

Date

Dear _____ (superintendent) _____

The Virginia Department of Health (VDH), Dental Health Program would like to reaffirm your permission to contact school principals in your county regarding participation in the VDH Dental Preventive Services Program (DPSP). In this Covid-19 environment we understand the challenges facing schools and instruction programs, but at the same time we recognize we are likely the only source of dental services for many school age children. This school-based program provides oral assessments, education, dental sealants dental cleanings and fluoride varnish applications. Dental sealants are very important in preventing tooth decay on the chewing surfaces of permanent teeth. Topical use of fluoride varnish also helps to strengthen tooth enamel and prevent decay. Both sealants and fluoride varnish are proven to be safe and effective. Schools with at least 50% of total enrollment participating in the National School Lunch Program are targeted as high risk populations. The program is designed for elementary school children in Pre-K to sixth grades who do not have a dentist. Children with parental consent will be assessed by a VDH dental hygienist and dental sealants and fluoride will be provided, if needed. The assessment appointment takes approximately five minutes per child. For those indicated, an additional 20 to 30 minutes is needed to place sealants and apply fluoride. Portable equipment will be used to provide the dental services. The hygienist may be available to visit schools 1-2 times in a school year as time allows.

The safety of the children, school staff and VDH dental care providers has always been paramount in our programs. We have always closely adhered to Centers for Disease Control(CDC) as well as OSHA requirements for safe care. In this particularly challenging time, we assure you as a recipient of the CDC's State Actions to Improve Oral Health Outcomes Grant (DP18-1810), this program adheres to all CDC infection prevention and control guidelines, including the [Guidelines for Infection Control in Dental Health-Care Settings—2003](#), the [Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care](#), and all relevant [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#). The decision to proceed with services in any given school setting will always be directed by our ability to create a minimal risk treatment environment. Following the appointment, a report will be sent home to parents identifying any recommendations for treatment needs. Local dentists will be advised of the program and will be given the opportunity to be listed as a referral resource, along with any public safety net providers in your area. Children will be followed by the dental hygienist to ensure that care has been received. There will be no cost for services, although Medicaid insurance may be billed. The dental hygienist will return the following school year to check the sealants placed the previous year and make any repairs, if needed.

The VDH dental hygienist will be working under remote supervision. Public health dentists will provide program and technical oversight but will not directly examine patients prior to delivery of care. With your approval, VDH will contact the principals of the elementary schools regarding participation in the program. An approval form is enclosed that can be faxed directly to (dental hygienist name), who will coordinate the program in your county and can be reached at (xxx) xxx-xxxx should you have questions. Thank you for your consideration of this request.

Sincerely,

Health Director Name

Health Director / Health District

Virginia Department of Health / Dental Preventive Services Program

Please complete this form and fax it to (HYGIENIST NAME) at the HEALTH DEPARTMENT, (XXX) XXX-XXXX, by DATE 2016.

(List Eligible County Public Schools Below)

_____ Yes, as School Superintendent, I approve participation in the VDH Dental Preventive Services Program. Please contact the individual school principals at the schools listed above.

Signed _____ Date _____

Thank you for your participation.