



Site Visit Tool Verification for Certification

BEFORE SITE VISIT OCCURS

Name of School Dental Sealant Program:

Name of Program Coordinator/Contact Person:

Contact Phone Number:

Contact E-mail Address:

Name of Collaborating Organization:

Name of Collaborating Contact Person:

Contact Phone Number: **Contact E-mail Address:**

Ask the program for a copy of all of their templates: parental/guardian permission form, notice of privacy practices, fact sheets, screening form (if in paper format), etc.	Received <input type="checkbox"/>
Did the program provide an annual clinical training for all of its providers? – Check OHA training records. – Ask the program for an agenda, participant list, and training materials if they did not attend the OHA training.	Yes <input type="checkbox"/> No <input type="checkbox"/> Received <input type="checkbox"/>
Has the program contacted all of the Coordinated Care Organizations (CCOs) operating in their community? – Verify with your key contacts from the CCOs.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Does the program enter all Medicaid encounters into the Medicaid system? – Look at the parent/guardian permission form to see if they are asking for insurance information. – Ask the program this question.	Yes <input type="checkbox"/> No <input type="checkbox"/> Received <input type="checkbox"/>
Comments:	
Does the program first target elementary and middle schools with 40% or greater FRL levels? – Confirm with the program the master list of schools they are serving with corresponding FRL levels and compare with schools not served.	Yes <input type="checkbox"/> No <input type="checkbox"/> Received <input type="checkbox"/>
Comments:	
What grades does the program serve? Please enter comments if it varies by school.	

<ul style="list-style-type: none"> – Elementary: at least first & second grades <u>or</u> second & third grades – Middle: at least sixth & seventh grades <u>or</u> seventh & eighth grades 	
Comments:	
<p>Has the program developed and implemented a plan to increase parental/guardian permission form return rates?</p> <ul style="list-style-type: none"> – Ask the program how they are increasing permission form return rates. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Received <input type="checkbox"/>
Comments:	
Is the program using incentives? Please describe.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
<p>Does the parental/guardian permission form include a medical history?</p> <ul style="list-style-type: none"> – Check the permission form. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Which type and brand of sealant material is the program using? If more than one, please list.	
Type and brand(s):	
<p>Does the program comply with the Oregon Board of Dentistry's oral health screening guidelines, required by law, when reporting results of the screening to parents?</p> <ul style="list-style-type: none"> – If in paper format, check screening form. – If in electronic format, will need to check at the site visit. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Site Visit <input type="checkbox"/>
Comments:	
<p>Does the program comply with Health Insurance Portability and Accountability Act (HIPAA) requirements?</p> <ul style="list-style-type: none"> – Check permission form and notice of privacy practices. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
<p>Does the program comply with Federal Educational Rights and Privacy Act (FERPA) requirements?</p> <ul style="list-style-type: none"> – Check permission form and notice of privacy practices. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
<p>Does the program conduct retention checks from one school year to the next school year?</p> <ul style="list-style-type: none"> – Ask the program how they are doing this. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Received <input type="checkbox"/>
Comments:	
How does the program train hygienists new to the program?	
Comments:	
<p>Does the program submit aggregate-level data for the required annual data report?</p> <ul style="list-style-type: none"> – Ask the program this question. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Received <input type="checkbox"/>
Comments:	

DAY OF SITE VISIT

Name of OHA Observer:

Date of Site Visit:

Name of School:

Personnel On-Site and License Designations:

Does the program offer screening and dental sealant services (at a minimum) to all students with parental/guardian permission?

Yes No

Comments:

What specific grade levels are being served at the school you are visiting?

Comments:

Are any incentives being provided at this school?

Yes No

Comments:

Is the program using dental equipment on school grounds during school hours?

Yes No

Comments:

Is the four-handed technique being used to apply sealants in elementary schools?

Yes No N/A

Comments:

Is the four-handed technique being used to apply sealants in middle and high schools?

Yes No N/A

Comments:

Is the two-handed technique (using an Isolite or approved device) being used to apply sealants in middle and high schools?

Yes No N/A

Comments:

Are resin-based sealants being applied at this school?

Yes No

Comments:

Are glass ionomer sealants being applied at this school?

Yes No

Comments:

Are both resin-based and glass ionomer being applied at this school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are clinicians following the manufacturers guidelines for sealant placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are clinicians cleaning the tooth surface adequately prior to etching? - How?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are clinicians drying before the etchant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Is isolation adequate throughout the entire procedure? (i.e. no saliva contacting the tooth after “drying before etch” to “finished sealant”?) - What methods are they using?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are clinicians checking each sealant with an explorer before dismissing the student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are clinicians removing the residual BPA after sealant placement? How are they doing this?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are scope of practice laws being followed? – Ask the personnel on-site what their licensures are.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are infection control guidelines established in OAR 818-012-0040 and the CDC Infection Prevention Practices (page 15) being followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the program have a written infection control program and evaluation plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do providers follow standard precaution hand hygiene?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do clinicians wear PPE for patient contact and infection control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the program use an ultrasonic or soak solution for reusable instruments prior to sterilization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the program clean and purge the waterlines according to the manufacturer guidelines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are clinicians handling, storing and transporting sharps in a puncture resistant container?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the sealant and etch syringe caps replaced before cleaning and disinfection?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:	

<p>What method of sterilization, cleaning and disinfection are being used for patient care items? (Clean and disinfect, Clean, disinfect and barriers, Disinfect and barriers)</p> <p>What method of cleaning and disinfection is used for environmental infection control? (Clean and disinfect, Clean, disinfect and barriers, Disinfect and barriers)</p>	
Comments:	
<p>Which difficult to clean equipment and/or devices are covered with barriers?</p> <p>Suction Air/Water Sealant and Etch syringes if not using bulk Cure light</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Comments:	
Are there instances of cross-contamination on surfaces/supplies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Do you see any activity that may be out of compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Do you see any activity that may be out of compliance with Federal Educational Rights and Privacy Act (FERPA) requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
<p>Is classroom time being respected?</p> <p>How many sealant teams and chairs are in operation?</p> <p>How many students are waiting?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Are demands limited on school staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	

AFTER SITE VISIT

Future Recommendations for Renewal Certification: