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[www.healthoregon.org/sealantcert](http://www.healthoregon.org/sealantcert)

## Verification Site Visit Tool

Effective during the COVID-19 pandemic

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

**Program Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Staff:** \_\_\_\_\_ **OHA Staff:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This Verification Site Visit is an:**

- On-site verification, with notice
- On-site verification after compliance issue, with notice
- Administrative review and virtual site visit, with notice
- Administrative review of compliance at OHA request, with notice
- Administrative review of compliance at program request, with notice

**Waiver(s) in place at time of review:** \_\_\_\_\_

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

- School Dental Sealant Program (SDSP) must submit items in Section A electronically, 14 days prior to virtual and/or in-person site visit
- Reviewed by OHA prior to virtual and/or in-person site visit
- Review with SDSP coordinator, if present, during virtual and/or in-person site visit or prior to site visit if the coordinator is not present

Certification Standard	Compliant?	SDSP provides attestation or documentation	OHA reviews attestation or documentation	Comments
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.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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<p>A.2: 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.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OHA Annual Clinical Training</li> <li><input type="checkbox"/> Local Program’s Clinical Training <ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda</li> <li><input type="checkbox"/> Sign-in Sheet</li> <li><input type="checkbox"/> Training Materials, if available</li> </ul> </li> <li><input type="checkbox"/> How are hygienists new to the outreach program trained mid-school year?</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>A.3: The program has contacted all the Coordinated Care Organizations (CCOs) operating in the community.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of CCO/s:
<p>A.4: Program forms:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Permission form</li> <li><input type="checkbox"/> Privacy practices</li> <li><input type="checkbox"/> Fact sheet</li> <li><input type="checkbox"/> Student results</li> <li><input type="checkbox"/> Clinical screening sheet</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>A. 5: Program policies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infection control</li> <li><input type="checkbox"/> Annual retention</li> <li><input type="checkbox"/> When staff become ill while at a school</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>A.6: The program enters all Medicaid encounters into the Medicaid system.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>A.7: The program first focuses on elementary and middle schools with 40% or greater National School Lunch Program levels.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	

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<p>A.8: The program offers, at a minimum, dental sealant services to all students regardless of insurance status, race, ethnicity or socio-economic status in these grade levels.</p> <p>(a) Elementary school students in first and second grades or second and third grades</p> <p>(b) Middle school students in sixth and seventh grades or seventh and eighth grades</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p>Grades:</p> <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
<p>A.9: Program has reviewed and confirmed their master list of schools served for this school year.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>A.10: Program has a plan to improve parent/guardian “yes” permission return rates. Briefly describe this plan.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>A.11: All program staff have been trained on HIPAA and FERPA policies and procedures. HIPAA:<a href="#">(45CFR part 164.530(b)(1))</a></p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>A.12: All program staff are screened for COVID-19 symptoms prior to reporting for work.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>A.13: The program has an OHA approved plan to use the two-handed technique for COVID-19 modified glass ionomer sealant placement technique in elementary schools</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> Not Applicable	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Sealant material</li> <li><input type="checkbox"/> Technique approved</li> <li><input type="checkbox"/> Isolation device approved</li> </ul>				
<b>Section B: School Operations (To be completed by OHA)</b>				
<b>Certification Standard</b>	<b>Compliant?</b>	<b>Comments</b>		
<p>B.1: All program staff wear face coverings at all times in the school setting except when eating and drinking.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO			
<p>B.2: All program staff are maintaining at least 6ft. physical distance between program staff, students and school staff whenever possible.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO			
<p>B.3: Screenings-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Screenings are completed with single students or in small groups (student cohorts) and maintain physical distance.</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO			
<p>B.4: Student Health:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Students who receive a dental sealant have a temperature &lt;100.0 noted in their record</li> <li><input type="checkbox"/> Medical History is included on the permission form</li> <li><input type="checkbox"/> EPDH reviews permission form             <ul style="list-style-type: none"> <li><input type="checkbox"/> "Yes" consent</li> <li><input type="checkbox"/> Medical considerations</li> </ul> </li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO			
<p>B.5: Student flow</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Only one student is in the clinical service area at a time</li> <li><input type="checkbox"/> Out of class time is minimized for all students</li> <li><input type="checkbox"/> Demands on school staff are limited</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO			

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

Certification Standard	Compliant?	Comments
<p>C.1: Licensure</p> <p>a. Scope of practice laws are followed.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> EPDH</li> <li><input type="checkbox"/> RDH</li> <li><input type="checkbox"/> DA-Sealant Certificate</li> <li><input type="checkbox"/> DA</li> </ul> <p>b. Current Oregon Dental Hygiene License is visible just outside of clinical treatment area.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>C.2: A Local School Dental Sealant Program must adhere to these standards for school dental sealant programs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dental equipment is used on school grounds during normal course instruction hours. <ul style="list-style-type: none"> <li><input type="checkbox"/> Compressor must be used for AGPs</li> </ul> </li> <li><input type="checkbox"/> The four-handed technique is used to apply sealants in elementary schools.</li> <li><input type="checkbox"/> The four-handed technique with high evacuation suction is used with AGPs for all grades.</li> </ul>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>C.3: Sealant materials</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resin <ul style="list-style-type: none"> <li><input type="checkbox"/> &lt; 10% fill</li> </ul> </li> <li><input type="checkbox"/> Glass Ionomer <ul style="list-style-type: none"> <li><input type="checkbox"/> COVID Modified Technique</li> <li><input type="checkbox"/> COVID Non-modified Technique</li> </ul> </li> <li><input type="checkbox"/> Both Resin and Glass Ionomer</li> </ul>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	

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<p><b>C.3.a: Sealant placement technique-Resin</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compressor rinse and high-evacuation suction capabilities are available to use.</li> <li><input type="checkbox"/> High-evacuation suction is used with AGPs.</li> <li><input type="checkbox"/> Four-handed technique is used with AGPs.</li> <li><input type="checkbox"/> The tooth is thoroughly cleaned prior to etching.</li> <li><input type="checkbox"/> The tooth is rinsed and thoroughly dried before etchant.</li> <li><input type="checkbox"/> Isolation is adequate throughout the entire procedure.</li> <li><input type="checkbox"/> The resin sealant is evaluated with an explorer before student dismissal.</li> <li><input type="checkbox"/> The residual BPA removed after resin sealant placement.</li> </ul>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><b>C.3.b: Sealant placement technique-Glass Ionomer non-modified</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compressor rinse and high evacuation suction capabilities are available on-site to use.</li> <li><input type="checkbox"/> High-evacuation suction is used.</li> <li><input type="checkbox"/> Four-handed technique is used for all grades.</li> <li><input type="checkbox"/> The tooth cleaned before cavity conditioner.</li> <li><input type="checkbox"/> The tooth is rinsed and slightly dried before cavity conditioner is applied.</li> <li><input type="checkbox"/> The cavity conditioner removed.</li> <li><input type="checkbox"/> The tooth is only slightly dried to apply sealant.</li> <li><input type="checkbox"/> There is a material set time</li> </ul>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> Not Applicable</p>	

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before the student is dismissed.		
<p>C.3.c: Sealant placement technique- Glass Ionomer modified (Compressor rinse and suction capabilities are not needed on site)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The tooth is cleaned before cavity conditioner.</li> <li><input type="checkbox"/> The tooth is blotted clean and slightly dried before cavity conditioner is applied?</li> <li><input type="checkbox"/> The cavity conditioner is removed.</li> <li><input type="checkbox"/> The tooth only slightly dried to apply sealant.</li> <li><input type="checkbox"/> There is a sealant material set time before the student is dismissed.</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	

<b>Section D: Infection Control Protocols (To be completed by OHA)</b>		
Certification Standard	Compliant?	Comments
<p>D.1: Infection control observed</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Virtual</li> <li><input type="checkbox"/> In-person</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<p>D.2: Infection control guidelines established in <a href="#">OAR 818-012-0040</a>, the <a href="#">CDC Infection Prevention Practices</a> the OHA Guidance on Resumption of Dental Services in School Settings and OHA Guidance for Certified School Dental Sealant Programs are being followed.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The program has a written infection control program and evaluation plan.</li> <li><input type="checkbox"/> Infection Control Coordinator designated</li> <li><input type="checkbox"/> Program staff adhere to standard precaution hand</li> </ul>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	

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<b>Section D: Infection Control Protocols (To be completed by OHA)</b>		
Certification Standard	Compliant?	Comments
<p>hygiene.</p> <ul style="list-style-type: none"> <li>○ There is adequate soap, paper towels/dryer, water, alcohol-based hand rubs</li> </ul> <p><input type="checkbox"/> Clinicians wear proper PPE for patient contact and infection control.</p> <ul style="list-style-type: none"> <li>○ N95 or equivalent and face shield for AGP. Level 2 or 3 mask and face shield for screenings and non - AGPs.</li> <li>○ Gown</li> <li>○ Gloves</li> <li>○ Eyewear that fits close to the face</li> <li>○ Utility gloves for cleaning or transferring sharps</li> </ul> <p><input type="checkbox"/> The program uses an ultrasonic or enzymatic soak solution to soak reusable instruments prior to sterilization.</p> <p><input type="checkbox"/> If a compressor is onsite, the program cleans and purges the waterlines according to the manufacturer guidelines.</p> <p><input type="checkbox"/> Clinicians are handling, storing and transporting sharps in a puncture resistant container.</p> <p><input type="checkbox"/> The program/clinician maintains sterilization monitoring for the current calendar year and two preceding years.</p>		



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<b>Section D: Infection Control Protocols (To be completed by OHA)</b>		
Certification Standard	Compliant?	Comments
<input type="checkbox"/> The program has a written infection control evaluation plan.		
D.4: Are Safety Data Sheets (SDS) readily accessible? Are primary and secondary containers labeled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.5: Biomonitoring, indicator strips, solutions, reagents (sealant disinfectants), etc. are not expired. Date opened is clearly labeled, when applicable.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.6: Which method of sterilization, cleaning and disinfection are being used for patient care items? <input type="checkbox"/> Clean and disinfect <input type="checkbox"/> Clean, disinfect and barriers <input type="checkbox"/> Disinfect and barriers	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D.7: Which method of sterilization, cleaning and disinfection are being used for environmental surfaces? <input type="checkbox"/> Clean and disinfect <input type="checkbox"/> Clean, disinfect and barriers <input type="checkbox"/> Disinfect and barriers	<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>Section E: Equipment and supplies (To be completed by OHA)</b>		
Certification Standard	Compliant?	Comments
E.1: Equipment and supplies are maintained and calibrated per manufacturer and/or agency guidelines.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Examples may include: <input type="checkbox"/> Cure light <input type="checkbox"/> Thermometer <input type="checkbox"/> Compressor/s <input type="checkbox"/> Sharps containers; available, not overfull

