



## Using Portable Dental Equipment to Provide Dental Care in Schools

Your dental clinic provides local underserved children with a dental home and improves the oral health of families in your area. Using portable dental equipment (*PDE*) to serve children in local schools can increase your reach! Bringing preventive services to students during their normal school day positively impacts oral health and school performance, and provides a convenience to busy parents. It will also help your clinic's sustainability by increasing your ability to bill *Smiles for Children* for the valuable work you are doing, both in the schools and in your clinic.

If you're considering the use of PDE in schools to expand your reach in the community, this fact sheet will help you think through your approach and provide you with valuable tips to get you started.

Note: Effective July 1, 2016, a dental hygienist may practice with remote supervision at the following organizations: community health centers, charitable safety net facilities, free clinics, long-term care facilities, elementary or secondary schools, Head Start programs, or Women, Infants, and Children (*WIC*) programs. Public health dental hygienists are already authorized to practice with remote supervision.

### Staffing (*Who?*)

- At a minimum, you will need a **dental hygienist** and **dental assistant** to provide services, and an **administrative team member** to handle record keeping and billing.
- You will likely want more than one **dental assistant** on your team, particularly if you are doing x-rays (*have a dedicated assistant for this task*) or sealants (*two assistants for application is ideal*). If you are doing comprehensive evaluations, you may want to include a hygienist on your team, as well.
- You will also need someone to be a "**runner**" to shuttle patients back and forth to classrooms. This might be a manager or coordinator who may want to attend anyway for oversight, or maybe a community volunteer. Avoid depending on the school to provide someone to fill this role, because the less you impact the normal school day, the better! Having an efficient **runner** is critical to the overall flow of the treatment day. You do not want any downtime – fill those chairs and see as many kids as possible!
- Outreach days are rewarding, but fast paced with few breaks. Keep this in mind and select team members with the right temperament for this environment.

- Maximize each team member’s scope of practice, and be sure everyone knows his/her specific roles up front to make things run smoothly.

**Services (What?)**

- The services listed here can be seen as a “menu” of choices of services to provide in conjunction with a comprehensive evaluation by a dentist. Do as many of them as you possibly can to maximize benefit to the patients and payment for services provided.
  - **Comprehensive Evaluation** (D0150) - \$31.31 reimbursement (*if a dentist is present*)
  - **Intraoral Periapical X-Ray**, each (D0220, D0230) - \$11.18 payment
  - **Bitewings**, two films(D0272) - \$20.15 payment
  - **Prophylaxis** (D1120) - \$33.52 payment
  - **Sealant**, per tooth (D1351) - \$32.28 payment
  - **Topical Application of Fluoride** (D1203) - \$20.79 payment

**Scheduling (When?)**

- Work around the academic calendar for testing and other requirements. Your goal is to improve the oral health of the students with minimal impact to classroom and staff time. Communication with the school nurse is critical to achieving this goal!
- Avoid the first and last months of the school year, and be aware of winter and spring breaks.
- Plan to be on site for the entire school day, blocking off 30 minutes at the beginning and end of the day to allow students to arrive and depart from school without interference. Be ready to start on time -- arrive early for proper time to set up equipment.
- From the time of your first appointment, schedule students back to back with no breaks. Maximize your time at the school and keep things flowing at all times.
- Be sure the school nurse knows as much as possible about your schedule requirements well in advance
- The time needed per patient and the number of days on-site will depend on the services you provide and your staffing. Consider this comparison of two Virginia DSN clinics, each providing the entire list of services above:

<b>Number of Dental Chairs</b>	<b>Clinical Staff</b>	<b>Average Number of Patients Per Day</b>
2	Dental Hygienist, 3 assistants	25
1	Dental Hygienist, 1 assistant	15

- Work through all the schools on your list one at a time, with the goal of returning to each for continuity of care. The frequency of your return to each school will depend on what services

you provide. For cleanings, you can return every 6 months, depending on the timing within the school year. For sealants, you might only want to attend each school once per school year.

### **Which Schools (*Where?*)**

- Conduct an environmental scan to determine need, target populations, and sustainability. Determine the following information for the schools you are considering:
  1. Percentage of children receiving **Free or Reduced Lunch (FRL)** at school
  2. Number of **FAMIS enrollees** in locality without dental care (*VHCF has this data*)

*(Consider schools that have 50% or more participation in the FRL program as underserved.)*
- Identify schools that have the greatest need, but also where you think you can make the most impact. **Elementary schools** typically generate more patients than middle schools or high schools. If you do engage with higher grade level schools, plan for fewer students and less time on site.
- Begin with school systems closest to your clinic, and expand your geographic reach over time based on the need and your capacity.

### **Equipment and Set-Up (*How?*)**

- Plan for about a \$25,000 outlay to get the equipment you need to start your program. Consider approaching a local funder to pay for this equipment given the clear benefit to the community and public relations opportunity.
- The equipment you buy will depend on what services you will provide and your budget. All components are lightweight and compact, and will fit in a small closet or the trunk of most vehicles.
- For **preventive services, including cleanings**, you will need:
  - Portable dental chair(s)
  - Operator stools
  - Dental cart containing a self-contained operatory system with compressor and vacuum
  - Carrying case for dental cart
  - Handpieces and attachments
  - Overhead light
  - Curing light
  - Autoclave and instrument cleaner for sterilization
  - Cavitron (*optional*)
  - Portable toolcarts
  - Toolbox with lock labeled “hazardous material,” leakproof and puncture resistant
  - Additional instruments and disposable supplies

- To **provide x-rays**, you will also need:
  - Hand-held x-ray with case
  - Chair side developing system
  - Lead apron with collar
- The two most popular manufacturers are **Aseptico** and **DNTLWorks**. Don't feel that you need to lock into one brand – pick and choose items based on ergonomics, comfort, and convenience. Providers should be as comfortable as possible to maximize productivity. Don't forget about the VHCF safety net discount on supplies and equipment from **Patterson Dental Supply**.
- Consider how you will **transport** the equipment from your clinic to your outreach sites. Will you use a vehicle that belongs to a staff member or will you need to acquire a vehicle as part of your program start-up? This is an important consideration for logistics and funding.
- When PDE is not in use, designate a **storage** closet in your clinic, and/or consider leaving the equipment packed in a safe and secure place at your outreach location if you will be there for consecutive days. This will save time and energy.
- The school administration will likely suggest a **location** for you to set up your equipment. Make sure it has a water line and proper electrical hook-ups, and provides privacy. Make the most of whatever space you are given. Other PDE programs have been located in storage rooms, libraries, and auditoriums, e.g.
- Set up your workspace the way an operatory is laid out in your fixed clinic. Make sure that **handpieces** and other **instruments** are located in a spot that minimizes the need for providers to stretch and turn. **Disposable supplies** should be located behind these instruments, but also within close reach. To maximize ergonomics during dental procedures, the work surface should be approximately 20 in. x 24 in.
- You may also want to purchase one or more **folding table(s)** to enhance your work space, particularly if you will be using laptops for digital x-ray and/or updating electronic health records.
- Organize “like” supplies together and always store them in the same place. Use **tool carts and tool boxes** (*purchase at Home Depot, Lowe's, or other similar stores*) for this and label everything for consistency. You may also want to set up clearly labeled rubber tubs with lids for backup supplies or as “**procedure tubs**” that include all the materials and instruments needed for a particular procedure. Designate an area for **sterilization equipment** that is convenient to but distinct from sterile equipment and supplies.
- Adequate **lighting** is essential – consider this as you position items in your work space relative to one another and to electrical outlets. Bring extra **extension cords** along in case you need to make adjustments, and find out if the dentist or the dental hygienist would like to have a **headlamp** or any supplemental lighting on hand.

- Consider the flow of providers and patients in and out of the work area. Be sure to leave proper walkways between pieces of equipment and tables, and bring **duct tape** to secure any lines that may be trip hazards.
- Develop a **packing list** that includes everything you will need on site, from the largest piece of equipment to the pens needed for record-keeping. Choose one person to be responsible for **ordering, re-stocking**, and packing before each outreach day to avoid confusion. Determine the right number of all disposable supplies to keep “in stock,” put this information on your labeled drawers and bins, and maintain that level at all times.
- Establish and follow policies for **infection control** and **emergencies**, just as you have in your fixed clinic. Tailor them to the setting and location of your outreach program.