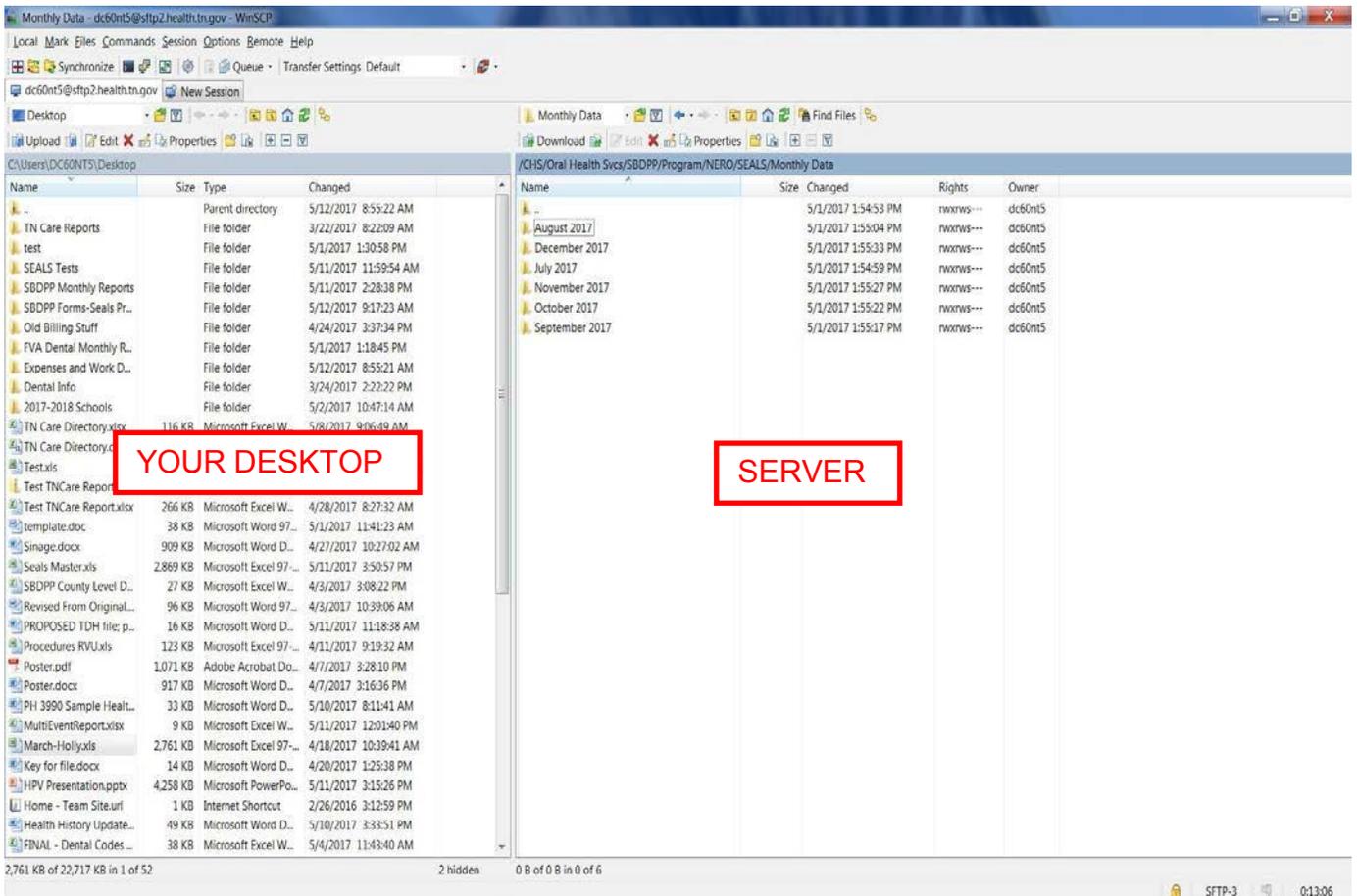


Master copy of the SEALS from the server:

- log onto the WinScp

Desktop is in the left pane

Server is in right pane



Steps:

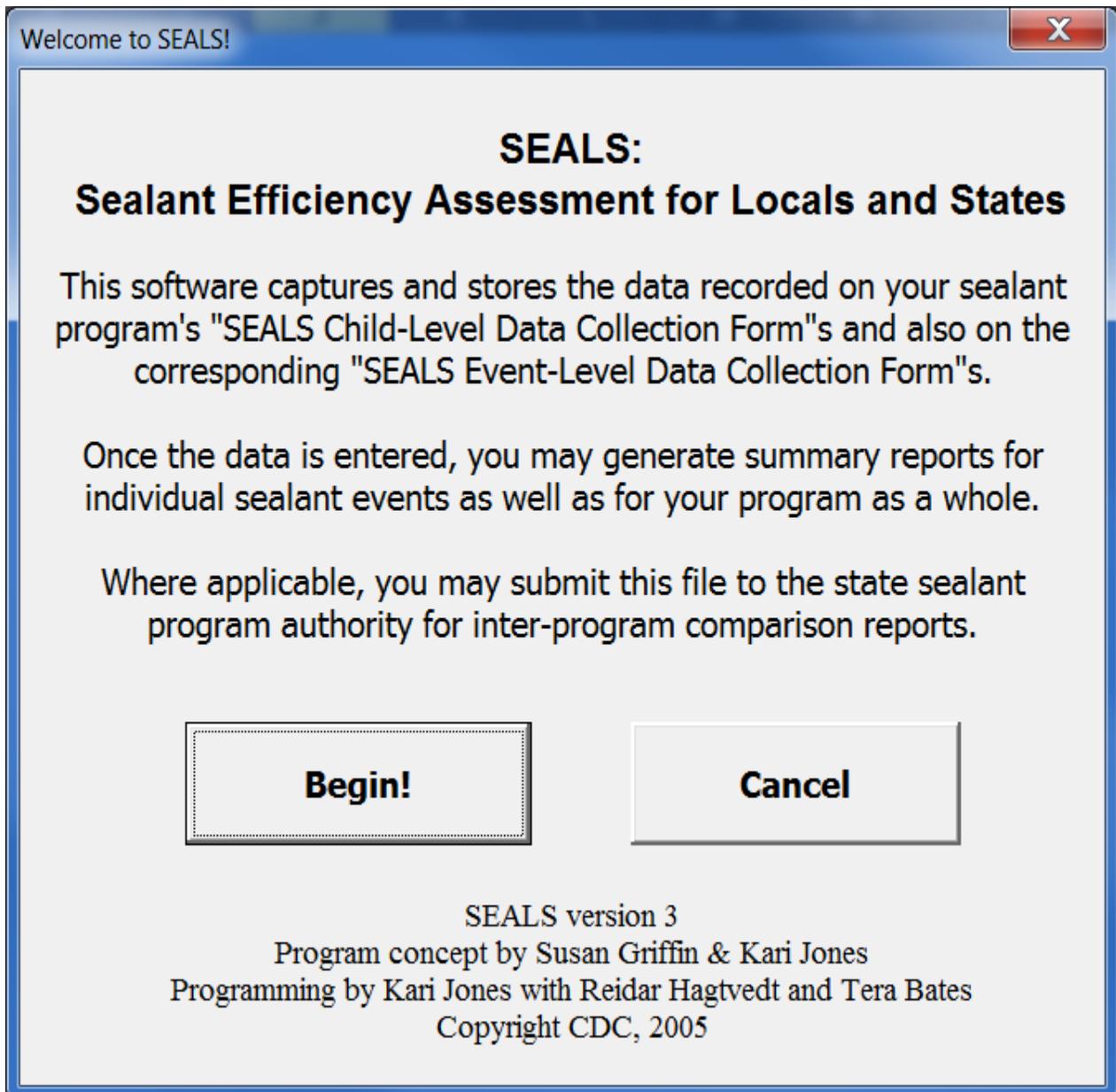
- Server window right side, your regional folder (example: WTRO, MCRO, Davidson, etc)
- Double click the SEALS folder
- Double click the SEALS Master folder
- Right click on the SEALS Master Excel file and select "Download"
- File will download to your desktop
- Rename the file leaving in Excel format:

Filename format: your **first name**, **school name**, **month**, and **year**.xls

Example. Holly East Side Elementary March 2017.xls

SECURITY WARNING: As the file opens, you MAY see a yellow Security Warning across the top. If this warning appears, you will need to click on the “Enable Content” button. You will NOW be able to use the file. If you do not “Enable Content” you will remain in READ ONLY mode and the file will not work. If you do NOT see this warning, the file is ready to be used

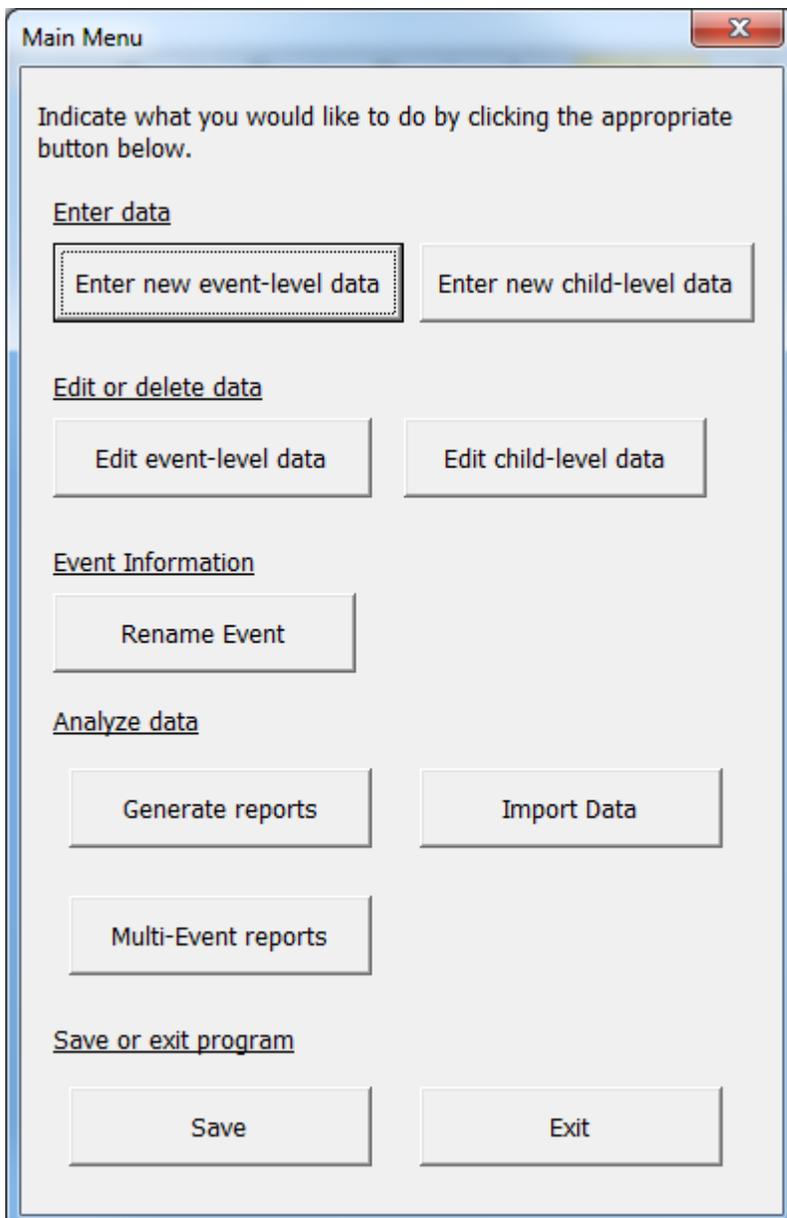
Overview of SEALS:



1. Upon opening the file you will receive this screen. Click **BEGIN** to start the file or **CANCEL** to exit the file.

2. MAIN MENU screen:

- Displayed when you start the program
- Displayed when you finish any task
- Displayed when you cancel any task
- Enter new event-level data
- Enter new child-level data
- Edit event-level data and
- Edit child-level data
- Rename Event
- Generate reports
- Import Data (for Directors ONLY)
- Multi-Event Reports (for Directors ONLY)



Collecting Event Level Data:

1. Complete the SEALS EVENT-LEVEL DATA COLLECTION TOOL

2. One Event per file:

- **Examples:**

Holly East Side Elementary March 2018
Lesia

John Early Middle School October 2017

Sally Maury County Boys & Girls Club July 2017

If multiple providers are working on one event they will need to enter their data in the same file

- **Example:** Sally and Lesia working the same event, all data into one file
Sally-Lesia John Elementary School March 2018



SEALS EVENT-LEVEL DATA COLLECTION TOOL

**** Please complete one form per site. ****

County-School/Event Name: _____

- School Year: _____
(Enter the 4 digit year that the school year began; for example, for the '02-'03 school year, enter 2002.)
- Region Name: _____
- Regional Provider #: _____
- Site Type: _____
0 = School
1 = Community site
- School Site Information
a. System Number: _____
b. School Number: _____
(If community site enter 0)
- Number of General Screenings: _____
- Total Number Receiving Oral Health Education: _____
- Total Receiving TennCare Outreach: _____
- Grade Level(s) Targeted (Check all that apply):

_____ Kindergarten	_____ 1 st grade	_____ 2 nd grade
_____ 3 rd grade	_____ 4 th grade	_____ 5 th grade
_____ 6 th grade	_____ 7 th grade	_____ 8 th grade
_____ Other		
- Event Dates:
a. Event Start Date: _____
b. Event End Date: _____

(Note: Dates should be entered in 8-digit format, including slashes. For example, January 1, 2000 should be entered 01/01/2000. |
- Population Targeted: _____
0 = $\geq 47\%$ & $< 50\%$ of children in free or reduced lunch program
1 = $\geq 50\%$ of children in free or reduced lunch program
2 = community target population
- Total Days for the Event: _____
- Consent Forms:
a. Number of Consent Forms Distributed: _____
b. Number of Returned Signed Consent Forms: _____
- Prophy (Additional reporting required by Regional Dental Director):
a. Number of D1120 (13 and under): _____
b. Number of D1110 (14 and over): _____



SEALS EVENT-LEVEL DATA COLLECTION TOOL

**** Please complete one form per site. ****

County-School/Event Name: Carter- East Side

1. School Year: 2018
(Enter the 4 digit year that the school year began; for example, for the '02-'03 school year, enter 2002.)
2. Region Name: NERO
3. Regional Provider #: 1234
4. Site Type: 0
0 = School
1 = Community site
5. School Site Information
a. System Number: 123
b. School Number: 0123
(If community site enter 0)
6. Number of General Screenings: 50
7. Total Number Receiving Oral Health Education: 75
8. Total Receiving TennCare Outreach: 75
9. Grade Level(s) Targeted (Check all that apply):

<input checked="" type="checkbox"/> Kindergarten	<input checked="" type="checkbox"/> 1 st grade	<input checked="" type="checkbox"/> 2 nd grade
<input checked="" type="checkbox"/> 3 rd grade	<input checked="" type="checkbox"/> 4 th grade	<input checked="" type="checkbox"/> 5 th grade
<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 8 th grade
<input type="checkbox"/> Other		
10. Event Dates:
a. Event Start Date: 08/01/2018
b. Event End Date: 08/05/2018

(Note: Dates should be entered in 8-digit format, including slashes. For example, January 1, 2000 should be entered 01/01/2000.)
11. Population Targeted: 1
0 = $\geq 47\%$ & $< 50\%$ of children in free or reduced lunch program
1 = $\geq 50\%$ of children in free or reduced lunch program
2 = community target population
12. Total Days for the Event: 3
13. Consent Forms:
a. Number of Consent Forms Distributed: 75
b. Number of Returned Signed Consent Forms: 50
14. ~~Proply~~ (Additional reporting required by Regional Dental Director):
a. Number of D1120 (13 and under): 0
b. Number of D1110 (14 and over): 0

NOTE: Each number coincides with a numbered field in the SEALS program

School/Event Name:

Format: **County - Name of School**

EXAMPLE: Carter-East Side Elementary

1. School Year:

- a. **ALWAYS** enter the year the school year began: 2017-2018, enter 2017
- b. Community events follow the current school year; July – June

2. Region Name:

- a. Enter the abbreviated region name or County for Metros:

Northeast:	NERO	Sullivan:	Sullivan
East:	ETRO	Knox:	Knox
Upper Cumberland:	UCRO	Hamilton:	Hamilton
Southeast:	SERO	Davidson:	Davidson
Mid-Cumberland:	MCRO	Madison:	Madison
South Central:	SCRO	Shelby:	Shelby
West:	WTRO		

3. Regional Provider Number:

- a. Regional Dental Director's 4 digit license number

4. Site Type:

- a. 0 = School
- b. 1 = Community

5. School Site Information:

- a. **System Number** – 3 digit school system number
- b. **School Number** – 4 digit school specific number
- c. **Community Events** – Enter 0 in both fields

6. Number of General Screenings:

- a. Indicate the total number of screenings completed
- b. The maximum number of screenings is 1 per child per event – no number is to be duplicated

7. Total Number Receiving Oral Health Education:

- a. Indicate the total number of children receiving education
- b. The maximum number of education is 1 per child per event

8. Total Receiving TN Care Outreach:

- a. Indicate the total number of children receiving TN Care outreach
- b. The TN Care Outreach statement is on the consent forms

9. Grade Level(s) Targeted:

- a. Check all the grade levels in the targeted event
- b. Community Projects and Pre K services will fall under the “Other” Category

10. Event Dates:

- a. Dates should be in mm/dd/yyyy format

11. Population Targeted:

- a. 0 = $\geq 47\%$ & $< 50\%$ of children in free or reduced lunch program
- b. 1 = $\geq 50\%$ of children in free or reduced lunch program
- c. 2 = community target population

12. Total Days for the Event:

- a. Total days for the entire event
 - i. Director’s discretion of the length of event. It can be measured by sealant only date or total event dates including setup and/or education.

13. Consent Forms:

- a. Identify how many consent forms were distributed
- b. Identify how many consents were returned

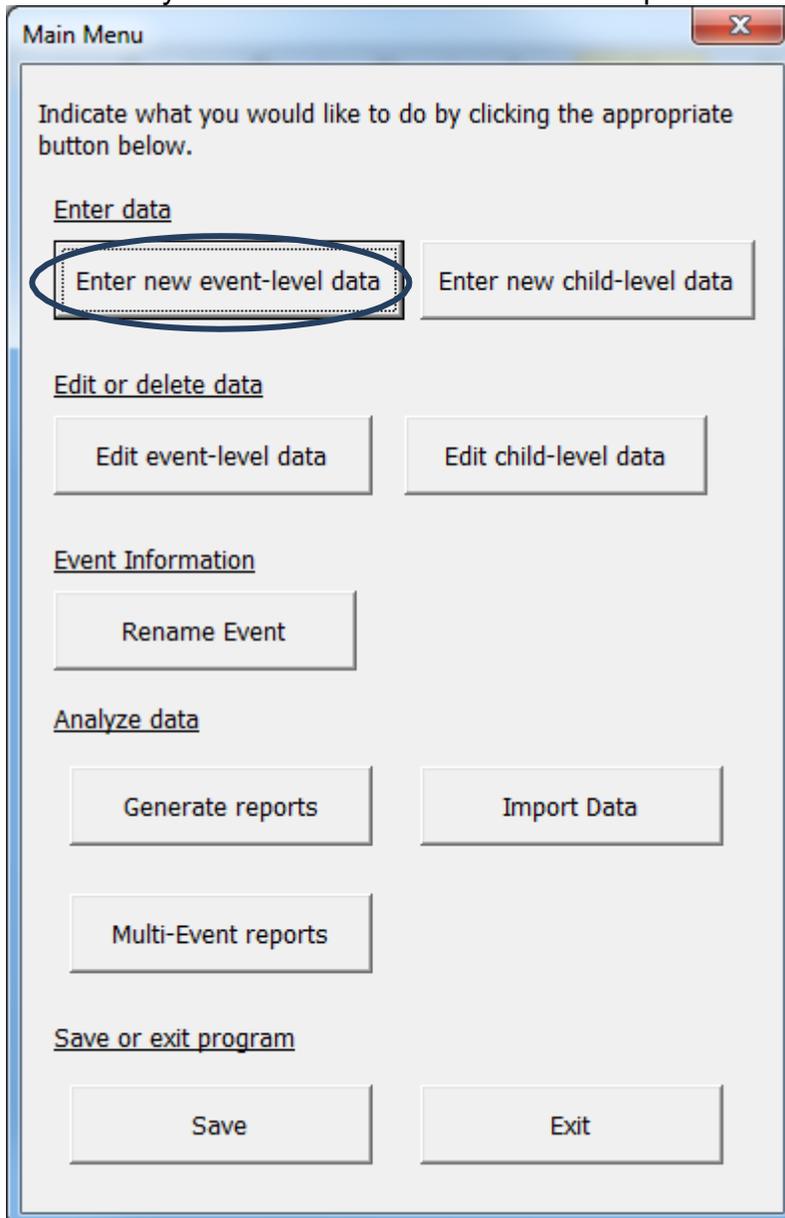
14. Propy:

- a. Identify how many students received prophies that were age 13 and under
- b. Identify how many students received prophies that were age 14 and over

Once you have completed a SEALS Event-Level Data Tool (shown above), you are now ready to enter the data into the SEALS program

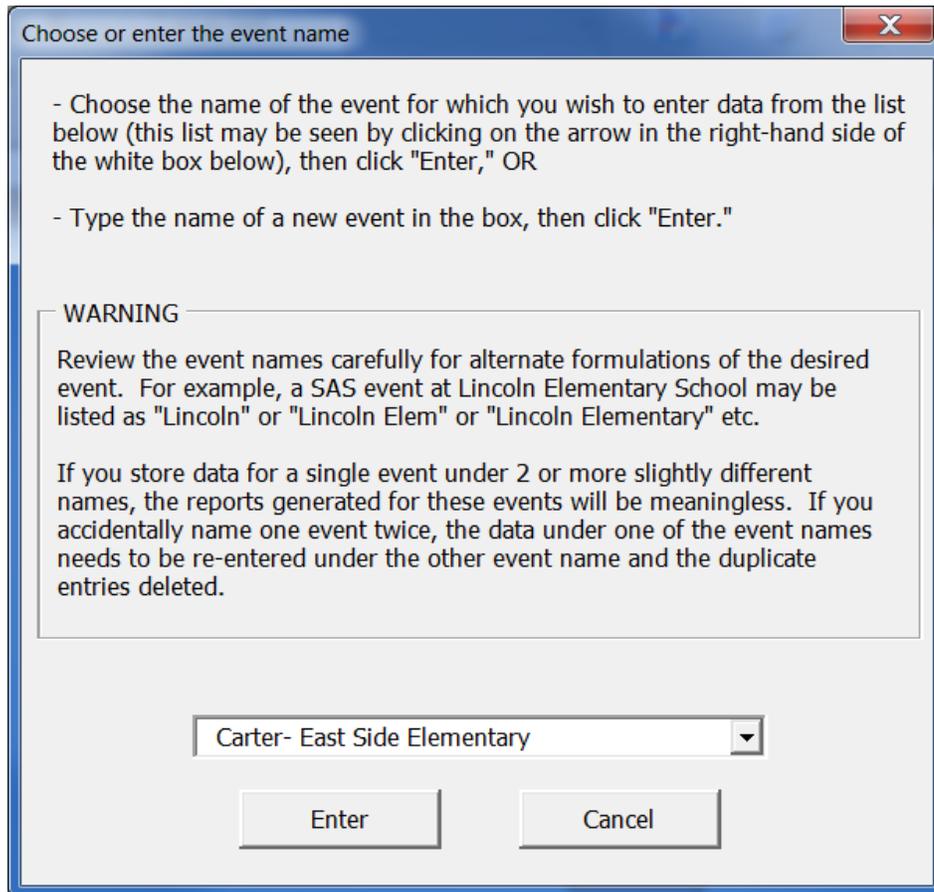
Entering Event Level Data:

1. From the **MAIN MENU** screen, click the “**Enter new event-level data**” button. You will only create event-level data one time per event.



2. To ensure the event is not previously entered, click the drop down box. If the school information is not populating type in the school name and press Enter.

NAMING EACH EVENT (In this specific order):
County Name - School Name



Choose or enter the event name

- Choose the name of the event for which you wish to enter data from the list below (this list may be seen by clicking on the arrow in the right-hand side of the white box below), then click "Enter," OR
- Type the name of a new event in the box, then click "Enter."

WARNING

Review the event names carefully for alternate formulations of the desired event. For example, a SAS event at Lincoln Elementary School may be listed as "Lincoln" or "Lincoln Elem" or "Lincoln Elementary" etc.

If you store data for a single event under 2 or more slightly different names, the reports generated for these events will be meaningless. If you accidentally name one event twice, the data under one of the event names needs to be re-entered under the other event name and the duplicate entries deleted.

Carter- East Side Elementary

Enter Cancel

- Utilizing your completed Event Level Data Tool (paper document), enter all required fields in the event level data screen and click Enter.

This is what a completed screen will look like:

Enter event-level data
✕

Instructions
 Enter event-level data for the chosen event on this form. The "Q" number in parentheses indicates the corresponding question number from the SEALS Event-Level Data Collection Form.

To record your entries, click "Enter" below. Note that you must enter all event-level data for a given event at once; no data will be recorded if any field is left blank. You may press "Cancel" to return to the main menu, however all data currently entered on the form will be lost.

School Year (Q1):	<input type="text" value="2018"/>	Site Type (Q4):	<input type="text" value="0"/>	General Screenings(Q6):	<input type="text" value="50"/>	
Region Name(Q2):	<input type="text" value="NERO"/>	School Site Information:		Oral Health Education(Q7):	<input type="text" value="75"/>	
Region Provider #(Q3):	<input type="text" value="1234"/>	System Number (Q5): a	<input type="text" value="123"/>	TennCare Outreach(Q8):	<input type="text" value="75"/>	
Grade level targeted (Q9) <input checked="" type="checkbox"/> Kindergarten <input checked="" type="checkbox"/> 1st grade <input checked="" type="checkbox"/> 2nd grade <input checked="" type="checkbox"/> 3rd grade <input checked="" type="checkbox"/> 4th grade <input checked="" type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade <input type="checkbox"/> Other		School Number (Q5): b	<input type="text" value="0123"/>			
		Event Dates: (mm/dd/yyyy)				
		Start Date(Q10): a	<input type="text" value="08/01/2018"/>	Population Targeted (Q11):	<input type="text" value="1"/>	
		End Date(Q10): b	<input type="text" value="08/05/2018"/>	Total Event Days (Q12):	<input type="text" value="3"/>	
		Consent Forms:				
Distributed(Q13): a	<input type="text" value="75"/>	Prophy D1120 (Q14): a	<input type="text" value="0"/>			
Returned Signed (Q13): b	<input type="text" value="50"/>	Prophy D1110 (Q14): b	<input type="text" value="0"/>			

(Enter "0" if unknown.)

Enter

Cancel

Event:

Once completed, and you have clicked **ENTER**, the screen will return back to the **MAIN MENU**

Collecting Child-Level Data:

Complete the SEALS CHILD-LEVEL DATA COLLECTION FORM for each child



SEALS Child-Level Data Collection Form

1. Social Security or ID #: _____ *Each ID # must be unique per event; do not duplicate ID #'s at any one event.
 2. Patient Name: Last _____ 3. First _____
 4. Date Of Birth: _____ 5. Patient is on TN Care: 0=No 1= Yes (VERIFIED TN Care status)

Screening: D = diseased; F = filled; PS = previously sealed; S = sealant prescribed; RS = recommend reseal;
 No mark = no treatment recommended

1	2	3	4	5	12	13	14	15	16
32	31	30	29	28	21	20	19	18	17

6. Screening Completed: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes	10. Sealants Present: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes
7. Date Any and All Services Completed:	11. Treatment Urgency: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Early <input type="checkbox"/> 2=Urgent
8. Untreated Cavities: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes	12. Referral for Treatment: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes
9. Caries Experience: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes	13. Diseased/Filled Teeth: a. 1 st Molars: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes b. 2 nd Molars: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes

Preventive Services: S = Sealant Placed

1	2	3	4	5	12	13	14	15	16
32	31	30	29	28	21	20	19	18	17

14. Sealants Placed: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes
15. Total Number of Teeth Sealed: a. 1 st Molars <input type="text"/> b. 2 nd Molars <input type="text"/> c. Other <input type="text"/>
Pit & fissure sealants: <input type="checkbox"/> 15 Second etch/20 second cure <input type="checkbox"/> Manufacturer's Directions
Sealant material used: <input type="checkbox"/> Delton <input type="checkbox"/> Embrace <input type="checkbox"/> Heliobond <input type="checkbox"/> Clinpro <input type="checkbox"/> Other _____
16. Fluoride Treatment Received: <input type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes If yes, Brand Name: _____

COMMENTS: _____

 Provider Signature and Title

 Service Provider #

 Service Date



SEALS Child-Level Data Collection Form

1. Social Security or ID #: 123456789 *Each ID # must be unique per event; do not duplicate ID #'s at any one event.
 2. Patient Name: Last Test 3. First Holly
 4. Date Of Birth: 10/01/2010 5. Patient is on TN Care: 0=No 1= Yes (VERIFIED TNCare status)

Screening: D = diseased; F = filled; PS = previously sealed; S = sealant prescribed; RS = recommend reseat;
 No mark = no treatment recommended

1	2	3	4	5	12	13	14	15	16
	D	S				RS	S		
	PS	PS				PS	PS		
32	31	30	29	28	21	20	19	18	17

6. Screening Completed: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Yes	10. Sealants Present: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Yes
7. Date Any and All Services Completed:	11. Treatment Urgency: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Early <input type="checkbox"/> 2=Urgent
8. Untreated Cavities: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Yes	12. Referral for Treatment: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1=Yes
9. Caries Experience: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Yes	13. Diseased/Filled Teeth: a. 1 st Molars: <input checked="" type="checkbox"/> 0=No <input type="checkbox"/> 1= Yes b. 2 nd Molars: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Yes

Preventive Services: S = Sealant Placed

1	2	3	4	5	12	13	14	15	16
		S					S	S	
32	31	30	29	28	21	20	19	18	17

14. Sealants Placed: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Yes
15. Total Number of Teeth Sealed: a. 1 st Molars <input type="text" value="0"/> b. 2 nd Molars <input type="text" value="3"/> c. Other <input type="text" value="0"/>
Pit & fissure sealants: <input type="checkbox"/> 15 Second etch/20 second cure <input checked="" type="checkbox"/> Manufacturer's Directions
Sealant material used: <input type="checkbox"/> Delton <input checked="" type="checkbox"/> Embrace <input type="checkbox"/> Helioguard <input type="checkbox"/> Clinpro <input type="checkbox"/> Other _____
16. Fluoride Treatment Received: <input type="checkbox"/> 0=No <input checked="" type="checkbox"/> 1= Yes If yes, Brand Name: _____

COMMENTS: _____

Holly Singleton
 Provider Signature and Title

6540
 Service Provider #

08/02/2018
 Service Date

NOTE: Each number on the form coincides with a numbered field in the SEALS program

1. Social Security Number or ID:

- a. Must be entered with NO dashes or spaces
EXAMPLE: 123001234
- b. If patient does not have a social security number or is not an active TN Care patient; the patient will be given a unique identifier:
 - i. School/Event name and unique three digit number: 001-099
 - ii. There can be no duplicate ID numbers in same event
 - iii. EXAMPLE: EastSide001, EastSide002, etc.
- c. This ID must also be documented on the consent form

2. Patient Last Name:

- a. Enter legal last name(s); more than one name may be entered in this field
- b. Names that contain special characters are allowed
- c. EXAMPLE: Thompson-Smith (hyphen); Thompson, Jr. (comma and period)

3. Patient First Name:

- a. Enter patient's legal first name
- b. There can be more than one name entered into this field
- c. EXAMPLE: Rose Marie

4. Date of Birth:

- a. Enter in mm/dd/yyyy format

5. Patient is on TennCare:

- a. TennCare verification must be completed prior to entering the data
- b. 0 = No Patient is NOT on TN Care
- c. 1 = Yes Patient is ACTIVE with TN Care

Screening:

The oral screening findings should be documented in the grid as follows:

D = Diseased – Patient with noted cavity or disease that has not been treated

F = Filled – Patient has filling present

PS = Previously Sealed – Sealant is present on the tooth

S = Sealant Prescribed – Sealant to be placed on the tooth

RS = Recommended Reseal – Tooth with previous sealant that needs to be sealed again due to missing/damaged sealant

No Mark = No treatment recommended

6. Screening Completed:

- a. This is for a general sealant screening
- b. 0 = No screening was completed
- c. 1 = Yes a screening was completed

7. Date Any and All Services Completed:

- a. Any services such as screening, fluoride varnish, and sealants. This date represents any and all services completed.
- b. Date entered may be in this format, mm/dd/yyyy
- c. EXAMPLE: 06/24/2017

8. Untreated Cavities:

- a. If cavity is present with no treatment
- b. 0 = No untreated cavities are present
- c. 1 = Untreated cavities are present

9. Caries Experience:

- a. Previous decay/disease/filling/crown any type of an issue with the tooth
- b. 0 = No previous/current carries noted
- c. 1 = Yes previous/current carries present

10. Sealants Present:

- a. Existing sealants, previously sealed tooth
- b. 0 = No previous sealants noted
- c. 1 = Yes sealants are present

11. Treatment Urgency:

- a. Identify how soon patient will need to be seen in dental office
- b. 0 = No treatment necessary – regular dental visit
- c. 1 = Early treatment needed
- d. 2 = Urgent treatment needed – immediate need

12. Referral for Treatment:

- a. Indicate if patient needs to be referred for dental treatment
- b. 0 = No, patient does not need referral
- c. 1 = Yes, patient needs referral for treatment

13. Diseased/Filled Teeth:

- a. If patient has diseased or existing filled teeth, identify if 1st or 2nd molars
- b. 0 = No disease noted on 1st/2nd molars
- c. 1 = Yes disease noted on 1st/2nd molars

Preventive Services:

Place the letter S for each tooth sealed:

EXAMPLE: **S – Sealant Placed**

14. Sealants Placed:

- a. Used to confirm or deny if sealants were placed
- b. **0 = No sealants were placed**
- c. **1 = Sealants were placed**

15. Total Number of Teeth Sealed:

- a. Add up the number of teeth that were sealed for 1st/2nd/Other
- b. The other total is to be used for pre-molars and wisdom teeth, any other sealants placed will be notated in the NOTES Section
- c. The total number of teeth selected in grid **MUST** match the total number of teeth placed in boxes for question 15.

Pit and Fissure Sealants:

Indicate the method used for the placement

EXAMPLE: 15 second etch/20 second cure **OR** Manufacturer's Directions

Sealant Material Used

Indicate the **Brand** of material used

16. Fluoride Treatment Received:

- a. **0 = No fluoride varnish applied**
- b. **1 = Yes fluoride varnish applied**
- c. If patient receives fluoride varnish treatment indicate the **Brand** used

Signature with title, YOUR provider number, and date of service are all required for completion of record.

Entering Child- Level Data:

1. From the **MAIN MENU**, click the **ENTER NEW CHILD-LEVEL DATA** button.



2. Next screen- use the drop down arrow, ensure that only one school/event is listed. If your event does not appear on the drop down list, cancel, go back to **Main Menu** and repeat steps 1-3.

Choose or enter the event attended

Click on the arrow/triangle in the right-hand side of the box below to see the list of events for which you have already entered (event-level and/or child-level) data.

- Click on the name of the event attended by the child for which you wish to enter data, then click "Enter," OR
- ONLY IF THE EVENT ATTENDED IS NOT ON THE LIST, type the name of the event in the white box, then choose "Enter."

WARNING
Before entering a new event name, review the list of event names carefully for alternate formulations. For example, you may have listed Lincoln Elementary School as "Lincoln" or "Lincoln Elem" or "Lincoln Elementary" etc.

If you store data for a single event under 2 or more slightly different names, the reports generated for these events will be meaningless. If you accidentally name one event twice, the data under one of the event names (both event-level and child-level data) must be re-entered under the other event name and the duplicate entries deleted.

Carter-East Side Elementary

Carter-East Side Elementary

Enter Cancel

- Utilizing your completed Child-Level Data Form (paper sheet), enter all required fields in the “child level data screen”

This is what the completed child-level data screen should look like

Enter child-level data X

Instructions
 You will enter child-level data for the chosen event on this form. The "Q" number in parentheses indicates the question number from the SEALS Child-Level Data Collection Form.
 Enter 99 as the value for any missing data.
 To record your entries and enter data for another child at this event, click "Next/Enter" below.
 To record your entries and return to the main menu, click "Last/Enter."
 You may press "Cancel" to return to the main menu. Note that data currently entered on the form will be lost.

Event:

ID# (Q1): D.O.B(Q4): Age:
no dashes or spaces mm/dd/yyyy

Last Name(Q2): Verified TennCare Status(Q5): Sex: 0=Male
1=Female

First Name(Q3): Special Health Care Needs: 0=No
1=Yes Grade: Enter 0 if Kindergarten

Race/ethnicity: (Check all that apply)
 White Black/African American Asian Hispanic
 American Indian/Alaska Native Native Hawaiian/Pacific Islander Other Race/ethnicity missing

I. Screening

Screening Completed (Q6): Untreated Cavities (Q8): Referral (Q12):

Caries Experience (Q9): Diseased or Filled Teeth (Q13): a. b.

Date Any/All Services Completed (Q7): Sealants Present (Q10):
mm/dd/yyyy

Treatment Urgency (Q11):

II. Preventive Services

Sealants Placed(Q14):

Total Number of Teeth Sealed (Q15): a. b. c.

Fluoride Treatment Received (Q16):

Teeth Sealed (check all that apply):

1	2	3	4	5	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	31	30	29	28	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Provider #

- If additional sealants are placed or any notes need to go into account, click **Notes** button, free type additional notes, and press enter to save to chart.

Child Notes X

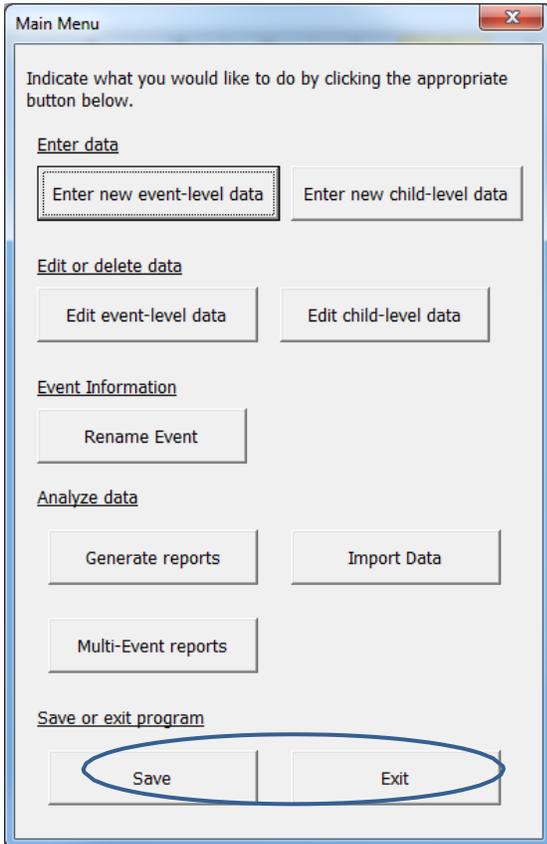
Notes for Child:

Patient has possible decay and being referred for treatment

2. Press **Next/Enter** to save data. The fields will save the information and clear to allow for next patient's information.

NOTE: Last patient completed click **Last/Enter** to return to **MAIN MENU**

3. Once at **MAIN MENU**, click:
- Save
 - Then click Exit



The file is now complete

How to Edit Information:

If you come across an issue that needs to be corrected:

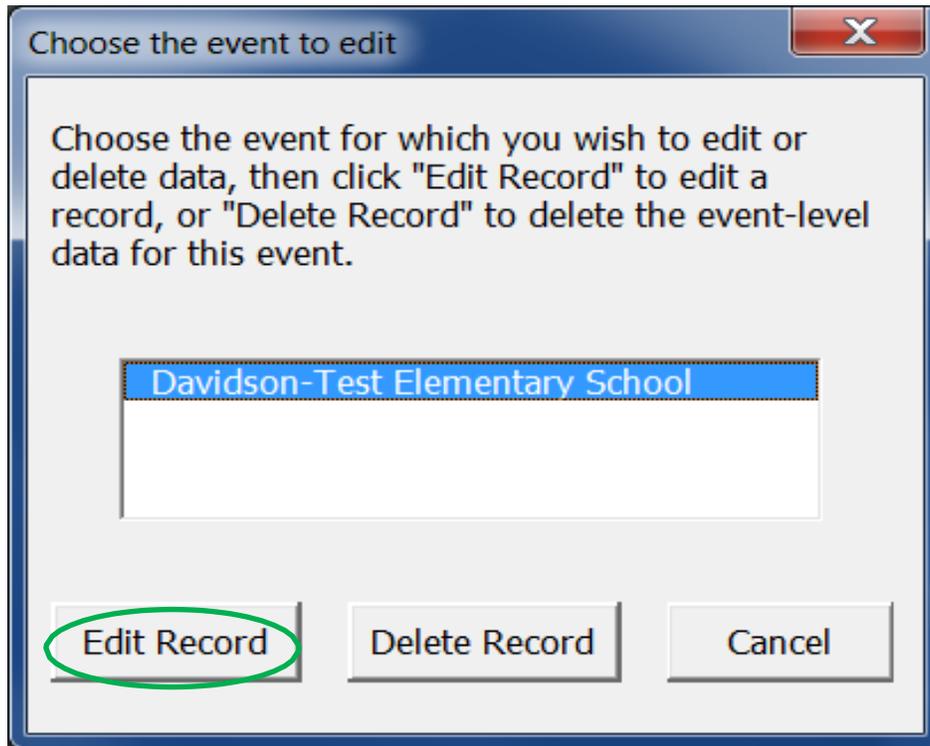
MAIN MENU and click **Edit event-level data** or

Edit child-level data



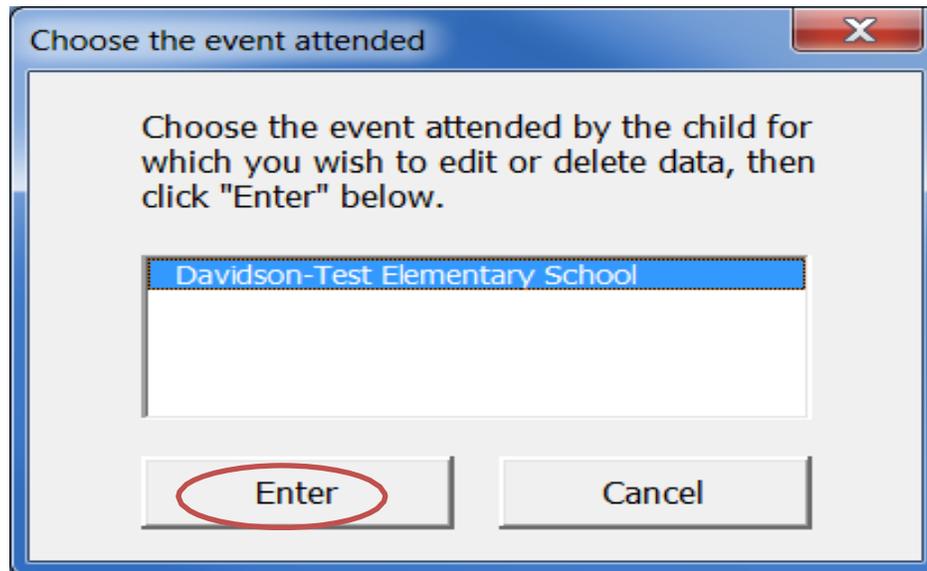
When editing **EVENT-LEVEL DATA:**

- Highlight Event
- Click Edit Record



When editing **CHILD-LEVEL DATA:**

- Highlight Event
- Click Enter

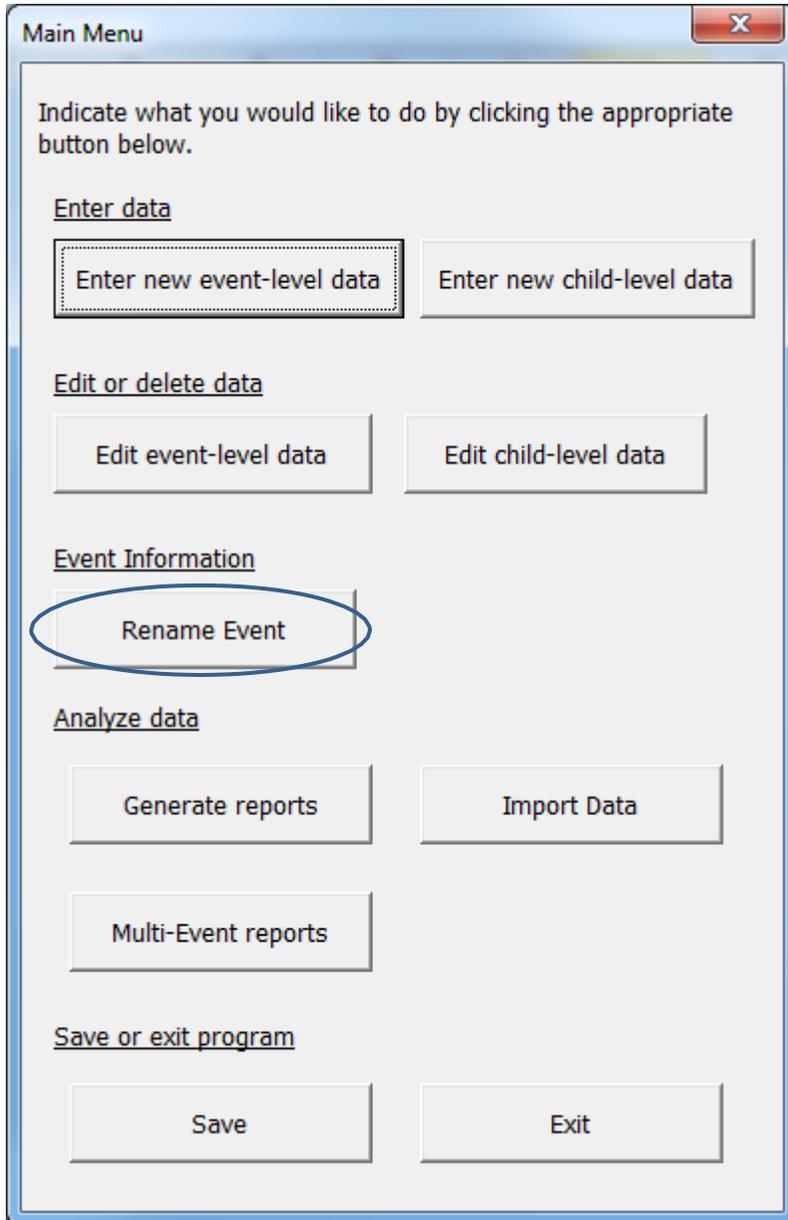


- Type in the **Child ID** in the Filter Field
- Highlight **Child ID** that needs to be corrected
- Click Edit Record



Renaming an Event

If you need to rename an event click on the rename event button from the **Main Menu**



Select the event you wish to rename and type in the correct name:

Choose Event to Rename

Choose the event to rename and add the new name to the box, then click the "Enter" button below.

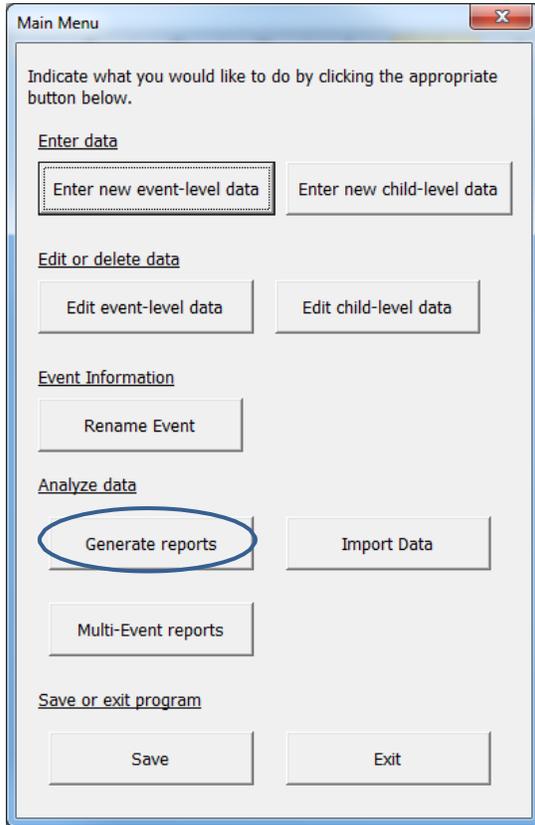
Carter-East Side Elementary

New Event Name:
Johnson- East Side Elementary

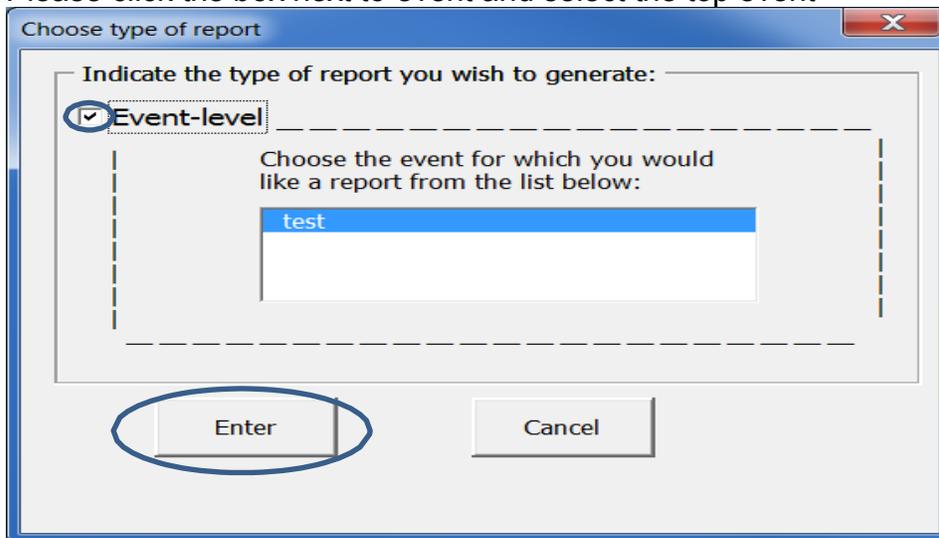
Enter Cancel

Generating Report:

1. To ensure that you have placed all your information in the system accurately, you can create a report



2. Please click the box next to event and select the top event



3. Pop up – notifying how many students are entered for this event, click ok

- Verification report will populate. This is the new **Self-Report** that you will submit to your Regional Dental Director (if applicable). Please make sure the numbers balance out in both sections. For example, Number of Children Sealed (item 1 under Summary of Services Delivered) should balance with General Screenings (item 5 under New Report Information).

SUMMARY STATISTICS FOR EVENT: test 2016 - 2017

Summary of effectiveness in targeting high-risk populations that lack access to care			
	#	% of participants	% response rank**
1. Participants with untreated decay (baseline)	0	0.0	100.0 1
2. Participants with urgent dental needs (baseline)	0	0.0	100.0 1
3. Participants with early dental needs (baseline)	0	0.0	100.0 1
4. Participants with sealants present (baseline)	0	0.0	100.0 1

Summary of services delivered			
	value	response	rank**
1. Number of children screened	1		
2. Number of children sealed	1		
3. Number of 1st molars sealed	1		
4. Number of 2nd molars sealed	0		
5. Number of other teeth sealed	0		
6. Number of children receiving fluoride varnish	1		
7. Number of children receiving other fluoride treatments	0		
8. Number of children referred for dental care	0		
9. Number of children receiving oral health education	1		

New Report Information			
	value	response	rank**
1. Region Name	NERO		
2. Regional Provider Number	1234		
3. School System Number	123		
4. School Number	123		
5. General Screenings	1		
6. TennCare Outreach	1		
7. Consent Forms Distributed	1		
8. Returned Signed Consent Forms	1		
9. Event Start Date	05/24/2017		
10. Event End Date	05/24/2017		
11. Total Number of Sealants Placed	1		
12. Total Event Days	1		
13. Verified TennCare	1		

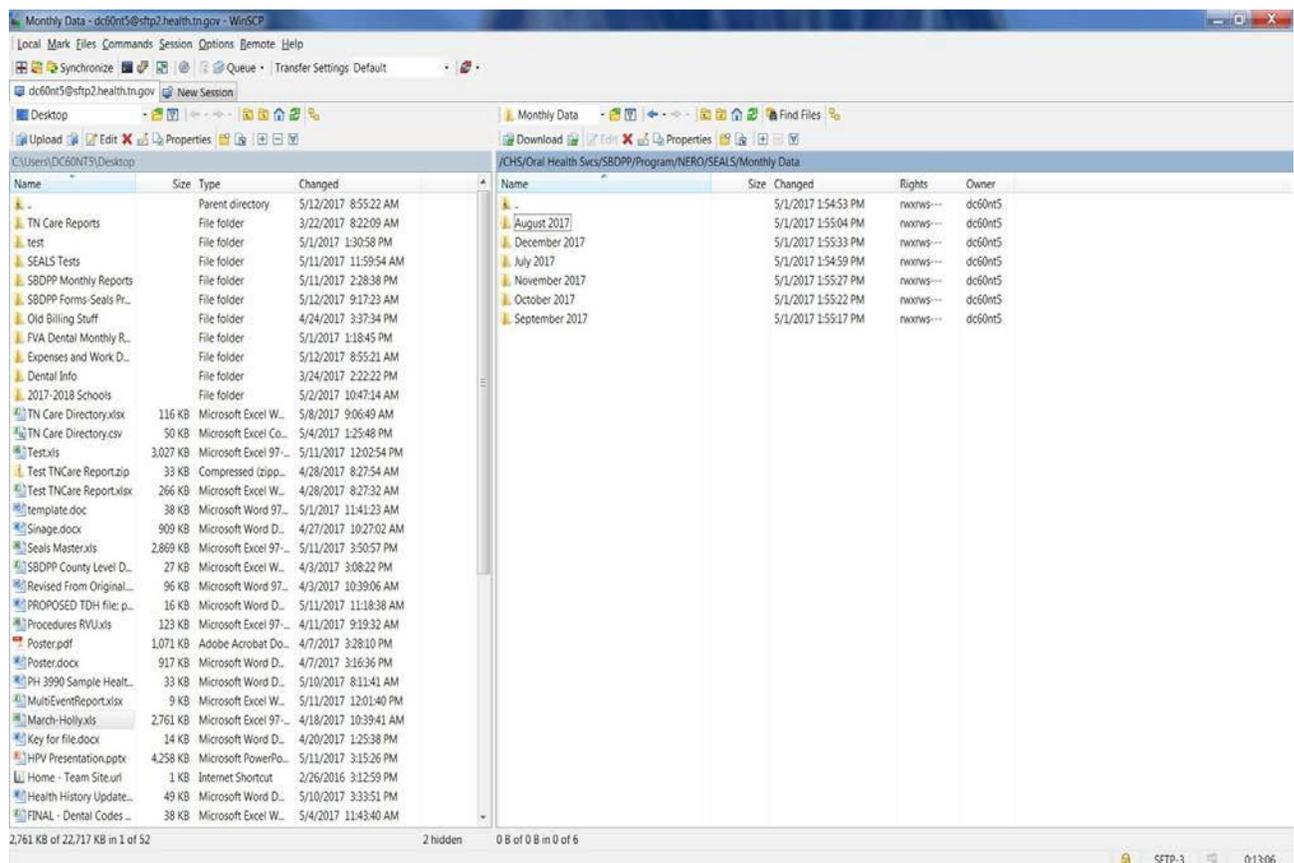
NOTE: The self-report cannot be changed on this screen, reference back to instructions for editing event-level data and editing child-level data for changes.

Putting File on Server:

1. Once file is complete, it will need to be transferred from the desktop to the server:
 - Open and log onto WinSCP:
 - Left Pane is desktop**
 - Right Pane is server**
2. From Server Pane (right side) make sure you are inside regional folder
Double click on the **SEALS** folder
Double click on you **H** folder
Double click on the **Month** folder (Example March 2017)

NOTE: Other users will be placing their information here so please do not delete anything in the folder).

3. On Left Pane (desktop):
Left click file
Click download
4. This will place your file in the folder you have opened on the right side of the screen



Once you have uploaded your file, you are done!

Appendix:



SEALS EVENT-LEVEL DATA COLLECTION TOOL

**** Please complete one form per site. ****

County-School/Event Name: _____

1. School Year: _____
(Enter the 4 digit year that the school year began; for example, for the '02-'03 school year, enter 2002.)

2. Region Name: _____ 3. Regional Provider #: _____

4. Site Type: _____ 5. School Site Information
0 = School a. System Number: _____
1 = Community site b. School Number: _____
(If community site enter 0)

6. Number of General Screenings: _____

7. Total Number Receiving Oral Health Education: _____

8. Total Receiving TennCare Outreach: _____

9. Grade Level(s) Targeted (Check all that apply):
_____ Kindergarten _____ 1st grade _____ 2nd grade
_____ 3rd grade _____ 4th grade _____ 5th grade
_____ 6th grade _____ 7th grade _____ 8th grade
_____ Other

10. Event Dates:
a. Event Start Date: _____
b. Event End Date: _____

(Note: Dates should be entered in 8-digit format, including slashes. For example, January 1, 2000 should be entered 01/01/2000.)

11. Population Targeted: _____
0 = $\geq 47\%$ & $< 50\%$ of children in free or reduced lunch program
1 = $\geq 50\%$ of children in free or reduced lunch program
2 = community target population

12. Total Days for the Event: _____

13. Consent Forms:
a. Number of Consent Forms Distributed: _____
b. Number of Returned Signed Consent Forms: _____

14. Prophy (Additional reporting required by Regional Dental Director):
a. Number of D1120 (13 and under): _____
b. Number of D1110 (14 and over): _____

S.E.A.L.S.

Sealant Efficiency Assessment for Locals and States

*An Evaluation and Benchmarking Tool for Administrators
of Community Sealant Programs*

11.2: Director's Manual



**Tennessee Department of Health
School-Based Dental Prevention
Program**

May 2017 (Revised 05/2018)

SEALS
Tennessee Department of Health
School-Based Dental Prevention Program

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Director's Manual

for

SEALS: **Sealant Efficiency Assessment for Locals and States**

*An Evaluation and Benchmarking Tool for Administrators
of Community Sealant Programs*

Program Concept by Susan Griffin & Kari Jones
Programming by Kari Jones with Reidar Hagtvedt and Tera
Bates

Copyright CDC, 2005

Manual by Kari Jones & Susan Griffin

**Revised for the Tennessee Department of Health
School-Based Dental Prevention Program**

Statement of Purpose:

SEALS is designed to capture data regarding your sealant program in a form that allows you to generate summary reports both for an individual event and for your program as a whole. SEALS also saves your data in a format such that state-level program administrators (in states with decentralized programs) may use the data from your program and other programs in the state to generate summary reports at the state-wide level.

You will enter the event-level data from the "SEALS Event-Level Data Collection Form" for each site (or event). You will also enter data regarding each participant/patient at each event from the "SEALS Child-Level Data Collection Form". Then you may generate, print, and export reports and/or export your raw data to create graphs or do additional analysis.

SEALS PROGRAM OVERVIEW

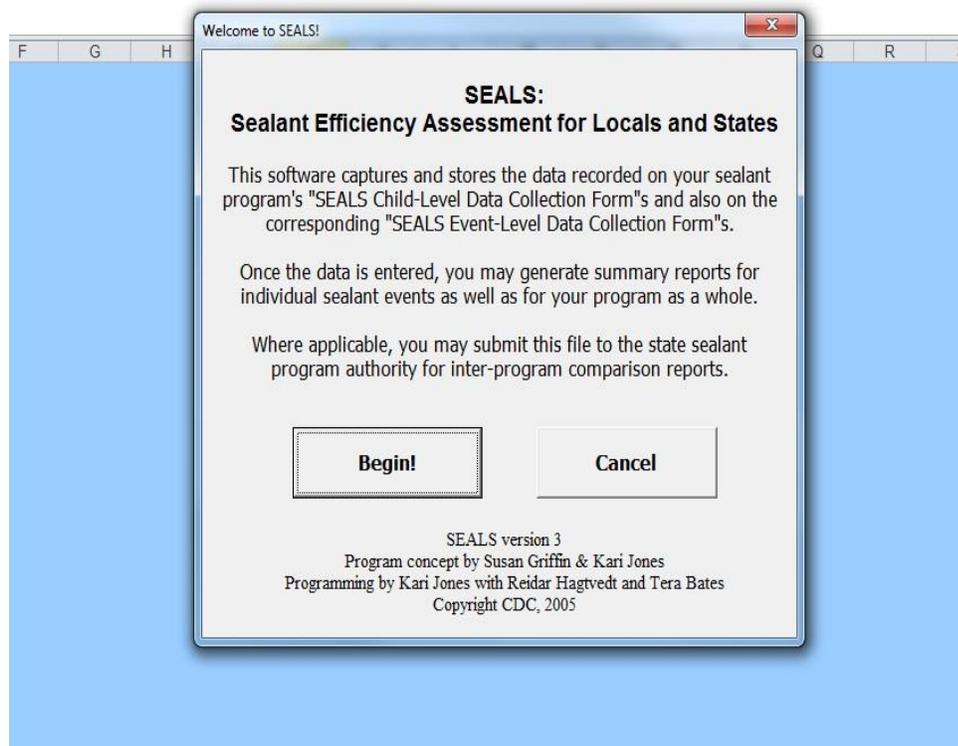
Effective July 1, 2017 the SEALS program will replace the Access program previously used by the School-Based Dental Prevention Program.

The SEALS program will differ in functionality and will be used to report information to TennCare, the CDC, and ASTDD. **All children who participate in the SBDPP will need to be entered into the system so we can report accurate information to these sources.**

SEALS Program Master Copy:

A clean copy of the file will remain on SharePoint and the Server;

- Obtain a clean copy of the file from these two sources **only**.
- Do **NOT** run the file from your email or thumb drive
- Save it to your desktop/desired folder.
- Please generate and rename your file for each new event as instructed

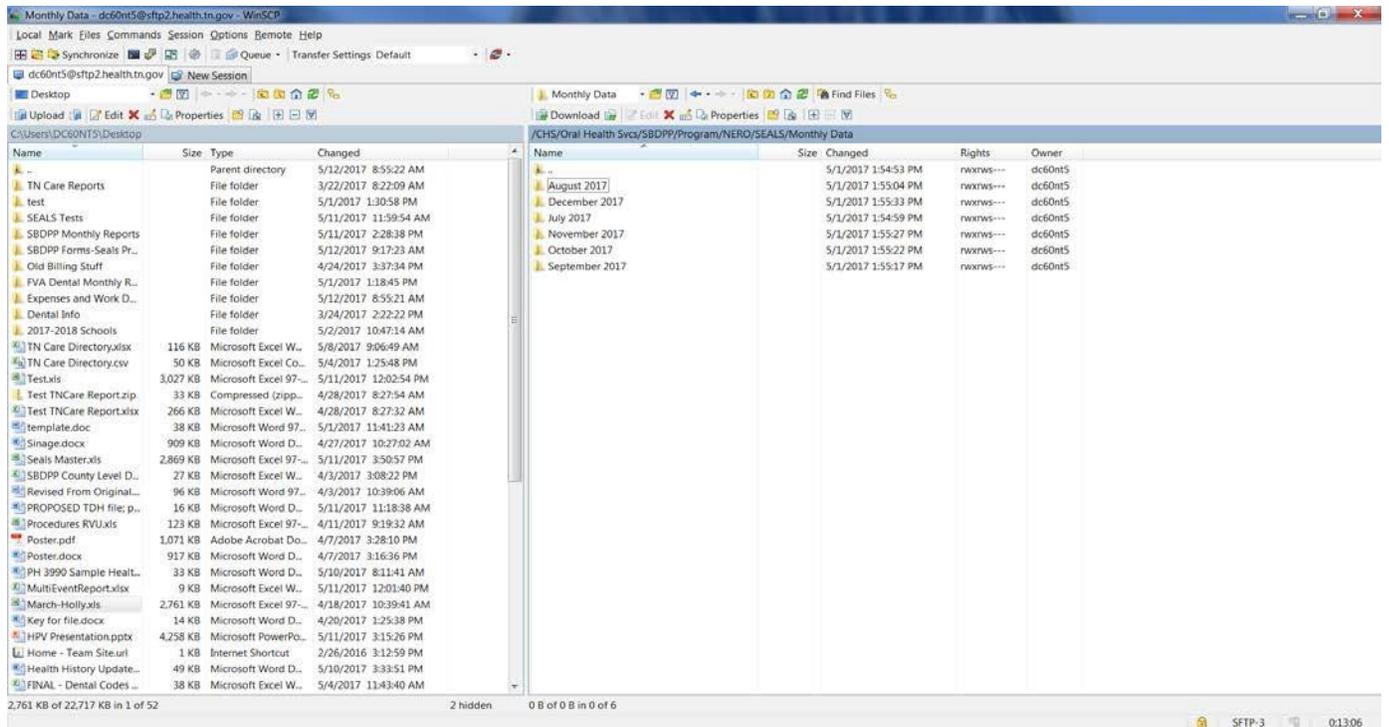


Master copy of the SEALS from the server:

- log onto the WinScp

Desktop is in the left pane

Server is in right pane



Steps:

- Server window right side, your regional folder (example: WTRO, MCRO, Davidson, etc)
- Double click the SEALS folder
- Double click the SEALS Master folder
- Right click on the SEALS Master Excel file and select "Download"
- File will download to your desktop
- Minimize Server
- From desktop, right click to rename file
- Rename the file leaving in Excel format:

Your filename should be formatted with your **region, month, and year.**

- Example: NERO July 2017.xls

Collecting Monthly Files:

1. From the desktop, right click the screen and select new folder
 - Name this folder Month Year (June 2017)
2. Launch server and on the left side pane double click the folder that was created
3. To collect the monthly files to your desktop take the following steps (this will need to be done for each hygienist folder):
 - Access the server (right side pane), open each H folder (or the folder that may contain all the files)
 - Select the correct monthly folder and right click the appropriate file
 - Select “Download” – this will copy the folder you named on your desktop
4. One event per file. If one person enters all data for their region/metro on behalf of the providers, they will have multiple files, named for each provider/event in your file.
 - **Examples:**
 - Holly East Side Elementary March 2017
 - Lesa John Elementary March 2017
 - Sally Doe Elementary March 2017

If multiple providers are working on one event they will need to enter their data in the same file

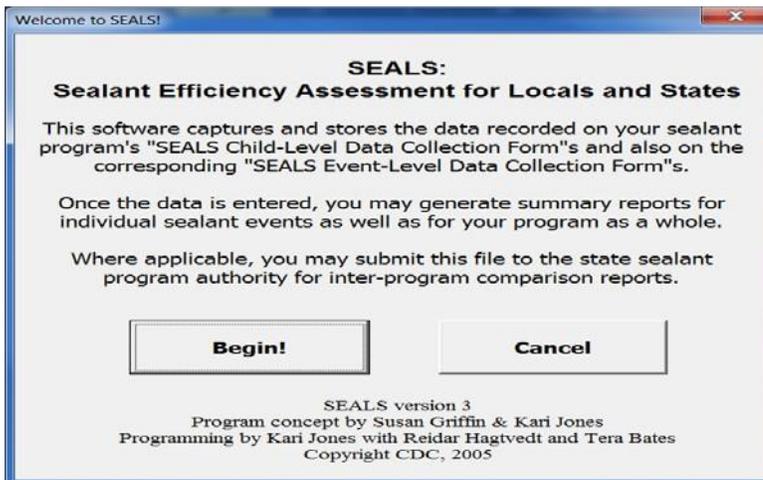
- **Example:** Sally and Lesa working the same event, all data into one file
Sally-Lesa John Elementary School March 2018
5. Back to your desktop, launch your blank version of SEALS that you have named Region Month Year (i.e. NERO July 2017.xls).
 6. This file needs to remain in Excel format (with .xls extension on the file name).

Note: If only one project is completed during the month, you do not need to complete a monthly merge/import data. You will simply rename the file to Region Month Year, and upload it to server in correct monthly folder.

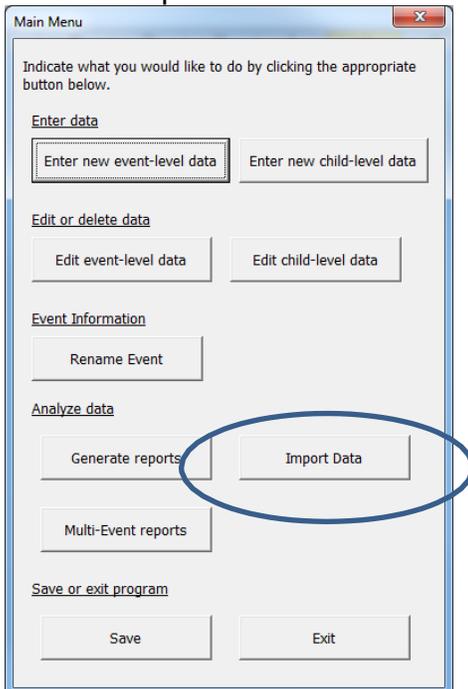
Merging the Files:

SECURITY WARNING: As the file opens, you MAY see a yellow Security Warning across the top. If this warning appears, you will need to click on the “Enable Content” button. You will NOW be able to use the file. If you do not “Enable Content” you will remain in READ ONLY mode and the file will not work. If you do NOT see this warning, the file is ready to be used

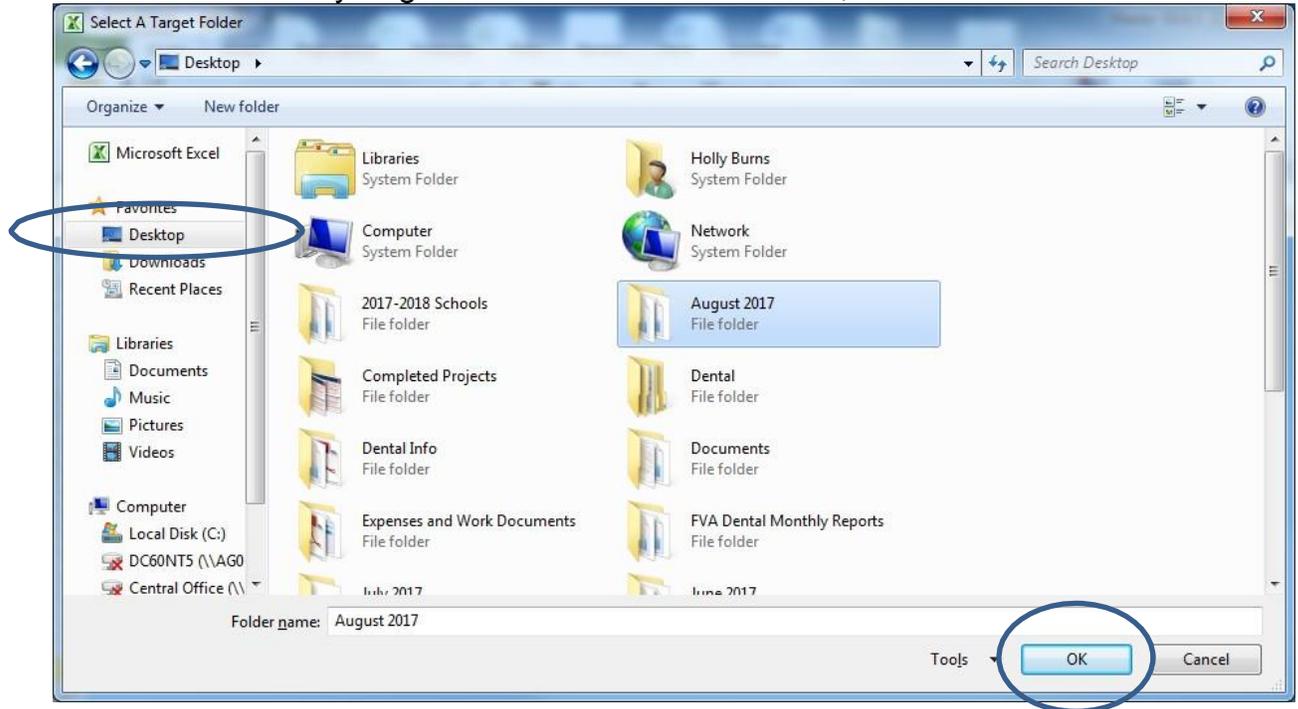
1. Upon opening the file you will receive this screen. Click **BEGIN** to start the file or **CANCEL** to exit the file.



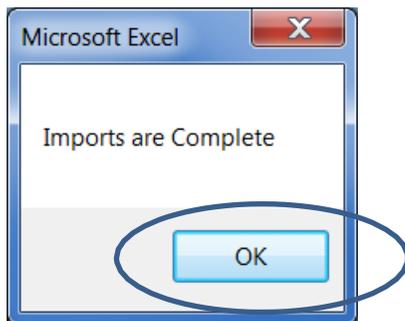
2. Click on Import Data from Main Menu



3. Select the folder on your desktop that contain the files for that month, and click ok. Make sure to only single click the folder with the data, do not double click.

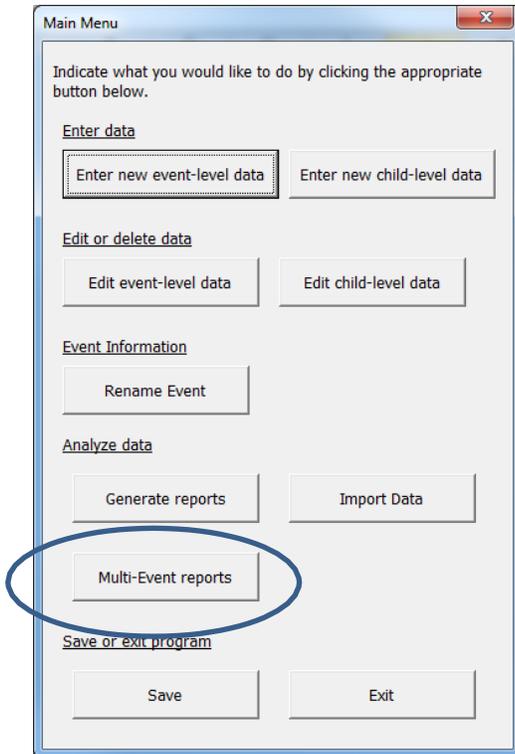


4. You will get a box informing the imports are complete, click ok and you will be directed back to the MAIN MENU.

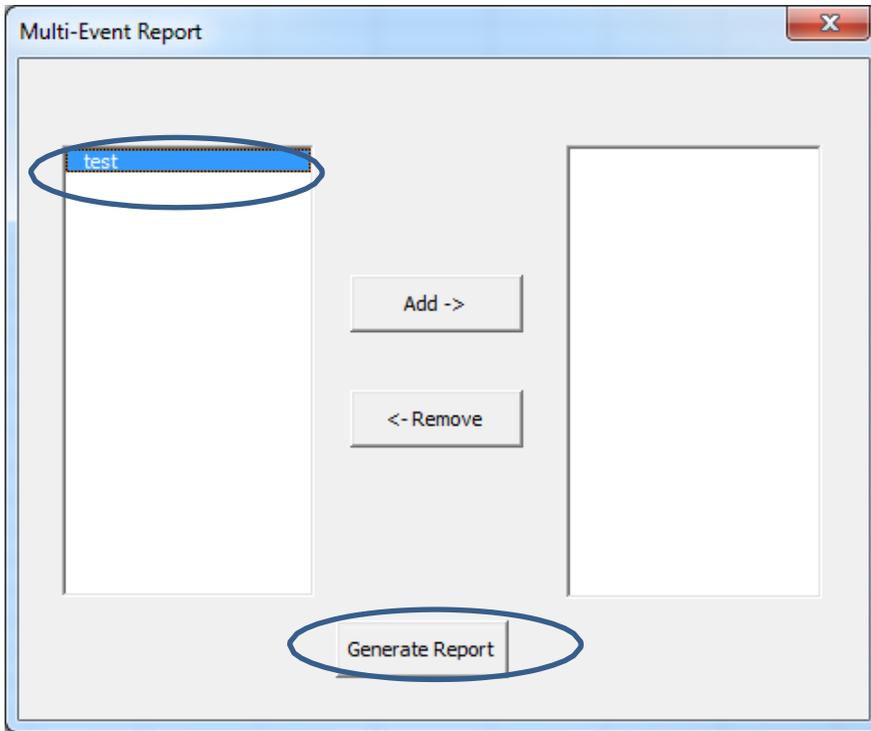


Generating Multi Event Report:

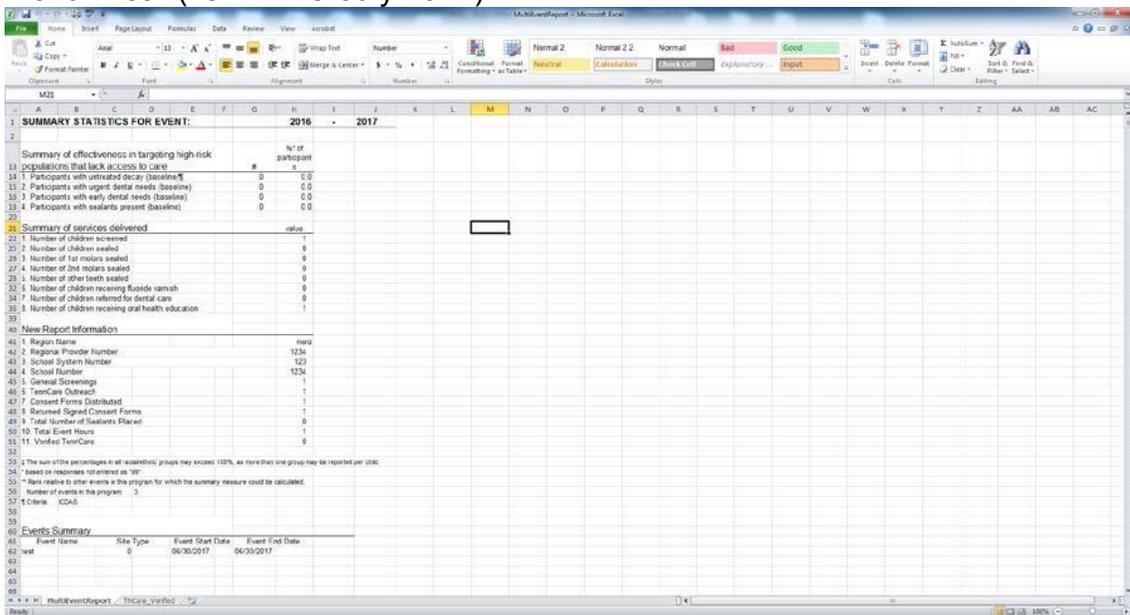
1. All data from all events from that month has now been consolidated in your file. Once back at the MAIN MENU, click Multi Event Report:



2. Double click all event names in the left side column to move over to right side column
3. Click generate report once all events appear in right side column



4. New excel window will open with your multi-event level report. This is not the file you will load to server, the file you will load to server is the file named Region Month Year (i.e. NERO July 2017).



5. This will be the new **“Regional Self-Report”** that you will submit to Central Office

Example of printed report:

SUMMARY STATISTICS FOR EVENT: 2016 - 2017

Summary of effectiveness in targeting high-risk populations that lack access to care

	#	%* of participants
1. Participants with untreated decay (baseline)†	1	16.7
2. Participants with urgent dental needs (baseline)	0	0.0
3. Participants with early dental needs (baseline)	1	33.3
4. Participants with sealants present (baseline)	2	66.7

Summary of services delivered

	value
1. Number of children screened	6
2. Number of children sealed	6
3. Number of 1st molars sealed	5
4. Number of 2nd molars sealed	1
5. Number of other teeth sealed	3
6. Number of children receiving fluoride varnish	4
7. Number of children referred for dental care	1
8. Number of children receiving oral health education	11

New Report Information

1. Region Name	micro
2. Regional Provider Number	2345
3. School System Number	2345
4. School Number	234
5. General Screenings	6
6. TennCare Outreach	11
7. Consent Forms Distributed	11
8. Returned Signed Consent Forms	6
9. Total Number of Sealants Placed	6
10. Total Event Hours	2
11. Verified TennCare	0

‡ The sum of the percentages in all racial/ethnic groups may exceed 100%, as more than one group may be reported per child.
 * based on responses not entered as "99"
 ** Rank relative to other events in this program for which the summary measure could be calculated.
 † Number of events in this program: 3
 ‡ Criteria: ICDA5

Events Summary

Event Name	Site Type	Event Start Date	Event End Date
Davidson-Test Eleme	0	05/02/2017	05/02/2017
Sumner-Portland Eler	0	05/03/2017	05/03/2017

6. If information is incorrect, send back to the provider to make corrections.

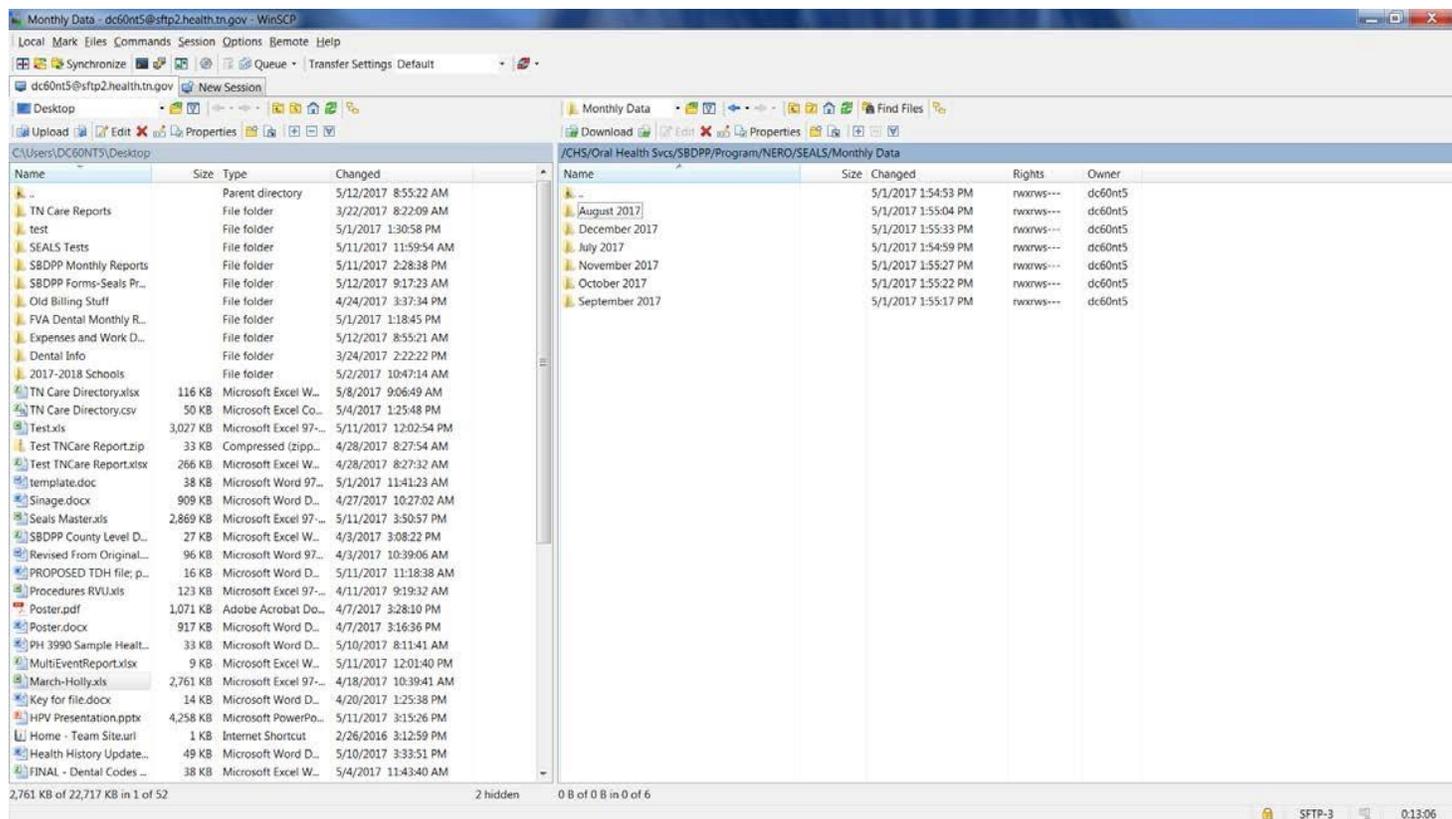
Putting Complied File on Server

1. Once all events have been compiled into one file, the file will need to be transferred from the desktop to the server. Open and log onto WinSCP. Be sure that your computer's desktop is in the left pane of the WinSCP/server window
2. Once inside the server, navigate to the right side of screen and select the folder with your Region
Double click on the SEALS folder
Double click on the Monthly Data folder
Double click on the Monthly folder (Example July 2017)

NOTE: Do NOT delete anything in the folder.

3. After opening the correct monthly folder, navigate to the left side of screen and locate your SEALS file (on the desktop). This file should be your region name month year (i.e. NERO July 2017).
4. Left click on your SEALS file and click "Upload". This will place your file in the folder (on the server) you have opened on the right side of the screen

THAT'S A WRAP!



Appendices

DENTAL SEALANT PROGRAM



Keeping your child's smile healthy!

**CONSENT
FORM ON
BACK**

Tennessee Department of Health's School Based Dental Prevention Program offers dental preventive services to your child for **FREE!**

- Screenings and Education
- Sealants
- Fluoride Varnish



Complete the back of this form to help your child have healthy teeth! **ALL** children are eligible who return this completed consent form. No child is turned away. Services are **FREE!**

A referral note will be sent home after the visit explaining services provided and information to help find a dental home, if needed.

PREVENTION VS. TREATMENT



Sealants, free and at your school



Treatment, a costly trip to the dentist

Getting sealants are as easy as brushing your teeth and painless too!



For more information about our program and dental health, visit us on our website.

Tooth Decay: *The Problem*

- Tooth decay is the single most common chronic childhood disease.
- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.

Dental Sealants: *The Solution*

- Dental sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth.
- Sealants prevent tooth decay and also stop cavities from growing.

Prevention vs. Treatment

- Prevention - Sealants are a short & easy process. The chewing surfaces of teeth are cleaned; sealants are painted into the grooves of chewing surfaces; the sealant is bonded to the tooth.
- Treatment requires an appointment with the dentist and may include (drilling) removing tooth structure/ replacing tooth structure.

My child has already had sealants and sees a dentist regularly, should they participate?

YES!

Sealants can last for many years but if your child's sealants come off, we can replace them on all permanent back teeth as needed for **FREE!**

The Tennessee Department of Health has placed over **4 million sealants** on children in Tennessee schools since 2001. Visit us at: TN.gov/health/section/oralhealth

DENTAL SEALANT PROGRAM PARENT CONSENT FORM

Dental Sealant & Fluoride Varnish Program

Please use **BLACK** or **BLUE** ink to complete this form.

About Your Child

Child's Name: _____
First Middle Last Sex Birth Date Age

Home Address: _____
Street City State Zip Code

Best Number to Reach You Name of School Grade Teacher

Race (Please check all that apply): White Black/African American Asian American Indian/Alaska Native
 Hispanic Native Hawaiian/Pacific Islander Other

Child's Social Security Number (Optional)

Does your child have TennCare? Yes No

Tooth decay is one of the most common diseases found in children. Fluoride varnish can be painted on teeth to protect teeth from cavities. Fluoride varnish can be applied up to four times a year.

Health History

Has your child seen a dentist within the past 12 months? Yes No

Does your child have allergies? Yes No

If yes, what? _____

Is your child taking any medications? Yes No

If yes, what? _____

Is there anything else we should know about the health/behavior of your child? Yes No
(Examples: ADHD, Autism, Seizure Disorders, etc.)

If yes, what? _____

Parent Consent

I give consent for my child to participate in the school-based dental preventive program conducted by Tennessee Department of Health. To the best of my knowledge, the medical history questions have been answered accurately. I have been given a copy of the health department's notice of privacy practices, or it is available to me through the school nurse or by calling my local health department.



Signature of Parent or Guardian

Date

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1(800) 318-2596.



Unprotected
No Sealant



Protected
After Sealant

PROGRAMA DE SELLADORES DENTALES



¡Manteniendo sana la sonrisa de su hijo!

¡El Programa de Prevención Dental Ubicado en la Escuela del Departamento de Salud de Tennessee ofrece servicios dentales preventivos a su hijo **SIN COSTO ALGUNO!**

- Despistajes y Educación
- Selladores
- Barniz de Fluoruro



¡Complete el reverso de este formulario para ayudar a su hijo a tener dientes sanos! **TODOS** los niños que devuelvan este formulario de consentimiento completado son elegibles. No se rechaza a ningún niño. ¡Los servicios son **GRATUITOS!**

Se enviará a casa una nota de referencia después de la visita, explicando los servicios proporcionados e información para ayudar a encontrar un sitio dental, si es necesario.

PREVENCIÓN VS. TRATAMIENTO



Selladores,
gratuitos y ubicados
en su escuela



Tratamiento, una
visita costosa al
dentista

*¡Recibir selladores
es tan fácil como
cepillarse los dientes
y sin dolor, también!*



Para más información sobre nuestro programa y la salud dental, visítenos en nuestro sitio de web.

Mi hijo ya ha tenido selladores y se ve con un dentista periódicamente, ¿debe participar?

¡Sí!

Los selladores pueden durar muchos años pero si los selladores de su hijo se caen, podemos reponerlos en todos los dientes posteriores permanentes, según sea necesario,

¡SIN COSTO ALGUNO!

Las Caries Dentales: *El Problema*

- Las caries dentales son la enfermedad crónica más común de la niñez.
- Aproximadamente 1 de 5 (20%) de niños entre las edades de 5 a 11 tiene al menos un diente cariado no tratado

Selladores Dentales: *La Solución*

- Los selladores dentales son capas finas de plástico aplicadas a las surcos de las superficies para masticar de los dientes posteriores.
- Los selladores previenen las caries dentales y también detienen el crecimiento de las caries.

Prevención vs. Tratamiento

- Prevención - Selladores son un proceso corto y fácil. Se limpian las superficies de masticación de los dientes; se pintan los selladores en las muescas de las superficies de masticación; se adhiere el sellador al diente.
- El tratamiento requiere una cita con el dentista y puede incluir (perforación), extraer estructura del diente/reponer estructura del diente.

El Departamento de Salud de Tennessee ha puesto 4 millones de selladores en niños de las escuelas de Tennessee desde 2011. Visítenos al TN.gov/health/section/oralhealth

FORMULARIO DE CONSENTIMIENTO DE LOS PADRES PARA EL PROGRAMA DE SELLADORES DENTALES

Programa de Selladores Dentales y Barniz de Fluoruro

Por favor, use tinta **NEGRA** o **AZUL** para completar este formulario.

Acerca de su Hijo

Nombre del (de la) Hijo(a): _____
Primer Segundo Apellido Sexo Fecha de Nacimiento Edad

Dirección de Domicilio: _____
Calle Ciudad Estado Código Postal

Mejor Número para Contactarle Nombre de la Escuela Grado Maestro(a)

Raza (Por favor marque todo lo que corresponda):
 Blanco Negro/Afro-Americano Asiático Hispánico
 Indígena Estadounidense/Nativo de Alaska
 Nativo de Hawai/de las islas del Pacífico Otro

Número del Seguro Social del Hijo (Opcional) _____ ¿Su hijo(a) tiene TennCare? Sí No

Las caries dentales son una de las enfermedades más comunes encontradas en niños. El barniz de fluoruro puede ser pintado en los dientes para proteger los dientes de las caries. El barniz de fluoruro puede ser aplicado hasta cuatro veces al año.

Historial de Salud

¿Ha ido su hijo(a) al dentista dentro de los últimos 12 meses? Sí No

¿Su hijo(a) tiene alergias? Sí No

De ser "sí", ¿cuáles? _____

¿Su hijo está tomando algún medicamento? Sí No

De ser "sí", ¿cuál? _____

¿Hay algo más que debemos saber sobre la salud/ el comportamiento de su hijo(a)? Sí No
(Ejemplos: ADHD, Autismo, Trastornos de Convulsivos, etc.)

De ser "sí", ¿qué? _____

Consentimiento del Padre

Doy consentimiento para que mi hijo participe en el programa preventivo dental ubicado en la escuela realizado por el Departamento de Salud de Tennessee. De acuerdo a mi conocimiento, las preguntas del historial médico han sido contestadas precisamente. Se me ha dado una copia del aviso de prácticas de privacidad del departamento de salud, o me está disponible mediante la enfermera escolar o llamando al departamento de salud local.



Firma de Padre/Madre/Tutor Legal

Fecha

Si su menor no tiene TennCare y Ud. siente que pueda calificar, por favor presente una solicitud en línea al www.healthcare.gov o llame al 1(800) 318-2596.



Sin protección
Sin Sellador

Protegido
Con Sellador



Silver Diamine Fluoride (SDF)

DO YOU KNOW THERE IS A NEW AND EASY WAY TO **HELP STOP TOOTH DECAY?**

Silver Diamine Fluoride is a liquid placed on a cavity that kills bacteria and strengthens that part of the tooth. It will harden the cavity to keep it from getting bigger and will also help with any pain related to the cavity. Using the SDF allows time for treatment to occur, without the cavity growing. The Tennessee Department of Health's School Based Dental Prevention Program will be offering this service at your child's school at **NO cost!**

BENEFITS USING SDF

- **Stops cavities from getting bigger**
- **NO shots or drills**
- **May stop teeth from hurting**
- **Provided at NO cost**

WHAT TO EXPECT?

- SDF **will** change the color of the cavity from brown to black, but will **not** stain parts of the tooth that are **not** decayed
- SDF **will** stop the cavities from getting bigger
- SDF gives time for dentists to fix your child's teeth
- If SDF touches your child's skin, you **will** see a small color change that will change back in 2-3 days.
- SDF will **only** be placed on **back** teeth

**B
E
F
O
R
E**



Active Decay



Non-Active Decay

**A
F
T
E
R**

Your child has been identified by the School-Based Dental Prevention Program as having tooth decay. With your permission, we would like to provide up to two applications of silver diamine fluoride, to control the tooth decay and prevent the cavity from getting worse.

The procedure:

- Dry teeth
- Place a small amount of SDF (a liquid) on the affected area of the teeth
- Wait approximately one minute to give SDF time to dry
- Rinse

Parent/Guardian: Please Complete Student Health History Below

COMPLETE USING INK

Medical history for SDF application, please circle YES or NO:

- | | | |
|--|-----|----|
| • Does your child have an allergy to silver? | YES | NO |
| • Does your child have painful or sore raw gums? | YES | NO |
| • Does your child have any known allergies? | YES | NO |

Explain: _____

Possible risks to SDF include, but are not limited to the following:

- The cavity will permanently turn **black**.
- If SDF comes in contact with skin or gums it will leave a temporary stain.
- When placing SDF on a filled tooth that has decay, the decay will become darker.
- There may be a metallic taste in the mouth however, this will quickly go away.
- Your child needs additional treatment with a dentist.

Treatment with silver diamine fluoride may not prevent the need for additional dental treatment.

There is a possibility the SDF treatment may not stop the decay and no guarantee of success is granted or implied.

Child's Name: _____ Date of Birth: _____

I hereby give my consent for up to two applications of Silver Diamine Fluoride (SDF) to be applied by the Tennessee Department of Health School-Based Dental Prevention Program staff.



Signature of Parent/Guardian

Date



Fluoruro de Diamino de Plata (SDF)

¿SABE USTED QUE HAY UNA NUEVA MANERA FÁCIL DE **DETENER LAS** CARIES?

El Fluoruro de Diamino de Plata es un líquido colocado en las caries que mata las bacterias y fortalece esa parte del diente. Endurece la carie para evitar que continúe creciendo y también ayuda con cualquier dolor relacionado con la carie. Usar SDF le da tiempo suficiente para recibir tratamiento posterior, sin que la carie continúe creciendo. El Programa de Prevención Dental con Sede en las Escuelas del Departamento de Salud de Tennessee ofrecerá este servicio en la escuela de su hijo(a), **¡sin costo** alguno para usted!

BENEFICIOS DE USAR SDF

- **Evita que las caries continúen creciendo**
- **NO se inyecta ni se barrena**
- **Detiene el dolor en los dientes**
- **Se ofrece SIN costo alguno**

¿QUÉ PUEDE ESPERAR?

- SDF **cambiará** el color de la carie de marrón a negro, pero **no** manchará las partes del diente que **no** están cariadas
- SDF **evita** que la carie continúe creciendo
- SDF da tiempo suficiente para que el dentista pueda arreglar la dentadura de su hijo(a)
- Si SDF toca la piel de su hijo(a), se **verá** un pequeño cambio de color. Esto cambiará en 2-3 días.
- SDF **sólo** se pondrá en los dientes posteriores

**A
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E
S**



Carie Activa



Carie Inactiva

**D
E
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S**

El Programa de Prevención Dental con Sede en las Escuelas detectó que su hijo(a) tiene caries dentales. Con su autorización, nos gustaría ofrecer hasta dos aplicaciones de fluoruro de diamino de plata, para controlar las caries dentales y evitar que las caries empeoren.

Procedimiento:

- Seque los dientes
- Coloque una pequeña cantidad de SDF (el líquido) en la zona afectada de la dentadura
- Espere aproximadamente un minuto para dar tiempo a que el SDF se seque
- Enjuague

Padres/Guardian: Por Favor Complete El Historial De Salud Estudiantil Indicado Abajo

**COMPLETAR
CON TINTA**

Antecedentes médicos para la aplicación de SDF, marque con un círculo SÍ o NO:

- | | | |
|---|----|----|
| • ¿Su hijo(a) tiene alergias a la plata? | SÍ | NO |
| • ¿Su hijo(a) tiene dolor o irritación de las encías? | SÍ | NO |
| • ¿Su hijo(a) tiene algún tipo de alergia conocida? | SÍ | NO |

Explique: _____

Entre los posibles riesgos de SDF se encuentran los siguientes:

- La carie se vuelve permanentemente de **color negro**.
- Si SDF entra en contacto con la piel o las encías deja una mancha temporal.
- Cuando se coloca SDF en un diente con empaste que está cariado, las caries se vuelven más oscuras.
- Puede sentirse un sabor metálico en la boca, pero esto desaparece rápidamente.
- Es posible que sea necesario aplicar tratamientos adicionales.

El tratamiento con fluoruro de diamino de plata no previene la necesidad de recibir tratamiento dental posterior. Existe la posibilidad de que el tratamiento de SDF no detenga la carie y su aplicación no concede ni implica ninguna garantía de éxito.

Nombre del menor: _____ Fecha de Nacimiento: _____

Por el presente doy mi consentimiento para hasta dos aplicaciones de Fluoruro de diamino de plata (SDF), que será aplicado por el personal del Programa de Prevención Dental con Sede en las Escuelas del Departamento de Salud de Tennessee.



Firma de la madre/del padre/tutor legal

Fecha



SEALS EVENT-LEVEL DATA COLLECTION TOOL

**** Please complete one form per site. ****

County-School/Event Name: _____

1. School Year: _____
(Enter the 4 digit year that the school year began; for example, for the '02-'03 school year, enter 2002.)

2. Region Name: _____ 3. Regional Provider #: _____

4. Site Type: _____ 5. School Site Information
0 = School a. System Number: _____
1 = Community site b. School Number: _____
(If community site enter 0)

6. Number of General Screenings: _____

7. Total Number Receiving Oral Health Education: _____

8. Total Receiving TennCare Outreach: _____

9. Grade Level(s) Targeted (Check all that apply):
_____ Kindergarten _____ 1st grade _____ 2nd grade
_____ 3rd grade _____ 4th grade _____ 5th grade
_____ 6th grade _____ 7th grade _____ 8th grade
_____ Other

10. Event Dates:
a. Event Start Date: _____
b. Event End Date: _____

(Note: Dates should be entered in 8-digit format, including slashes. For example, January 1, 2000 should be entered 01/01/2000.

11. Population Targeted: _____
0 = $\geq 47\%$ & $< 50\%$ of children in free or reduced lunch program
1 = $\geq 50\%$ of children in free or reduced lunch program
2 = community target population

12. Total Days for the Event: _____

13. Consent Forms:
a. Number of Consent Forms Distributed: _____
b. Number of Returned Signed Consent Forms: _____

14. Prophy (Additional reporting required by Regional Dental Director):
a. Number of D1120 (13 and under): _____
b. Number of D1110 (14 and over): _____



TENNESSEE DEPARTMENT OF HEALTH
ORAL HEALTH SERVICES
DENTAL REPORT

To the parent or guardian of: _____

_____ Your child received the following preventive services:

_____ Sealants

_____ Fluoride Varnish

_____ Other: _____

_____ Your child did not receive services because:

_____ Your child may have cavities.

_____ Your child has fillings or sealants in back permanent teeth.

_____ Your child's back permanent teeth have not grown in enough to be sealed.

_____ Your child turned in his/her permission slip too late.

_____ Your child was uncooperative (unable to treat).

_____ Your child needs the following dental treatment with a dentist: _____ (Routine) _____ (Early) _____ (Immediate)

Brushing: _____ (Good) _____ (Needs Improvement)

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1-800-318-2596.

If you have questions or concerns, please call _____. Date: _____

Please visit your dentist regularly



DEPARTAMENTO DE SALUD DE TENNESSEE
SERVICIOS DE SALUD ORAL
INFORME DENTAL

Para el padre, madre o tutor legal de: _____

____ Su hijo(a) recibió los siguientes servicios preventivos:

____ Selladores dentales

____ Barniz de fluoruro

____ Otro: _____

____ Su hijo(a) no recibió servicios porque:

____ Es posible que su hijo(a) tenga caries.

____ Su hijo(a) tiene rellenos o selladores dentales en dientes posteriores permanentes.

____ Los dientes posteriores permanentes de su hijo(a) no han crecido lo suficiente para ser sellados.

____ Su hijo(a) entregó su formulario de permiso demasiado tarde.

____ Su hijo(a) no cooperó con nosotros (no fue posible tratarle).

____ Su hijo(a) necesita el siguiente tratamiento dental mediante un dentista:

____ (*de rutina*) ____ (*tempranamente*) ____ (*de inmediato*)

Cepillado de dientes: ____ (*bueno*) ____ (*necesita mejorarlo*)

Si su hijo(a) no tiene TennCare y le parece que pudiera cualificar, por favor presente una solicitud por internet en www.healthcare.gov o llame al 1-800-318-2596.

Si tiene preguntas, preocupaciones o inquietudes, por favor llame a _____. Fecha: _____

Por favor visite a su dentista periódicamente



TENNESSEE DEPARTMENT OF HEALTH
 ORAL HEALTH SERVICES
 SILVER DIAMINE FLUORIDE REPORT

To the parent or guardian of: _____ Date: _____

Your child was identified as having tooth decay and their consent form was returned for silver diamine fluoride (SDF) applications. An application of SDF was placed on your child's tooth/teeth today by the School-Based Dental Prevention Program. The SDF permanently turns the cavity black while preventing the disease from getting worse. **Your child needs additional dental treatment with a dentist.**

Your child received SDF on the following teeth:

_____ First Application _____ Second Application

Your child did not receive SDF services because:

_____ Your child turned in his/her permission slip too late.

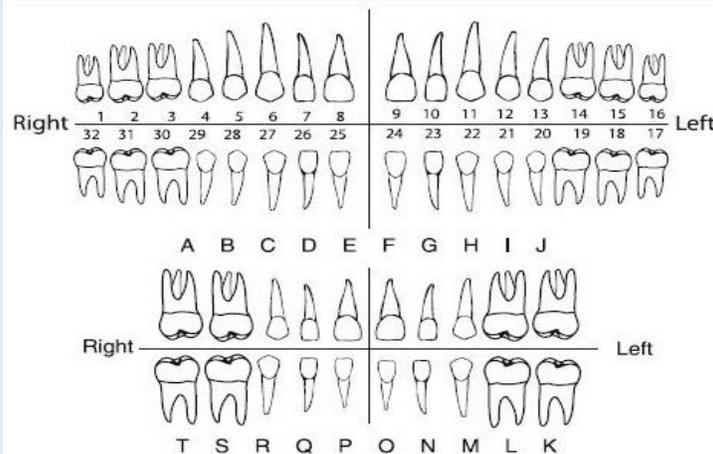
_____ Your child was uncooperative (unable to treat).

Brushing: _____ Good _____ Needs Improvement

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1-800-318-2596.

If you have questions or concerns, please call:

Please visit your dentist regularly





DEPARTAMENTO DE SALUD DE TENNESSEE
SERVICIOS DE SALUD DENTAL
INFORME DE FLUORURO DE DIAMINO DE PLATA

A la Madre/el Padre/Tutor de: _____ Fecha: _____

Se ha detectado que su hijo(a) tiene caries dentales y se ha enviado un formulario de consentimiento para la aplicación de fluoruro de diamino de plata (SDF, por sus siglas en inglés). El Programa de Prevención Dental con Sede en las Escuelas colocó una aplicación de SDF en el diente/los dientes de su hijo(a) hoy. El SDF hace que la carie se vuelva permanentemente negra mientras previene que continúe avanzando la infección. ***Su hijo(a) necesita tratamiento dental adicional con un Dentista.***

Su hijo(a) recibió SDF en los siguientes dientes:

_____ Primera Aplicación _____ Segunda Aplicación

Su hijo(a) no recibió servicios de SDF ya que:

_____ Su hijo(a) entregó la autorización demasiado tarde.

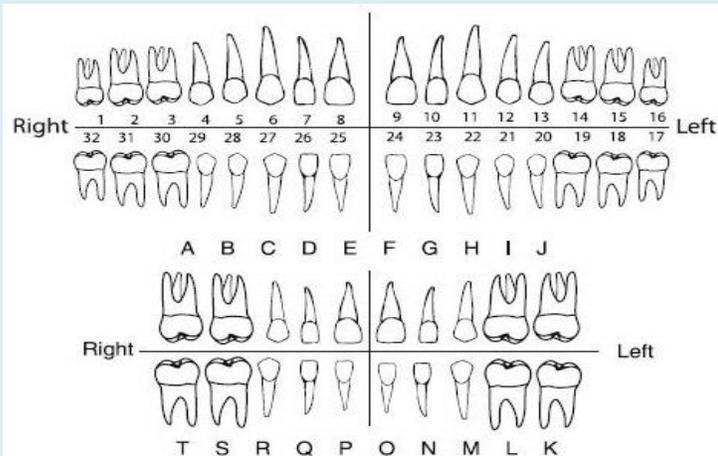
_____ Su hijo(a) no cooperó (no se pudo aplicar el tratamiento).

Cepillado: _____ Bueno _____ Debe mejorar

Si su hijo(a) no tiene TennCare y usted cree que pudiera ser elegible, presente una solicitud en línea en www.healthcare.gov o llame al 1-800-318-2596.

Si tiene alguna pregunta o inquietud, llame al:

Vaya al dentista regularmente





**TENNESSEE DEPARTMENT OF HEALTH
ORAL HEALTH SERVICES
CONSENT FOR TOPICAL APPLICATION OF FLUORIDE VARNISH**

It has been shown that topical fluoride preparations, such as bi-annual fluoride varnish application, significantly reduce dental decay. A fluoride varnish program will be conducted at your child's school very soon. This program will be under the supervision of dental personnel from the Oral Health Services Section.

If you would like for your child to participate in and receive the benefits of this program, at no cost to you, please fill in the information requested below. Sign and return this form to the teacher as soon as possible.

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1-800-318-2596.

IMPORTANT NOTE: This program does not replace regular care by your dentist, but is only an aid in preventing cavities from developing in teeth. Your child should be encouraged to practice good oral hygiene habits daily at home.

A copy of the Department of Health's Notice of Privacy Practices is available from the school nurse, school office, or local health department.

PARENT COMPLETION			
I would like my child to participate in the fluoride program. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child had a fluoride varnish application within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____			
Student Information:			
_____	_____	_____	_____
Last	First	Middle	Date of Birth
_____	_____	_____	_____
County	School	Grade	Homeroom Teacher
Signature: _____	Date: _____		

STAFF COMPLETION	
Oral Health Screening: _____ Normal	Screening Notes: _____
_____ Abnormal (Note findings)	_____
_____ Referred/Parent Letter	_____
Fluoride Varnish: <input type="checkbox"/> Yes <input type="checkbox"/> No	Brand Name: _____
Signature: _____	Date: _____



DEPARTAMENTO DE SALUD DE TENNESSEE
SERVICIOS DE SALUD ORAL
CONSENTIMIENTO PARA APLICACIÓN TÓPICA DE BARNIZ DE FLUORURO

Está comprobado que preparaciones tópicas de fluoruro, tales como la aplicación bianual de barniz de fluoruro reduce significativamente la caries dental. Muy pronto, en la escuela de su hijo(a), se llevará a cabo un programa que utiliza uno de estos fluoruros. Este programa estará bajo la supervisión de personal dental de la Sección de Servicios de Salud Oral.

Si quisiera que su hijo(a) participe y reciba beneficios de este programa, sin algún costo alguna para usted, por favor complete la información requerida líneas abajo. Firme y devuelva este formulario a la maestra lo más antes posible.

Si su hijo(a) no tiene TennCare y Ud. siente que puede estar habilitado(a), por favor presente una solicitud en el sitio de web www.healthcare.gov o llame al 1-800-318-2596.

AVISO IMPORTANTE: Este programa no reemplaza el cuidado normal con su dentista, pero es solamente una ayuda para prevenir el desarrollo de caries dental. Su hijo(a) debe ser exhortado(a) a practicar hábitos de higiene bucal diariamente en casa.

Una copia del Aviso de las Prácticas de Privacidad del Departamento de Salud está disponible de la enfermera escolar, la oficina escolar, o el departamento de salud local.

PARA SER COMPLETADA POR EL PADRE (LA MADRE)

Quisiera que mi hijo(a) participe en el programa de fluoruro. Sí No

¿Su hijo(a) ha tenido una aplicación de barniz de fluoruro dentro de los últimos 6 meses? Sí No

De ser "sí", Fecha: _____

Información del Estudiante:

Apellido Primer Nombre Segundo Nombre Fecha de Nacimiento

Condado Escuela Grado Maestra de Aula Principal

Firma: _____ Fecha: _____

STAFF COMPLETION

Oral Health Screening: _____ Normal Screening Notes: _____

_____ Abnormal (Note findings) _____

_____ Referred/Parent Letter _____

Fluoride Varnish: Yes No Brand Name: _____

Signature: _____ Date: _____



Screenings/Fluoride Varnish/Education Event Collection Tool

**** *Please complete one form per site, do not enter into SEALS.* ****

County-School/Event Name: _____

School Year: _____

(Enter the 4 digit year that the school year began; for example, for the '02-'03 school year, enter 2002.)

1. Region Name: _____ 2. Regional Provider #: _____

3. Site Type: _____ 4. School Site Information
a. 0 = School a. System Number: _____
b. 1 = Community site b. School Number: _____
(If community site enter 0)

5. Number of General Screenings: _____

6. Total Receiving Fluoride Varnish Application: _____

7. Total Receiving Prophy: D1120: _____ D1110: _____

8. Total Number Receiving Oral Health Education: _____

9. Total Receiving TennCare Outreach: _____

10. Grade Level(s) Targeted (Check all that apply):
i. Kindergarten _____ 1st grade _____ 2nd grade _____
ii. 3rd grade _____ 4th grade _____ 5th grade _____
iii. 6th grade _____ 7th grade _____ 8th grade _____
iv. Other _____

11. Event Dates:

a. Event Start Date: _____

b. Event End Date: _____

c. (Note: Dates should be entered in 8-digit format, including slashes. For example, January 1, 2000 should be entered 01/01/2000.)

12. Population Targeted: _____

a. 0 = $\geq 47\%$ & $< 50\%$ of children in free or reduced lunch program
1 = $\geq 50\%$ of children in free or reduced lunch program

b. 2 = community target population

13. Total Days for the Event: _____

14. Consent Forms:

a. Number of Consent Forms Distributed: _____

b. Number of Returned Signed Consent Forms: _____

15. Servicing Provider Number: _____



Tennessee Department of Health – School-Based Dental Prevention Program Silver Diamine Fluoride (SDF) Treatment Record

Name: _____
(First) (Middle) (Last) (DOB)

**✘ = ALL ANTERIOR TEETH
ARE EXCLUDED FROM SBDPP SDF TREATMENT**

Screening: Check the Circle for Tooth SDF Prescribed

ORAL SDF SCREENING RECORD -															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
○	○	○	○	○	✘	✘	✘	✘	✘	✘	○	○	○	○	○
UPPER RIGHT			○	○	✘	✘	✘	✘	✘	✘	○	○			UPPER LEFT
LINGUAL			A	B	C	D	E	F	G	H	I	J			LINGUAL
LOWER RIGHT			T	S	R	Q	P	O	N	M	L	K			LOWER LEFT
○	○	○	○	○	✘	✘	✘	✘	✘	✘	○	○	○	○	○
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Treatment: Darken Circle for SDF Application For a SECOND application, place a "2" next to the tooth number

DENTAL SDF TREATMENT RECORD															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
○	○	○	○	○	✘	✘	✘	✘	✘	✘	○	○	○	○	○
UPPER RIGHT			○	○	✘	✘	✘	✘	✘	✘	○	○			UPPER LEFT
LINGUAL			A	B	C	D	E	F	G	H	I	J			LINGUAL
LOWER RIGHT			T	S	R	Q	P	O	N	M	L	K			LOWER LEFT
○	○	○	○	○	✘	✘	✘	✘	✘	✘	○	○	○	○	○
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DATE	TOOTH NUMBER	SERVICES RENDERED
		Parental Consent on File: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical History Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Teeth Treated with Silver Diamine Fluoride (SDF): <input type="checkbox"/> Yes <input type="checkbox"/> No
		SDF Application: tooth/teeth isolated, dried, Advantage Arrest SDF 38% applied to tooth/teeth, remain moist for one minute, rinse <input type="checkbox"/> Yes <input type="checkbox"/> No
		Oral Hygiene: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good
		Treatment Needs: <input type="checkbox"/> Immediate <input type="checkbox"/> Early <input type="checkbox"/> Regular
		Comments:
		2nd Application: Teeth Treated with (SDF): <input type="checkbox"/> Yes <input type="checkbox"/> No
		SDF Application: tooth/teeth isolated, dried, Advantage Arrest SDF 38% applied to tooth/teeth, remain moist for one minute, rinse <input type="checkbox"/> Yes <input type="checkbox"/> No
		Oral Hygiene: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good
		Comments:

1st Application Signature/Date: _____

2nd Application Signature/Date: _____

Dental Sealants

What are dental sealants?



A dental sealant is a type of plastic material that is applied to the chewing surfaces of teeth in children and young adults to prevent tooth decay. Most of the decay found in school-age children occurs on these surfaces because they have small depressions, called pits and fissures, where germs and food can hide. The sealant acts as a barrier to protect these chewing surfaces. Sealants have been found to be both safe and effective and are an important part of a child's total oral health prevention program. Sealants are cosmetically pleasing because they are clear or white in

color. The American Dental Association has recommended sealant use since 1972.

Who should receive sealants?

The American Dental Association recommends dental sealants for all children with newly erupted permanent molars and premolars. Sealants should be applied as soon as these teeth appear in the mouth and before they have a chance to decay. Findings reveal that children who drink fluoridated water and have dental sealants applied to their teeth experience significantly less tooth decay as compared to children who do not have access to these preventive services.



How effective are sealants?

Sealants that remain intact on the chewing surfaces of teeth are 100 percent effective in protecting pits and fissures from decay. They act as a physical barrier to decay when properly applied to the tooth surfaces. Therefore, small food particles and bacteria cannot get through the sealant to cause cavities in the pits and fissures of the tooth. Research shows that sealants actually stop decay when placed on top of a beginning cavity by sealing off the supply of nutrients that cavity-causing bacteria need. A sealant should last for many years if properly maintained, by regular brushing, flossing, and routine dental check-ups.

Selladores dentales

¿Qué son los selladores dentales?



Un sellador dental es un tipo de material plástico que se aplica a la superficie de masticación de los dientes de los niños y los jóvenes para prevenir las caries. La mayoría de las caries que sufren los niños de edad escolar ocurren en estas superficies, debido a que tienen pequeñas depresiones, llamadas fosas y fisuras, donde se pueden esconder microbios y comida. El sellador actúa como barrera de protección para estas superficies de masticación. Se ha determinado que los selladores son seguros y eficaces y que constituyen una parte importante del programa completo de salud oral preventiva del niño. Los selladores son atractivos desde el punto de vista cosmético, debido a su color transparente o blanco. La Asociación Dental Estadounidense (*American Dental Association*) ha recomendado el uso de selladores desde 1972.

¿A quiénes se les deben aplicar estos selladores?

La Asociación Dental Estadounidense recomienda la aplicación de selladores dentales a todos los niños a los que les acaban de salir sus molares y premolares permanentes. Los selladores deben ser aplicados tan pronto como aparezcan estos dientes en la boca y antes de que tengan la oportunidad de cariarse. Múltiples estudios han concluido que los niños que toman agua fluorada y a los que se les han aplicado selladores dentales sufren de una cantidad significativamente menor de caries, en comparación con los niños que no tienen acceso a estos servicios preventivos.



¿Qué tan eficaces son los selladores?

Si el sellador permanece intacto en la superficie de masticación de los dientes, entonces tiene una eficacia del 100 por ciento como protección de las fosas y fisuras contra las caries. Dichos selladores actúan como barrera física contra las caries si son aplicadas apropiadamente a las superficies dentales. Por tanto, las pequeñas partículas de alimentos y las bacterias no pueden atravesar el sellador y causar caries en las fosas y fisuras del diente. Los estudios han demostrado que, de hecho, los selladores, cuando son colocados sobre una caries que está comenzando, la detienen, pues bloquean el suministro de nutrientes que requieren las bacterias que causan las caries. El sellador debe durar muchos años, siempre y cuando se le dé el mantenimiento adecuado mediante el cepillado y la limpieza con hilo dental regulares y a través de los chequeos dentales de rutina.



TENNESSEE DEPARTMENT OF HEALTH
ORAL HEALTH SERVICES

Report of Dental Inspection

To the parent or guardian of _____

Your child recently participated in a dental screening program. The purpose of the screening is to assess your child's overall dental health status and is not meant to take the place of a thorough dental examination that might reveal additional treatment needs. Some children may require dental sealants. (The results of the screening may be subject to interpretation because no dental x-rays were made, and we do not know your child's dental history.)

Our observations for your child are listed below. If your child is not under the care of a dentist or has not visited a dental office within the past year, we strongly encourage you to make an appointment with the dentist of your choice to receive a complete examination and any needed treatment for your child.

- Your child has a need for *immediate* professional dental care. It is recommended that a dentist be consulted as soon as possible to initiate treatment.
- Your child has a need for *early* professional dental care. It is recommended that a dentist be consulted at an early date to initiate treatment.
- Your child should continue with routine dental care. We suggest that your child visit a dentist at least once a year for a complete dental examination.

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1-800-318-2596.

An annual well-child physical is an important step in maintaining your child's health. Contact your family physician or Health Department to arrange a physical for your child. The cost of a well-child physical is covered for children enrolled in the TennCare program.



DEPARTAMENTO DE SALUD DE TENNESSEE
SERVICIOS DE SALUD BUCAL

Informe de inspección dental

Al padre, la madre o el tutor de: _____

En fecha reciente, su hijo participó en un programa de exámenes dentales. El objetivo del examen es evaluar la salud dental general de su hijo, y no tiene como fin sustituir un examen dental minucioso que podría poner de manifiesto otras necesidades de tratamiento. Es posible que algunos niños necesiten selladores dentales. (Los resultados del examen pueden ser sometidos a interpretación porque no se toman radiografías, y desconocemos los antecedentes dentales de su hijo.)

A continuación, se indican las observaciones del examen de su hijo. Si su hijo no recibe atención dental o no ha acudido al consultorio del dentista en el último año, recomendamos encarecidamente que haga una cita con el dentista que usted prefiera para que lleve a cabo un examen completo y proporcione todo tratamiento que su hijo necesite.

- Su hijo necesita atención dental profesional inmediata. Se recomienda la consulta con un dentista lo antes posible para comenzar el tratamiento.
- Su hijo necesita atención dental profesional temprana. Se recomienda la consulta con un dentista en fecha próxima para comenzar el tratamiento.
- Su hijo debe continuar su atención dental de rutina. Recomendamos que su hijo acuda al dentista al menos una vez al año para un examen dental completo.

Si su hijo no tiene TennCare, y usted considera que puede reunir los requisitos, por favor complete una solicitud por Internet en www.healthcare.gov o llame al 1-800-318-2596.

Es importante realizar una revisión física anual del niño sano (*well-child*) para mantener la salud de su hijo. Comuníquese con su médico familiar o con el Departamento de Salud para programar una exploración física para su hijo. El costo de la revisión física del niño sano está cubierto para los niños inscritos en el programa TennCare.

Run Date	Instruments Dental	Autoclave Not in Use	Date Attest & Time In Incubator/Initials	Date Attest & Time Out Incubator/Initials	Spore Test* (circle one)		Date Autoclave Cleaning (every month, every 25-30 loads)	Initials	Comments
					Results	Control			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			
	Yes	<input type="checkbox"/>			+	+			
	Yes	<input type="checkbox"/>			-	-			

*The autoclave indicator should be negative; the control indicator should be positive.

SBDPP - Six Month Quality Assurance Review

Hygienist:

Reviewer:

Criteria	Record Data	Autoclaveable Instruments Score	Disposable Instruments Score	Date	Comments
Curing light within limits (record radiometer reading)		/10.0	/10.0		
SDS manual included in set up-		/5.0	/5.0		
Haz/Non Haz listing updated annually (record last update)		/5.0	/5.0		
Chemical Inventory list updated annually (record last update)		/5.0	/5.0		
Written exposure control plan in place, signed and onsite		/5.0	/5.0		
Autoclave on site		/5.0	NA		
Autoclave spore test log maintained and onsite		/5.0	NA		
Spore tests completed weekly and results present		/10.0	NA		
Autoclave cleaning documented		/5.0	NA		
Documentation of non-use		/5.0	NA		
Chemical indicator used inside the bags		/5.0	NA		
Semi-Critical instruments sterilized		/5.0	NA		
Instruments maintained in dated sterilized bags		/5.0	NA		
Supplies dated with no expired items		/5.0	/5.0		
Ultrasonic and utility gloves onsite and properly used		/5.0	NA		
Hand washing available and/or hand sanitizer, properly used		/10.0	/10.0		
Licenses displayed at all times		/5.0	/5.0		
Waterline treatment and monitoring log onsite		/5.0	/5.0		
Waterline treatment used (record product used)		/5.0	/5.0		
Waterline monitoring documented		/10.0	/10.0		
Sealant application observed		/15.0	/15.0		
Record Review conducted of at least 25 records		/15.0	/15.0		
		/150	/100		
Dental Director Signature:					Date:
Hygienist Signature:					Date:



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

Dental infection control recommendations and guidelines from the Centers for Disease Control and Prevention (CDC) apply to all settings where dental services are provided, including those that use portable dental equipment or mobile van systems. Such settings often present challenges in implementing these guidelines. The Organization for Safety, Asepsis and Prevention (OSAP) formed a national advisory group to develop tools for a practical community site assessment and infection control and safety checklist. The checklist and assessment form offer practical infection control procedures for use during oral health surveys, screenings, preventive care and treatment regardless of setting. The procedures are based on general principles of infection control and are determined by the provider's level of anticipated contact with the patient's oral mucous membranes, blood or saliva contaminated with blood. <http://www.osap.org/?page=PortableMobile>

Site Analysis/Assessment:

<http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Checklists/OSAP.siteassessment.checklis.pdf>

- Used when considering a new treatment site, equipment or providers. It is also recommended that the assessment be used for periodic review of site and equipment to manage new problems or correct existing concerns that may have been overlooked.
- Physical considerations: adequate space to maintain general principles of infection control, proximity of running water and electrical service; ventilation and waste disposal
- Personnel: training of volunteers and site personnel in principles of infection control; site personnel for follow-up of exposures

Infection On-Site Control Checklist

<http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Checklists/OSAP.checklist.portabledenta.pdf>

- Organized around the level of anticipated contact with mucous membranes, blood or saliva contaminated with blood or no anticipated contact with mucous membranes, blood or contaminated saliva.
- Assess absence of resources
- Adherence to accepted infection control practices; hand hygiene, PPE, immunizations; handling of sharps; management of exposures, reusable and single use patient items; management of medical waste; and dental unit water quality
- Strategies for implementing CDC recommendations

Using these tools will allow programs to determine what factors present challenges to providing safe, quality care and to make decisions about possible adaptations or the need to select another site to provide services.

Additional Resources: <http://www.osap.org/?page=PortableMobile>

