

**Future Smiles  
Community and School-Based Dental Hygiene Program  
Policies and Procedures**



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**Future Smiles  
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**I. FUTURE SMILES POLICIES**

**Program Objective:** Community and School-Based Dental Hygiene Program

**Original Effective Date:** September 28, 2009

**First Amendment:** November 1, 2014

**Second Amendment:** June 16, 2016

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CCSD Director Related Services

The administration of the community and school-based preventive oral health program will be completed under the direction of the Future Smiles Executive Director and Program Administrator.

The following comprises the protocol for this community and school-based preventive dental hygiene oral health program. All new employees or volunteers are required to read and acknowledge that they will abide by these protocols for the duration of their employment or volunteerism. It is also recommended that this manual be reviewed once a year for any revisions.

## II. PROGRAM GOALS AND OPERATIONS

### **Mission**

To improve the oral health of low-income, *at-risk populations* by providing preventive dental hygiene health care services through evidence-based clinical Best Practices to include: oral hygiene education, screenings, x-rays, prophylaxis, sealants and fluoride varnish. Service population refers to infants, toddlers, young children, youths, adolescents and adults. Services are to be provided at community health facilities, health fairs, Head Start, WIC centers, schools (classroom, etc.), School-Based Health Centers (SBHC) and/or Education and Prevention of Oral Disease (EPOD).

Program recipients with additional dental needs will be referred to community dental providers that have agreed to partner with Future Smiles. The program promotes working within the dental community to establish a dental home for at-risk populations. Our primary goal is to improve the oral health and overall health of our service population. Future Smiles believes that through optimal health outcomes we will help safeguard at-risk children's long term capacity to learn and success within the school environment.

### **Goals**

- Provide oral health education and raise dental literacy in an *at-risk population*.
- Oral health screening, x-rays (limited locations) provide dental prophylaxis, periodontal therapy, determine recare status, evaluate teeth suitable for placement of dental sealants and apply fluoride products to include varnish.
- Increase access to dental hygiene treatments including: dental prophylaxis, periodontal therapy, dental sealants, x-rays and fluoride varnish.
- Create an environment of family and community oral health wellness.
- Identify oral health needs and provide a referral source for follow-up dental care.
- Work directly with the medical staff and physicians; refer when necessary to best care for all of the participants' health needs.
- Promote a safe and healthy clinical treatment environment adhering to current OSHA standards and green technology.
- Follow the most recent evidence-based clinical Best Practices and CDC guidelines.

### **Rules and Regulations**

All program employees and volunteers must adhere to Nevada Statutes, Rules and Regulations governing the practice of dentistry and dental hygiene as outlined in NRS 631 and NAC 631 and 459 inclusive.

### **Occupational Safety and Health**

All employees must follow the CDC guidelines for infection control in the dental office.

### **Hours and Days of Operation**

Future Smiles operates at community health facilities, health fairs, Head Start, WIC centers, schools (classroom, etc.), School-Based Health Centers (SBHC) and/or Education and Prevention of Oral Disease (EPOD) Monday through Saturday dependent on personnel availability. In general the program will operate from 8:00 am to 4:00 pm, however, as a school-based clinic that is physically separate from the school, hours and days of operation are contingent to the staff availability and community needs.

### **Attendance and Punctuality**

All employees are expected to adhere to their contracted days and hours of operation and are expected to be on time to the clinical sites. In the event of an emergency that detains the employee from working, the program administrator or supervisor must be contacted immediately. Employees must fulfill and not exceed their contracted hours of employment.

### **Payroll and Compensation**

Employees are paid by the hour. Payroll is administered through a payroll service. Timesheets must be turned into program administrator who will forward them to the payroll service for payment.

### **Holiday Schedule**

Employees shall not be required to work on Federal holidays and are allowed to take personal days and vacation time off with notification to the program administrator. Full time is defined as staff who work a 6-8 hour day for 4 days a week or more. Maximum weekly hours will be no more than 40 hours. Employees shall be entitled to one (1) week of paid vacation at their normal weekly hours and five (5) paid holidays consisting of: New Year's Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. Holidays are paid at regular daily work hours, not to exceed 8 hours a day, when they fall on a routine work day.

### **Technology Requirements**

All staff must be familiar with basic computer applications; word processing and data base programs. Staff will be expected to fully utilize Dentix and the CDC SEALS data entry

software, or other newly developed data collection system to input program data, maintain program records, recall children and assist with program reporting.

**Program Policy**

The staff of Future Smiles will serve low-income, at-risk populations who are uninsured, underinsured, lack access, or are Medicaid/CHIP recipients at public health sites to include community health facilities, health fairs, Head Start, WIC centers, schools (classroom, etc.), School-Based Health Centers (SBHC) and/or Education and Prevention of Oral Disease (EPOD). Eligible low-income, at-risk populations will be from the local community served by Future Smiles. Children will either be accompanied by a parent or guardian who will authorize consent to provide treatment (consent forms), or will have returned a signed parental/legal custodian/guardian medical history/consent forms authorizing treatment.

All preventive dental hygiene services will follow evidence-based clinical Best Practices.

Signed medical history/consent forms represent consent to treat between parents/legal custodian/guardians and Future Smiles staff.

The administration of the prevention oral health program is the responsibility of the Future Smiles Administrator.

Only a Registered Nevada State-Licensed Dental Hygienist (RDH), who has been successfully approved for Public Health Dental Hygiene Endorsement (PHDHE) through the Nevada State Board of Dental Examiners (NSBDE), may provide services to Nevada residents through Future Smiles. All PHDHE Future Smiles staff will be covered under Professional Liability provided by Future Smiles. The program will provide OSHA and CPR instruction for staff in accordance with licensure.

The Future Smiles Administrator may assign additional support staff members, which have been approved for PHDHE, as deemed necessary to achieve program goals under appropriate budgetary restraints.

**Target Population**

The staff of Future Smiles will serve low-income, at-risk populations who are uninsured, underinsured, lack access, or are Medicaid/CHIP recipients with a focus on schools with 50% or higher Free & Reduced Lunch (FRL) enrollment.

### III. CLINICAL DUTIES AND OPERATIONS

#### **Program Clinical Duties**

- 1) Inventory and order program supplies as needed including printing of forms as needed.
- 2) Order and maintain program incentives.
- 3) Compile program data.
- 4) Jointly complete a quarterly assessment report for the Nevada State Health Division.
- 5) Monitor grant budget and program expenses.
- 6) Represent Future Smiles at community meetings when requested.
- 7) Keep and maintain an inventory list of treatment supplies.
- 8) Arrange for equipment maintenance with manufacturers.
- 9) Communicate with school officials to set up dispersal of forms and treatment days.
- 10) Be a liaison with school officials.
- 11) Maintain equipment and pursue repairs when needed.
- 12) Organize and set up treatment materials.
- 13) Provide oral health education.
- 14) Organize daily paperwork.
- 15) Utilize electronic health records-Dentrix.
- 16) Take digital x-rays at limited locations.
- 17) Assess oral health status and provide oral prophylaxis.
- 18) Assess and maintain patient management with topical anesthetics as needed.
- 19) Assess recall needs for each child seen and schedule recall.
- 20) Assess molars and pre-molars suitable for placement of a sealant.
- 21) Assess teeth suitable for placement of fluoride varnish.
- 22) Apply sealants and fluoride varnish.
- 23) Provide post-op instructions.
- 24) Sterilize program instruments and prepare for the next day.
- 25) Stock treatment room accordingly.
- 26) Supervise and evaluate student dental hygienists and student dentists. (Student dentists will have a dentist teaching staff at UNLV SDM present).
- 27) Maintain compliance with CDC guidelines for infection control in the dental office.
- 28) Adhere to standard practices and use of ethical discretion in the workplace.

#### **Set-Up/Take Down Protocol**

##### Equipment Set-Up:

- 1) Turn on all equipment including compressor, vacuum, Statim, ultra sonic unit and dental chair.
- 2) Remove water bottle, fill with either distilled water, Sterisilstraw™ or use standard water and disinfectant tablets.
- 3) Wipe delivery unit, patient chair and light, clinician chair, evacuation hose, air/water syringe handle, and curing light with Cavi-cide wipe.

- 4) Set up patient chairs and use appropriate barriers on chair, overhead light and other handles.
- 5) Set clinician chairs to desired height.

### **Delivery Tray Set-Up**

Each delivery tray should have the following:

- 1) Air/Water syringe tip
- 2) Saliva ejector
- 3) 4 cotton rolls
- 4) 2 Dri-Angles
- 5) 3 Syringe sleeves (1 with corner cut off for curing light)
- 6) 1 curing light sleeve
- 7) Unit dose of fluoride products to include varnish with brush
- 8) Unit doses of sealant material and etch
- 9) Prophy polish
- 10) Instrument pack with mirror, explorer and hygiene instruments
- 11) Patient bib
- 12) Items on tray will depend upon what type of sealant and etch are being used.

### **Delivery Unit Set-Up**

- 1) Place saliva ejector and air/water syringe tip on appropriate connectors. Place barriers on air/water syringe handle, saliva ejector, and curing light. Place curing light sleeve on curing light then put orange shield on.
- 2) Open unit doses of etch and sealant material and put tips on.
- 3) Open instrument pack and collect Personal Protection Equipment (PPE) for operator.
- 4) Organize paperwork by classroom.
- 5) Retrieve child from classroom.
- 6) Have child pick out toothbrush, floss, and incentive cup from boxes set up at entry door.
- 7) Introduce yourself and anyone helping and place bib on patient.
- 8) Explain procedure and eating limitations after sealant/fluoride varnish.

### **Equipment Breakdown**

- 1) Following last patient of the day: Dispose of all barriers and waste. Place dirty instruments and tips from sealant and etch in the dirty instrument container. Wipe down delivery units with Cavi-cide wipes.
- 2) Turn delivery unit OFF. Remove and empty water bottle. Replace water bottle on unit, turn unit ON. Dry lines by running water out into the evacuation hose. Lift evacuation hose to completely drain. Turn delivery unit OFF.
- 3) Turn off compressor, vacuum, light and dental chair and all other equipment in operatory.
- 4) Turn off room light.



#### **IV. INITIAL CLINICAL ASSESSMENT**

##### **Initial Assessment**

- 1) Initial patient contact is a critical time to assess oral health conditions, offer comprehensive oral health education to include brushing, flossing, intraoral aids, smoking cessation, e-cigs, and nutrition advice. A detailed dental hygiene treatment plan is developed and documented into the electronic health record, Dentix, and explained to the patient. This treatment plan will include appointment time durations, total of appoints needed for care and anticipated appointment outcomes.
  - a. English might be a second language for many patients so taking time to communicate for full understanding is a program policy.
  - b. Program team members who have additional language skills shall aid communication when needed.
  - c. Detail oral health education is a program policy.
  - d. Initial Assessments can take 1 hour to 1.5 hours.
  - e. Reschedule patients when additional services are identified.

##### **Extra Oral and Intra Oral Inspection**

- 1) Introduce yourself and ask if patient has any questions or concerns.
- 2) Review medical history.
- 3) Identify special needs.
- 4) Ask the patient is in oral pain.
- 5) Identify area or areas of discomfort.
- 6) Put on Protective Personal Equipment (PPE).
- 7) Place bib on child and safety glasses.
- 8) Extra oral inspections note any abnormalities.
- 9) Intra-oral inspection to include oral cancer screening.
- 10) Determine if patient presents with any medical health needs. If medical health is in question refer to medical health care partner within clinic, Pediatrician, and/or school nurse. Notification is sent home to alert parents/legal custodian/guardians.
- 11) Chart on Data Collection Form all existing, decayed, restored and sealed teeth.
- 12) Chart preventive services to be delivered to include x-rays (limited locations), prophylaxis, sealants, recommend reseal and varnish application.
- 13) Chart follow-up to community-based dental clinic and other referrals as indicated.
- 14) Identify dental treatment urgency 0- no obvious problem, 1- early dental care and 2- urgent care.
- 15) Patients with 1 and 2 urgency need immediate referral to dental care provider. All program recipients will be advised to pursue routine dental care at community-based dental clinic.

- 16) Assess gingival health and bleeding index.
- 17) Develop preventive dental care plan.
- 18) Assess plaque levels.
- 19) Evaluate diet and oral habits.
- 20) Discuss smoking and other unhealthy behaviors that can be detrimental to oral and systemic health.
- 21) Review proper home care to include brushing and flossing.
- 22) Discuss findings with patient in a positive manner while developing trust and behavior modification.

### **Dentix Charting**

- 1) Complete tooth charting in Dentrix—tooth charting of existing restorations, conditions and tooth decay.
- 2) Full mouth perio charting in Dentrix—all patients above the age of 14 are to have full mouth 6-point probing
- 3) Full mouth soft tissue evaluation of a 12 point oral cancer exam, abnormalities documented.
- 4) When parent or guardian is present review clinical findings with both the parent or guardian and the patient.
- 5) Provide oral hygiene education with home care instructions—brushing, flossing, disclosing as needed, tongue cleaning, oral piercing education, tobacco intervention.
- 6) Proceed with comprehensive dental hygiene treatment.
- 7) Reappoint patient to complete treatment when more time is needed.
- 8) Process paperwork for referral with case management notes.
- 9) Complete documentation in records with Dentrix.
- 10) Sign and Initial all documentation in Dentrix.

## **V. X-RAY AND TREATMENT PLANNING PROTOCOL**

### **X-ray and Treatment Procedures**

- 1) Obtain completed health history with consent from parent or guardian.
  - a. Parent or guardian signature is required.
- 2) Review medications/medical conditions with patient and parent or guardian.
- 3) **At Clark EPOD take radiographs**
  - a. Confirm parent/guardian approval.
  - b. Inquire if patient is pregnant.
  - c. If patient is pregnant or potentially pregnant do not take x-rays.
    - i. X-ray recommendations:
      1. Explain x-ray process and answer any questions.
      2. Wash hands and prepare operator for procedure.

3. Set-up computer for Dexis imaging *\*make sure that you have the correct patient record open in Dentrax.*
4. Prepare Nomad with barriers.
5. Prepare Dexis sensor with barriers and holder.
6. Prepare patient with lead shield and thyroid collar.
7. Prepare operator with lead shield and thyroid collar.
8. Operator to use dosimeter and required.
9. **2-5 years of age** maxillary and mandibular occlusal films- 2 bitewing x-rays if possible.
10. **5-12 years of age** maxillary and mandibular occlusal films and 2 bitewing x-rays.
11. **12-14 years of age** maxillary and mandibular 2-3 anterior films and 2 bitewing x-rays.
12. **14 years and older** 4 bitewing x-rays and full mouth series.
  - a. If unable to take full mouth series do take the 4 bitewings and 2-3 anterior films and schedule to take full mouth at recare appointment.
13. Expose radiographs using standard protocol.

### **Intraoral Images and Patient Images**

- 1) Limited locations have an intraoral camera and can also be used to capture oral health images of the Future Smiles service populations.
  - a. Facial images of our pediatric youth will give long term records of grown and maturity.
  - b. Document abscesses, iatrogenic dentistry, abnormalities of the dentition or soft tissues, soft tissue trauma, decay, gingivitis, hemorrhagic tissue and etc.
  - c. Images need to identify tooth number(s) and/or quadrant(s).
  - d. Use correct patient chart for images.

## **VI. DENTAL HYGIENE TREATMENT PROTOCOL**

### **Treatment Planning**

- 1) **Review radiographs and establish a dental hygiene treatment plan**
  - **Prophylaxis**
    - Sterilized dental hygiene instruments will be used to remove plaque, calculus, and materia alba and food debris.
    - If tongue is coated remove coating.
    - Review proper home care to include brushing and flossing while providing services.
    - Coronal polish with prophylaxis paste.
    - Full mouth flossing.

- Rinses away all polish residues.
- Proceed with sealant and fluoride products to include varnish.
- **Post-Operative Instructions for Prophylaxis**
  - Encourage regular recare dental visits.
  - If dental need is identified explain referral process and community partners. Review importance of paperwork that is to be given to parents/legal custodian/guardians.
  - Case management and care navigation is important and follow-up and documentation is needed in records. On forms be sure that home information is accurate for follow-up to determine that patient did receive necessary medical/dental care.
  - Review importance of daily brushing and flossing.
  - Advise additional, case specific oral health care instruction, which can include, diet recommendations, oral rinses, additional oral health aids, behavior modification and etc.
  - Each patient is unique and individual needs are determined on a “case by case” basis using evidence-based clinical Best Practices.
- **Full mouth debridement with follow-up fine scale 2 weeks later.**
  - Separate maxillary and mandibular debridement can be an alternative.
  - When there is excessive hard and/or soft debris.
  - Utilize topical anesthetics for patient comfort.
  - Patient comfort is critical and a good option to end services and modify the treatment plan.
- **Deep subgingival calculus can require segmenting appointments to provide scaling and root planning.**
  - Break treatment up into quadrants or sextants with a focus on patient comfort and home care. Utilize topical anesthetics for patient comfort.
- **Scaling and Root Planning options**
  - **4 Quadrants**- divide the mouth into sections from midline to posterior.
    1. Perform no more than 1 quadrant per hour.
    2. Schedule follow-up appointment to complete all 4 quadrants.
    3. On returning visits use cavitron to remove bacteria, plaque and for gingival stimulation on previously treated areas.
  - **6 Sextants**- divide the mouth into 6 sections.
    1. Maxillary Arch
      - a. Molars to premolars/bicuspid
      - b. Anteriors
      - c. Molars to premolars/bicuspid
    2. Mandibular Arch
      - a. Molars to premolars/bicuspid

- b. Anteriors
- c. Molars to premolars/bicuspid
- 3. Perform no more than 1 sextant per hour.
- 4. Schedule follow-up appointment to complete all 6 sextants.
- 5. On returning visits use cavitron to remove bacteria, plaque and for gingival stimulation on previously treated areas.
- 6. Gingivitis and inflammation advise warm salt water rinses at home and desensitizers, like MI paste.

## **VII. Dental Sealants Protocol**

### **1) Dental Sealants**

- Dental sealants to be placed on deciduous teeth with deep occlusal groves, all healthy permanent molars, premolars and anterior teeth with deep lingual groves.
- Dental sealants are intended for youth populations that are under the age of 18 to avert tooth decay. In an adult populations, who are high caries risk – indicated by diet, caries experience and poor oral hygiene, the dental hygienists may determine application of dental sealants on a case by case basis.
- When time does not allow for full application of dental sealants do reschedule the patient for follow-up treatment of the sealants.
- With the mobile program leave a note for the next dental hygienist to complete the sealants on the next program delivery day.

### **Dental Sealant Placement**

- 1) Place orange safety glasses (to protect their eyes from the curing light ray) on child if they are not already wearing orange safety glasses.
- 2) If prophylaxis was not performed dry brush molars (in one direction only – otherwise it can get foamy) with patient toothbrush and rinse thoroughly.
- 3) Assess molars suitable for placement of a sealant using protocol and record findings on Treatment/Referral form.
- 4) Isolate teeth, dry off excess saliva, and etch for 30 seconds. (Time is dependent on etch in use).
- 5) Rinse teeth thoroughly and dry off with air.
- 6) Apply sealant – check that all pits and grooves are covered. Including buccal and lingual grooves.
- 7) Cure for 20 seconds. Check for adequate coverage; add additional sealant material if indicated. Cure again for 20 seconds.
- 8) Remove isolation and check for excess flash.

### **Post-Op Instructions for Sealants**

- 1) Don't eat anything sticky (caramel, taffy, gum) for 1 day. Best to avoid sticky items always).
- 2) Don't eat anything hard (jawbreakers, hard nuts) for one day.
- 3) Don't chew on ice.

## **VIII. FLUORIDE VARNISH PROTOCOL**

### **Fluoride Varnish**

- Fluoride products to include varnish are applied no more than every 3 months.
- Fluoride products to include varnish are intended for youth populations that are under the age of 18 to avert tooth decay. In an adult populations, who are high caries risk – indicated by diet, caries experience and poor oral hygiene, the dental hygienists may determine application of fluoride products to include varnish on a case by case basis.
- Double check records if other services were offered and fluoride products to include varnish were applied.
- You may polish with MI Paste when fluoride products to include varnish was provided at the previous appointment and the patient is returning for subsequent treatment.

### **Fluoride Varnish Application**

- 1) After placing sealants – have patient swallow and dry teeth off with air.
- 2) Paint varnish on all teeth avoiding any large, open areas of decay.
- 3) Give patient post-op instructions.
- 4) Remove Personal Protective Equipment, patient's bib and patient's orange safety glasses. Reinforce post-op instructions and complete the Treatment/Referral form.
- 5) Separate treatment/referral form. Staple white copy to post-op instructions and give to child with instructions to take home to parents/legal custodian/guardians. Staple canary copy to health history and set aside to be counted at end of day.
- 6) Explain the need for regular maintenance care and that Best Practice Standards recommend that it is best for the at-risk population to receive a fluoride varnish application 4 times per year.

### **Post-Op Instructions for Fluoride Varnish**

- 1) Eat a soft, non-abrasive diet for the rest of the day.
- 2) No hot drinks.
- 3) Do not brush or floss for at least 6 hours – if placed in the afternoon then advise not to brush until the next morning.

- 4) Depending on fluoride varnish type teeth may appear dull and yellow – this will brush off at next brushing.

## IX. Case Management

### 1) Case management

- **Requires that all patients served receive a treatment letter** with community resource list.
- **Patients identified with urgent dental needs (dental pain)** must have Care Navigation:
- **Urgent dental needs would be identified as:**
  1. Draining abscess.
  2. 1 quadrant with deep tooth decay that causes pain.
  3. The patient notes that he/she experiences regular dental pain.
  4. Rampant caries where there are multiple areas of tooth decay in all 4 quadrants of the oral cavity.
- **Dental Referral Network includes:**
  1. Once a patient is identified in urgent dental need the dental hygienist who assessed the patient needs to call the parent or guardian to provide health status of the patient and aid with
- **Dental Referral Network:**
  1. UNLV SDM Saturday Clinics (free to participants).
  2. Dental Care International
  3. Huntridge Teen Clinic (13 years and older)
  4. Sedation Dental Care-Dr. Steven Delisle
  5. Nevada Health Centers
  6. Project Smile
  7. Volunteers in Medicine
  8. Local Dentist(s)
  9. It is important to keep notes regarding the Care Navigation and the programs efforts to assist families with access to dental services.

## X. FACILITY USE PROTOCOL

The CCSD requires that wrap-around school-based programs submit a facility use permit (FUP) when engaging their program at specific schools. The site administrator, which is the school's principal, assistant principal, dean or other top administrative agent, will need to sign the FUP to designate consent for services.

**The form is in a text box format that can be typed into from your computer**

**PRINT 2 COPIES ONE FOR Future Smiles and one for the school**

**The FUP needs to be completely filled out:**

- Mark non-profit status
- Requested School Name – the school to be served

**Future Smiles information as follows:**

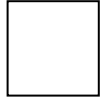
- Name of Organization – Future Smiles
- Responsible Person – Future Smiles person filling out
- Organization Address – 3074 Arville Street Las Vegas, NV 89102
- Phone – O: (702) 889-3763 C: Future Smiles staff who is filling out the FUP
- Email – Future Smiles staff email filling out the FUP
- Description of Events – One of the following
  - *School-Based Sealant Program (SSP) to include oral health education, screening, sealants and fluoride varnish*
  - *School-Based Sealant Program (SSP&PX) to include oral health education, screening, sealants, fluoride products to include varnish and dental cleaning*
- Cost to Participants – Medicaid/no cost to family
- Admission Costs – no cost to school
- Estimated # of Participants Per Hour – 2 to 4 students per hygienists
- Area Requested – stage, classroom, computer lab or other
- Start Date - Start of School Year
- End Date - End of School Year
- Day of Week – Mon to Friday based on availability (**need to hand write this section**)
- Start Time – 7:30am – 4:30pm

**Are any of the following high-risk activities planned for your event?**

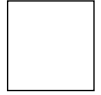
- Mark no to all of these

**✓ check the box for Certificate of Insurance, Endorsement Page, And Liability Agreement (CCF-410 Page 2 of 2) Attached Certificates of Insurance must be completed as follows according to CCSD Regulation 3613:**





*There is a box to the right of Certificate of Insurance line that needs the Future Smiles staff person who is filling out this FUP to sign and date the signature line and date line.*



*The site administrator will fill out the box that under the Future Smiles signature box.  
**FOR SCHOOL SITE ADMINISTRATOR USE**  
✓ Check **APPROVED***

**SCHOOL SITE ADMINISTRATOR SIGNATURE LINE  
DATE LINE**

**ON THE SECOND PAGE THE FUTURE SMILES STAFF FILLING OUT THE FUP WILL FILL AS FOLLOWS:**

- *Name of Organization – Future Smiles*
- *Signature of Responsible Person – Future Smiles staff who is filling out the form*
- *Date – date of signature*
- *Include the Certificates of Insurance with the completed FUP*
- *Give the school the second copy for their records*

**Email Completed FUP with Certificates to:**

**[facilityusage@interact.net](mailto:facilityusage@interact.net)**

**[vherman@interact.net](mailto:vherman@interact.net)**

**[futuresmiles@centurylink.net](mailto:futuresmiles@centurylink.net)**

**Upload into the Future Smiles Team Share Folder in the FUP folder with the date of execution**

**XI. RISK ASSESSMENT**

**RISK ASSESSMENT OF THE INDIVIDUAL**  
Caries experience  
Dental care utilization pattern  
Use of preventive services  
Medical history predispositions



**RISK ASSESSMENT OF INDIVIDUAL TEETH**  
Pit and fissures morphology  
Eruption status  
Caries pattern



**DO NOT SEAL IF:**  
The tooth cannot be isolated

<b>EVALUATE PIT AND FISSURE SURFACES</b>		
Caries Free	Incipient Caries Cavitation < 1 mm	Advanced Caries Cavitation > 1 mm



Seal	Seal	Referral for restoration
------	------	--------------------------



<b>EVALUATE FOR FLUORIDE VARNISH</b>		
Place fluoride varnish on all tooth surfaces	Place fluoride varnish on all tooth surfaces	Place fluoride varnish on all tooth surfaces avoiding large open caries where there may be pulp involvement

## **XII. RESOURCES**

ADA Council on Access, Prevention and Interprofessional Relations: ADA Council on Scientific Affairs. 1997. Dental sealants, *Journal of the American Dental Association* 128 (4):485-488.

Balistreri, Thomas J., Assistant Attorney General, *December 9, 2004 Letter to Steven M. Gloe, General Legal Counsel, Department of Regulation and Licensing.*

Casamassimo P, ed. 1996. *Bright Futures in Practice: Oral Health.* Arlington, VA: National center for Education in Maternal Health and Child Health.

United States Department of Health and Human Services (DHHS). *Oral Health in America: A Report of the Surgeon General.* Rockville, MD: U.S. DHHS, National Institute of Dental Craniofacial Research, National Institutes of Health, 2000.

*Workshop on Guidelines for Sealant Use: Recommendations.* *Journal of Public Health Dentistry.* 1995; 55 (5 Spec. No.): 263-73.)

### **LEGAL AUTHORITY:**

- Nevada State Board of Dental Examiners in accordance with the Practice of Dental Hygiene NRS 631 and NAC 631 inclusive.