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Verification Site Visit Tool

2024-25 School Year

REFERENCE: OREGON ADMINISTRATIVE RULES, OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION, CHAPTER 333, DIVISION 28, SCHOOL-BASED HEALTH PROGRAMS

School Dental Sealant Programs: Complete form starting here through Section A. 11.

Today's Date:		
Program Name:		
dmin review date:	Site Visit Due Date:	Enter "TBD" if site visit date is unavailable.
School:		Enter "TBD" if school name is unavailable.
Site Staff:		Enter "TBD" if staff names are unavailable
OHA St	aff: Karen Phillips, School Oral Health Pro	grams Coordinator
	This Verification Site Visit is an:	
	This Verification Site Visit is an:	
	This Verification Site Visit is an:	
V	This Verification Site Visit is an: /aiver(s) in place at time of review:	

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Section A: Certification Requirements 333-028-0320 Policies and Protocols

- School Dental Sealant Program (SDSP) must submit items in Section A electronically by September 1.
- Reviewed by OHA prior to site visit.
- Review with SDSP coordinator during virtual check-in prior to or just after in-person site visit.

Certification Standard

A.1: The representative responsible for coordinating and implementing the Local School Dental Sealant Program attended a one-time certification training provided by the OHA.

SDSP provides attestation or documentation	Yes	No
OHA reviews attestation or documentation	Yes	No
Compliant	Yes	No

A.2: The program has contacted all the Coordinated Care Organizations (CCOs) operating in the community.

Select all applicable CCO/s (below): PC users press CTRL key to select multiple lines. MAC users press Command key to select lines.

SDSP provides attestation or documentation Yes No
OHA reviews attestation or documentation Yes No
Compliant Yes No

Self Monitoring Evaluation Plan

A.3 : Po	licies and protocols:	SDSP provides attestation or documentation	Yes	No
Permission Form		OHA reviews attestation or documentation	Yes	No
	Privacy Practices			
	Clinical Screening Sheet	Compliant	Yes	No
	Fact Sheet			
	Student Results Form	Comments:		
	Infection Prevention And Control			

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Certification Standard (continued) A.4: The Local School Dental Sealant Program provided an annual clinical training to all providers rendering care within their scope of practice in a school setting. SDSP provides attestation or documentation **Select One:** Yes No OHA reviews attestation or documentation **OHA Clinical Training** No Yes Compliant No Yes Local Program's Clinical Training Questions: How are hygienists new to the outreach program trained mid-school If local program's clinical training: vear? Date of training: No Submitted agenda Yes Yes No Submitted sign-in sheet **A.5**: The program has confirmed their master list of schools. QUESTION: What are the changes to your school list? If none, enter "Not Applicable" below. Yes SDSP provides attestation or documentation No OHA reviews attestation or documentation Yes No Compliant No Yes **A.6**: The program submits their schedule. If your program has not submitted your schedule Has your program submitted their schedule? Yes when will you submit it? Nο ghf A.7: The program enters all Medicaid encounters into the Medicaid system. (This will be confirmed with consent form review) Yes SDSP provides attestation or documentation No Comments: OHA reviews attestation or documentation Yes No Compliant Yes Nο A.8: Which method/s of outreach to a school does your program use to schedule dental sealants in the school?

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E-mail

In-person with a school contact (principal, office manager, other)

(select all that apply)

Phone Calls

Certification Standard (continued)

		•			mum, de omic stat					stude	nts re	egaro	dless of	insurance	e status,
(a) Elementary school students in first second grades, or second and third grades						JUJI PIUVIUES A				des attestation or documentation					No
. ,			ıdents in nd eightl		nd sevent	h	Oŀ	HA revie	ews atte	station	or do	ocum	entation	¹ Yes	No
Selec	t all gra	ades th	nat you	serve:								Co	mpliant	Yes	No
K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 ^t	^h 1	1 th	12 th		
Com	ments:														
A.10. a:	The pro	ogram	reques	ts an in-	-person s	site vi	sit for	the 202	24-25 sc	hool y	/ear.				
				Yes		No	0								
A.10.b :	OHA w	ill cond	duct an	in-pers	on site v	isit fo	r the 2	024-25	school	year.					
				Yes	;	N	lo								
A.10.c :	Unless	otherw	vise info	rmed, 1	the prog	ram v	vill be o	due for	a in-pe	rson s	ite vi	sit d	uring th	e:	
2025-2	6 Scho	ol Year	r:												
				Yes	5	N	١o								
2026-2	27 Scho	ol Yea	r:												
				Yes	;	N	lo								
							•				ande	d te	chnique	for modi	ified glass
ionome		•		techniq	jue in mi	aaie s	schools	a nigr		s. provide	es atte	estat	ion or		
		t mater		Isola	ation devi	ce							tation	Yes	No
	Techn	ique app	olied		roved				ОНА	review				Yes	No
Comme	nts:										aocui	rnen	tation		140
									Compl	iant	Υ	es	No	Not	Applicable

Section B: School Operations (To be completed by OHA)

Demands on school staff are limited.

Certification Standard Compliant Yes No **B.1: Student Health** Medical History is included on the permission form. EPDH or dentist reviews permission form. "Yes" consent (Identifies student) Medical considerations Comments: Compliant Yes No **B.2**: Student flow Only one student is in the clinical service area at a time. Comments: Minimal number of students in a waiting area. Out of class time is minimized for all students.

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Section C: Certification Requirements 333-028-0320 Clinical Standards (To be completed by OHA)

Certification Standard

C.1: Li	censure				Compliant	Yes	No			
	 Scope of practice 	e laws are followed.								
	- EPDH		- DA-Sealar	nt Certificate						
	- RDH	- Dentist	- DA							
	Current Oregor	dental hygiene or o	dental license	e is visible just ou	utside of clinical tre	atment ar	ea.			
Comn	ments:	-		·						
	Local School Dental	•		o these	Compliant	Yes	No			
ı	Dental equipment is u	used on school groun			d technique is used t nentary schools.	o apply				
Compressor must be used for AGPs.				For middle and high school students, the two- handed technique may be used with a prior OHA approved plan.						
Comn	nents:									
C.3: S	ealant materials				Compliant	Yes	No			
	Resin		Cor	nments:						
	< 10% fill									
(Glass Ionomer									
	Modified Techr	·								
	Non-modified T	echnique								
	Both Resin and Glass	lonomer								

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Certification Standard (continued)							
C.3.a: Sealant placement technique-	Compliant	Yes	☐ No [Not Applicable			
Resin Compressor rinse and suction capabilities are available to use.	The tooth is rinsed and thoroughly dried before etchant.						
Four-handed technique is used for elementary school. The tooth is thoroughly cleaned prior to etching.	Isolation is adequate throughout entire procedure The resin sealant is evaluated with an explorer before student dismissal. The residual BPA is removed after resin sealant placement.						
C.3.b: Sealant placement technique-	Compliant	Yes	No	Not Applicable			
Glass Ionomer non-modified							
Compressor rinse and suction capabilities are available on-site to use.	The tooth is rinsed and slightly dried before cavity conditioner is applied.						
Four-handed technique is used for elementary grades.	The cavity conditioner is removed. The tooth is only slightly dried to apply sealant.						
The tooth is cleaned before cavity conditioner.	There i dismiss	efore the student is					
C.3.c: Sealant placement technique-	Compliant	Yes	No	Not Applicable			
Glass Ionomer modified (Compressor rinse and	suction capabilities	are not nee	eded on site.)				
The tooth is cleaned before cavity conditioner.	The tooth	The tooth is only slightly dried to apply sealant.					
The tooth is blotted clean and slightly dried before cavity conditioner is applied.	There is a student is		ne before the				
The cavity conditioner is removed.							
Comments:							

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Section D: Infection Control Protocols (To be completed by OHA)

Certification Standard

D.1: Infection control guidelines established in OAR 818-012-0040, the CDC Infection Prevention Practices, and the OHA Guidance for Certified School Dental Sealant Programs are being followed.

Compliant

Yes

No

ADMINISTRATIVE

The program has a written infection control program and evaluation plan.

Infection control coordinator is designated.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

Program staff adhere to standard precautions, including hand hygiene.

- PROTECTIVE EYEWEAR

(i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters

Eyewear should have solid side shields.

- MASKS

AGP or Lower-AGP = Level 2 or 3 procedure mask or N95. The outer layer mask is changed or a single-layer mask is changed between students receiving services.

Screenings = Level 2 or 3 procedure mask.

Mask is changed if becomes moist or contaminated.

- GOWNS

AGP/Lower-AGP=Single use launderable or disposable gowns are changed between each student receiving services.

Comments:

ENGINEERING

If a compressors are used, the program has a written waterline maintenance protocol.

Biomonitoring, indicator strips, solutions, reagents (sealant disinfectants), etc..., are not expired.

STERILIZATION

Utility gloves for cleaning or transferring sharps.

The program uses an ultrasonic or enzymatic soak solution to soak reusable instruments prior to sterilization.

Clinicians are handling, storing and transporting sharps to the sterilization area or to the home clinic in a puncture resistant container.

The program/clinician maintains sterilization monitoring for the current calendar year and two preceding years.

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Certification Standard (continued) D.2: Safety Data Sheets (SDS): Compliant Yes No SDS are readily accessible on site. Primary and secondary containers are labeled. Comments: Compliant Yes **D.3** Cleaning and disinfection: No Which method is used for patient care items? Clean and disinfect Clean, disinfect and barriers Disinfect and barriers Comments: **D.4**: Cleaning and disinfection: Compliant Yes No Which method is used for environmental surfaces? Clean and disinfect Clean, disinfect and barriers Disinfect and barriers

Section E: Equipment and supplies (To be completed by OHA)

Certification Standard

Comments:

- : Equip brated per Compliant Yes No manufacturer and/or agency guidelines.

Examples may include:

Cure light Compressor/s Sharps containers; available, not overfull

Comments:

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