

# School-based Fluoride Varnish Program Manual

presented by  
**Anderson Center for Dental Care**  
Center for Healthier Communities  
Rady Children's Hospital-San Diego

with funding from  
**Price Charities**



# School-based Fluoride Varnish Program Manual

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## Acknowledgements

This manual was prepared for the purpose of sharing lessons learned and productive practices arising from development, testing and launching a program of providing school-based oral health preventive services for children. These consisted of providing basic oral health assessments; creating and testing a Community Health Advisor model for fluoride varnish application; and ensuring follow-up referrals and care for children with urgent needs.

This program could not have happened without the input, advice and oversight of Parvathi Pokala, DDS, pediatric dentist and Dental Director for the Anderson Center for Dental Care. Her countless volunteer hours make our programs richer.

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## Introduction

Untreated oral disease continues to be one of the leading health issues for children. Dental disease is five times more common in children than asthma.<sup>1</sup> According to the 2007 San Diego County Report Card on Children and Families, 12.5% of children 11 and under had never seen a dentist. According to the 2006 California Smile Survey, 28% of elementary school children in California have untreated dental decay.

Nearly twice as many children with low socio-economic status (SES) ages 2-9 years have at least three decayed or filled primary teeth than do children from families with higher income levels.<sup>2</sup> Low SES Hispanic/Latino and Black children and adolescents have far higher rates of untreated decay than do low SES White children and adolescents.<sup>3</sup>

Prevention is a major step in addressing any public health issue. Starting young with prevention, protection and instilling good habits can ensure a lifetime of good oral health. Many children in low income areas lack access to traditional dental care, or their parents are unaware of the resources available in their community. According to the Surgeon General's report<sup>3</sup>, barriers to accessing oral health services include:

- Lack of awareness of seriousness of oral health
- Lack of or insufficient dental insurance
- Lack of transportation
- Uncompensated time from work
- Limited income
- Low community-to-private provider ratio
- Dentist non-participation with Medicaid/CHIP
- Low Medicaid program reimbursement rates for dental services

The concept of school-based programs to address these barriers is not new. It has long been posited that bringing services to where the people are, when those people can not or will not come to where the services are, can be an effective strategy to ensure care is delivered. A health issues dialogue in 2001 noted in a brief: "One proven strategy for reaching children at high-risk for dental disease is providing oral and dental health services in school-based health centers... supporting linkages with health care professionals and other dental partners in the community."<sup>4</sup>

School-based oral health programs, as well as preventive programs, are featured in the Healthy People 2010 objectives<sup>5</sup>, and are proposed for Healthy People 2020 objectives<sup>6</sup>, as follows:

- Increase the proportion of low-income children and adolescents who receive preventive dental services each year.
- Increase the proportion of school-based health centers with an oral health component.

An objective new to Healthy People 2020 is:

- Increase the proportion of patients that receive oral health services at Federally Qualified Health Centers each year.<sup>7</sup>

Thus a school-based program that combines preventive care with oral health assessment, education and referral to existing resources in the community, particularly those that accept DentiCal and/or provide sliding scale or reduced fee services, which often are community clinics that are Federally Qualified Health Centers (FQHC), can be the most effective way of reaching low SES children.

### **Why Fluoride Varnish?**

Fluoride varnish is a concentrated topical fluoride, with a resin or synthetic base to hold it in place, which is “painted” onto teeth. It acts in two ways – antibacterial and enamel remineralization. Study findings support the use of fluoride varnish to prevent early childhood caries and reduce caries increment in very young children.<sup>8</sup>

The efficacy of fluoride varnishes in caries prevention is clearly demonstrated in several experimental studies. “Clinical trials show caries incidence reduction up to 70%. One may conclude that fluoride varnishes, when applied regularly, demonstrate good caries preventive properties.”<sup>9</sup>

Unlike dental sealants (a plastic material painted onto the chewing surfaces of permanent molars to protect against bacteria and acid, and last several years), which can only be applied to decay-free molars, fluoride varnish can be painted over all teeth, including those with decay, providing the remineralizing and preventive benefits of fluoride throughout the mouth.

No special equipment is required to apply fluoride varnish – just gloves and mask (for infection control) for the applier, gauze to dry the child’s teeth, and the varnish and applicator, making it simple to use in the school. When adding an assessment element to the clinic, which makes sense as the child is already there with mouth open, a mouth mirror is added to the armamentarium.

The American Dental Association<sup>10</sup>notes that for children up to age 6 with moderate to severe dental disease risk, fluoride varnish should be applied at three (3) month intervals; and ages 6-18 with moderate to severe dental disease risk, at 3 to 6 month intervals. Thus, in a school setting, three applications in a nine-month school year would be excellent.

In California, AB 667 (Assemblymember Block, San Diego), signed by Gov. Schwarzenegger on Aug. 6, 2009, allows any person under the general direction and protocol of a dentist or physician, to apply topical fluoride as part of a school-based or other public health program. This law allows development of a school-based community health worker model for applying fluoride varnish at greatly reduced cost from the current dental office or clinic-based delivery system.

### **Purpose**

The intent of this manual is for the user to be able to adapt the contents to create a school-based oral health assessment and fluoride varnish program in their local school. It is specifically intended for schools in underserved areas, where children are most likely not to have ready access to dental services. Every school environment will require different configurations of collaborators, finances and physical set-up. However, the contents of this manual will provide the foundation of a successful program.

- <sup>1</sup> 2006 California Smile Survey, Dental Health Foundation
- <sup>2</sup> National Institute of Dental and Craniofacial Research. (2001, Feb). A Plan to Eliminate Craniofacial, Oral, and Dental Health Disparities
- <sup>3</sup> DHHS. U.S. Public Health Service. (May, 2001, May). Oral Health in America: A Report of the Surgeon General
- <sup>4</sup> Grant Makers in Health Issue Dialogue. (2001, May). Filling the Gap: Strategies for Improving Oral Health. Issue Brief.
- <sup>5</sup> Healthy People 2010 Objectives 21-12 and 21-13
- <sup>6</sup> Healthy People 2020 Objectives OH HP2020-4 and OH HP2020-12
- <sup>7</sup> Healthy People 2020 Objective OH HP2020-17
- <sup>8</sup> Fluoride Varnish Efficacy in Preventing Early Childhood Caries; Weintraub, Ramos-Gomez, et al, *J Dent Res*. 85:172, 2006.
- <sup>9</sup> The use of fluoride varnishes in the prevention of dental caries: a short review; Strohmenger, Brambilla, et al, *Oral Diseases*. 7(2):71-80, March 2001.
- <sup>10</sup> Professionally applied topical fluoride: Evidence-based clinical recommendations. American Dental Association Council on Scientific Affairs, JADA, Vol. 137, August 2006

## Program Outline

### Program Elements

- School-based for optimal access to children with limited access to dental services
- Expense minimization through use of:
  - alternative workforce options
  - volunteers
    - dental professionals
    - parents
  - product donations
  - non-profit neighborhood clinic participation
  - grants
- Provision of basic oral health instruction
  - New toothbrushes distributed
  - Brushing demonstrated
  - Children dry-brush to remove gross particulate matter prior to assessment
- Provision of basic oral health assessment
  - visual only
  - incorporates official Oral Health Assessment school entry forms as needed for pre-K and K
- Application of fluoride varnish
- Referral and follow-up
- Data collection and analysis

### Program Participants

This program design involves an organizing agency, a school, collaborators and parent volunteers. Any of these can initiate the program, and need to be aware of the existing resources they might be able to draw upon from the others.

1. The organizing agency and collaborators can be:
  - A non-profit agency with experience in this arena (dental health foundation, community-based organization, etc.)
  - A non-profit clinic that offers dental services (such as a federally qualified health center)
  - A dental or dental hygienists society
  - A dental school, dental hygiene or dental assisting program
  - Other community stakeholders/potential collaborators, such as:
    - local offices of dental supply companies
    - County/city health office
    - local charitable organizations

2. School involvement needs to begin at the top, with the principal being fully committed, and the nurse's office and teachers supportive.
3. Parent volunteers are needed to commit at multiple levels:
  - To be trained as Community Health Advisors (CHAs), applying fluoride varnish and communicating directly with other parents about the importance of oral health for children
  - To assist on varnish clinic days, e.g., escorting children to and from clinic room; supervising children between and after clinic stations, etc.
  - To return permission forms for their children, and encourage other parents to allow their children to participate

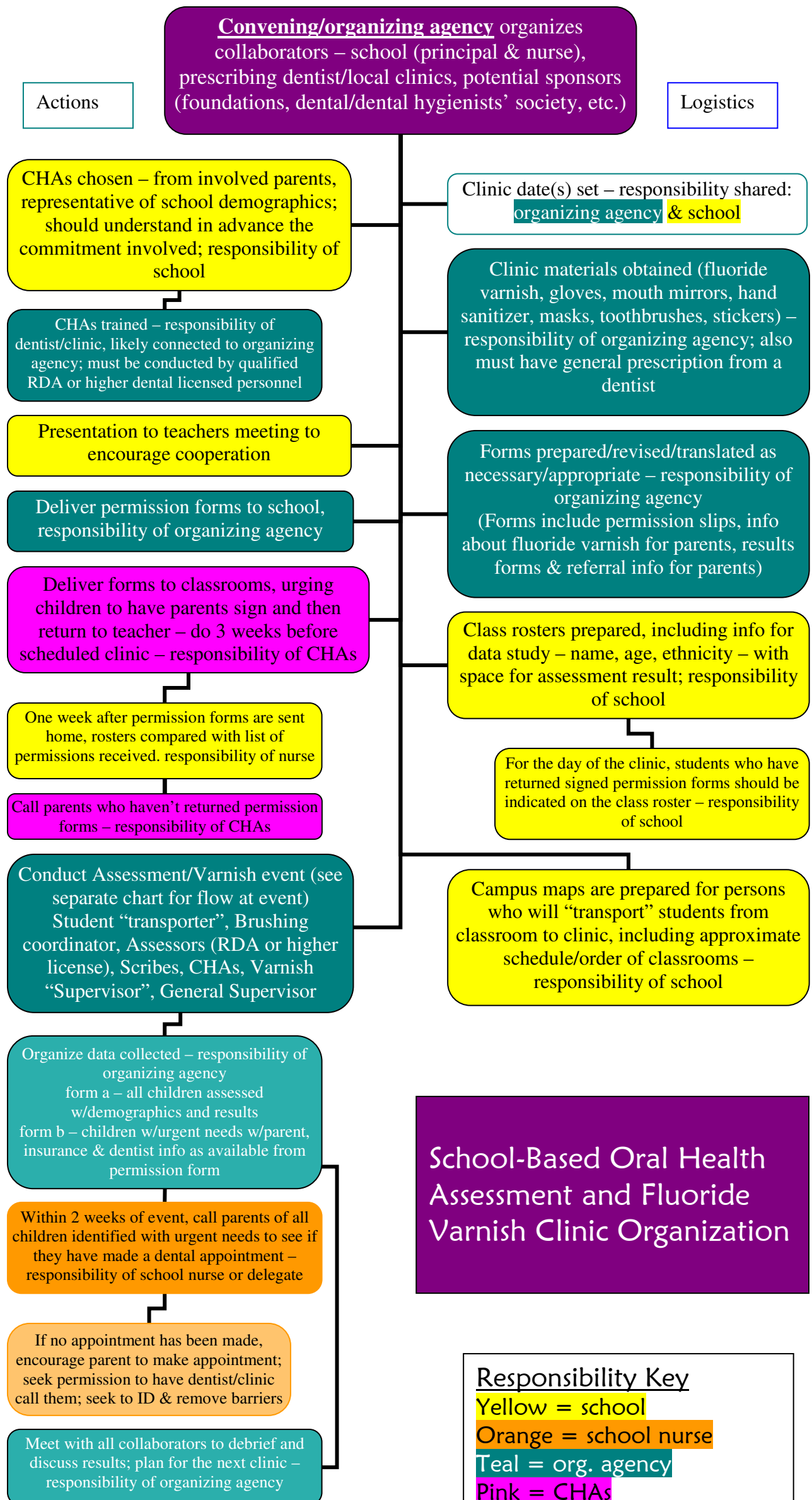
The attached flow chart (page 8) diagrams basic responsibilities and organization. These can be re-assigned and/or adapted to the specific needs of individual situations.

## Getting Started

- 1 **Meet with school representatives** (principal, nurse, designated teachers, parent volunteers, etc.) **and organizing agency**
  - Determine program specifics, and how design will be adapted to fit specific needs
    - Who will serve as organizing agency
    - Who will serve as school point person
    - What grades will be involved
    - What, if any, are target participation goals
      - will there be a reward for participating (e.g., sticker)
      - will there be a reward for class with highest participation (e.g. party)
  - Determine responsibilities
    - Under what dentist's general direction and protocol will the program be administered (see requirements of law, page 34-35)
    - Who will:
      - choose & train CHAs
      - order/obtain supplies
      - prepare forms
      - keep track of permission slip returns
      - coordinate clinic staff
      - collect & analyze data
  - Determine funding source(s) and needs
    - Will materials be purchased or donated
    - Will all volunteers be used, or is some paid staff required (depends upon type of organizing agency and financial viability and willingness of local FQHC to participate. see Budget and Finance section, page 33)
  - Determine desire/need for additional community partners/collaborators (related to above)
  - Determine initial period of program and potential for extension
    - Will it be a one-time event, or continue year-round
    - Will it start mid-year, or at the beginning of the school year
    - At what point will it be evaluated for efficiency, efficacy and continuation

- Determine source of parent volunteers
  - Will you offer incentives (such as gift certificate) to parents making the extra commitment as CHAs (see CHA section about selection, page 9)
- 2 **Secure funding** if necessary (see Budget and Finance section, page 33)
- 3 **Seek collaborators** as determined desirable/necessary
  - If seeking materials to be donated, seek collaboration with local office of dental product supplier, or other local entity known to have supplies available (see list of large national dental supply companies page 36)
  - If seeking professional volunteers, contact dental/dental hygienist society and/or educational program (see list of CA dental societies page 38)
- 4 **Set date(s) for clinics**
  - Avoid school testing days
  - Avoid dates just prior to vacations/holidays as this will postpone follow-up on children with urgent needs
  - Allow enough advance planning time
- 5 **Order/obtain supplies** (for more information about amounts, costs and sources for supplies, see Clinic Events section under materials, page 21)
  - Fluoride varnish
  - Toothbrushes
  - Disposable mouth mirrors
  - Personal protective gear: gloves, masks, hand sanitizer
  - 2" x 2" gauze
- 6 **Choose CHAs**
  - Conduct CHA training (see CHA section about training, beginning page 9)
- 7 **Revise forms** to meet specific needs (see sample forms, pages 24-30)(Note that California State Education Code requires that no for-profit logos or names, such as those of private dentists, be included on any items that are given to children, but it is acceptable for those of non-profit organizations, such as FQHCs, to appear. This would not apply to a packaged brand-name toothbrush donated or purchased for distribution.)
  - Forms are:
    - Permission slip
    - Parent information
    - Assessment Results
    - Referrals
  - Insert appropriate logos and language
  - Translate into appropriate languages
  - Localize referral page to include local clinics, referral lines, etc. (It is always prudent to include at least three (3) referrals, such as the nearest community clinic, dental society referral line, etc.)
  - Make sure that permission slip includes permission to share results with whoever will be making follow-up calls, as well as collecting and analyzing data (school, organizing agency, etc.)
  - Make sure that permission slip reflects whether multiple clinics will be held so that it will not be necessary to collect new permissions for each clinic
  - Make copies

- 8 **Recruit/designate staff** to optimally run clinics. The following staffing is appropriate for up to 200 children receiving assessments and fluoride varnish in 3-4 hours. Further explanation of their roles is contained in the Clinic Event section, pages 19-21.
  - 1 clinic supervisor (probably from the organizing agency)
  - 1 school representative
  - 1 brusher (CHA or other trained volunteer)
  - 2 assessors (RDA or higher license)
  - 2 scribes (CHAs, trained parent volunteers, agency staff or other volunteers)
  - 4 varnishers (CHAs or appropriately licensed/trained volunteers)
  - 3 parent volunteers bringing children to and from classrooms and keeping children organized
- 9 **Inform all involved parties** of the upcoming program
  - Teachers – let them know how important it is for children to participate; how they can encourage children to encourage parents to sign forms; when and for how long their class will be interrupted for the clinic (teachers meeting)
  - Parents – let them know how important it is for their child to have regular dental care, and basic parameters of this program; encourage prompt return of permission slips
    - School newsletter
    - Flier sent home with students
    - Parent meeting
    - Peer-to-peer discussions using CHAs
    - Auto-dialing
- 10 **Distribute permission slips**, including information about fluoride varnish for the parents (see samples pages 24-25)
  - If you are starting at the beginning of the year, and planning for the program to run all year, distribute a year-round, or multiple clinic, permission form in school registration packets
  - If starting mid-year, distribute permission slips by the means this school has determined to be most efficacious (with children, through newsletter, etc.) at least three (3) weeks prior to clinic date(s)
- 11 **Collect returned permission slips**
  - Keep track class by class of what permission slips have been returned
  - Send reminders for those not yet returned
  - Encourage parents to return permission slips
    - School newsletter
    - Flier sent home with students
    - Parent meeting
    - Peer-to-peer discussions using CHAs
- 12 **Meet one more time** with everyone to go over the set-up for the Clinic Day
- 13 **Go for it!**



## Community Health Advisors

### Who Can Apply Varnish - Permitting Law

In California, AB 667, signed into law on Aug. 6, 2009, allows any person under the general direction and protocol of a dentist or physician, to apply topical fluoride as part of a school-based or other public health program. Therefore, parent volunteers can be trained to apply fluoride varnish for younger children, and older children can potentially be trained to apply it to their own teeth (we have not tested this later option). These alternatives allow for a much less expensive program, as it can be run in a school with fewer paid licensed personnel in attendance.

You will require a general prescription from a physician or dentist for the application of the fluoride. A sample is included, page 32. This manual serves as the protocol mentioned in the law. The full text of the law is included in the reference section of this manual.

### Incentives

Depending upon the specific situation, you may wish to offer incentives and/or other rewards to the CHAs to compensate them for the time that they are dedicating to this program. It may be appropriate to ask them their preferences; some of ours said they would prefer that the funds go into extending the program. Rewards may include:

- Gift certificates
- Stipends
- Certificate of appreciation (see samples pages 17-18)
- Recognition

### Selection

The selection of parents or other persons to be your CHAs can be very political, especially if you are offering financial incentives. Keep this in mind when choosing participants. Some important parameters for CHAs:

- Manual dexterity – they will be using small brushes to paint a substance onto children’s teeth...while wearing gloves and a mask that they aren’t used to
- Cultural appropriateness – they should represent the primary cultures, and languages spoken, in your school
- Ability to learn – they need to be able, and willing, to learn and retain not only this new skill, but also basic oral health information
- Enthusiasm – they must be able to convey the importance of this program to other parents to stimulate participation
- Ability to work with and calm young children
- Reliability – you must be able to count on them to show up on time consistently for all clinics, barring unforeseen accidents or illness

## Training

Training of the CHAs must be conducted by someone with a dental license. It will consist of four parts:

- Begin with a pre-test to determine current level of knowledge. (see sample page 15)
- Basics of oral health, tailored to fit degree of knowledge demonstrated by pre-test
- Basics of Infection Control
- Protocol for Application of Fluoride Varnish

## Basics of Oral Health

The following outline provides topics to be covered in the discussion of oral health.

### Importance of children’s oral health

A healthy mouth is essential to overall health for infants, children and adults. Dental disease (cavities) can have serious and expensive consequences if left untreated, including:

- |                   |                           |                                   |
|-------------------|---------------------------|-----------------------------------|
| • Pain            | • Early tooth loss        | • Lack of concentration in school |
| • Infection       | • Low self esteem         | • Missed school days              |
| • Problems eating | • Trouble sleeping        | • Failure to thrive               |
| • Weight loss     | • Poor speech development |                                   |

Seventy percent of children in California have experienced tooth decay by third grade. It is estimated 4% of children in grades k-3 are in urgent need of dental treatment.

### Importance of Baby teeth

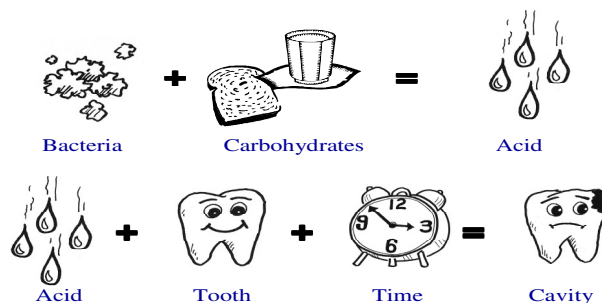
Because the baby teeth are eventually replaced by adult teeth some parents mistakenly feel that it is not necessary to treat them. However, baby teeth play an important role in a young child’s development. Children need healthy baby teeth for:

- chewing food
- speech development
- place holders for adult teeth. The roots of the baby tooth guide the erupting permanent tooth into the proper place.

### How decay happens

- Decay is a bacterial infection. Every time the bacteria in the mouth are exposed to simple carbohydrates (sugar, lactose in milk, fructose in fruit juice, etc.) they produce an acid. With frequent exposure the acid causes decay. (see chart below)

### **How Does A CAVITY Form?**



- Decay is contagious
  - Babies are not born with the bacteria that causes decay
  - Bacteria is spread to baby through saliva, usually by sharing food or utensils

### Prevention

Although tooth decay is the most common chronic disease of childhood, it is almost completely preventable through:

- Diet
  - Healthy snacks that don't promote decay include:
    - Proteins such as meat, eggs, cheese, nuts, beans
    - Fresh fruits
    - Fresh vegetables
  - Proper bottle/sippy cup use
    - Risk of putting baby to bed with a bottle or allowing a child to sip frequently on anything but water
- Hygiene
  - Brushing
    - Twice a day
    - Use a small smear of fluoride toothpaste until the child can spit, then a pea-sized dab
    - Adult help needed until age 7 or 8, on average
  - Flossing
    - When two teeth touch
    - Once a day
- Fluoride
  - Strengthens the enamel on contact
  - In the water it also strengthens the enamel of the adult teeth as they form
  - Tap water in the U.S. is safe to drink!
- First dental visit by age one
- Sealants for permanent molars

### Pregnancy and dental care

Gum disease and cavities increase the risk for:

- Preterm birth
- Low-birth weight babies
- Tooth decay in the child

Dental care, including x-rays, is safe and recommended during pregnancy.

### Basics of Infection Control

#### What is hand hygiene?

Hand hygiene is a general term that applies to routine hand washing, antiseptic hand wash, antiseptic hand rub.

**Indications for hand hygiene include:**

- Before glove placement and after glove removal
- After barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions
- Before leaving the dental area
- When hands are visibly soiled

Methods	Agent	Purpose	Area	Duration (minimum)
Antiseptic handwash	Water and antimicrobial soap	Remove or destroy short-lived microorganisms and reduce existent flora (persistent activity)	All surfaces of the hands and fingers	15 seconds
Antiseptic handrub	Alcohol-based handrub	Remove or destroy short-lived microorganisms and reduce existent flora (persistent activity)	All surfaces of the hands and fingers	Until the hands are dry

**Fluoride Varnish Application Protocol**

**Introduction**

Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay.

**Purpose**

The purpose of applying fluoride varnish is to retard, arrest and reverse the process of cavity formation.

**Advantages**

- Does not require special dental equipment
- Does not require a professional dental cleaning prior to application
- Is easy to apply
- Dries immediately upon contact with saliva
- Is safe and well tolerated by young children and individuals with special needs
- Is inexpensive

**Application procedure**

Pre-application instructions:

- It is recommended that child has something to eat and drink before coming to receive a fluoride application

- Parent advice that the child’s teeth may become discolored temporarily as fluoride varnish has a yellow-ish tinge and that the varnish can be brushed off the following day. This information has been sent to parents in advance.

**You will need to have:**

- Disposable gloves
- Hand sanitizer
- Mask
- Gauze sponges (2 x 2)
- Fluoride varnish with applicator

**Position the child:**

- Place the child in sitting position and work from above the head, standing behind them or
- Place the child in sitting or standing position and work sitting facing them

**The application (see also check-list form, page 16):**

1. Clean hands with antiseptic handrub.
2. Place mask and clean gloves.
3. Peel open starting from the unseal tab on the long end of the varnish container.
4. Remove brush and mix varnish until it has an even consistency.
5. Using gentle finger pressure, open the child’s mouth.
6. Use your fingers to pull away the lip and have better visibility.
7. Dry top front teeth by rubbing 2X2 gauze along the tooth surfaces. Work in sections (front, back of both sides)
8. Apply a thin coat of varnish evenly to all tooth surfaces.
9. When finish with application, ask child to close their mouth and swallow saliva as usual.
10. Remove gloves and sanitize hands with antiseptic handrub.
11. Place sticker on child.

**Community Health Advisor Role/Responsibilities**

<b>Activity</b>	<b>Time involved (approximate)</b>	<b>Explanation</b>	<b>Remuneration (suggested)</b>
Initial Training	1 hour	Training will primarily focus on application of fluoride varnish; also oral health and its importance related to general health	
1 <sup>st</sup> Oral Health Assessment/fluoride varnish clinic	6 hours	Observe; assist with paperwork; apply fluoride varnish	\$25 gift card
Training	1 hour	Discuss 1 <sup>st</sup> clinic; additional training as needed	
Additional	5-6 hours each	Apply fluoride varnish	\$25 gift card per

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assessment/varnish clinics	clinic		clinic
Meeting/training	½ hour	Refresher training re fluoride varnish	
Additional assessment/varnish clinics	5-6 hours each clinic	Apply fluoride varnish	\$25 gift card per clinic
Meeting	1 hour	Evaluate entire process	

**Anderson Center for Dental Care**  
**Oral Health for Community Health Advisors**  
**Pre-Test**

- (T) (F) 1. Half of kindergarteners in California have had tooth decay.
- (T) (F) 2. Decay in baby teeth doesn't matter because these teeth will fall out anyway.
- (T) (F) 3. Tooth decay in young children can cause problems with growth.
- (T) (F) 4. Pretzels are a better snack for teeth than nuts.
- (T) (F) 5. Children should start seeing a dentist by age 3.
- (T) (F) 6. It is safe to drink tap water in the U.S.
- (T) (F) 7. On average, a child can brush their teeth without help by age 3.
- (T) (F) 8. Putting a child to bed with a sippy cup of milk is better than giving them a bottle of milk.
- (T) (F) 9. Pregnant women with gum disease are more likely to have preterm babies.
- (T) (F) 10. For safety, pregnant women should wait until after the baby is born to get dental treatment.

## Fluoride Varnish Application Check List

Supplies: varnish	
Hand sanitizer	
Gauze sponges (2 x 2)	
Fluoride varnish with applicator	
Personal protective equipment: gloves and mask	
Obtain written parental / guardian permission (if combined with assessments, this will have been done by assessor)	
Dry the four maxillary (upper) front teeth with gauze	
Paint the varnish on the front and back of the maxillary (upper) four front teeth	
Dry the remaining teeth	
Paint the varnish on the remaining teeth including the occlusal (biting) surfaces	
Instruct the child not to brush until the following morning	
Place sticker on child as reward, and as indicator that child has received varnish	

**Key to Pre-Test:**

1. T
2. F
3. T
4. F
5. F
6. T
7. F
8. F
9. T
10. F

# Certificate of Achievement

## Name of Recipient

For completion of training as a Community Health Advisor in oral health: fluoride varnish application

**City Heights Oral Health Project**



\_\_\_\_\_  
Cheri Fidler, Director, Center for Healthier Communities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Carolanne Buguey, Principal, Rosa Parks Elementary School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michele La Plant, Nurse, Rosa Parks Elementary School Nurse

\_\_\_\_\_  
Date

# Certificate of Achievement

*This certificate is awarded to*

**Name of Recipient**

for completion of training as a Community Health Advisor in oral health: fluoride varnish application

## City Heights Oral Health Project

\_\_\_\_\_  
Cheri Fidler, Director, Center for Healthier Communities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dorothy Zirkle, Director of Health Services, Price Charities

\_\_\_\_\_  
Date



## Clinic Events

### Organization

A flow chart for the day of the clinic is included, page 22. Some basics to remember:

- Children will not be able to eat or drink for 30 minutes following varnish application, so be aware of snack and lunch times.
- Some children, especially the younger ones, may be afraid, having had shots at the dentist or heard horror stories from older siblings or adults; be prepared to comfort them.
- Plan to keep the flow of children into and out of the room steady to optimize time and efficiency, and minimize down time.
- Be aware that a large group of children in one room can seem chaotic; be prepared with well-defined areas, activities and supervision for them. (Ideas include books, certificates – see sample page 32 – and supervised play.)

### Clinic Day Requirements for School

The oral health assessments and fluoride varnish clinics are, as noted elsewhere in this manual, a collaboration between your school; an organizing agency; and other collaborators; all working together to ensure that your students are in their best health to be able to learn and grow. To do this, we all have roles to play and commitments to fulfill. Below are the basic set-up and school personnel requirements for the clinic day.

#### Physical Set-Up

When the clinic providers arrive on the day of the clinic, the following should be ready at least 30 minutes before clinic start time.

What	How/Why
<b>Room Set-up</b>	<p>The room is set up as per the sample layout page 23.</p> <ul style="list-style-type: none"> <li>▪ 5 tables    ▪ 23 chairs</li> <li>▪ one brushing area, with one chair for instructor and area for children to sit in front of instructor</li> <li>▪ two assessment stations (chair for assessor, scribe and child), one on either side of one table</li> <li>▪ four varnish stations (chair for varnisher and child), two per table at two tables</li> <li>▪ children move from brushing area to assessment table to varnish tables to waiting area, and back to classrooms</li> <li>▪ one table each for paperwork and for water, coffee, etc. for clinic workers</li> </ul>
<b>Class Rosters</b>	<ol style="list-style-type: none"> <li>1) Two (2) clean copies of each class roster, including as much as possible of the following information: ▪ the child’s name; ▪ birthdate; ▪ ethnicity; ▪ parent’s name; and ▪ home phone number.</li> <li>2) In addition, one (1) copy of each class roster that indicates which children have returned their permission forms, with permission forms attached, should be provided.</li> </ol>

<b>Campus Map</b>	A copy of the campus map for the person escorting the children.
<b>Schedules</b>	A schedule showing lunch, recess and snack times, as well as testing times and other times that classes are not available so we know how to best schedule classes to come for their assessments and varnish.

**School Personnel Requirements**

<b>Who</b>	<b>How Many</b>	<b>Why</b>
<b>Administration</b>	1	Student and teacher participation and cooperation are best if they see that administration is fully engaged. Need a representative from the nurse’s office, or another designee, to be present in the clinic to be the school point person.
<b>Volunteers</b>	3+	At least three parent volunteers are needed to assist with students – one to escort students to and from classrooms; one to supervise students as they wait for their class to be completed; and one to coordinate the flow of students to the assessment stations and the varnish stations. Volunteers should arrive at least 15 minutes before clinic time.

**Clinic Day Requirements for Organizing Agency**

**Physical Requirements**

Forms (see samples pages 28-30):

- Dental assessment results in all necessary languages
- Dental referral forms in all necessary languages, attached to results pages

Materials (see price chart below)

- Fluoride varnish
- Masks – assume 5-10 per person per 5 hour clinic
- Gloves – two pairs per child to be seen (one for an assessor and one for a varnisher); order multiple sizes to accommodate as needed
- Hand Sanitizer – one bottle for every 2 persons/stations
- Disposable mouth mirrors – one per child
- Toothbrushes – one per child
- 2” x 2” gauze – one package per varnisher
- Pen light – one per assessor
- Pens
- Dental puppet and puppet toothbrush (to demonstrate brushing)
- Stickers to reward the children after receiving the varnish

**Organizing Agency Personnel Requirements (based on seeing 200 children in 3-4 hours)**

- Screener/assessors (2) – must be licensed, minimum RDA
- Scribes (2) – can be parent volunteers, but CHAs best

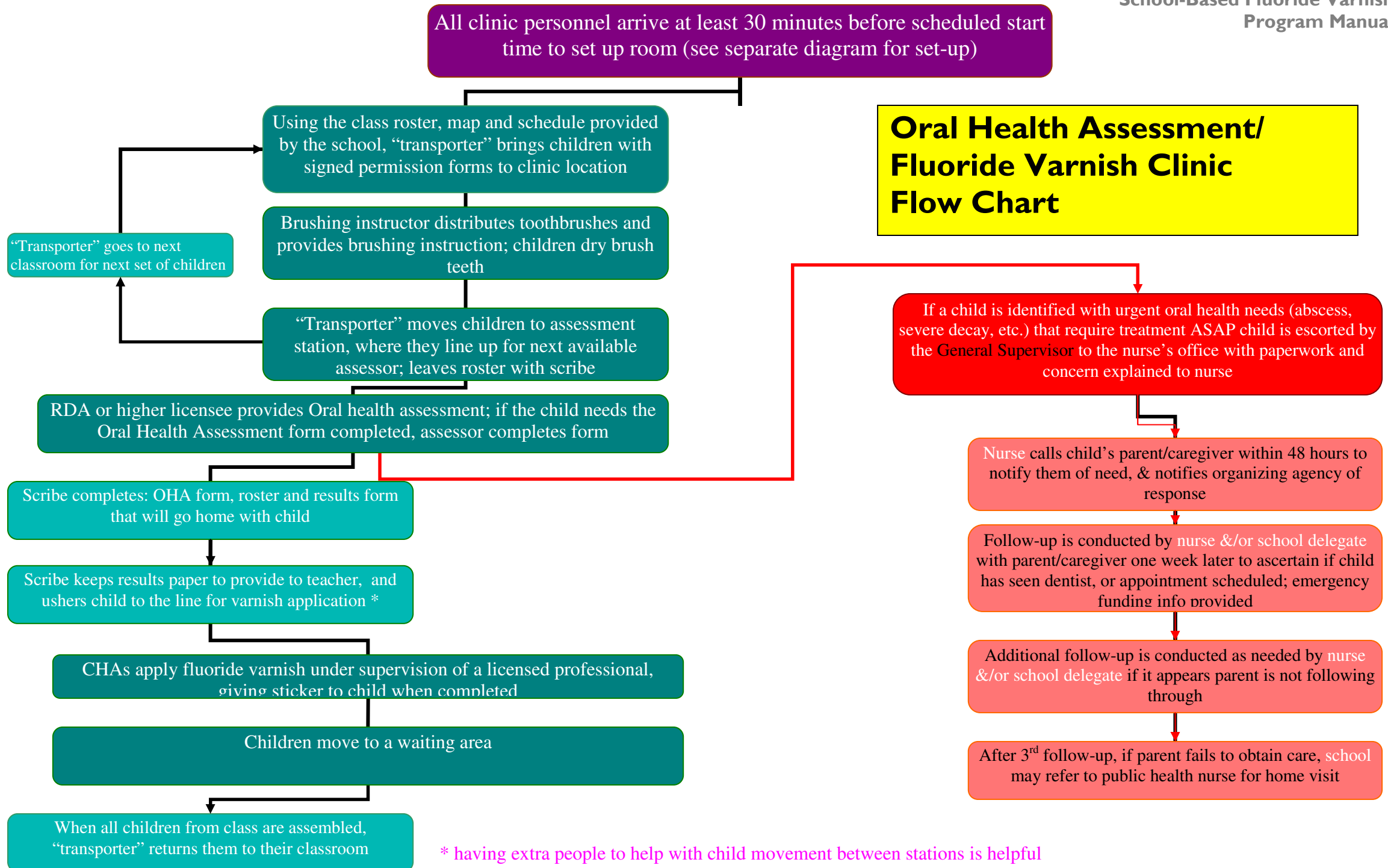
- Trained Community Health Advisors (CHAs) (4) for fluoride varnish application
- Licensed dental person to oversee CHAs (1) – not necessarily needed after 1<sup>st</sup> clinic
- Brushing instructor (1) – could be CHA
- Clinic Supervisor/Troubleshooter – available to help where needed, and take children with urgent needs to nurse, as per flow chart page 22.

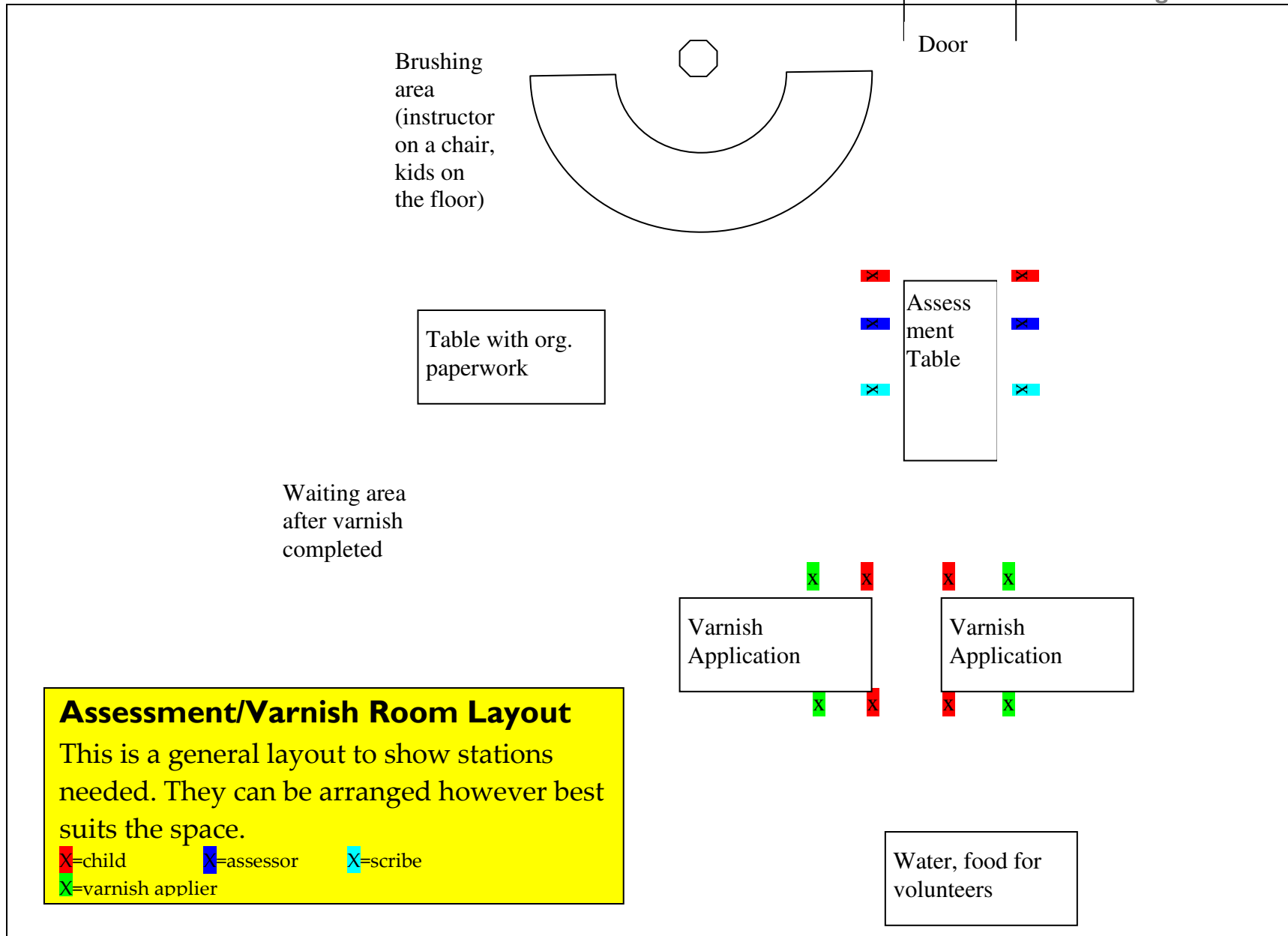
## Materials

Materials can be purchased from any dental or medical supply company. If you have partnered with a local office of a dental supply company, you might want to use them for purchases. (see page 36 for list) Prices listed below are the best readily available prices that we have found, as well as where that price is available.

<b>Item</b>	<b>Unit Price (as of 7/2010)</b>	<b>Where</b>
Fluoride varnish	\$.87	The Dental Health Foundation
Masks	\$4.99/box of 50	Practicon
Gloves (recommend non-latex)	\$7.79/box of 100	Practicon
Hand sanitizer	\$59.99/12-8 oz. bot.	Patterson Dental
Disposable mouth mirrors	\$14.99/box of 50	Practicon
Toothbrushes	\$.16/ea	Plak Smacker
2 x 2 gauze	\$28.95/5000	Patterson Dental
Pen light	\$2 +	Any pharmacy or grocery store
Dental puppet/toothbrush	\$98.99	Practicon
Stickers	\$3.95/100	Plak Smacker

## Oral Health Assessment/ Fluoride Varnish Clinic Flow Chart





## Free Dental Assessment and Fluoride Varnish Application

La Maestra Health Center and the Anderson Center for Dental Care at Rady Children’s Hospital have partnered with your child’s school to improve children’s oral health. **Good news!** We are providing free dental assessments and fluoride varnish application several times throughout the school year. It will be a visual observation only with the application of fluoride varnish to help prevent decay. The results of the assessments will be shared with you, as well as referral information. Your permission is needed for your child to be included.

I give permission for my child to have a dental assessment and fluoride varnish application and to share the results with my child’s school, Rady Children’s Hospital, and La Maestra Dental Clinic; and to be called for follow-up.

Child’s name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Teacher’s Name** \_\_\_\_\_ **Room #** \_\_\_\_\_

**Address (Street, City, Zip Code):** \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ School: \_\_\_\_\_

Parent’s name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following:

1. Has your child been to the dentist in the last 6 months?      Yes                      No

Who is your child’s dentist or where do they go? \_\_\_\_\_

2. Does your child have dental insurance?      Yes                      No

**If yes please check one:**

- Private dental insurance (for example: Community Dental Network, Pacificare Dental, Blue Cross Dental, Tri Care, United Concordia, etc.)
- MediCal/DentiCal                      Healthy Families

3. Please check ethnicity:

- African American/Black                      Native Hawaiian/Pacific Islander
- African    White/Caucasian
- Asian    Multi-racial
- Hispanic/Latino                                Other \_\_\_\_\_
- Native American                                Unknown

4. What is the primary language spoken at home?  
 English      Spanish      Vietnamese      Somali      Other \_\_\_\_\_

**Please return this form to your child’s teacher**

For administrative use only			
Assessment Results			
Date	Date	Date	Date
Result	Result	Result	Result





## Information for Parents about Fluoride Varnish



### **Why do we recommend putting fluoride varnish on children's teeth?**

Tooth decay is one of the most common preventable diseases seen in children. Children as young as 12 - 18 months can get cavities. Cavities in baby teeth can cause pain and even prevent children from being able to eat, speak, sleep and learn properly. Cavities in baby teeth can also cause problems with adult teeth. Children do not lose all their baby teeth until they are about 11 or 12 years old.

### **What is fluoride varnish?**

Fluoride varnish is a temporary protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

### **Is fluoride varnish safe?**

Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used. This method of providing fluoride to teeth has been used in Europe for more than 25 years.

### **How is it put on the teeth?**

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don't like having things put in their mouths especially by people they don't know! Your child's teeth will be yellow after the fluoride varnish is painted on, but the yellow color will come off when you brush your child's teeth tomorrow.

### **How often should fluoride varnish be applied?**

The fluoride coating will work best if it is painted on the teeth 3 – 4 times a year.

## **Baby Teeth are Important!**

## Información para padres de familia sobre barniz de fluoruro



### **¿Por qué recomendamos la aplicación de barniz de fluoruro en los dientes de los niños**

La caries es una de las enfermedades prevenibles más común en los niños. Los niños pequeños desde los 12-18 meses pueden tener caries. Las caries en los dientes de leche pueden causar dolor y hasta evitar que los niños puedan comer, hablar, dormir y aprender apropiadamente. Los niños no pierden todos sus dientes de leche hasta que cumplen 11 a 12 años de edad.

### **¿Qué es el barniz de fluoruro?**

El barniz de fluoruro es una capa protectora que se pinta sobre los dientes para ayudar a prevenir nuevas caries y ayuda a detener caries que apenas empiezan.

### **¿Es seguro el barniz de fluoruro?**

Sí, el barniz de fluoruro se puede usar en bebés tan pronto salgan los primeros dientes. Solo se usa una cantidad pequeña de barniz. En Europa este método de aplicar fluoruro a los dientes se ha usado por más de 25 años.

### **¿Cómo se aplica el fluoruro en los dientes?**

Se pinta el barniz sobre los dientes. Es rápido y fácil de aplicar y no tiene mal sabor. No hay dolor, pero su niño/a puede llorar simplemente porque a los bebés y niños no les gusta que les pongan cosas en su boca ¡especialmente por gente que ellos no conocen! Los dientes de su niño/a estarán amarillos después de que el barniz de fluoruro se aplica, pero el color amarillo desaparece cuando usted cepille los dientes de su niño/a al día siguiente.

### **¿Con qué frecuencia se aplica el barniz de fluoruro?**

La capa de fluoruro protege mejor si se aplica en los dientes de 3-4 veces al año.

**¡ Los dientes de leche son importantes!**



## Anderson Center for Dental Care Dental Assessment Results

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

Your child had a Dental Assessment at \_\_\_\_\_ to check for obvious dental problems.

### **Services received:**

- Oral health assessment
- Fluoride varnish application

### **To keep the varnish on the teeth as long as possible and to achieve the best result:**

- Your child should eat soft foods for the rest of the day.
- Your child should not brush their teeth until tomorrow morning. Rinse with water after eating.

### **Results:**

- No obvious cavities observed at this time.** Your child should visit a dentist at least twice a year for a complete dental examination.
- Possible cavities or other concerns.** Please take your child to a dentist within the next month.
- Urgent care needed.** It's very important that you take your child to a dentist right away.

This assessment did not use dental instruments or include X-rays, which could show decay. It does not take the place of an exam by your dentist. Dental exams, professional cleaning and fluoride treatment are recommended twice a year.

*This project was funded by Price Charities*



Centro Anderson para el cuidado dental  
Resultados de la revisión dental

---

NOMBRE DE NIÑO/A

---

FECHA

Su hijo/a recibió una revisión dental, en \_\_\_\_\_ con el propósito de buscar problemas dentales obvios.

**Los servicios recibidos fueron:**

- Revisión dental
- Aplicación de barniz de fluoruro

**Para obtener mejores resultados, el barniz debe permanecer en los dientes el mayor tiempo posible se recomienda:**

- Que su hijo/a coma alimentos blandos el resto del día.
- Que su hijo/a no se cepille los dientes hasta mañana por la mañana. Enjuagarse con agua después de comer.

**Resultados:**

- No se observaron caries obvias.** Su hijo/a debe visitar al dentista dos veces al año para obtener un examen dental completo.
- Posibles caries u otro problema.** Por favor lleve a su hijo/a al dentista durante el próximo mes.
- Se necesita tratamiento urgente.** Es muy importante que lleve a su hijo/a al dentista inmediatamente.

Esta revisión no incluye Rayos X o uso de instrumentos dentales, que ayudan a mostrar la presencia de caries. No toma el lugar de un examen dental profesional hecho por su dentista. Se recomienda un examen dental profesional, la limpieza y el tratamiento de fluoruro, dos veces al año.

*Este proyecto es auspiciado por Price Charities*

## Referral List

- For help finding a dentist call Rady Children's Hospital Customer Service and Referral Center at 1-800-788-9029
- For help finding a DentiCal dentist call 1-800-322-6384
- For information about Healthy Families call 1-888-747-1222
- For a dental exam for this child at no cost to you, call La Maestra Dental Clinic 619-285-8135. Please bring this form with you to the appointment.

## Lista de referencias

- Si necesita ayuda para encontrar un dentista llame al centro de referencia y servicio al cliente del hospital infantil Rady al 1-800-788-9029
- Si necesita ayuda para encontrar un dentista de DentiCal llame al 1-800-322-6384
- Para información sobre Familias Saludables llame al 1-888-747-1222
- Para un examen dental sin costo alguno para este niño, llame a la clínica dental La Maestra al 619-285-8135. Favor de traer esta forma con usted a la cita.

## California Dental Association Data Collection Protocols

### Guidelines for Dental Assessments

#### Treatment Urgency

Assign treatment urgency status based on the following criteria:

1. **“No obvious problems”** = When the child’s teeth appear visually healthy and there is no reason that you feel he/she needs to see a dentist before the next routine checkup, mark this choice.
2. **“Early dental care”** = caries without accompanying signs or symptoms. Additionally, if you see things that need further evaluation, such as white spots or molars that would appear to benefit from sealants, mark this choice.
3. **“Urgent”** = signs or symptoms that include pain, infection, swelling or soft tissue lesions lasting longer than 2 weeks (determined by questioning the child)

*Guidelines developed by the Association of State and Territorial Dental Directors in association with the California Dental Association*

# Example of an RX

DEA # \_\_\_\_\_

John Q. Doe, M.D.

123 Somewhere Street      Anywhere, NV 89000

Name \_\_\_\_\_ Date \_\_\_\_\_

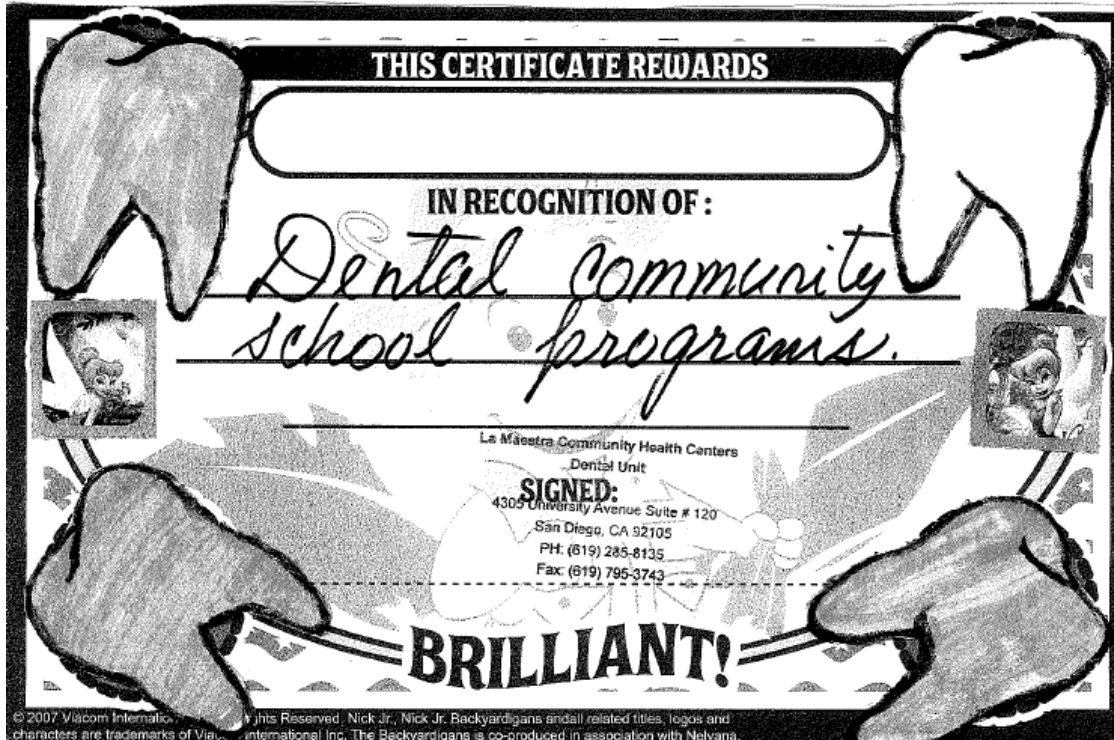
Address \_\_\_\_\_

**Rx** Little People's Head Start and Early Head  
Fluoride Varnish  
#80 children  
sig: 1 application per child Q 3-4 months

Label

Refill -0-1-2-3-4-PRN \_\_\_\_\_ M.D.

Dispense Only as Written



Sample Certificate for children who have received varnish

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## Budget and Finance

### Financial Viability and Sustainability

The optimal situation for long-term sustainability of the assessment/varnish clinics is through a partnership with a local non-profit clinic. (Working with a non-profit clinic, such as a community clinic or Federally Qualified Health Center (FQHC), is important due to legal issues with for-profit entities in the schools.) The clinic would provide personnel and materials in recognition of the fact that it will receive significant return on its investment in the form of new patients receiving billable services.

A number of items will affect financial viability for the local clinic:

- Is it the only community clinic in the area? If so, then it can be considered the primary local provider, and be reasonably certain that most low socio-economic families without a current dental home will go to it.
- What percentage of children in the area have seen a dentist in the past six months? This averages near 60% in the State of California, leaving 40% of children who are likely to be in need of a dental home. You can check statistics for your area at [www.kidsdata.org](http://www.kidsdata.org).
- What percentage of children in the area have private insurance vs. public insurance (Medicaid/DentiCal, CHIP/Healthy Families) vs. no insurance? Those with private insurance are most likely to go to a private provider; those with no insurance are least likely to seek dental care at all.
- Will participating in the varnish program create significant good will for the local clinic, sufficient to provide incentive to participate?
- Would a partnership including a dental supply company providing the supplies and the clinic providing the personnel work in your area?

It may be necessary to run some pilot clinics to collect enough data to determine the answers to the above questions for your specific area.

Let's look at estimated annual program expenses for one school with 300 children in preschool through first grade returning permission slips; seven CHAs being rewarded with incentives; and two days per clinic. Personnel expense does not include school personnel or data entry/tracking other than urgent needs.

First is a budget for recruiting and training CHAs, and planning the clinics. This is based on a school already having decided to participate in the program, and providing full cooperation.

Who/what	doing what	rate	total
Coordinator/supervisor, 20 hrs	planning/scheduling clinic; interfacing with school	\$30/hr	\$ 600.00
RDA, 20 hrs	training & coordinating CHAs	\$20/hr	\$ 400.00
Personnel benefits		18%	\$ 180.00
paper/copying	permission forms; training information		\$ 25.00
<b>TOTAL</b>			<b>\$ 1,205.00</b>

## School-Based Fluoride Varnish Program Manual

Below is a budget for a 2-day clinic, 5 hours per day, in one school, 300 children, based on average RDA and supervisory costs.

Who/what	doing what	rate	total
2 RDAs, 5 hrs/day	assessments	\$20/hr	\$ 400.00
1 coordinator/supervisor, 5 hrs/day	oversight	\$30/hr	\$ 300.00
1 receptionist, 20 hrs	follow-up calls for children with urgent needs	\$12/hr	\$ 240.00
Personnel Benefits		18%	\$ 170.00
CHA incentives, 7*	varnish, scribing, brushing	\$25/clinic	\$ 175.00
refreshments			\$ 25.00
Fluoride Varnish		\$0.87	\$ 261.00
PPE **			\$ 75.00
gauze			\$ 10.00
paper/copying	results, referral forms		\$ 50.00
stickers			\$ 12.00
toothbrushes		\$0.16	\$ 48.00
disposable mirrors		\$0.30	\$ 90.00
<b>TOTAL</b>			<b>\$ 1,856.00</b>
materials costs do not include shipping and handling			
* 4 applying varnish, 2 scribing, 1 leading brushing; one \$25 gift card per 2-day clinic			
** personal protective equipment: mask, gloves, hand sanitizer			

Personnel costs for the clinic can be mitigated by recruiting and using volunteers to do the assessments. However, this can become difficult in a long-running program unless you have a highly committed cadre of local dentists, hygienists and dental assistants. Coordinating the volunteers also can be time-consuming and frustrating.

Another way to mitigate costs is to do oral health assessments at the first clinics of the year only, and only apply fluoride varnish at the remaining clinics. With this set-up, you would not need two dentally trained personnel at the second and third clinics, nor would you need disposable mirrors and half of the PPE. It would still be wise to have one dental person to oversee the CHAs and check anything the CHAs observe.

By law, a for-profit dentist or organization is not permitted to distribute anything in a school with their name on it as this is considered advertising their services to a minor. However, this provision does not apply to non-profit clinics such as community clinics or FQHCs. This makes community clinics ideal partners in school-based clinics, assuming they have clinics in the vicinity of the school, as children without a dental home can be referred to the clinic for treatment, potentially recouping some of the clinic's cost of participation. The potential also exists for the clinic, with the school's permission and cooperation, to establish the school site as an official clinic site and bill Denti-Cal for the fluoride varnish application.

Ultimately, it will be up to each site to determine the best model based on their specific needs, assets and demographics.

## References

### Text of Law

Relevant sections highlighted

#### Assembly Bill No. 667

##### CHAPTER 119

An act to amend Section 1750.1 of the Business and Professions Code, and to amend Section 104830 of, and to add Section 104762 to, the Health and Safety Code, relating to oral health.

[Approved by Governor August 5, 2009. Filed with Secretary of State August 6, 2009.]

AB 667, Block. Topical fluoride application.

Existing law requires that pupils of public and private elementary and secondary schools, except community colleges, be offered the opportunity to receive, within the school year, the topical application of fluoride or other decay-inhibiting agent to the teeth, as specified. Existing law requires the application to be under the direction of a dentist and allows for self-application.

Under existing law, a dental assistant may only perform topical fluoride applications under the direct supervision of a licensed dentist, as defined.

This bill would, when services are provided to elementary or postsecondary pupils, specifically include fluoride varnish in the topical applications that may be used and allow application by any person, including a dental assistant. The bill would also permit any person, including a dental assistant, to apply topical fluoride, including fluoride varnish, to the teeth of a person being served in a public health setting or program that is created or administered by a state or local governmental entity, as specified. It would require, with respect to services to which the bill applies, that they be provided in accordance with a prescription and protocol issued and established by a physician or dentist.

*The people of the State of California do enact as follows:*

SECTION 1. Section 1750.1 of the Business and Professions Code is amended to read:

1750.1. (a) A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:

(1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:

(1) Apply nonaerosol and noncaustic topical agents.

(2) Apply topical fluoride.

(3) Take intraoral impressions for all nonprosthodontic appliances.

(4) Take facebow transfers and bite registrations.

(5) Place and remove rubber dams or other isolation devices.

(6) Place, wedge, and remove matrices for restorative procedures.

(7) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

(8) Perform measurements for the purposes of orthodontic treatment.

(9) Cure restorative or orthodontic materials in operative site with a light-curing device.

(10) Examine orthodontic appliances.

(11) Place and remove orthodontic separators.

(12) Remove ligature ties and archwires.

(13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

- (14) Remove periodontal dressings.
- (15) Remove sutures after inspection of the site by the dentist.
- (16) Place patient monitoring sensors.
- (17) Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.
- (18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (c) Notwithstanding subdivision (b), when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code, a dental assistant may apply topical fluoride under the general direction of a licensed dentist or physician.
- (d) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.
- (e) The board may specify additional allowable duties by regulation.
- (f) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:
  - (1) Diagnosis and comprehensive treatment planning.
  - (2) Placing, finishing, or removing permanent restorations.
  - (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
  - (4) Prescribing medication.
  - (5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.
- (g) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permit holder, dental sedation assistant permit holder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.
- (h) This section shall become operative on January 1, 2010.

SEC.2. Section 104762 is added to the Health and Safety Code, to read:

104762. Within a public health setting or a public health program that is created or administered by a federal, state, or local governmental entity, any person may apply topical fluoride, including fluoride varnish to the teeth of individuals who are being served in that setting or program, according to the prescription and protocol issued and established by a physician or dentist.

SEC.3. Section 104830 of the Health and Safety Code is amended to read:

104830. Pupils of public and private elementary and secondary schools, except pupils of community colleges, shall be provided the opportunity to receive within the school year the topical application of fluoride, including fluoride varnish, or other decay-inhibiting agent to the teeth in the manner approved by the department. The program of topical application shall be under the general direction of a dentist licensed in the state. Topical application of fluoride may include, according to the prescription and protocol established by the dentist, self-application or application by another person.

## List of Dental Supply Companies

There are other dental supply companies, but these are the ones that are largest, tend to have local offices, and/or have the best prices. The web addresses below will help you to locate your local office. It may be necessary to have a dentist or person with a dental license order the fluoride varnish.

Patterson Dental – [https://www.pattersondental.com/app.aspx?cmd=locate\\_branch](https://www.pattersondental.com/app.aspx?cmd=locate_branch)

Burkhart Dental –  
[http://www.burkhartdental.com/index.php?option=com\\_content&task=view&id=30&Itemid=124](http://www.burkhartdental.com/index.php?option=com_content&task=view&id=30&Itemid=124)

Sullivan-Schein (also known as Henry Schein) – [www.henryschein.com](http://www.henryschein.com)

Practicon (on-line and catalog only) – [www.practicon.com](http://www.practicon.com)

Plak-Smacker (on-line and catalog only) – [www.plaksmacker.com](http://www.plaksmacker.com)

The Dental Health Foundation (not a dental supply company, but a resource for low-cost fluoride varnish for not-for-profit organizations. See order form page 37)

520 3<sup>rd</sup> Street, #108 • Oakland, CA 94607 • Tel: 510-663-3727



Fluoride Varnish Sales Order Form
Fax to 510-663-3733

Date: \_\_\_/\_\_\_/\_\_\_

Sales Code: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Ship-to Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Bill-to Address: \_\_\_\_\_

Same as Ship-to [ ]

Billing Contact: \_\_\_\_\_

Same as Ship-to [ ]

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_

Product Order Date needed: \_\_\_/\_\_\_/\_\_\_

Table with 6 columns: Dose Size, Color, Flavor, Product Number, Price/Box\*, Quantity. Rows include various fluoride varnish options like 0.25mL Natural Bubble Gum, 0.4mL White Raspberry, etc.

\*Box of 200 doses.

Notes:

- 1. Shipping is separate; via UPS from Oakland, CA
2. Prices are subject to change
3. No sales tax for orders shipped within California.
4. There is no minimum order.
5. Dose size: .25mL is child size, .4mL is adult
6. Terms: Net 30

Special Instructions:





## California Dental Association Component Dental Societies

<p><b><u>Alameda County</u></b> 1345 Grand Ave, Ste 102 Piedmont, CA 94610 510.547.7188 510.547.7191 (FAX)</p>	<p><b><u>Kern County</u></b> 1701 Westwind Dr, # 109 Bakersfield, CA 93301 661.327.2666 661.327.1229 (FAX)</p>	<p><b><u>Redwood Empire</u></b> 1400 North Dutton Ave, #10 Santa Rosa, CA 95401 707.546.7275 707.546.0413 (FAX)</p>	<p><b><u>Santa Barbara-Ventura</u></b> 1607 E. Thompson Blvd Ventura, CA 93001-3328 805.656.3166 805.648.5154 (FAX)</p>
<p><b><u>Berkeley</u></b> 2999 Regent St, #711 Berkeley, CA 94705-2122 510.644.9800 510.644.3161 (FAX)</p>	<p><b><u>Los Angeles</u></b> 3660 Wilshire Blvd, #1152 Los Angeles, CA 90010 213.380.7669 213.380.7672 (FAX)</p>	<p><b><u>Sacramento District</u></b> 915 28<sup>th</sup> Street Sacramento, CA 95816 916.446.1211 916.447.3818 (FAX)</p>	<p><b><u>Santa Clara County</u></b> 1485 Park Ave San Jose, CA 95126 408.289.1480 408.289.1483 (FAX)</p>
<p><b><u>Butte-Sierra District</u></b> 1469 Butte House Rd, Ste E Yuba City, CA 95993 530.671.9312 530.671.2460 (FAX)</p>	<p><b><u>Marin County</u></b> Linda Abrahams, Exec. Dir. 165 N. Redwood Dr, Ste 170 San Rafael, CA 94903 415.472.7974 415.472.7894 (FAX)</p>	<p><b><u>San Diego County</u></b> 1275 West Morena Blvd, Ste B San Diego, CA 92110-3837 619.275.0244 619.275.0646 (FAX)</p>	<p><b><u>Southern Alameda Co.</u></b> 24301 Southland Dr, Ste 309 Hayward, CA 94545 510.782.5442 510.782.5890 (FAX)</p>
<p><b><u>Central Coast</u></b> 1502 Higuera Street San Luis Obispo, CA 93401.2918 805.544.1113 805.544.2197 (FAX)</p>	<p><b><u>Mid-Peninsula</u></b> PO Box 1276 Menlo Park, CA 94026-1276 650.328.2242 650.331.0541 (FAX)</p>	<p><b><u>San Fernando Valley</u></b> 22110 Clarendon St, Ste 101 Woodland Hills, CA 91367 818.884.7395 818.884.2341 (FAX)</p>	<p><b><u>Stanislaus</u></b> 920 Fifteenth Street Modesto, CA 95354 209.522.1530 209.522.9448 (FAX)</p>
<p><b><u>Contra Costa</u></b> 2950 Buskirk Ave, Ste 212 Walnut Creek, CA 94597-7770 925.932.8663 925.932.8763 (FAX)</p>	<p><b><u>Monterey Bay</u></b> 8 Harris Ct, Ste A.2 Monterey, CA 93940 831.658.0168 831.658.0530 (FAX)</p>	<p><b><u>San Francisco</u></b> 2143 Lombard Street San Francisco, CA 94123-2712 415.928.7337 415.928.5297 (FAX)</p>	<p><b><u>Tri-County</u></b> 952 South Mt Vernon Ave, Ste A Colton, CA 92324-4218 909.370.2112 909.370.4478 (FAX)</p>
<p><b><u>Fresno-Madera</u></b> 371 East Bullard, Ste 120 Fresno, CA 93710 559.438.7288 559.438.7287 (FAX)</p>	<p><b><u>Napa-Solano</u></b> 1023 Empire Street Fairfield, CA 94533 707.428.3894 707.428.6085 (FAX)</p>	<p><b><u>San Gabriel Valley</u></b> 312 East Las Tunas Dr San Gabriel, CA 91776-1502 626.285.1174 626.285.4873 (FAX)</p>	<p><b><u>Tulare-Kings</u></b> 218 North Conyer St, Ste E Visalia, CA 93291 559.625.9333 559.625.9690 (FAX)</p>
<p><b><u>Harbor</u></b> 2225 E 28th St, Ste 500 Signal Hill, CA 90755-2101 562.595.6303 562.426.4550 (FAX)</p>	<p><b><u>Northern California</u></b> PO Box 9265 Red Bluff, CA 96080-6070 530.527.6764 530.527.7911 (FAX)</p>	<p><b><u>San Joaquin</u></b> 7849 North Pershing Ave Stockton, CA 95207 209.951.1311 209.951.1321 (FAX)</p>	<p><b><u>Western Los Angeles</u></b> 14722 Hawthorne Blvd, Ste B Lawndale, CA 90260 310.349.2199 310.349.2175 (FAX)</p>
<p><b><u>Humboldt-Del Norte</u></b> PO Box 6368 Eureka, CA 95502-6361 707.443.7476 707.442.5857 (FAX)</p>	<p><b><u>Orange County</u></b> 295 South Flower St Orange, CA 92868 714.634.8944 714.978.2686 (FAX)</p>	<p><b><u>San Mateo County</u></b> 240A Twin Dolphin Dr Redwood City, CA 94065 650.637.1121 650.637.1166 (FAX)</p>	<p><b><u>Yosemite</u></b> PO Box 2747 Merced, CA 95344 209.722.3576 209.722.3803 (FAX)</p>