PUBLIC HEALTH SUPERVISION AGREEMENT

Agreement Between:

Supervising Dentist's Name: Dr. John Smith

Work Address: 1111 – 1st St., Des Moines, IA 50319

Work Phone: 515-555-1111

E-mail: jsmith@msn.com **License #:** 11111

Dental Hygienist's Name: Jane Doe

Home Address: 1212 – 12th St., Clive, Iowa 50322

Home Phone/cell: 515-555-5555 Work Phone: 515-555-1212

E-mail: jdoe@msn.com **License #:** 01010

Years of Clinical Practice Experience*: 27 years

* A minimum of three years clinical practice experience is required.

SAMPLE

Location(s) Where Services Will Be Provided:

Public Health Setting (check one box):

- X **School**
- ÿ **Head Start**
- ÿ **Federally qualified health center**
- ÿ **Federal, state, or local public health program**
- ÿ **Public health dental van**
- ÿ **Free clinic**
- ÿ **Nursing facility**
- ÿ **Nonprofit community health center**

Clinic/Location Name or Service Site: Windsor Elementary School

Address: 6500 University Ave., Des Moines, Iowa 50311

Phone: 515-200-0000

Public Health Setting (check one box):

- ÿ **School**
- X **Head Start**
- ÿ **Federally qualified health center**
- ÿ **Federal, state, or local public health program**
- ÿ **Public health dental van**
- ÿ **Free clinic**
- ÿ **Nursing facility**
- ÿ **Nonprofit community health center**

Clinic/Location Name or Service Site: Drake Head Start

Address: 14th and Forest Ave.

Des Moines, Iowa 50322

Phone: 515-555-2222

Public Health Setting (check one box):

- ÿ **School**
- ÿ **Head Start**
- ÿ **Federally qualified health center**
- X **Federal, state, or local public health program**
- ÿ **Public health dental van**
- ÿ **Free clinic**
- ÿ **Nursing facility**
- ÿ **Nonprofit community health center**

Clinic/Location Name or Service Site: WIC clinic

Address: St. Martins Episcopal Church

30th and University, Des Moines, Iowa 50312

Phone: 515-555-3333

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Consultation Requirements

A dentist in a public health supervision agreement must be available to provide communication and consultation with the dental hygienist. A dental hygienist working under public health supervision must maintain contact and communication with their supervising dentist.

Specify the type (e.g. in person, telephone), frequency, and other details regarding how communication and consultation will be maintained:

- The supervising dentist and hygienist will communicate monthly via telephone, e-mail or face to face to discuss clients seen.
- The supervising dentist will be available for phone consultation to the dental hygienist as needed.
- The dental hygienist will submit a copy of the annual public health supervision reporting form, as submitted to Iowa Department of Public Health, to the supervising dentist in January of every year.
- The dental hygienist will report any unusual occurrences and medical emergencies to the supervising dentist. Individual incidents will be handled on a case-by-case basis according to the supervising dentist's direction.
- The supervising dentist will approve any change in products or medicaments prior to use or implementation.

Dental Records

Specify the procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist:

Each client seen through the *Local Agency* I-Smile program shall have a dental chart created which includes a consent/health history form with medications and allergies, names of physician and dentist, dental screening/risk assessment form with screening results, education provided, treatment provided and referrals given.

Location of Records: *Local Agency* main office, 555 – 1st St., Des Moines, Iowa 50301 in a locked file cabinet.

Patient Considerations

A dental hygienist working under public health supervision must practice according to age and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient.

Medical conditions that require a dental evaluation prior to hygiene services:

Children or maternal clients with questionable heart problems or any other major systemic concerns prior to prophylaxis. For patients who require antibiotic premedication, including: prosthetic cardiac valves; previous bacterial endocarditis; complex cyanotic congenital heart disease; surgically constructed systemic pulmonary shunts or conduits; congenital cardiac malformations; rheumatic heart disease; hypertrophic cardiomyopathy; mitral valve prolapse; or total joint replacement within the past two years a consultation with the supervising dentist is required.

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Considerations for medically-compromised patients:

Patients with the following conditions will be treated ONLY if they are under a physician's care and their conditions are currently controlled: inflammatory arthropathies including rheumatoid arthritis and systemic lupus erythematosus; insulin-dependent (Type 1) diabetes; high- or low blood pressure; malnourishment; or hemophilia. Patients currently taking a blood-thinning medication (i.e. Coumadin; Warfarin) must inform their physician at least a week prior to all hygiene services being performed and adhere to the recommendation given by the physician. The dental hygienist reserves the right to refuse services to patients who are not under a doctor's care for the above-mentioned conditions, or have not adhered to their physician's recommendations. The patient's physician will be consulted prior to services being rendered if a patient's medical condition warrants further investigation. Services may be withheld if any other conditions are found during assessment that would warrant a dentist's or physician's prior evaluation.

In addition, for each patient the hygienist must:

- **Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services.**
- **Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs.**

Standing Orders

Procedure: **Assessment/Screening** **Age Group:** 0-21 and pregnant women through 50

Standing Orders:

- Standard infection control precautions must be used according to OSHA and CDC guidelines.
- To avoid cavitation of demineralized lesions, dental explorers will not be used. A visual assessment is sufficient.
- An assessment of the oral cavity will include inspection of the hard and soft tissue, including an oral cancer screen, suspected or obvious tooth decay and oral hygiene status.
- Complete chart, date and sign.

☒ **Yes** ☐ **No** **Assessment/screening can continue to be provided if no dental exam has taken place.**

SAMPLE

Standing Orders Continued

Procedure: **Sealant Assessment/Screening** **Age Group:** 0-21 and pregnant women through 50

Standing Orders:

- Standard infection control precautions must be used according to OSHA and CDC guidelines.
- Explorers may be used.
- An assessment of the oral cavity will include inspection of the hard and soft tissue, including an oral cancer screen, suspected or obvious tooth decay and oral hygiene status.
- Complete chart, date and sign.

☒ **Yes** ☐ **No** **Assessment/screening can continue to be provided if no dental exam has taken place.**

Procedure: **Sealants** **Age Group:** 3-16

Standing Orders:

Sealants may be placed on the first and second molars and premolars of children 3 – 16 if those surfaces are determined to be caries and restoration free. Because sealants are most effective on newly erupted occlusal surfaces, they should be placed on children at approximately ages six and twelve due to eruption patterns of the first and second molars. Sealants prevent decay in the most caries- prone surfaces of permanent teeth. Each child will receive a letter for their parents indicating services provided and any additional treatment needs. Treatment provided will be entered in the child's chart. Seal America sealant placement protocol will be followed.

Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: _____24_____months.

Procedure: **Fluoride Varnish** **Age Group:** 0 – 21 and pregnant women through 50

Standing Orders: Fluoride varnish may be applied to all surfaces of existing teeth for patients at moderate to high risk for decay.

- Standard infection control precautions must be used according to OSHA and CDC guidelines.
- Fluoride varnish will be applied as per Iowa Department of Public Health protocols.
- Complete chart, date and sign.
- Patient with a known allergy, known adverse reaction to fluoride varnish or ulcerative gingivitis may not receive fluoride varnish applications.

☒ **Yes** ☐ **No** **Fluoride varnish can continue to be provided if no dental exam has taken place.**

SAMPLE

Standing Orders Continued

Procedure: **Oral Prophylaxis** **Age Group:** 3-21 and pregnant women through 50

Standing Orders: A prophylaxis may be provided if it is determined that plaque and calculus are present and that the patient has no significant health history.

- Standard infection control precautions must be used according to OSHA and CDC guidelines.
- Determine presence of plaque and/or calculus.
- Do soft tissue screening and chart results.
- Do gingival assessment and chart results.
- Remove all hard deposits.
- Polish to remove stain and plaque.
- Complete chart, date and sign.

Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: _____24_____months.

Procedure: **Radiographs** **Age Group:** 0-21

Standing Orders: Bitewing radiographs may be taken one time per year and not more than two months prior to examination referral appointment. PA's may be taken on an as needed basis, not taken more than two months prior to scheduled examination referral or treatment appointment. A lead apron must be used for all patients.

- Standard infection control precautions must be used according to OSHA and CDC guidelines.
- X-rays taken using lead apron.
- Complete chart, date and sign.

Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: _____12_____months.

Procedure: **Radiographs** **Age Group:** Pregnant women through age 50

Standing Orders: Pregnant women must be within second or third trimester or up to six weeks post partum. Bitewing radiographs may be taken one time per year and not more than two months prior to examination referral appointment. PA's may be taken on an as needed basis, not taken more than two months prior to scheduled examination referral or treatment appointment. A lead apron must be used for all patients.

- Standard infection control precautions must be used according to OSHA and CDC guidelines.
- X-rays taken using lead apron.
- Complete chart, date and sign.

Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: _____12_____months.

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Other Requirements

Indicate any other conditions or requirements for your supervision agreement here.

This agreement will be reviewed annually. The original agreement will be kept by the dental hygienist and a copy will be provided to the supervising dentist and the Oral Health Bureau. A copy of the annual report filed with the Oral Health Bureau will be provided to the supervising dentist.

This public health supervision agreement must be reviewed at least biennially. A copy of the agreement must be mailed to the Oral Health Bureau at the Iowa Department of Public Health and made available to the Iowa Dental Board upon request.

A dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of the program or in the case of an ongoing program, once per calendar year. The report shall be filed with the Oral Health Bureau of the Iowa Department of Public Health on forms provided by the department. For reporting forms, contact the department at the address and phone number specified below.

A copy of current board rules is attached.

I agree to provide public health supervision to the dental hygienist named herein according to the details specified in this public health supervision agreement and the rules of the Iowa Dental Board.

_____

Dentist Signature **Date**

I agree to provide dental hygiene services according to the details specified in this public health supervision agreement and the rules of the Iowa Dental Board.

_____

Dental Hygienist Signature **Date**

For questions regarding public health supervision rules, contact the Iowa Dental Board at (515) 281-5157 or visit the Board's website at www.dentalboard.iowa.gov.

A copy of this agreement must be maintained at each public health location where public health supervision is provided. A copy must also be mailed to:

Iowa Department of Public Health
Oral Health Bureau
321 E. 12th Street
Des Moines, IA 50319
Phone: (866)528-4020 * (515) 281-3733 * Fax (515) 242-6384
http://www.idph.state.ia.us

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650—10.5(153) Public health supervision allowed. A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist if the dentist has an active Iowa license and the services are provided in public health settings.

10.5(1) *Public health settings defined.* For the purposes of this rule, public health settings are limited to schools; Head Start programs; federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

10.5(2) *Public health supervision defined.* "Public health supervision" means all of the following:

a. The dentist authorizes and delegates the services provided by a dental hygienist to a patient in a public health setting, with the exception that hygiene services may be rendered without the patient's first being examined by a licensed dentist;

b. The dentist is not required to provide future dental treatment to patients served under public health supervision;

c. The dentist and the dental hygienist have entered into a written supervision agreement that details the responsibilities of each licensee, as specified in subrule 10.5(3); and

d. The dental hygienist has an active Iowa license with a minimum of three years of clinical practice experience.

10.5(3) *Licensee responsibilities.* When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities.

a. The dentist providing public health supervision must:

(1) Be available to provide communication and consultation with the dental hygienist;

(2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;

(3) Specify a period of time in which an examination by a dentist must occur prior to providing further hygiene services. However, this examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement; and

(4) Specify the location or locations where the hygiene services will be provided under public health supervision.

b. A dental hygienist providing services under public health supervision may provide assessments; screenings; data collection; and educational, therapeutic, preventive, and diagnostic services as defined in rule 10.3(153), except for the administration of local anesthesia or nitrous oxide inhalation analgesia, and must:

(1) Maintain contact and communication with the dentist providing public health supervision;

(2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and

(5) Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist, including where these records are to be located.

c. The written agreement for public health supervision must be maintained by the dentist and the dental hygienist and must be made available to the board upon request. The dentist and dental hygienist must review the agreement at least biennially.

d. A copy of the agreement shall be filed with the Oral Health Bureau, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

10.5(4) *Reporting requirements.* Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the oral health bureau of the Iowa department of public health on forms provided and include information related to the number of patients seen and services provided to enable the department to assess the impact of the program. The department will provide summary reports to the board on an annual basis.

This rule is intended to implement Iowa Code section 153.15.

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