

1. Anaphylaxis Response Policy for Illinois Schools

This policy has been published and can be found at <https://www.isbe.net/Documents/Anaphylactic-policy.pdf>.

The policy describes requirements of health care providers who will be in the school building. Provider teams need to know what is detailed in the published policy.

On page 3 it states that “Schools should address anaphylactic emergencies in memoranda of understanding and contract agreements as they consider their response plan to take into account contracted providers who may have a presence in your buildings and provide health care.” School providers will need to talk with school staff on developing this MOU or contract agreement that defines their response plan.

This requirement is added to the QA checklist:

Provider team has an Anaphylaxis Response MOU on site. Yes/No.

2a. Improvements in operational processes needed Yes/No [reinforcing safe care setting and provider actions]. This item will be added to the QA checklist. Provider teams should take care to minimize accidents and harm resulting from use of materials -- injury related to unstable “dental chairs”, unsecured electrical cords and other physical hazards are examples of findings under this item that will be cited and will need immediate and on-going correction. School settings should mimic in-office setting. Will investigate decibel monitoring for excessive noise.

2b. Improvements in clinical processes needed Yes/No [reinforcing safe care setting and provider actions]. This item will be added to the QA checklist. Provider teams should take care to minimize accidents and harm resulting from providing clinical care. Items such as dentist not examining prior to, post checking EFDA, reinforcing sealant placement steps, scaling, polishing are examples of findings under this item that have been cited and will need immediate and on-going monitoring by provider/entity in charge.

3. Case Management:

We need to stress the expectations of case management and what those entail. Some are just giving generic phone numbers to Medicaid and / or general phone numbers to administrators at CPS who are not dentists or run a dental clinic. Review use of www.insurekidsnow.gov, vet phone numbers and providers that they will see the child for the follow up care. Update the follow up care form with requirement of a more detailed action plan to meet follow up care needs.

4. Reinforce and expand use of Teamup Calendar

All entities/provider teams will need to use the Teamup Calendar. Be sure that initial, and updated entries are complete and accurate.

- Teamup calendar -contact info missing, wrong dentist name, or the team has completed the school all have resulted in IDPH visits that cannot be completed resulting in entity/provider team citations.

5. Expanded Function Dental Assistants- scaling, fluoride varnish and dental sealant placement

When working with the EFDA, the dentist must have examined the patient, have treatment planned for fluoride varnish, sealants with tooth numbers indicated and the procedure of supragingival prophylaxis. Completion of all coronal scaling procedures must be checked by the supervising dentist, and if subgingival calculus remains, the supervising dentist must complete the scaling procedure. The patient can then move on to fluoride varnish and dental sealant procedures if in the treatment plan.

Changes were made to DA scaling certification because of *Public Act 102-0936 - Expanded Function Coronal Scaling Practice Act changes starting January 1, 2023.*

Therefore, **these two items will be added to the QA checklist.**

To December 31, 2022: EFDA has 16-hour coronal scaling and polishing certifications onsite and children treated are 12 years of age or younger.

Beginning January 1, 2023: EFDA has 32-hour coronal scaling and polishing certifications onsite and children treated are 17 years of age or younger.