



Special Care: Dental Office Considerations Checklist

Use this list as a starting point to explore how your dental office can accommodate children with special health care needs. Rationales for the questions are provided.

1. Is your office accessible to children in wheelchairs?

The Americans with Disabilities Act requires reasonable accommodations or an appropriate referral if accommodation is a hardship.

2. If parents need help getting their child to the office from the parking lot, is there someone on the staff who can provide assistance?

Parents are grateful for help carrying personal items, equipment, or their child. They should be encouraged to call ahead to alert staff that help is needed.

3. Do all staff members know how to perform safe wheelchair transfers and use a transfer board?

Children prefer to be transferred by someone they trust, so discuss the most effective transfer method with parents, and demonstrate that you are aware of the principles of safe transfers. Transfer techniques should be practiced by all staff members.

4. Do your dental chairs have movable armrests to facilitate easy access?

It is difficult to lift children over armrests or to move them into a dental chair without removable armrests if they are wearing leg or back braces.

5. Can a wheelchair fit parallel to the dental chair in most of the operatories?

Performing examinations and some preventive care with children in their wheelchairs is sometimes preferable to transferring the child, particularly if the wheelchair can be adjusted. Transfers are also more difficult if the operatory is too crowded to align the wheelchair close to the dental chair.

6. Which type of delivery system do you use?

- Front: over the patient
- Mobile carts
- Fixed: rear delivery
- Combination
- Other

Children who have attention deficit-hyperactivity disorder or who have uncontrolled muscle reflexes may injure themselves or scatter instruments with an “over-the-patient” delivery system.

7. Would any of your policies on late arrivals or cancellations adversely affect families who have children whose health or developmental needs may be unpredictable?

Children who experience frequent medical problems or hospitalizations or who have multiple therapy appointments may need special arrangements for appointments.

8. How are the examination/treatment rooms arranged?

- Open bay with multiple chairs
- Private rooms
- Combination

Children with sensory impairments or attention deficits may be easily distracted.

9. Can the x-ray equipment reach low enough to accommodate young children or children in wheelchairs?

Trying to take x-rays on children is challenging under any circumstances, but equipment limitations can cause unnecessary frustration. Adaptations such as booster seats can help.

10. Do you have panoramic film capability?

Some children may not be able to bite effectively enough to hold a bitewing or periapical x-ray, so a panorex may be an option. However, not all children will be able to hold still long enough to complete a panorex.

11. Are staff versed in alternative x-ray techniques (e.g., lateral jaw, snap-a-ray)?

Alternative techniques are available to compensate for a child's inability to fully cooperate; parents may also assist with stabilization if lead shielding is available.

12. Are parents allowed to remain in the operatory with the child?

Involving the parents in at least some of the care will increase their understanding of the process and may reduce the child's anxiety. Parental knowledge is particularly important when working with medically compromised children, especially if they have uncontrolled seizures or swallowing or breathing problems.

13. Do you have a policy on protective stabilization?

Any techniques for stabilization or that restrict movement require informed consent from parents before being used.

14. What is your informed consent process for examination? treatment? behavior management techniques?

Parents who receive thorough and clear explanations of their child's needs and who participate in care decisions will be more comfortable about providing informed consent for care, particularly when advanced behavior management techniques are required.

15. Do you send any health history or other forms home for completion before the initial appointment?

Parents of children with complex medical needs will appreciate the extra time to complete the forms accurately and to gather copies of any medical records that might be helpful to you in caring for their child. Accurately completed forms will also save you time.

16. Would you schedule an orientation/initial consultation session with a family who requested one?

Parents want to know that their child will receive quality care from oral health professionals who feel comfortable treating their child and who can assess and understand her needs. An initial interview will allow parents and the child to see the office, meet the dental team members, and ask questions.

17. Are you able to schedule appointments to allow for flexible staffing and assistance if needed?

For example, the dental hygienist may need a dental assistant to help place sealants or take x-rays, or additional staff members may be needed to assist with a wheelchair transfer.

18. What type of payment methods/arrangements do you accept? Are you aware of any community resources for financial coverage for children with special health care needs who can't afford oral health care?

Before the appointment, parents and office staff should discuss whether the child qualifies for any special programs, whether the office offers any special payment arrangements, or whether oral procedures require pre-approval from a third-party payor.

19. Do you have an individualized recall system for exams/preventive appointments?

Children may need more frequent recall intervals if they have certain medical conditions or specific risk factors such as special diets or compromised immune systems, or if they are tube fed.

20. Does your office provide any coverage for oral emergencies after hours or on weekends?

Children may experience oral injuries from seizures, falls, or other causes. Parents need to know when and where to take the child for assessment and treatment of an oral injury or other emergencies that occur outside normal office hours.

21. Do you provide any oral hygiene education, oral screenings, or oral examinations to children with special health care needs at community or school programs?

Community or school programs can help detect oral problems early and facilitate appropriate referrals for care. Teachers and caregivers will also appreciate your efforts to reduce transportation barriers for children and to learn about their programs.

22. Have any of the dental team members received special training in working with children with special health care needs?

Continuing education courses and self-study manuals are available to increase oral health professionals' knowledge and skills.