

# Providing Sealants for Children: A Community Approach



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## Background

The Dental Health Initiative/Share the Care (DHI/STC) is a private/public collaborative that has facilitated free sealants to children in various community settings for over ten years. It began as a grass roots effort and has grown into providing services to residents of San Diego County two to four times a year. Since 1995, Share the Care has:

- ◆ Worked with more than 350 volunteer dental professionals
- ◆ Collaborated with more than 75 community partners
- ◆ Served 4591 children
- ◆ Provided sealants for over 3,855 children
- ◆ Provided services estimated at \$744,120

DHI/STC has worked diligently bringing community organizations together with dental professionals to provide sealants in a nontraditional setting outside of schools. The program has used clinics of all sizes and has expanded from seeing 50 children to over 300 in a single event. In addition, the clinics have been expanded to include fluoride varnish application, which allows children of all ages to be seen.

This manual provides detailed information on how to organize a sealant clinic. It outlines how to get started, time lines, volunteer recruitment and scheduling, supply lists, and follow-up after the event. Charts, sample forms, and templates are provided to make developing new materials as easy as possible. Watch for **Helpful Hint!** boxes containing important tips! Your community can use this manual to start providing preventive dental services in areas that lack or may have limited resources. If you have questions, after reviewing, contact the Dental Health Initiative/ Share the Care at [www.sharethecaredental.org](http://www.sharethecaredental.org), or call (619) 692-8858.

## Getting Started: Build A Collaborative Team

Dedicated volunteers and staff who can plan, coordinate, and implement a sealant clinic are the most important aspect of getting started. Volunteers/staff who have knowledge of sealant procedure, materials and supplies, dental equipment, and flow of a dental office are very important. People who may not have dental experience or knowledge are needed to help with additional activities including public relations, recruitment, checking patients in, seating and dismissing children, and making referrals to community resources. The number of dental chairs that will be operating and the estimated number of children to be seen will determine how many people are needed to have a successful clinic day.



Collaboration is key, establishing partnerships will build trust within the community and help recruit volunteers, identify funding, as well as increase family participation. Partners to consider:

- ◆ Local professional organizations (dental, dental hygiene, and dental assistants' societies)
- ◆ Local health department
- ◆ Local media
- ◆ Government leaders (Mayor, city council)
- ◆ Dental, dental hygiene, and assisting schools (Universities with Pre-dent programs)
- ◆ Community dental clinics
- ◆ Community Based Organizations
- ◆ Private dental offices
- ◆ Local representatives from dental/medical supply companies

- ◆ Local schools and their organizations and programs
- ◆ Migrant Education
- ◆ Faith Based communities
- ◆ Libraries
- ◆ Recreation centers
- ◆ Community civic groups (Kiwanis, Chamber of Commerce)



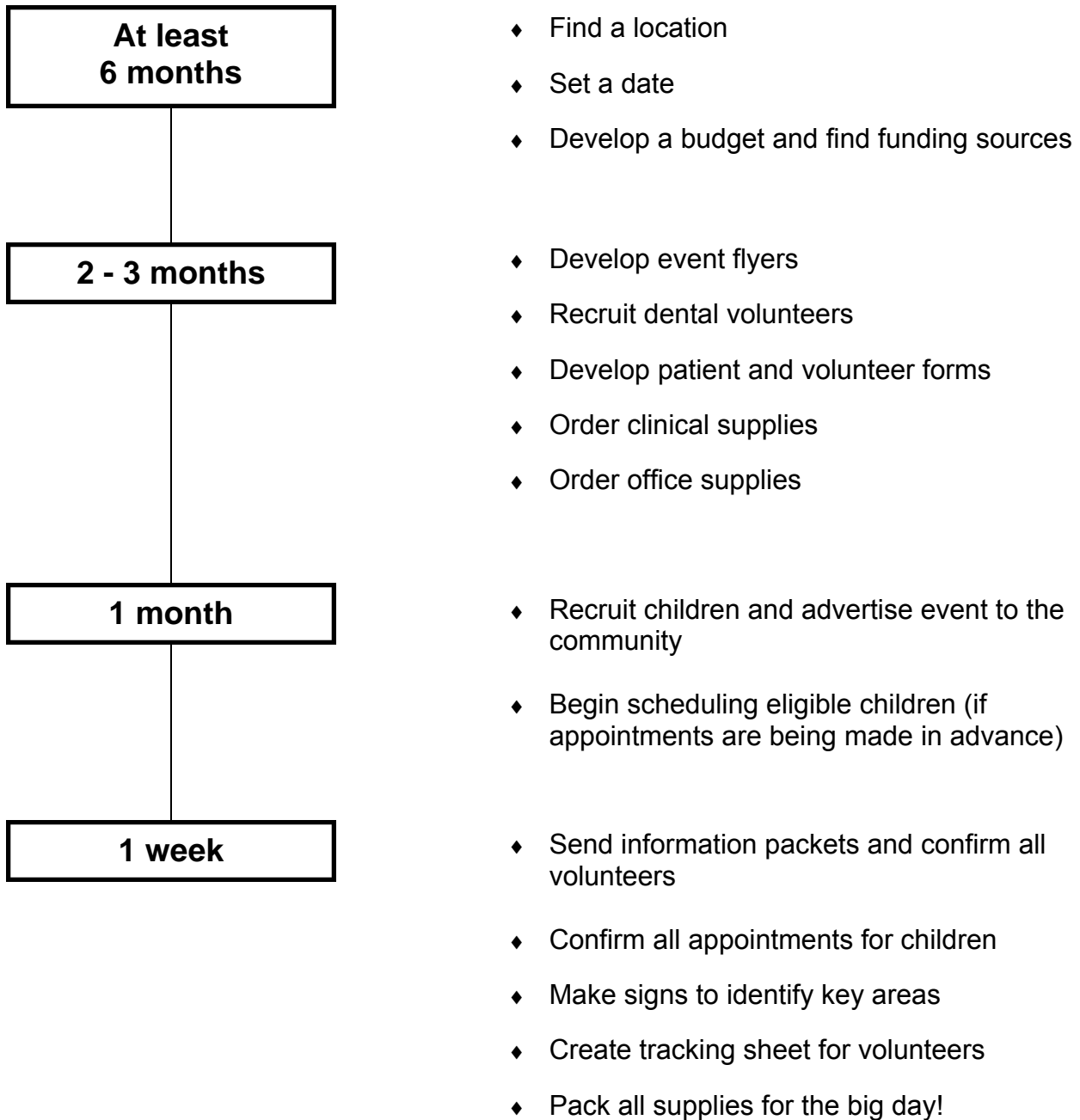
## **Helpful Hint!**

A dedicated planning committee is a must!

In the process of identifying collaborating partners, invite people to be on the planning committee and assign specific tasks to individuals.

Include dental and non dental professionals!

Once a planning committee has been formed, the real work begins. The following time line is a guide:



### **Helpful Hint!**

From the beginning, talk it up!

The best way to advertise an event is word of mouth!

## At Least 6 Months Before

### Find a Location

There are many important factors to keep in mind when choosing a location.

For example:

- ◆ Find a location with a minimum of 4 fully operational dental chairs (suction, air/water, etc.).
- ◆ Consider contacting private offices, community clinics, and dental or hygiene schools
- ◆ Take into account: size of the facility, parking, waiting area, access to public transportation

### Set a Date

When setting a date, consider things that will affect your target population (children between the ages of 6—18 years) as well as the dental profession.

For example:

- ◆ Avoid scheduling your event near holidays
- ◆ Children may be easier to recruit through schools and school programs so avoid when schools are on vacation
- ◆ Review a community events calendar for the area where the dental sealant clinic will take place
- ◆ Contact local dental associations for meeting dates and events

### Develop a Budget and Find Funding Sources

An event budget will depend on many things. How many dental chairs will be operating? How many children will be seen? How many volunteers will there be? What supplies need to be ordered? What equipment needs to be purchased? Make some key decisions with your community partners:

- ◆ Will the dental facility provide supplies?
- ◆ What supplies can the committee purchase or provide?

Here is a guide to getting started. The total estimated budget is \$1,000 — \$1,500 for an event with the following parameters:

- ◆ 4 chair dental clinic
- ◆ Goal of 50 children to receive sealants
- ◆ 4 hour event (this does not include set-up or clean up time)

<b>Total estimated budget:</b>		<b>\$1,000—\$1,500</b>
Item	Explanation	Cost Estimates
<b>Cost per child</b>	This includes all disposable items, sealant material, and incentive items	\$15.00
<b>Cost per volunteer</b>	This includes breakfast (bagels, fruit, coffee), lunch (pizza, beverages).	\$10.00
<b>Other costs to consider:</b>		Costs will vary
Clinical Equipment	Curing lights (one per chair) instrument set-up (mirrors, explorers, cotton pliers), hand pieces	
Printing/Copies	Include the cost for advertising the event and all forms needed on the event day.	
Signs	Large posters (24 inches x 36 inches) may be necessary	
Office supplies	Pens, staplers, staples, highlighters, clip boards	
Flashlights	Used for visual screening	
Thank you items for volunteers	Examples: Certificate of appreciation, printed promotional items (coffee mugs, pens, lunch bags).	
Refreshment items	Coffee maker, cooler, serving platters/bowls	
Educational props	Typodonts (tooth models), puppets	
Large plastic storage bins	For transporting supplies to the event	

At Least 6 Months Before cont

## **Helpful Hint!**

Contact local businesses and foundations about donations.

Contact dental suppliers and ask about pricing and discounts.

Ask volunteers to bring their own gloves, gown, masks, and eye wear.

It may be cheaper to buy some things in larger quantities. Left over supplies can be saved for the next event or donated back to community dental clinics.

Need to purchase instruments and curing lights? Ask local dental offices, volunteers and community partners about borrowing these items.

Create a list of items for potential donors. Include all necessary items and a few “wish” items such as walkie talkies and pricier thank you items for volunteers.

## 2-3 Months

### Develop Event Flyers

Event flyers are an easy and inexpensive way to advertise the event to families. An event flyer can also help recruit volunteer dental professional. Flyers should include pertinent information such as:

- ◆ Date of event
- ◆ Description of services to be provided
- ◆ Location
- ◆ Time of event
- ◆ Specific requirements
- ◆ Contact phone number
- ◆ List of funding sources or collaborating partners

See sample flyers for the community and for volunteers, **Appendix A**.

### Recruit Dental Volunteers

Dental professionals are needed to screen, place sealants, and assist chair-side. Requirements and regulations will vary by state. Contact local professional dental associations including the dental, dental hygiene, and dental assisting societies. Ask for support in recruiting for the event:

- ◆ Submit an article or ad in newsletters and /or magazines
- ◆ Ask for the event to be listed on websites
- ◆ Request an announcement be made at local meetings
- ◆ Request mailing labels and send a letter or flyer to members (See sample flyer, **Appendix A**)
- ◆ Contact local dental, dental hygiene and dental assisting schools for additional volunteers

### **Helpful Hint!**

Find out if high schools or colleges in your area have career clubs and ask for volunteers!

Begin creating a volunteer schedule. Based on a 4-hour clinic with 4 dental chairs, here is a sample. (See **Appendix F** for a template):

### Volunteer Schedule

<u>Event Area</u>	<u>Responsibility</u>	<u>Volunteer Name</u>
<b>Patient Check-in</b>	Lead	1. Jenny Jones
		2. Brad O'Malley
	Paperwork	3. Pamela Smith
<b>Screening</b>	Lead	1. Kristen Powers
	Screeener	2. Steve Thomas, DDS
	Screeener	3. Bruce Wayne, DDS
	Recorder	4. Susan Schneider
	Recorder	5. Cheryl Hart
<b>Sealant</b>	Lead	1. Kelly Edens
	Seat/Dismiss	2. Molly Morgan
	Place sealants	3. Cindy Haines, DDS
	Place sealants	4. Robert Harold, DDS
	Place sealants	5. Karen Freeman, RDH
	Place sealants	6. Debbie Cartwright, RDH
	Assist	7. Jackie Christiansen, DA
	Assist	8. Jan Moore, DA
	Assist	9. Will Smith, DA
	Assist	10. Maria Alvarez, DA
	Runner	11. June Chen, DA
	Sterilizer	12. John Stevens, DA
<b>Check-out</b>		1. Margaret French, DA
		2. Carla Lopez, DA
<b>Runners</b>		1. Betsy Anderson
		2. Jason Nickel
<b>Volunteer room</b>		1. Lydia Flores
		2. Carmen Rodriguez

## Helpful Hint!

Inform interested volunteers of any requirements such as a state license, proof of liability/malpractice insurance, or Hepatitis B vaccine verification.

### **Develop Patient and Volunteer Forms**

There are a number of forms needed for the event day. Forms are necessary for children who receive services and people who volunteer. **Appendix C** will help clarify what forms are used and where they are used at the event.

Samples of all forms are included in **Appendices H** and **I**. Here are a few things to keep in mind:

- ◆ Copy each form in different colors to help with organization
- ◆ Exclude printing the date of the event to allow for use at future clinics
- ◆ Include logos or names of funding sources and collaborating partners to build trust within the community and provide recognition to those involved

### **Order Clinical Supplies**

A complete clinical supply list is available in **Appendix B**. Quantity will vary depending on how many children are expected. The planning committee should work with the dental facility to decide what supplies and equipment are available and what the committee is expected to provide. For example, the dental facility may agree to provide the curing lights or instruments but expect all disposable items to be provided by the committee. This can greatly effect the budget and amount of time needed to order items.

### **Order Office Supplies**

Office supplies like staplers, paperclips, and pens are necessary and could be accidentally overlooked. A complete list to consider is provided in **Appendix B**.

2-3 Months Cont.

## 1 Month

### **Recruit Children and Advertise Event to the Community**

There are many effective ways to advertise the event to the community.

Suggestions include:

- ◆ Distribute copies of the event flyer to schools, after school programs, community centers, and religious centers
- ◆ Have collaborating partners publicize the event
- ◆ Distribute flyer through email list serves and professional meetings
- ◆ Place an ad in local newspapers, newsletters, and on community event boards and websites
- ◆ Contact local television and radio stations with event details inviting them to participate or consider a press release

### **Begin Scheduling Eligible Children** (if appointments are being made in advance)

Children ages 6 - 18 may be eligible for 0-8 sealants on the permanent molars. Allow 10 minutes for paperwork and a visual screening. Then, approximately 20 - 30 minutes is needed to place the sealants and disinfect the chair. If the dental facility has 4 chairs available, the goal in the clinic is to see 12 children an hour. When making appointments, consider gathering the following:

- ◆ Child's name
- ◆ Parent/guardian's name
- ◆ Age of child
- ◆ Phone number for confirmation
- ◆ How many children are in the family

### **Helpful Hint!**

Children over the age of 12 may take longer. They can need as many as 8 sealants. The schedule may need to be adjusted.

Here is a sample appointment sheet based on a 4 chair dental facility for one hour.  
See **Appendix E** for a template.

Time	Child Name	Age	Parent name	Phone	Other family	Confirmed?
9:00	Henry Smith	8	Cindy Jones-Smith	123-456-7890	1 of 3	
	Katie Smith	6	Same	Same	2 of 3	
	Suzy Smith	14	Same	Same	3 of 3	
	Rosie Mendoza	7	Lupe Mendoza	213-342-4567	1 of 2	
	Juan Mendoza	10	Same	Same	2 of 2	
	Jane Clover	9	Becky Richards	600-900-0000	1 of 1	
	* Becky Garcia	15	Pamela Garcia	987-654-3210	1 of 3	
	* Nathan Garcia	11	Same		2 of 3	
	* Samantha Garcia	6	Same		3 of 3	
9:30	Julie Chen	6	Don Chen	123-987-6543	1 of 1	
	Heather Jones	10	Mary Wilson	987-654-3210	1 of 2	
	Andrea Jones	12	Same	Same	2 of 2	
	Juanita Alvarez	6	Cecelia Garcia	321-654-9876	1 of 3	
	Juan Alvarez	9	Same	Same	2 of 3	
	Jose Alvarez	18	Same	Same	3 of 3	

\* These 3 children were booked to compensate for possible cancellations within the hour. This is only done every other hour.

### **Helpful Hint!**

Schedule 6 children every half hour since the goal is to see 12 children an hour. This really can work!

Once all appointments are made, create a waiting list for when cancellations occur (and they will occur!).

Cancellations are also likely to occur on the event day. Consider overbooking 2-3 children every other hour.

## 1 Week

### **Send Information Packets and Confirm All Volunteers**

Recruitment of volunteers may have started a few months ago. It is a good idea to confirm all volunteers and provide additional information needed for the event. Include the following information:

- ◆ Letter to volunteer confirming time commitments, location, what will be provided and what to bring (See **Appendix G**)
- ◆ Specify any forms that may be needed such as a copy of state license, proof of liability/malpractice insurance, Hepatitis B vaccine verification
- ◆ Map with directions to the dental facility (See **Appendix G**)
- ◆ Information on sealant material application (Provided by manufacturer)
- ◆ Copies of clinical forms used the day of the event

### **Confirm All Appointments for Children** (if appointments are being made in advance)

It is very helpful to confirm all appointments for the families the week of the event. If cancellations occur, use the waiting list that was created to fill all available appointments.

### **Make Signs to Identify Key Areas**

Signs will help direct families and volunteers. Include the following:

- ◆ Check-in, check-out, screening, sealants, volunteer room
- ◆ If the facility is not well marked, consider posting directional signs outside
- ◆ Include a “Sponsored by...” sign to allow the community to see who is involved with the event

## **Create Tracking Sheets for Volunteers**

Compile a comprehensive list of all volunteers. Direct volunteers to sign in and out. See **Appendix F**, Volunteer Tracking Template.

- ◆ Consider gathering additional contact information such as email addresses.
- ◆ Other information may need to be gathered such as proof of liability, proof of license, and verification of Hepatitis B vaccine.

### **Helpful Hint!**

Keep tracking forms! It will be a helpful reference when thank you letters are being sent and for future recruitment.

## **Pack all Supplies for the Big Day**

Packing several days in advance is very helpful. Use the supply list and forms, **Appendices B** and **C**. Here are some suggestions:

- ◆ Organize all supplies by event area (check-in, check-out, clinical, etc.)
- ◆ Label all boxes and bins as to location and content
- ◆ Deliver all supplies to the facility the day before if possible
- ◆ Arrange for vehicles to transport supplies - cars, trucks, and/or vans.

### **Helpful Hint!**

Set up as much as possible the day before the event.

You will sleep better the night before and if you forgot something, you find out in advance!

## Organizing the Event Day

The big day has finally arrived and all of the hard work is about to pay off! Set up as much as possible the day before the event. If this is not possible, allow 2-3 hours prior to the start of the event. Ask some volunteers to come early to help. Below are some suggestions on how to prioritize the process:

### **Set up Sealant Area First**

Set up each chair for a patient. Place additional set up supplies at each chair to help keep the day flowing. See **Clinical Set up, page 26**.

### **Post All Signs**

### **Set up Volunteer Area**

Designate an area where volunteers can congregate. This is where volunteers can check-in, find food and drinks, and leave personal items (purses, coats).

Volunteers will start arriving 15-30 minutes before the event starts.

- ◆ Someone should greet all volunteers upon arrival, help with the check-in process and direct to assigned areas
- ◆ Make name tags available
- ◆ Start brewing coffee first thing and set out morning refreshments

### **Helpful Hint!**

Designate DDS, RDH, DA, or student on the name tags.

When the clinic is busy, this helps the lead volunteer/staff to assign people to appropriate tasks.

## **Set up Patient Check-in**

Appointment sheets, forms and extra office supplies should be available. It is helpful to:

- ◆ Track the appointments by using a highlighter or assigning numbers
- ◆ Keep track of failed appointments so additional families can be called or walk in families accepted

## **Set up Patient Check-out**

Designate an area with additional room in case families have to wait. Volunteers should have dental knowledge and be able to tell parents what services were provided (number of sealants placed, if no sealants were placed and why) and if restorative or urgent care is needed. This is also where families should be encouraged to find a dental home, linked to available medical and dental insurance programs and/or referred to nearby medical and dental facilities.

## **Meet with Key Volunteers**

Meet with key volunteers prior to the start of the event. Provide information on:

- ◆ Flow of the clinic
- ◆ Their specific role and responsibilities
- ◆ Key areas to help direct families and volunteers
- ◆ Who to contact when the unexpected occurs (and unexpected things will occur)

## **Meet with All Volunteers**

If possible, meet with all volunteers. See **Appendix D** for a list of volunteer roles and responsibilities. This is a great way to answer questions and discuss responsibilities for the day.

**Have a Plan for Media**

Decide in advance who will be notified if media arrives and designate key people to speak to the media. Consider a photo release form to be signed by families and volunteers who are filmed or photographed. See **Appendix I**, photo release form.

**Expect the Unexpected**

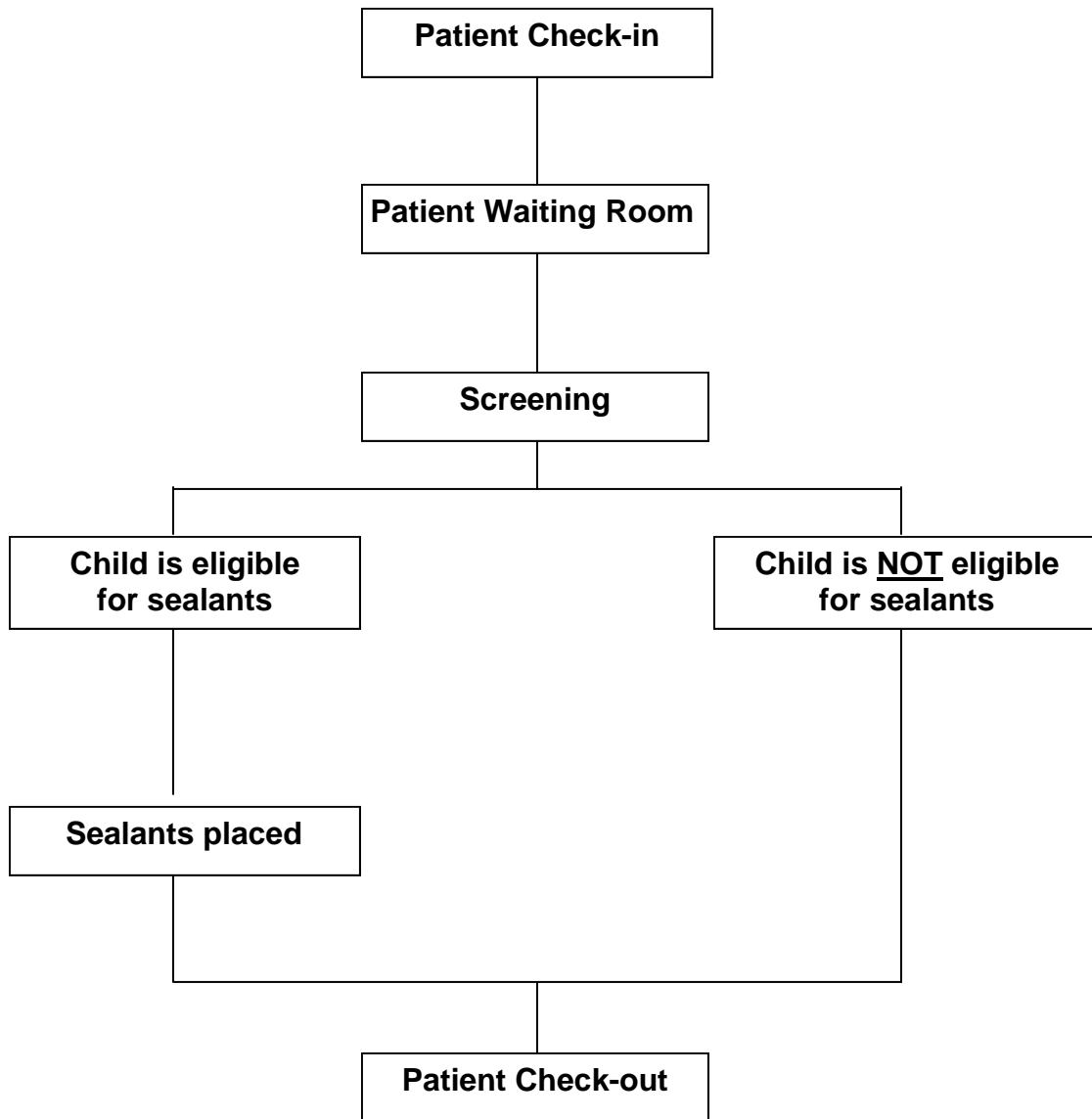
The unexpected will occur. This is a learning process. Each event will be different and you will learn something new each time - It's an adventure!

**Clean Up**

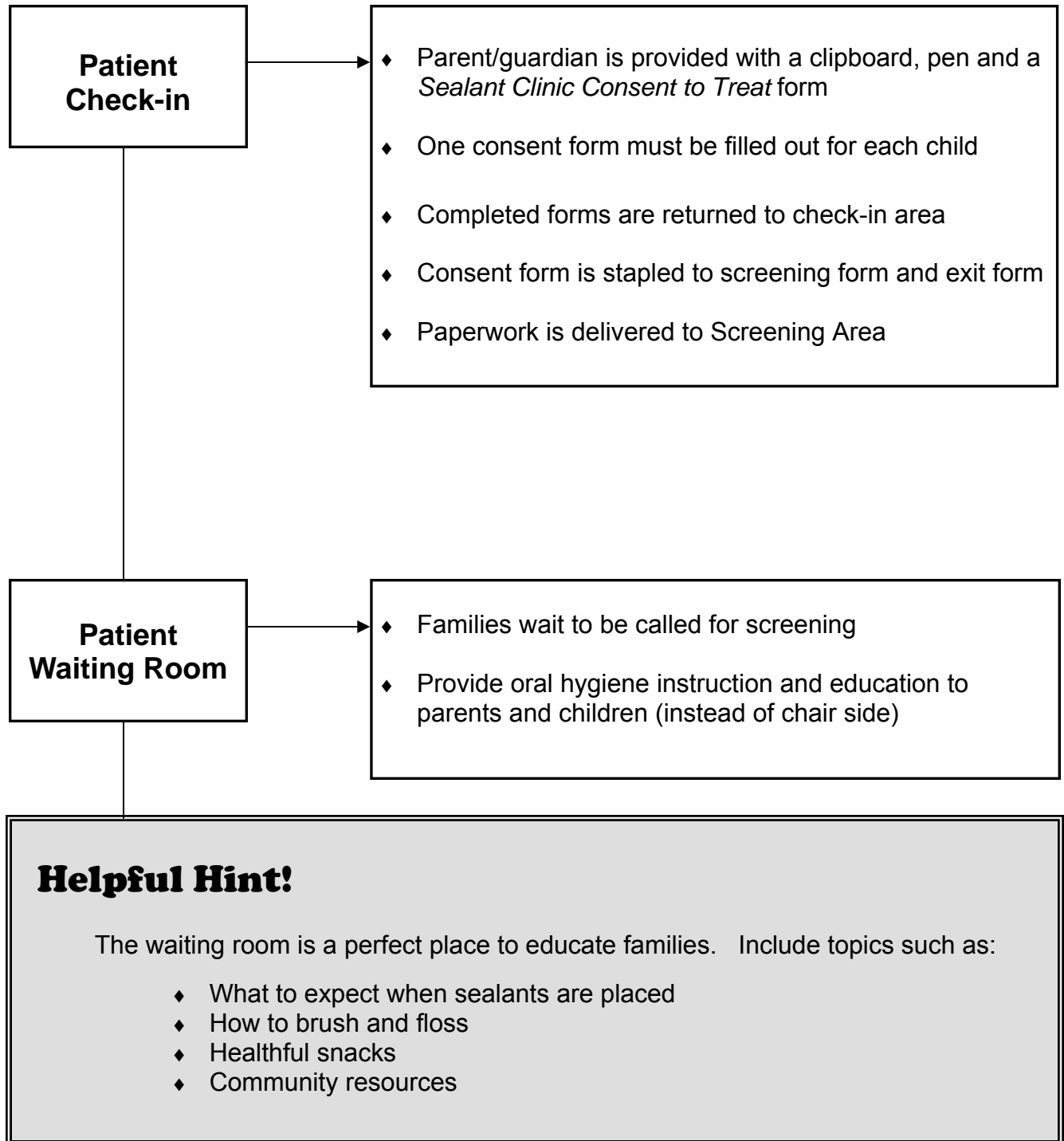
The clinic will generally complete patients one hour after the advertised end time. Allow an additional hour to pack and clean up the facility. Remember to designate volunteers to stay late, help pack, clean up, and transport items.

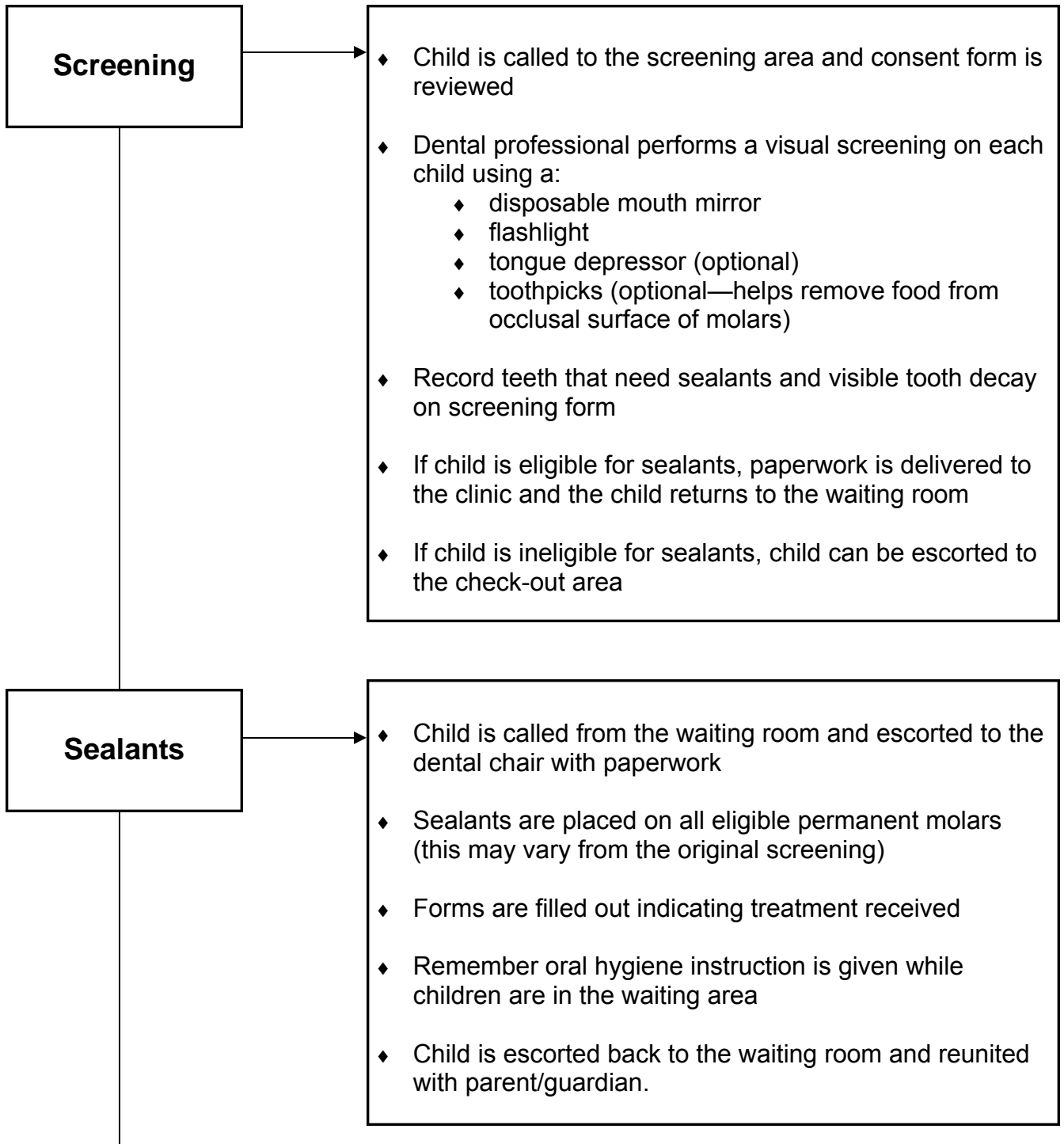
# Ready, Set, Go!

Set-up is complete, volunteers are ready and families have started to arrive. Here is a simple chart showing how each family will progress through the event.



The families should have a positive dental experience at your sealant clinic. In order to minimize confusion and chaos, this detailed chart will help you understand what occurs at each event area. Additional information is provided to help assigned volunteers in the specific areas and explain what forms are needed. See **Appendices C** and **D**.





### **Helpful Hint!**

The screening area can be set up in a non clinical area using tables and chairs. This avoids contamination of the dental chair when a child is not eligible for sealants.

Have parents wait in the waiting room. This keeps the clinic area free of additional bodies and children often behave better.

## Patient Check-out

- ◆ Family and child's paperwork are escorted to check-out
- ◆ Exit form is filled out and given to parent/guardian of each child who received a service (screening, sealants)
- ◆ Parents/guardians should be informed that the services provided do not take the place of an annual comprehensive exam performed by a dentist
- ◆ Parents/guardians should be provided with information on:
  - ◆ How many sealants were placed
  - ◆ Reasons sealants were not placed
  - ◆ Dental concerns (decay, abscess) and if the situation is urgent
  - ◆ Establishing a dental home
- ◆ Prizes (toothbrushes, floss, and stickers) are given to children

### **Helpful Hint!**

To keep families from leaving without an explanation of what occurred, have families (and their paperwork) escorted to the check-out area by a "runner."

This is a great time to award door prizes to the parents!

# Clinical Set up

It is very helpful to set up the clinic the day before the event or at least 2 hours before it starts. It is also beneficial to have someone from the facility (who is familiar with the equipment and the supplies) available during the event. Prior to set up, designate an area to store supplies that are brought for the clinic. Next, go through the clinic and put away any supplies that belong to the facility that are not to be used by your volunteers.

## Set up Patient Chairs

Be certain that all appropriate barriers are used. Find out in advance:

- ◆ What type of water is used for the water bottles and where to refill them (bottled water may need to be purchased in advance)
- ◆ What type of air-water syringe tips fit and are they the same for each chair
- ◆ What type of head rest or chair covers are used



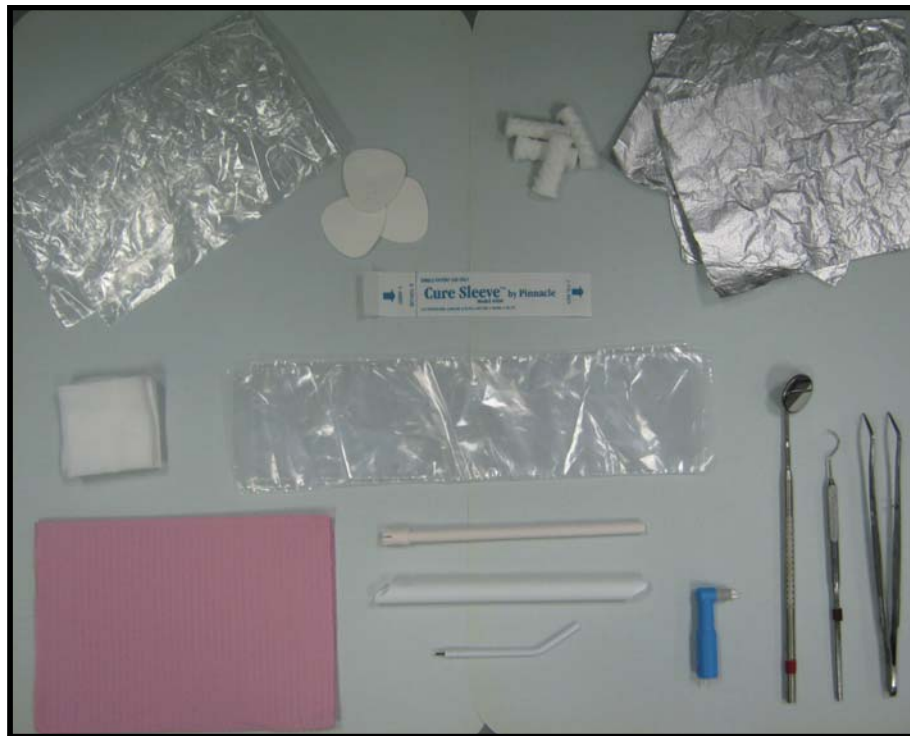


## Organize supplies needed to place sealants

Organize the following items in large sealable plastic bags.

- ◆ 1 patient bib
- ◆ 3 foil squares (to cover light handles)
- ◆ 6 gauze
- ◆ 4 cotton rolls
- ◆ 3 triangles
- ◆ 1 air/water syringe
- ◆ 1 suction tip
- ◆ 1 curing light cover
- ◆ 1 saliva ejector
- ◆ 1 head rest or chair cover
- ◆ 1 prophyl angle or brush
- ◆ 4 protective sleeves
- ◆ 1 instrument set (mirror, explorer, pliers)

For every patient, the contents of the bag will be used to initially set up the chair.



## □ Organize Other Items Needed For Sealants on a Counter Nearby

Additional items needed to place sealants but not found in the set up bag include:

- ◆ Gloves and masks
- ◆ Hand sanitizer (if not near a sink)
- ◆ Pumice
- ◆ Etch and delivery system
- ◆ Sealant material and delivery system
- ◆ Disposable brushes
- ◆ Patient eye protection
- ◆ Sanitizing wipes
- ◆ Extra set-ups in sealable plastic bags
- ◆ Pens
- ◆ Tray covers



### **Helpful Hint!**

Paper tray covers can be used to create a “clean” space for items on the counter.

Disposable cups can help organize small items such as extra etch tips.

Have hand sanitizer available if sinks are not conveniently located near the dental chairs.

Stock up on paper towels and toilet paper.

## Create Tray Set up Assembly Area

Find a space in the clinic where disposable supplies can be spread out. A volunteer can easily help make tray set up bags and extra items can be found quickly.



### **Helpful Hint!**

Make some set up bags in advance to start the day off smoothly.

Having all needed items in the bag makes resetting a chair quick and easy.

## Clean Up and Reset with Efficiency

Each chair could potentially be set up and cleaned 12 times! Remember:

- ◆ Sterilization is key! At least one volunteer dental professional should be in charge of sterilization.
- ◆ Instruct all volunteers to return instruments to sterilization as soon as possible. This could make or break your day!
- ◆ Bag instruments in set-ups that include: mirror, explorer, and pliers (optional).

## Additional Services

### Community Resources

This is a great opportunity to educate and provide resources to those in attendance. Invite organizations and companies in the area to provide materials and incentive items that can be distributed to families. Share information on health clinics, libraries, recreation centers, and classes for children and adults (physical activity, art, scholastic).

### Health Fair

If space is available, plan a health fair to occur simultaneously with the sealant clinic. Invite local organizations and companies to bring materials and/or displays. Each participant should provide staff for the day to help educate the families and provide information about their services. Busy families will love this opportunity. Be creative! Choose a theme and encourage games and prizes for the children. See **Appendix J**, Sealant, Fluoride Varnish, and Additional Services flyer.



### Helpful Hint!

Invite the tooth fairy and other community mascots! Kids and the media will love it!

## Providing Additional Preventive Services

You have a captive audience! Discuss the possibility of providing other preventive services. For example, partner with a medical office, clinic, or health department and provide well baby checks or immunizations. Expand the dental component to include fluoride varnish. For additional forms and flyers, see **Appendix J**.



## Follow up After the Event

### Results

Clinical forms are confidential and should be stored accordingly. From the forms, general data can be gathered that is not linked to any individual child including:

- ◆ Number of children who received a screening
- ◆ Number of children who received sealants
- ◆ Number of sealants placed
- ◆ Estimated value of dental services
- ◆ Number of volunteers

This information is valuable for securing future funding and documenting a need in the community.

### **Helpful Hint!**

Contact a graduate school in Public Health or Biostatistics to see if anyone is interested in helping with data analysis.

### **Thank you, Thank you, Thank you!**

Send all volunteers a thank you letter. See **Appendix K** for a sample. Include results from the day to show what a difference they made. Send thank you letters to all organizations who participated and companies who made donations. Save contact information for all volunteers, organizations, and companies to use for future events.

### **Maintain a Waiting List**

Keep a list of children who could not be seen at this event and contact them for the next event. Phone numbers may change or be disconnected but it is a place to start when scheduling for next time.

## **The Next Event**

First, take a moment to congratulate yourself! You have made a difference in the future of oral health for children in your community! Begin planning your next event. Take note of what can be done differently, what was successful and what needs to be improved. Each event is different and you learn something new every time!

# Frequently Asked Questions

## **What if dental emergencies that are identified during the visual screening?**

First, educate the family. Explain to the parent/guardian that an emergency has been identified. Be certain that they understand the severity and consequences. Additional information may be needed to ensure a proper referral. Does the family have insurance? Does the family have a dental home? Does the family have the monetary resources? Staff/volunteers should be aware of a variety of resources including services that cater to the low income families (free clinics, dental schools, dental clinics or offices that have sliding fee scales). Contact the family after the event to assure that care was received. Additional resources or case management may need to be provided.

## **What about continuity of care?**

Since the services provided on the event day are not comprehensive, all children should be referred to a dentist and assisted in any way possible to finding insurance and a dental home. All parents/guardians should be advised that the child did not receive a full exam and that an annual exam by a dentist is recommended.

## **What if families come and do not have appointments?**

Walk-in families can be taken on a first come basis. Check appointment sheet for cancellations. Also, check with the volunteer/staff lead in the clinic. Is the clinic behind or ahead of schedule? Consider at least screening the child and providing referral information. If children are turned away, offer to make them a priority for the next clinic. This is also a great opportunity to provide an alternative service such as fluoride varnish.

### **What if more children come than can be seen?**

Have a plan for what to do if this happens. Are volunteers willing to stay to see additional children? Is the facility available after a certain hour? Make sure you know ahead of time. Consider at least screening the child and providing referral information. If children are turned away, offer to make them a priority for the next clinic.

### **What happens when one child is done getting sealants, but has siblings who are still in the clinic or waiting to be called?**

It is best to keep the family together. Try to see family members sequentially and call them one after the other. Have the family wait in the waiting room area until all children have received sealants. Then, escort the family, with all paperwork, to the check-out area.

### **What about patient confidentiality?**

All files and forms should be kept in a secure location. No specific information should be shared without the direct authorization of the parent/guardian.

### **What about liability for the children and the volunteers?**

Liability insurance policies should be reviewed and discussed to assure that proper coverage exists. Liability or malpractice insurance can be required for dental professionals who volunteer to apply sealants. Keep in mind that event requirements will vary and not all dental professionals may carry a policy.

**If media comes, do I need permission from parents to photograph their child?**

It is recommended that written permission be obtained **BEFORE** any photos are taken to help ensure the privacy of families. Keep these records on file in case it is ever questioned. Photos are a great way to help advertise future clinics, secure funding, and recruit volunteers. See photo permission slip, **Appendix I**.

Share the Care has experience providing a variety of services.

For more guidance and information, please contact our office:

(619) 692-8858

or

[contact@sharethecaredental.org](mailto:contact@sharethecaredental.org)

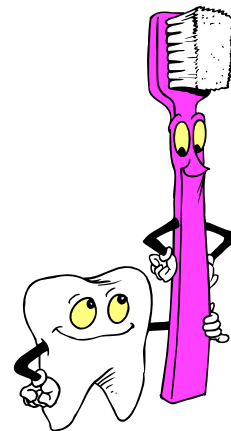
Visit our website at: [www.sharethecaredental.org](http://www.sharethecaredental.org)

# Appendices

# A: Flyers

- ◆ Community
- ◆ Volunteer

# FREE DENTAL SEALANTS



For Children (6 - 18 years old) with No Dental Resources  
(A parent or guardian must accompany each child.)



Date of event  
Time of event  
Name of Facility  
Street Address  
City, State Zip code



CALL TODAY for an appointment!

XXX-XXX-XXXX

Children with appointments will be given priority.  
"Walk-ins" will be taken when possible.

Prizes!



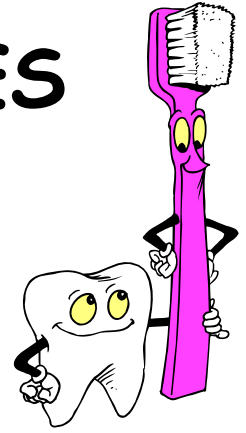
## What are dental sealants?

- ☺ A safe and painless way to help prevent cavities.
- ☺ A special coating painted on the chewing surfaces of the back teeth.

Funded by: List organizations here

# SELLADORES DENTALES

## GRATIS



Para Niños (6 - 18 años de edad) que no tengan seguro dental  
(El padre o tutor debe de acompañar al niño(a))



Fecha del evento  
Horario del evento  
Nombre de Edificio  
Dirección  
Ciudad, Estado Código Postal



**¡LLAME HOY mismo para hacer una cita!**

**XXX-XXX-XXXX**

Los niños con cita tendrán prioridad.  
A los niños sin cita previa se les atenderá si es posible.

**¡Premios!**

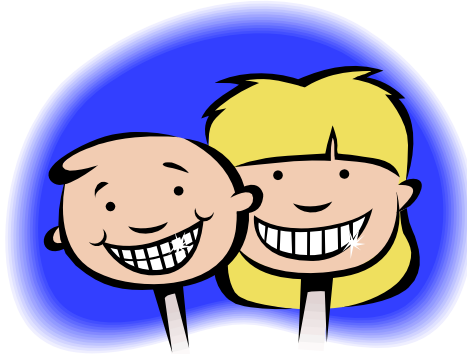


### ¿Qué son los selladores dentales?

- ☺ Son seguros y no causan dolor y ayudan a prevenir las caries.
- ☺ Los selladores dentales son una capa especial transparente que se aplica en la superficie de las muelas permanentes de atrás.

Fondos proveídos por: Aquí va una lista de organizaciones

# Sealant Clinic For Children



## Come Volunteer!

### Date of event

We need Dentists, Hygienists, and Assistants!

Clinic will be held at:

Name of Facility

Street Address

City, State Zip code

- California license and liability insurance required by all dentists and hygienists who place sealants

## Call Today! xxx-xxx-xxxx

# B: Supply List

# Supply List

All supplies needed are listed and organized by the event area. Use this list to help you pack prior to the event and set-up each area.

## Patient Check-in

- |   |   |
|---|---|
| <input type="checkbox"/> Tables and chairs    | <input type="checkbox"/> Stapler and extra staples  |
| <input type="checkbox"/> Appointment sheets   | <input type="checkbox"/> Paper clips  |
| <input type="checkbox"/> Pens and highlighter | <input type="checkbox"/> Paper tray or container to hold paperwork at various stations        |
| <input type="checkbox"/> Garbage Cans         | <input type="checkbox"/> Copies of paper work (Consent to Treat, screening forms, exit forms) |
| <input type="checkbox"/> Clip boards          |   |

## Patient Waiting Room

- |  |  |
|--|--|
| <input type="checkbox"/> Tables and chairs                                       | <input type="checkbox"/> Educational displays  |
| <input type="checkbox"/> Pamphlets, educational materials                        | <input type="checkbox"/> Items for children while they wait (coloring sheets and crayons, puzzles, books, videos/ DVD) |
| <input type="checkbox"/> Props to teach oral hygiene (tooth model, toothbrushes) |  |

## Screening

- |   |   |
|---|---|
| <input type="checkbox"/> Tables and chairs                                  | <input type="checkbox"/> Masks              |
| <input type="checkbox"/> Tray covers or paper towels to set items in use on | <input type="checkbox"/> Disposable mirrors |
| <input type="checkbox"/> Flash lights and extra batteries                   | <input type="checkbox"/> Tissue             |
| <input type="checkbox"/> Hand sanitizer                                     | <input type="checkbox"/> Garbage cans       |
| <input type="checkbox"/> Gloves (all sizes, latex and non latex)            | <input type="checkbox"/> Toothpicks         |

## Sealants

### Non-Disposable Items

- |   |  |
|---|--|
| <input type="checkbox"/> Fully operational dental chairs                  | <input type="checkbox"/> Curing lights                                 |
| <input type="checkbox"/> Hand washing station with soap or hand sanitizer | <input type="checkbox"/> Eye protection for patients and professionals |
| <input type="checkbox"/> Vacuum suction                                   | <input type="checkbox"/> Hand pieces                                   |
| <input type="checkbox"/> Sterilizer                                       | <input type="checkbox"/> Patient bib clips                             |
| <input type="checkbox"/> Ultrasonic                                       | <input type="checkbox"/> Pens  |
| <input type="checkbox"/> Instrument set-up: mirror, explorer, pliers      | <input type="checkbox"/> Garbage cans                                  |

### Disposable Items

- |  |   |
|--|---|
| <input type="checkbox"/> Patient bibs          | <input type="checkbox"/> Prophylaxis angle/brush                    |
| <input type="checkbox"/> Saliva ejector        | <input type="checkbox"/> Etch and applicator                        |
| <input type="checkbox"/> Suction tip           | <input type="checkbox"/> Barrier covers/foil and protective sleeves |
| <input type="checkbox"/> Air/water syringe tip | <input type="checkbox"/> Sealant material and applicator            |
| <input type="checkbox"/> Gauze                 | <input type="checkbox"/> Disposable brushes                         |
| <input type="checkbox"/> Pumice                | <input type="checkbox"/> Large gallon zip-lock bags                 |
| <input type="checkbox"/> Cotton rolls          | <input type="checkbox"/> Sterilizer bags                            |

## Sealants

### Disposable Items Con't.

- |   |   |
|---|---|
| <input type="checkbox"/> Masks                  | <input type="checkbox"/> Disinfectant wipes |
| <input type="checkbox"/> Disposable gowns       | <input type="checkbox"/> Small paper cups   |
| <input type="checkbox"/> Triangles              | <input type="checkbox"/> Paper towels       |
| <input type="checkbox"/> Disposable bite blocks | <input type="checkbox"/> Gloves             |

## Patient Check-out

- |  |  |
|--|--|
| <input type="checkbox"/> Tables and chairs             | <input type="checkbox"/> Pens                                |
| <input type="checkbox"/> Incentive items for children  | <input type="checkbox"/> Stapler and extra staples           |
| <input type="checkbox"/> List of resources for parents | <input type="checkbox"/> Copies of post sealant instructions |

## Volunteer Check-in

- |   |   |
|---|---|
| <input type="checkbox"/> Tables and chairs              | <input type="checkbox"/> Pens, highlighters, and markers  |
| <input type="checkbox"/> Thank you items for volunteers | <input type="checkbox"/> Stapler and extra staples  |
| <input type="checkbox"/> Volunteer tracking sheet       | <input type="checkbox"/> Copies of any paper work for volunteers to fill out (Hep B vaccine verification) |

## Volunteer Area

- |   |  |
|---|--|
| <input type="checkbox"/> Plates               | <input type="checkbox"/> Coffee and coffee filter      |
| <input type="checkbox"/> Napkins              | <input type="checkbox"/> Sugar, sweetener, and cream   |
| <input type="checkbox"/> Cups                 | <input type="checkbox"/> Extra platters, bowls, knives |
| <input type="checkbox"/> Utensils (if needed) | <input type="checkbox"/> Food and beverages            |
| <input type="checkbox"/> Coffee maker         | <input type="checkbox"/> Ice (if needed)               |
| <input type="checkbox"/> Cooler for drinks    | <input type="checkbox"/> Drinking water                |

## Miscellaneous

**These items are important and necessary but are not designated to an event area!**

- |   |  |
|---|--|
| <input type="checkbox"/> Signs  | <input type="checkbox"/> Camera              |
| <input type="checkbox"/> Tablecloths  | <input type="checkbox"/> Photo consent forms |
| <input type="checkbox"/> Tape (masking tape, duct tape, painter's blue tape for inside walls) |  |

# C: Forms

# Form Utilization

Below is a narrative description of forms used throughout the event. For templates of the forms, see **Appendices H and I**.

## Patient Check-in

Form	Purpose
Sealant Clinic Consent to Treat Screening form Exit form	<p>The <i>Sealant Clinic Consent to Treat</i> form is filled out by the parent/guardian. One form must be filled out per child. After the form is filled out and returned, create a packet for each child, like a patient chart. Staple together:</p> <ul style="list-style-type: none"> <li>◆ Completed Consent to Treat</li> <li>◆ Screening Form</li> <li>◆ Exit form</li> </ul> <p>Transfer information from the Consent to Treat form to the other forms (name, school, zip code, and birth date).</p> <p>The patient form packet is then taken to the screening area by a staff member or volunteer.</p>

## Patient Waiting Room

Form	Purpose
No forms	N/A

## Screening

Form	Purpose
Patient Form Packet	<p>Children are called once the patient form packet has been transferred to the screening area.</p> <p>When a child is being screened, the screening form is filled out by the professional who does the screening or a recorder.</p> <p>After the screening, the child returns to the waiting area and the patient form packet should be taken to the sealant area.</p>

## Sealants

Form	Purpose
Patient Form Packet	<p>The patient form packet is taken with the child to the clinic chair. The dental professional refers to the visual screening results to help identify what teeth need sealants. Once a child is in the dental chair, it may be determined that some teeth cannot be sealed.</p> <p>After sealants are placed, the bottom portion of the screening form is completed and comments added.</p> <p>When completed, the patient form packet and the child with their parents are escorted to the check-out area.</p>

## Sealants

Form	Purpose
Patient Form Packet	The exit form is filled out and given to the parent with an explanation of what occurred.
Post Sealant Instructions	Post sealant instructions are discussed and given to the parents as reinforcement.
Referral Information	Information is given to help families find a dental home and treatment.

### **Helpful Hint!**

Bring an original of all forms. Just in case you run out of forms and the last copy has been written on or given away.

# D: Volunteer Roles and Responsibilities

# Volunteer Roles and Responsibilities

The following is a list of event areas and responsibilities to help assign volunteers to various tasks. An estimated number is provided based on an event that intends to see 50 children in a four chair clinic in four hours. Numbers and responsibilities may vary depending on how many volunteers are available and the size of the clinic or event area. It is recommended that there be an additional 1-2 people to coordinate and oversee all aspects of the event including answering questions from volunteers and families and helping with any problems that may develop during the event.

## Patient Check-in

Total Volunteers: 2-3

Number of Volunteer(s)	Potential Responsibilities
2 volunteers (Greeter/check-in)	<ul style="list-style-type: none"> <li>◆ Greets all families</li> <li>◆ Highlights appointment and numbers child on appointment sheet for tracking purposes (may be optional)</li> <li>◆ Provides and explains Consent to Treat form to parent/guardian</li> <li>◆ Direct parents where to return forms and where to wait</li> </ul>
1 volunteer (Paperwork)	<ul style="list-style-type: none"> <li>◆ Staples together Consent to Treat, Screening form, and Exit form for each child. (This is referred to as the patient form packet.)</li> </ul>

### Helpful Hint!

Consider the various languages within your target population.

Recruit bilingual volunteers to assist with translation.

# Screening

Total Volunteers: 5

Number of Volunteer(s)	Potential Responsibilities
1 Volunteer (Lead)	<ul style="list-style-type: none"><li>◆ Call children to screening area once paperwork is received from Check-in</li><li>◆ Advise family where to go after screening (back to the waiting room or to the clinic if a chair is available)</li><li>◆ Deliver paperwork to the clinic</li></ul>
2 Volunteers (Screeners)	<ul style="list-style-type: none"><li>◆ Perform visual screening (depending on state law, this may need to be a licensed dentist)</li></ul>
2 Volunteers (Recorders)	<ul style="list-style-type: none"><li>◆ Record the results of the visual screening for the screener</li></ul>

## Helpful Hint!

Communication is key! How big is the event area?

Assign a volunteer or have a coordinator constantly circulate throughout the event. This way when issues come up, they are resolved quickly.

Walkie talkies can be helpful and keep all areas of the event in communication if the venue is large or on multiple floors.

## Sealants

Total Volunteers: 10-12

Number of Volunteer(s)	Potential Responsibilities
1 Volunteer (Lead)	<ul style="list-style-type: none"> <li>◆ Oversee clinic flow</li> <li>◆ Seat and dismiss patients in available chair with paperwork</li> <li>◆ Fills in as needed</li> </ul>
1 Volunteer (Greeter)	<ul style="list-style-type: none"> <li>◆ Greets families and receives paperwork from runner</li> <li>◆ Seat and dismiss patients in available chairs with paperwork</li> <li>◆ Organizes paperwork for completed families</li> <li>◆ Instructs runner to escort family to check out</li> </ul>
1 Volunteer (Runner)	<ul style="list-style-type: none"> <li>◆ Replenish chairs with supplies</li> <li>◆ Help seat and dismiss patients as needed</li> <li>◆ Assist with resetting chairs</li> <li>◆ Help sterilize instruments</li> </ul>
1 Volunteer (Sterilizer)	<ul style="list-style-type: none"> <li>◆ Continue to sterilize instruments throughout day</li> <li>◆ Make new set-up bags as needed</li> </ul>
4 Volunteers (Dental Professionals)	<ul style="list-style-type: none"> <li>◆ Review medical history and visual screening findings</li> <li>◆ Evaluate teeth for sealants</li> <li>◆ Place sealants</li> </ul>
4 Volunteers (Chair-side Assistants)	<ul style="list-style-type: none"> <li>◆ Assist chair-side and clean/reset chairs</li> <li>◆ Mark and process paperwork accordingly</li> </ul>

## Patient Check-out

Total Volunteers: 2

Number of Volunteer(s)	Potential Responsibilities
2 Volunteers (Provide info)	<ul style="list-style-type: none"><li>◆ Explain to parent/guardian what was done to each child (how many sealants placed, urgent care needed, etc.)</li><li>◆ Educate parent/guardian on importance of regular, preventive dental care</li><li>◆ Educate parent/guardian on dental care resources in the community and how to find a dental home</li><li>◆ Refer for further treatment when necessary</li><li>◆ Provide incentive items to children (optional)</li></ul>

## Volunteer Area

Total Volunteers: 2

Number of Volunteer(s)	Potential Responsibilities
2 Volunteers (Greeter/check-in)	<ul style="list-style-type: none"><li>◆ Greet all volunteers</li><li>◆ Facilitate volunteer check-in (sign in, filling out of forms)</li><li>◆ Set out refreshments (breakfast, snacks, lunch)</li><li>◆ Thank all volunteers and give out thank you items (optional)</li></ul>

## Other opportunities

Number of Volunteer(s)	Potential Responsibilities
"Runners"	<ul style="list-style-type: none"><li>◆ Escort families from one area of the clinic to another</li><li>◆ Move paperwork from one area of the clinic to another prior to moving families</li></ul>

# E: Appointment Sheet Template



# F: Volunteer

- Schedule
- Tracking
- Hepatitis B Vaccine

## Volunteer Schedule

<b>Coordinators</b>		Name of Volunteer
	Lead	1.
	Lead and Media	2.

<b>Patient Check-in</b>		Name of Volunteer
	Greeter/ check-in	1.
	Greeter/ check-in	2.
	Paperwork	3.

<b>Screening</b>		Name of Volunteer
	Lead	1.
	Screener	2.
	Recorder	3.
	Screener	4.
	Recorder	5.

<b>Sealants</b>		Name of Volunteer
	Lead	1.
	Greeter	2.
	Runner	3.
	Sterilization	4.

<b>Chair side Volunteers</b>		
	Name of volunteers placing sealants	Name of volunteers assisting
Chair 1		
Chair 2		
Chair 3		
Chair 4		

<b>Patient Check-out</b>		Name of Volunteer
	Provide info	1.
	Provide info	2.

<b>Additional Volunteers</b>		Name of Volunteer
	Runner	1.
	Runner	2.
	Runner	3.

<b>Volunteer Check-in</b>		Name of Volunteer
	Greeter/ check-in	1.
	Greeter/ check-in	2.

# Volunteer Tracking Sheet

Name	In	Out	Email	Phone	License	Liability	Hep B

## Sealant Clinics

### Hepatitis B - Vaccination

I have had a Hepatitis B vaccination and to the best of my knowledge it is current.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Sealant Clinics

### Hepatitis B - Vaccination

I have had a Hepatitis B vaccination and to the best of my knowledge it is current.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# G: Volunteer Packet

- ◆ Letter to Volunteer
- ◆ Map with Directions for Volunteers

**Date**

Dear Volunteer,

The day of the Dental Clinic is fast approaching. You have volunteered to work from \_\_\_\_\_ to \_\_\_\_\_ on **Date of event**. Please plan to be at the clinic site 15 minutes early. The clinic will be held at:

**Name of Facility**  
**Street Address**  
**City, State Zip code**

Enclosed you will find directions to the dental clinic, information on the sealant material, and copies of forms that will be used that day. Feel free to wear what you would normally wear while working with patients. This includes closed toe shoes and long pants. A disposable gown, gloves and masks will be provided. Please bring your own eye protection.

**ATTENTION DENTISTS, HYGIENISTS, and**  
**ASSISTANTS WITH EXPANDED FUNCTION (RDAEF):**

**For our records, we need a copy of your current state license and your liability/malpractice insurance each time you volunteer.** You can bring a copy with you or fax this information prior to the clinic day to (XXX) XXX-XXXX

Thank you for wanting to make a difference in children's dental health. If you have any questions, please feel free to contact me at (XXX) XXX-XXXX. See you on Saturday!

Sincerely,

## Directions to Clinic

Name of Facility  
Street Address  
City, State Zip Code  
Phone Number

**NORTH**



**SOUTH**

### Traveling 5 South:

EXIT 8<sup>th</sup> STREET, Bear RIGHT towards NATIONAL City  
Turn RIGHT onto ROOSEVELT AVE.  
Turn LEFT into parking structure located on ROOSEVELT AVE.  
Park anywhere on the Second Level of parking structure

### Traveling 5 North:

EXIT PLAZA BLVD. towards DOWNTOWN  
Turn LEFT onto ROOSEVELT AVE.  
Turn RIGHT into parking structure located on ROOSEVELT AVE.  
Park anywhere on the Second Level of parking structure

# H: Patient Forms

- ◆ Sealant Clinic Consent to Treat
- ◆ Screening Form
- ◆ Exit Form
- ◆ Post Sealant Instructions

# Sealant Clinic Consent to Treat

Dear Parent/Guardian,

Thank you for bringing your child to receive free sealants! First, a dentist will examine your child's teeth. The dentist will decide which back teeth need to be treated. Those teeth will be coated with a plastic sealant.

Sealants "seal" out food and bacteria that can cause cavities. Sealants are a strong white coating placed on the tops of back molars. This does not stop cavities from forming between the teeth. Proper brushing and flossing will help reduce that risk.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Child's birth date

\_\_\_\_\_  
Name of child's school

\_\_\_\_\_  
Home zip code

Has your child had: (please circle yes or no)

Asthma:.....	Yes	No
A heart murmur:.....	Yes	No
Rheumatic fever:.....	Yes	No
Bleeding problems:.....	Yes	No
Any infectious disease:.....	Yes	No



Have you ever been told that your child needs antibiotics before dental treatment?.....

Yes	No
-----	----

I have been informed of the risks and benefits of sealants as a means of preventing tooth decay in permanent molars that do not show decay during the visual exam. I am aware that sealants placed on the teeth do not eliminate the need for routine dental exams and x-rays as determined by a dentist. Regular dental check-ups twice a year are still needed. **I give permission for my child to receive dental sealants.**

\_\_\_\_\_  
Signature of parent/guardian  
(Person authorized to consent for patient)

\_\_\_\_\_  
Today's date

# Clinica de Selladores Dentales Consentimiento para Tratamiento

Estimado Padre de Familia:

Gracias por traer a su niño(a) a que reciba selladores dentales gratis. Un dentista examinará los dientes de su niño(a). El dentista decidirá cuales dientes posteriores (de atrás) necesitan tratamiento. Éstos serán cubiertos con un sellador plástico.

Los selladores no permiten la penetración de comida o bacterias que causan caries. Los selladores son fuertes capas blancas colocadas en la parte de arriba de los molares. Ésto no evita que se formen caries en las superficies proximales (entre los dientes). Cepillarse correctamente y uso de hilo dental ayudan a reducir ese riesgo.

\_\_\_\_\_  
Nombre del niño/niña

\_\_\_\_\_  
Fecha de nacimiento

\_\_\_\_\_  
Nombre de la escuela de su niño/niña

\_\_\_\_\_  
Zona postal de su hogar

Su niño/niña ha tenido o tiene problemas: (Circule sí o no)

Asma:.....Sí

No

Soplo en el corazón:.....Sí

No

Fiebre reumática.....Sí

No

Problemas de sangrado.....Sí

No

Enfermedades contagiosas.....Sí

No

¿Necesita su hijo (a) algún antibiótico  
antes de un trabajo dental?.....Sí

No



He sido informado acerca de los riesgos y beneficios de los selladores como medios para prevenir caries dentales en los molares permanentes que no presentaron caries en el examen visual. Estoy enterado que los selladores colocados en los dientes posteriores (de atrás) como medida preventiva, no eliminan la necesidad de un examen dental rutinario ni el estudio radiográfico determinado por el dentista. Se sigue recomendando que visite al dentista dos veces al año. **Mi niño(a) tiene mi autorización para recibir selladores dentales.**

\_\_\_\_\_  
Firma: Persona autorizada para dar  
consentimiento en nombre del paciente

\_\_\_\_\_  
Fecha de hoy

# Screening Form

Name \_\_\_\_\_

Home zip code \_\_\_\_\_

School \_\_\_\_\_

Date of birth \_\_\_\_\_

**Visual screening and recommended treatment:**

Tooth	Findings	Tooth	Findings
<b>2</b>		<b>18</b>	
<b>3</b>		<b>19</b>	
<b>14</b>		<b>30</b>	
<b>15</b>		<b>31</b>	

**Codes:**

**Seal** because:

- X = Sound/high caries risk
- X = Incipient decay
- X = Partially sealed

**DO NOT** seal because:

- M = Missing
- S = Already sealed
- F = Filling present
- C = Cavity
- P = Partially erupted

**Treatment:**

Tooth	Results	Tooth	Results
<b>2</b>		<b>18</b>	
<b>3</b>		<b>19</b>	
<b>14</b>		<b>30</b>	
<b>15</b>		<b>31</b>	

**Codes:**

- X = Sealed

**NOT** sealed because:

- M = Missing
- S = Already sealed
- F = Filling present
- C = Cavity
- P = Partially erupted

**Child not cooperative**

Provider Name: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Exit Form: Thank you for coming!

Your child, \_\_\_\_\_, received a visual screening exam and \_\_\_\_\_ sealants on **Date of event** . The following information is provided for your knowledge.

**Urgent care needed**

**Child not cooperative**

Tooth	Results		Tooth	Results
2			18	
3			19	
14			30	
15			31	

**Results:**

X = Tooth received sealant

M =Tooth not visible (or partially erupted)

S = Tooth already sealed

F = Filling present

C = Suspected cavity. See your dentist right away!

Comments: \_\_\_\_\_

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year.

**Remember, dental health is part of total health!**

## Exit Form: Thank you for coming!

Your child, \_\_\_\_\_, received a visual screening exam and \_\_\_\_\_ sealants on **Date of event**. The following information is provided for your knowledge.

**Urgent care needed**

**Child not cooperative**

Tooth	Results		Tooth	Results
2			18	
3			19	
14			30	
15			31	

**Results:**

X = Tooth received sealant

M =Tooth not visible (or partially erupted)

S = Tooth already sealed

F = Filling present

C = Suspected cavity. See your dentist right away!

Comments: \_\_\_\_\_

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year.

**Remember, dental health is part of total health!**

## Forma de Salida: ¡Gracias por venir!

Su hijo(a), \_\_\_\_\_, recibió un examen visual y \_\_\_\_\_ selladores dentales el **Fecha del evento**. La siguiente información es para su conocimiento.

Se necesita tratamiento urgente

Niño(a) no cooperó

Diente	Resultados		Diente	Resultados
2			18	
3			19	
14			30	
15			31	

Resultados:

X = El diente recibió un sellador

F = El diente tenía un relleno

M = El diente no fue visible (o parcialmente salido)

C = El diente puede tener caries.

¡Acuda a su dentista!

Comentarios: \_\_\_\_\_

La visita de hoy no substituye un chequeo dental formal. Visite a su dentista dos veces al año. ¡Recuerde, la salud dental es parte de un cuerpo sano!

## Forma de Salida: ¡Gracias por venir!

Su hijo(a), \_\_\_\_\_, recibió un examen visual y \_\_\_\_\_ selladores dentales el **fecha del evento**. La siguiente información es para su conocimiento.

Se necesita tratamiento urgente

Niño(a) no cooperó

Diente	Resultados		Diente	Resultados
2			18	
3			19	
14			30	
15			31	

Resultados:

X = El diente recibió un sellador

F = El diente tenía un relleno

M = El diente no fue visible (o parcialmente salido)

C = El diente puede tener caries.

¡Acuda a su dentista!

Comentarios: \_\_\_\_\_

La visita de hoy no substituye un chequeo dental formal. Visite a su dentista dos veces al año. ¡Recuerde, la salud dental es parte de un cuerpo sano!

**Dear Parents!**

**Your child has just received dental sealants to help prevent tooth decay. Here are a few simple guidelines to remember about dental sealants to help them be most effective for your child.**

- 1. No chewing on ice or hard candy.**
- 2. Have sealants rechecked every year.**

**Daily brushing and flossing helps protect the sealants and between the teeth where cavities often develop.**

**Thank you for participating in this dental sealant clinic. Your child's teeth will benefit!**

**Dear Parents!**

**Your child has just received dental sealants to help prevent tooth decay. Here are a few simple guidelines to remember about dental sealants to help them be most effective for your child.**

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**Daily brushing and flossing helps protect the sealants and between the teeth where cavities often develop.**

**Thank you for participating in this dental sealant clinic. Your child's teeth will benefit!**

**Estimados Padres de Familia,**

**Su hijo/a acaba de recibir selladores dentales para ayudar a prevenir caries. Estas son algunas indicaciones sobre los selladores dentales para asegurar que tengan el mejor resultado para su hijo/a.**

- 1. No permita que su hijo/a muerda hielo o dulces duros.**
- 2. Los selladores se deben de revisar cada año.**

**El cepillar los dientes ayuda a proteger los selladores. Use el hilo dental entre los dientes donde las caries regularmente se forman.**

**Gracias por haber participado en esta clínica de selladores dentales.  
¡Los dientes de su hijo/a se beneficiarán!**

**Estimados Padres de Familia,**

**Su hijo/a acaba de recibir selladores dentales para ayudar a prevenir caries. Estas son algunas indicaciones sobre los selladores dentales para asegurar que tengan el mejor resultado para su hijo/a.**

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**Gracias por haber participado en esta clínica de selladores dentales.  
¡Los dientes de su hijo/a se beneficiarán!**

# I: Other

- ◆ Photo Release

## Photo Consent Form

I hereby give consent for Share the Care to use the photographs taken of my child and/or family. I am aware that these photographs can be used in all types of media, including, but not limited to: newsletters, publications, public service announcements, billboards, and on the Share the Care web site.

Children's Names:

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Parent/Guardian Name

Signature

Date

## Photo Consent Form

I hereby give consent for Share the Care to use the photographs taken of my child and/or family. I am aware that these photographs can be used in all types of media, including, but not limited to: newsletters, publications, public service announcements, billboards, and on the Share the Care web site.

Children's Names:

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Parent/Guardian Name

Signature

Date

## Forma de Consentimiento para Foto

Yo, por este medio, doy consentimiento a Share the Care que haga uso de las fotografías que se tomen de mi niño(a) o familia. Estoy consiente que estas fotografías pueden usarse en toda clase de medios de comunicación, incluyendo, pero no limitado a: boletines locales, publicaciones, anuncios de servicio público, carteleras y en la red de comunicación de Share the Care.

Nombre de los niños:

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Nombre del Padre o Guardián

Firma

Fecha

## Forma de Consentimiento para Foto

Yo, por este medio, doy consentimiento a Share the Care que haga uso de las fotografías que se tomen de mi niño(a) o familia. Estoy consiente que estas fotografías pueden usarse en toda clase de medios de comunicación, incluyendo, pero no limitado a: boletines locales, publicaciones, anuncios de servicio público, carteleras y en la red de comunicación de Share the Care.

Nombre de los niños:

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Nombre del Padre o Guardián

Firma

Fecha

# J: Additional Services - Fluoride Varnish Forms

- Community Flyer
- Sealant and Fluoride Varnish  
Clinic Consent to Treat
- Varnish Screening Form
- Exit Form
- Post Varnish Instructions
- Sealant, Fluoride Varnish, and  
Additional Services Flyer

# FREE DENTAL SEALANTS



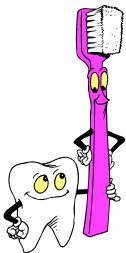
# AND FLUORIDE VARNISH

For Children (6 - 18 years old) with No Dental Resources

(A parent or guardian must accompany each child.)

Join us for:

- ◆ Free School Entry Dental Screenings
- ◆ Free Review of Immunization Cards  
(Bring your child's yellow card with you that day!)
- ◆ Community Resources and Information
- ◆ Prizes, Prizes, Prizes



Date of Event

Time

Facility Name

Street Address

City, State Zip Code



**CALL TODAY for an appointment!**

**XXX-XXX-XXXX**

Children with appointments will be given priority.

"Walk-ins" will be taken when possible.

Prizes!



## What are dental sealants?

- ☺ A safe and painless way to help prevent cavities!
- ☺ A special coating painted on the chewing surfaces of the back teeth.

Funded by: List organizations here

La Sociedad Dental del Condado de San Diego Presenta

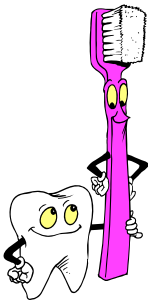
# SELLADORES DENTALES Y BARNIZ DE FLUORURO GRATIS



Para Niños (1 - 18 años de edad) que no tienen seguro dental  
(El padre o tutor debe de acompañar al niño(a))

Acompáñenos para que reciba:

- ◆ Chequeos Dentales Gratis para Entrar a la Escuela
- ◆ Revisión Gratis de Tarjetas de Vacunas  
(¡Lleve con Usted la tarjeta amarilla ese día!)
- ◆ Recursos para la Comunidad e Información
- ◆ Premios, Premios y más Premios



Fecha del evento  
Horario del evento  
Nombre de edificio  
Dirección  
Ciudad, Estado Código Postal



**¡LLAME HOY mismo para hacer una cita!**

**XXX-XXX-XXXX**

Los niños con cita tendrán prioridad.

A los niños sin cita previa se les atenderá si es posible.

Prizes!



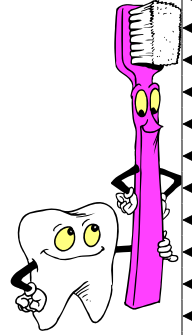
## ¿Qué son los selladores dentales y barniz de fluoruro?

¡Son seguros y no causan dolor y ayudan a prevenir las caries!

- ◆ Los selladores dentales son una capa especial transparente que se aplica en la superficie de las muelas permanentes de atrás.
- ◆ El barniz de fluoruro es un esmalte con fluoruro. Se aplica en todos los dientes.

Fondos proveídos por: Aquí va una lista de organizaciones

# FREE DENTAL SEALANTS & FLUORIDE VARNISH



For Children (1 - 18 years old) with No Dental Resources  
(A parent or guardian must accompany each child.)



Date of event  
Time of event  
Name of Facility  
Street Address  
City, State Zip code



CALL TODAY for an appointment!

XXX-XXX-XXXX

Children with appointments will be given priority.  
"Walk-ins" will be taken when possible.

Prizes!

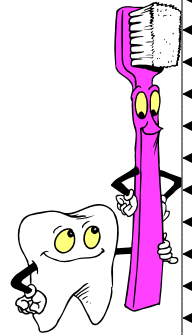


## What are dental sealants?

- ☺ **Dental Sealants** are a special coating painted on the chewing surfaces of the back teeth
- ☺ **Fluoride Varnish** is a special fluoride coating painted on all teeth.

Funded by: List organizations here

# SELLADORES DENTALES Y BARNIZ DE FLUORURO Gratis



Para Niños (1 - 18 años de edad) que no tienen seguro dental  
(El padre o tutor debe de acompañar al niño(a).)



Fecha del evento  
Horario del evento  
Nombre del Lugar  
Dirección  
Ciudad, Estado Código Postal



**¡LLAME HOY mismo para hacer una cita!**

**XXX-XXX-XXXX**

Los niños con cita tendrán prioridad.  
A los niños sin cita previa se les atenderá si es posible.

**¡Premios!**



Qué son los selladores dentales y barniz de fluoruro?

**¡Son seguros y no causan dolor y ayudan a prevenir las caries!**

- ☺ Los **selladores dentales** son una capa de plástico especial transparente que se aplica en la superficie de las muelas permanentes de atrás
- ☺ El **barniz de fluoruro** es un esmalte con fluoruro. Se aplica en todos los dientes.

Fondos proveídos por: Aquí va una lista de organizaciones

# Fluoride Varnish and Sealant Clinic Consent to Treat

Dear Parent/Guardian,

Thank you for bringing your child to receive free fluoride varnish or sealants! First, a dentist will examine your child's teeth. The dentist will decide which teeth need to be treated. Those teeth will be coated with fluoride varnish or a plastic sealant.

Fluoride varnish helps keep teeth strong. It is painted on all surfaces of all teeth to help prevent cavities. This does not stop cavities from forming. Proper brushing and flossing will help reduce that risk.

Sealants "seal" out food and bacteria that can cause cavities. Sealants are a strong white coating placed on the tops of back molars. This does not stop cavities from forming between the teeth. Proper brushing and flossing will help reduce that risk.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Child's birth date

\_\_\_\_\_  
Name of child's school

\_\_\_\_\_  
Home zip code

Has your child had: (please circle yes or no)		
Asthma:.....	Yes	No
A heart murmur:.....	Yes	No
Rheumatic fever:.....	Yes	No
Bleeding problems:.....	Yes	No
Any infectious disease:.....	Yes	No
Have you ever been told that your child needs antibiotics before dental treatment?.....		
	Yes	No



I have been informed of the risks and benefits of fluoride varnish as a means of preventing tooth decay. I have also been informed of the risks and benefits of sealants as a means of preventing tooth decay in permanent molars that do not show decay during the visual exam. I am aware that fluoride varnish and sealants placed on the teeth do not eliminate the need for routine dental exams and x-rays as determined by a dentist. Regular dental check-ups twice a year are still needed. **I give permission for my child to receive fluoride varnish or dental sealants.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Today's date

## Clinica de Selladores Dentales y Barniz de Fluoruro Consentimiento para Tratamiento

Estimado Padre de Familia:

Gracias por traer a su niño(a) a que reciba selladores dentales o barniz de fluoruro gratis. Un dentista examinará los dientes de su niño(a). El dentista decidirá cuales dientes posteriores (de atrás) necesitan tratamiento. Estos serán cubiertos con un sellador plástico o con barniz de fluoruro.

El barniz de fluoruro ayuda a mantener los dientes fuertes. El barniz es aplicado sobre las superficies de los dientes para ayudar a prevenir las caries. Esto no evita que se formen caries. El cepillo apropiado y uso de hilo dental ayudan a reducir ese riesgo.

Los selladores no permiten la penetración de comida o bacterias que causan caries. Los selladores son fuertes capas blancas colocadas en la parte de arriba de los molares. Esto no evita que se formen caries en las superficies proximales (entre los dientes). El cepillo apropiado y uso de hilo dental ayudan a reducir ese riesgo.

\_\_\_\_\_  
Nombre del niño/niña

\_\_\_\_\_  
Fecha de nacimiento

\_\_\_\_\_  
Nombre de la escuela de su niño/niña

\_\_\_\_\_  
Zona postal de su hogar

Su niño/niña ha tenido o tiene problemas: (Circule sí o no)

Asma:.....	Sí	No
Soplo en el corazón:.....	Sí	No
Fiebre reumática.....	Sí	No
Problemas de sangrado.....	Sí	No
Enfermedades contagiosas.....	Sí	No
¿Necesita su hijo (a) algún antibiótico antes de un trabajo dental?.....	Sí	No



He sido informado acerca de los riesgos y beneficios del barniz de fluoruro como medio para prevenir caries. También he sido informado acerca de los riesgos y beneficios de los selladores como medios para prevenir caries dentales en los molares permanentes que no presentaron caries en el examen visual. Estoy enterado que el barniz de fluoruro y los selladores colocados en los dientes posteriores (de atrás) como medida preventiva, no eliminan la necesidad de un examen dental rutinario ni el estudio radiográfico determinado por el dentista. Se sigue recomendando que visite al dentista dos veces al año. **Mi niño(a) tiene mi autorización para recibir barniz de fluoruro o selladores dentales.**

\_\_\_\_\_  
Firma: Persona autorizada para dar consentimiento  
en nombre del paciente

\_\_\_\_\_  
Fecha de hoy

# Fluoride Varnish Clinic Screening Form

Name \_\_\_\_\_

Home zip code \_\_\_\_\_

School \_\_\_\_\_

Date of birth \_\_\_\_\_

## Visual screening and treatment Check each box that applies:

No obvious problems

Fillings present

Cavities

ECC- Severe cavities- Urgent care needed

Varnish placed

Urgent care needed

Child not cooperative

Provider Name: \_\_\_\_\_

Comments: \_\_\_\_\_

## Exit Form: Thank you for coming!

Your child, \_\_\_\_\_, received a visual screening exam on **Date of event**. The following information is provided for your knowledge.

- |  |  |
|--|--|
| <input type="checkbox"/> No obvious problems | <input type="checkbox"/> Fluoride varnish placed |
| <input type="checkbox"/> Fillings present    | <input type="checkbox"/> Urgent care needed      |
| <input type="checkbox"/> Suspected cavities  | <input type="checkbox"/> Child not cooperative   |
| <input type="checkbox"/> Severe cavities     |  |

Comments: \_\_\_\_\_

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year.

**Remember, dental health is part of total health!**

## Exit Form: Thank you for coming!

Your child, \_\_\_\_\_, received a visual screening exam on **Date of event**. The following information is provided for your knowledge.

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|--|--|
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| <input type="checkbox"/> Fillings present    | <input type="checkbox"/> Urgent care needed      |
| <input type="checkbox"/> Suspected cavities  | <input type="checkbox"/> Child not cooperative   |
| <input type="checkbox"/> Severe cavities     |  |

Comments: \_\_\_\_\_

Today's visit is not a substitute for a routine dental exam. Visit your dentist twice a year.

**Remember, dental health is part of total health!**

## Forma de Salida: ¡Gracias por venir!

Su hijo(a), \_\_\_\_\_, recibió un examen visual el **Fecha del evento**. La siguiente información es para su conocimiento.

- |   |   |
|---|---|
| <input type="checkbox"/> Ningún problema obvio        | <input type="checkbox"/> Barniz de Fluoruro                   |
| <input type="checkbox"/> El diente tenía relleno      | <input type="checkbox"/> Tratamiento de Urgencia es necesario |
| <input type="checkbox"/> El diente puede tener caries | <input type="checkbox"/> Niño(a) no cooperó                   |
| <input type="checkbox"/> Caries severas               |   |

Comentarios: \_\_\_\_\_

La visita de hoy no substituye un chequeo dental formal. Visite a su dentista dos veces al año. **¡Recuerde, la salud dental es parte de un cuerpo sano!**

## Forma de Salida: ¡Gracias por venir!

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|---|---|
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| <input type="checkbox"/> El diente puede tener caries | <input type="checkbox"/> Niño(a) no cooperó                   |
| <input type="checkbox"/> Caries severas               |   |

Comentarios: \_\_\_\_\_

La visita de hoy no substituye un chequeo dental formal. Visite a su dentista dos veces al año. **¡Recuerde, la salud dental es parte de un cuerpo sano!**

## Dear Parents!

Your child has just received a fluoride varnish treatment to help prevent tooth decay. Here are a few simple guidelines to help the fluoride varnish be most effective for your child.

1. Do not give anything to eat or drink for 30 minutes.
2. Give only soft foods, like soup, sugar-free Jell-o or pudding, cheese, eggs, cooked cereal or tortillas, until tomorrow.
3. Begin brushing and flossing your child's teeth tomorrow.

The child's teeth will look slightly yellow from the varnish. Do not be concerned. The yellow color will disappear, usually in 2 days.

Thank you for participating in this fluoride varnish clinic. Your child's teeth will benefit!

## Dear Parents!

Your child has just received a fluoride varnish treatment to help prevent tooth decay. Here are a few simple guidelines to help the fluoride varnish be most effective for your child.

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The child's teeth will look slightly yellow from the varnish. Do not be concerned. The yellow color will disappear, usually in 2 days.

Thank you for participating in this fluoride varnish clinic. Your child's teeth will benefit!

## **Estimados Padres de Familia,**

Su hijo/a acaba de recibir un tratamiento de barniz de fluoruro para ayudar a prevenir caries. Estas son algunas sugerencias sobre el cuidado de los dientes para asegurar que el barniz de fluoruro tenga el mejor resultado.

1. No permita que su hijo/a coma ni beba nada por 30 minutos.
2. Dé solamente comidas blandas como sopa, gelatina sin azúcar, pudín, queso, huevo, avena o tortillas, hasta al siguiente día.
3. Puede usar hilo dental y cepillar los dientes de su hijo/a hasta al siguiente día.

Los dientes de su hijo/a se verán un poco amarillos por el barniz. No se preocupe. Por lo regular, este color desaparecerá dentro de dos días.

Gracias por haber participado en esta clínica de barniz de fluoruro. ¡Los dientes de su hijo/a se beneficiarán!

## **Estimados Padres de Familia,**

Su hijo/a acaba de recibir un tratamiento de barniz de fluoruro para ayudar a prevenir caries. Estas son algunas sugerencias sobre el cuidado de los dientes para asegurar que el barniz de fluoruro tenga el mejor resultado.

1. No permita que su hijo/a coma ni beba nada por 30 minutos.
2. Dé solamente comidas blandas como sopa, gelatina sin azúcar, pudín, queso, huevo, avena o tortillas, hasta al siguiente día.
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Los dientes de su hijo/a se verán un poco amarillos por el barniz. No se preocupe. Por lo regular, este color desaparecerá dentro de dos días.

Gracias por haber participado en esta clínica de barniz de fluoruro. ¡Los dientes de su hijo/a se beneficiarán!

# K: Thank you letter to volunteers

**Date**

Dear Volunteer,

The sealant clinic on **Date of event** was a success! We would like to thank you for helping make a difference in the smile of a child.

Throughout the day, XX children were screened and XX children received sealants. The overall estimated value of services provided for the day was over \$XXX.XX.

All professional volunteers were entered into a drawing. I am pleased to announce that Dr. Joe Smith and Dr. Jane Jones are the winners. **Congratulations and enjoy your prize!**

Thank you for making a difference and having a positive impact on the community of San Diego! We look forward to working with you in the future.

Sincerely,