

# School-Based Dental Sealant Program Manual

Bureau of Maternal, Child, and Family Health, 2023



**Department of  
Health**



The updated 2023 version of the Ohio Department of Health Bureau of Maternal, Child, and Family Health, [School-Based Dental Sealant Program Manual](#) will not be printed for distribution and is only available in this electronic format and posted on the [ODH/Oral Health Program Website](#).

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## Introduction

The Ohio Department of Health (ODH) Oral Health Program (OHP) remains committed to supporting school-based sealant programs (SBSPs). Dental sealants are effective in preventing pit and fissure caries, the most common type of tooth decay seen today among school-aged children. They are an effective tool that contributes to the overall health of students. Dental sealants are underused, particularly for children from economically disadvantaged families who are at higher risk for tooth decay and lack routine access to dental care. Since the mid-1980s, ODH has awarded funding to local health departments, school districts, educational institutions, and private nonprofit organizations to support the operation of SBSPs. The goal of SBSPs is to apply quality dental sealants in a cost-effective manner to the maximum number of Ohio's schoolchildren at high risk for dental caries.

As stewards of public funding, ODH is responsible for assuring the positive impact of the SBSP by evaluating the performance of each local program and helping local SBSPs be successful by providing technical assistance, when necessary. While the Request for Proposals (RFP) specifies expectations of agencies receiving a SBSP grant, ODH created this manual to provide more detail about those expectations, and to make them more readily available in an organized manner by topic. This manual was developed with assistance from local SBSPs and reflects professional recommendations from systematic reviews of literature by expert panels convened by the [Centers for Disease Control and Prevention \(CDC\)](#) and the [American Dental Association \(ADA\)](#). It also incorporates information compiled by the [Best Practices Committee of the Association of State and Territorial Dental Directors](#). ODH SBSP subrecipients must comply with the requirements detailed in this manual.

## Purpose

The purpose of the School-Based Dental Sealant Program Manual is to provide ODH-funded SBSPs with information consistent with the state-of-the-science, and clearly states expectations and standards for ODH-funded SBSPs. The RFP and this manual are the basis for evaluating ODH's statewide SBSP initiative and the individual programs involved.

## Local Program Operations

Beyond the requirements specified by ODH in this manual and in the RFP, local SBSPs have flexibility deciding how to operate their programs. For example, programs may select the sealant product to be used, choose to include additional information on program forms, or decide how to foster return of consent forms. The manual discusses program requirements and options that local subrecipients can elect to use in their SBSPs.

## Regulatory Compliance

### Ohio State Dental Board (OSDB)

The OSDB regulates the practice of dentistry in Ohio. Ohio's dental sealant programs must operate in accordance with the Dental Practice Act [Ohio Revised Code (ORC) Chapter 4715], and rules [Ohio Administrative Code (OAC) Chapter 4715], available on the [OSDB website](#).

Of interest to dental sealant programs:

- All dentists and dental hygienists must be currently licensed by the OSDB. Biennial licensure renewal is required for dentists and dental hygienists. Licensure shall be verified on the OSDB website.

Under the following conditions, a dental hygienist shall provide sealants without the dentist being physically present [ORC 4715.22 (D) (1-3)].

- A supervising dentist may be employed by or volunteer for the funded agency, or receive a stipend to serve as an advisor and resource for the dental sealant team. The dentist should act as a liaison with the local dental community and be available for consults by telephone with staff on matters requiring dental decisions.
- Registered dental hygienists working in school-based dental sealant programs can assess and select teeth for sealants and apply dental sealants. This requires seeing each child once. Screening and tooth selection must not be a separate activity from sealant application.
- Dental hygienists working in SBSPs are not required to meet the same supervision requirements as those working in private practice when the dentist is out of the office [ORC 4715.22(C)].
- Although dental assistants and Expanded Function Dental Auxiliaries (EFDA) are permitted to place sealants, a dentist must be present when they do, making this model inefficient, both from a time and cost perspective for SBSPs.

### **Occupational Safety and Health Administration (OSHA)**

OSHA is the federal agency that enforces rules and regulations to prevent injuries and protect the health of workers. Details of these regulations and interpretations are available on the [OSHA Website](#), along with the [Bloodborne Pathogens and Needle Stick Prevention guidelines](#). These guidelines specify precautions that are needed to protect oral health care workers, such as:

- Establish a written exposure control plan that must be updated annually.
- Provide infection control training prior to employees working in an environment where exposure to blood or other potentially infectious materials will occur, and on an annual basis, thereafter.
- Provide personal protective equipment; gloves, eyewear/face shield/masks, and protective clothing must be worn by dental personnel.
- Perform appropriate hand washing.
- Sterilize instruments. Instruments that can withstand heat must be sterilized in an autoclave. If the instruments cannot withstand heat, a high-level disinfectant must be used, according to the manufacturer's directions. Disposable items must not be re-used.
- Monitor the autoclave weekly by biologic testing (spore test) for proper functioning.
- Clean and disinfect environmental surfaces. Barrier techniques must be used for items that are difficult to clean or disinfect (e.g., curing light, applicator).

### **Compliance with ODH Policies**

#### **ODH Grants Administration Policy and Procedures (OGAPP)**

All ODH-funded SBSPs must comply with OGAPP which is administered by the ODH Grants Services Unit (GSU). Agencies that do not comply with OGAPP risk loss of grant funding and will jeopardize their opportunities for future ODH funding. GSU consultants help ODH-funded SBSPs in complying with OGAPP requirements and technical aspects of filing Grants Management Information System (GMIS) reports. To obtain the contact information for GSU consultants, contact the Bureau of Child and Family Health at [BMCFH@odh.ohio.gov](mailto:BMCFH@odh.ohio.gov) or the School-based Oral Health Program Coordinator. Review the [OGAPP manual](#) for details about ODH grants administration.



## Grants Management Information System (GMIS)

All ODH grant applications must be submitted electronically via GMIS. An applicant agency must have GMIS-trained individuals to gain access to this system for application, fiscal and program reporting. The OHP and GSU consultant can assist SBSPs with questions regarding GMIS.

## Sealant Program Eligibility

### School and Grade Selection

SBSPs target schools with a high percentage of children from lower-income families. These children generally have poorer access to routine dental care and are at higher risk for tooth decay. Grades (typically 2nd and 6th) are targeted to provide sealants for vulnerable, newly erupted permanent molars. Follow-up in the 3rd and 7th grades accomplishes two things:

1. Tooth assessment for sealant retention, repair, or replacement, if needed.
2. Sealing previously unerupted molars.

With a good rationale and ODH approval, SBSPs may target other grades (e.g., target 7th grade with 8th grade follow-up) to seal more newly erupted second molars. Selection of schools to participate in the sealant program is based on eligibility criteria specified in the RFP.

Eligibility for the Free and Reduced-Price Meal Program (FRPMP) is a primary metric for identifying eligible schools. Schools must have at least 40% of their students eligible for the FRPMP to be considered for the sealant program. In addition, the OHP recommends the use of the [Social Vulnerability Index \(SVI\)](#) to further identify counties and schools eligible to participate in the sealant program. The SVI is a composite metric that characterizes sociodemographic and economic factors that reflect a community's resilience, including poverty, employment, housing, and primary language spoken.

To ensure the statewide SBSP is reaching the highest-risk children, ODH closely reviews and approves schools listed in each agency's annual application and requires notification prior to an agency deviating from its approved plan. ODH encourages programs to serve as many eligible schools in or near their targeted communities as possible, with ODH approval.

Return of consent forms and strong school support are important for providing dental sealants to the maximum number of children at-risk for dental caries and achieving program target numbers. If participation is consistently low, in a particular location, it may not be cost effective to continue the program at that school. Please contact ODH for approval before discontinuing sealant services at such a school or offering the program to additional qualifying schools.

## Program Forms

See Appendices 1-4 as sample forms that subrecipients shall use. The forms contain basic information required by ODH. For example, all ODH-funded SBSPs must ask a question about race on the consent form, using the required choices for parent/guardian response. The SBSP may choose to ask for more information in response to questions than ODH requires, e.g., additional health history. The information contained in the sample forms not only assists the SBSP in program operations, but also provides data that are reported to ODH. *If SBSPs modify forms, they must obtain OHP approval prior to printing and using the forms.*



## Site Assessment

The assessment of a dental sealant site (prior to the date for providing dental services) is an opportunity to address any issues with set-up and infection control and prevention (ICP), in advance. *Infection Control Considerations for Site Assessment for SBSPs* in Appendix 5 is a useful checklist that can confirm a site meets program needs and provides adequate infection control for tooth assessment and sealant application.

## Infection Control and Prevention

The portable nature of SBSPs presents challenges for infection control and prevention (ICP). ODH requires all funded SBSPs to comply with current infection control regulations (e.g., [OSHA, Organization for Safety, Asepsis and Prevention \(OSAP\)](#), the [OSAP Infection Prevention & Control Guide for School Sealant Programs](#) and CDC recommendations for [healthcare professionals](#) and for [schools](#)).

This section provides an overview of the general concepts of ICP in a portable dental care environment, including detailed guidance prompted by the COVID-19 pandemic.

SBSPs are required to be familiar with the overall concepts of ICP and must follow modifications to ICP procedures that are in place due to COVID-19. **SBSPs are expected to keep a copy of this manual (including their exposure control plan) in their SBSP notebook, on site.** Links to detailed background information are provided in the guidance, and SBSP teams must review this information before starting to work in schools. Teams should also keep copies of their agency's COVID-19-related policies and procedures in their notebook on site.

ODH recommends “layering” prevention strategies to prevent or minimize the risk for spreading disease. These strategies include being fully vaccinated; indoor masking; increased ventilation; consistent hand hygiene; and enhanced cleaning and disinfection to prevent the spread of microorganisms. Each of these strategies is discussed below in the context of dental sealant programs. SBSP teams should discuss these prevention strategies with school administrators so they are also aware of the ICP strategies that will be taken.

COVID-19 guidelines and recommendations are updated when necessary to reflect the latest information known about COVID-19. SBSPs should stay abreast of COVID-19 guidelines issued by CDC, ODH, and local health departments.

The CDC and OSAP have identified levels of risk for transmission of infections and bloodborne diseases during dental services based on the anticipated contact between the provider and patients' mucous membranes, and/or blood and blood-contaminated saliva (see Table 1). Sealant programs assess and select teeth and apply sealants -- each of which poses a Level II risk due to provider contact with patients' mucous membranes and saliva (but no anticipated contact with blood or saliva contaminated with blood).

**Table 1. Levels of Risk Based on Anticipated Contact Between Provider and Patients**

Level	Anticipated contact with Mucous Membranes	Anticipated contact with Blood or Saliva Contaminated with Blood
I	Yes	Yes
II	Yes	No
III	No	No

*Adapted with permission from OSAP. Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans. <https://www.osap.org/>*

The following guidance is based on Level II risk and the CDC's Four Basic Principles for Infection Control (summarized in Table 2 on page 11).

# Principle I: Take Action to Stay Healthy

## Immunizations

ODH strongly recommends that all SBSP team members be fully vaccinated for COVID-19 and against other diseases as listed in [CDC's recommended adult immunization schedule](#).

In Ohio, all oral health professionals must show evidence of hepatitis B vaccination/immunity; and this documentation must be kept on file. The [OSDB Infection Control Manual](#) specifies the documentation requirements and process for waiver application for those medically unable to receive the hepatitis B vaccine.

## Hand Hygiene

Appropriate hand washing must be performed.

**Note:** Although it's ideal to be in a room with a sink when providing school-based dental sealant services, that often is not possible. SBSPs must select the best available site close to a sink. Soap and water, as well as alcohol-based hand sanitizers (sometimes called hand rubs) should be used for cleansing hands. Hands must be cleansed before and after treating each patient, before donning or doffing gloves, after ungloved contact with surfaces or objects that may be contaminated by blood or other potentially infectious materials, before leaving the "operatory" or work area, and when hands are visibly soiled. Soap and water (not hand sanitizers) must be used when hands are visibly soiled.

Staff must be trained in the procedures for hand washing and for the use of hand sanitizers:

- The hands of the sealant team members must be washed with soap and water for at least 20 seconds before and after each sealant screening/application contact, consistent with [CDC guidance](#).
- Wash hands by vigorously rubbing soap and water over hands and fingers before rinsing with cool water and thoroughly drying.
- If handwashing is not available, the team must use an alcohol-based hand sanitizer with at least 60% alcohol. If hand sanitizer is used, apply it to hands and rub hands together as if washing hands until hands are dry.
- Hand sanitizers do not remove the powdery residue that can form under gloves. Program staff using hand sanitizers must also wash hands periodically with soap and water.

**Table 2. Infection Control Practices for School-Based Dental Sealant Programs**

Principles of Infection Control	SEALANT APPLICATION and ASSESSMENT to SELECT TEETH FOR SEALANTS CONTACT is anticipated with patient's mucous membranes and saliva, not with blood or saliva with blood
<b>1. Take action to stay healthy</b> <i>Immunizations</i> Hepatitis B Vaccine Hepatitis Vaccine Annual Influenza Vaccine Vaccines for the other preventable diseases	Yes <sup>1</sup> Yes, if not immune Yes Yes
<b>2. Avoid contact with blood</b> <i>Personal Protective Equipment (PPE)</i> Gloves Masks Protective eyewear or chin-length face shield Gowns/long sleeve outer clothing  <i>Avoid injuries</i> Handling sharp instruments Written policy with exposure control plan	Yes Yes Yes Yes  Yes Yes
<b>3. Make patient care items safe for use</b> <i>Instruments</i>	Dispose or heat sterilize <sup>2</sup>
<b>4. Limit the spread of blood and other infectious body substances</b> <i>Control contamination</i> High volume evacuation Waste handling <sup>3</sup> Surfaces	Yes Yes (non-regulated and regulated) Yes

**Notes:**

<sup>1</sup> If a dental provider—Hepatitis B immunity is not required for an individual who is solely a recorder for tooth selection, is not subject to spray or splatter from the air/water syringe and has no contact with patients' mucous membranes and/or with instruments/items that have contact with patients' mucous membranes.

<sup>2</sup> If reusable instruments (e.g., mouth mirrors) are used, these must be cleaned, and heat sterilized. If using disposable instruments or disposable tongue blades, place directly in waste container after use.

<sup>3</sup> In Ohio, disposal of non-regulated and regulated medical waste must comply with OSHA rules and Ohio Revised Code 3734.01, and Ohio Administrative Code 3745-27-01.

Adapted with permission from OSAP. Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans. [www.OSAP.org](http://www.OSAP.org).

# Principle II: Avoid Contact with Blood and Other Potentially Infectious Body Substances

## Personal Protective Equipment (PPE)

PPE must be stored close to the patient care area where dental sealants will be applied, and facilities must be available for disinfection of PPE (e.g., patient eyewear, face shields, and utility gloves). PPE must be worn in the patient care area only.

### Gloves

Gloves are single-use, disposable items and cannot be re-used or washed. If gloves are damaged during a procedure (e.g., torn, punctured), remove and discard them, wash hands immediately, and put on clean gloves. Over-gloving (i.e., putting a clean pair of gloves over a used pair) between patients is not permitted in Ohio. Gloves must be removed carefully to avoid exposure to microorganisms from patients. Wearing gloves does not replace hand washing.

Because of possible latex sensitivity among patients and staff, which can result in allergic reactions ranging from skin rash to anaphylaxis, SBSPs must use non-latex gloves.

Heavy-duty puncture-resistant gloves must be worn along with protective clothing and face protection during clean-up and during preparation of instruments for sterilization. Utility gloves must be decontaminated and can be used again, but damaged or worn-out gloves must be discarded.

### Face Protection

Face protection (e.g., chin-length face shields, masks, eyewear with side shields) is required. Eyewear must have solid side shields. Eyewear and face shields must be cleaned and disinfected between patients, at the end of the day, and if visibly soiled. Safety glasses are not an acceptable form of eye protection for sealant team members as they may have a gap between the eyewear and the face.

During tooth assessment and sealant application, oral health professionals must wear a mask. The type of mask worn depends on whether aerosol-generating procedures (AGPs) are being conducted. If a SBSP is placing sealant using glass ionomer cement (GIC) and the manufacturer's instruction for use do not require the use of an air syringe, aerosols will not be generated. In this case, a surgical mask is sufficient. The CDC does not specify in its guidance which level of the surgical mask to use. The decision on which level mask to use is based on the amount of anticipated spatter. Because splashing or spattering of blood or other body fluids is not anticipated during tooth assessment or placing sealants, a Level 1, 2, or 3 surgical mask can be used.

However, if a SBSP is placing resin-based sealants or GIC sealants that require the use of an air syringe, aerosols will be generated and an N95 mask may need to be worn. This is in accordance with current CDC recommendations that a [NIOSH-approved N95 or equivalent or higher-level respirator be used by dental health care workers in counties with substantial or high levels of transmission](#). SBSPs will need to [monitor levels of transmission](#) in the county in which they are working to determine whether an N95 mask is needed.

Be aware that if a SBSP team member uses an N95 mask, it can only be used in the context of a comprehensive respiratory control program, which includes fit testing. Consult [OSHA](#) for details.

If a mask becomes damp or visibly contaminated during treatment, it must be changed. Staff must remove masks by the fasteners because the front of the mask is considered contaminated and must not be touched. Masks must not be worn off the face or around the neck.

ODH strongly recommends that those who are not fully vaccinated wear masks while inside a school and in communities with substantial or high transmission of COVID-19. However, each school/school district will decide whether to require SBSP team members to wear masks when away from the sealant program area. If schools require masks, SBSP team members must follow school policy.

### **Protective Clothing**

A disposable, touch protective isolation gown must be worn during tooth assessment and sealant application. SBSP staff are unlikely to need fluid-resistant gowns because contact with body fluid that would seep through a garment before it can be changed is not anticipated. The gown must be at least knee-length, tie in the back and have elastic at the wrist.

Protective clothing does not need to be changed after each patient unless it is visibly soiled. The gown must be removed before leaving the sealant application area. It must be discarded at the end of the morning shift and the end of the day, at a minimum. It can be placed in the regular trash. Protective clothing must also be removed immediately or as soon as possible when it becomes visibly soiled or if blood or other infectious materials have penetrated it.

### **Other PPE Requirements:**

- Before seeing a child with special health care needs (e.g., a child with cystic fibrosis, pediatric cancer, or an autoimmune disorder), don new PPE (mask, gown, and gloves) and disinfect the goggles or face shield.
- SBSPs must be able to purchase all PPE and ensure that it is available to SBSP staff. SBSPs without adequate PPE must suspend work in the schools until PPE is available.
- Follow the [CDC guidance on the correct sequence procedures for donning and doffing PPE](#). While these guidelines were written for use in a healthcare facility (e.g., a hospital), much of the guidance is relevant for SBSP team members.
- All used PPE must be disposed of when leaving the school for the day. Check with the school administrator to find out if the trash can be left on site or whether the SBSP team must take it with them.

### **Safe Handling of Sharps**

For ODH-funded SBSPs, sharps are generally limited to explorers. Sharps must be transported in securely closed containers that are impervious to sharps.

All contaminated disposable sharps must be discarded in a closeable, leak-proof container that is manufactured for that purpose and that is impervious to sharps. The container must either be red or be labeled with the biohazard symbol, or both. The container must also be labeled “sharps.” The sharps container must be placed in a secure location as close to the SBSP staffer as possible. Program staff must receive training on the proper handling of sharps and their disposal. Additional information about Management and Follow-up of Occupational Exposure is available in Appendix 6.

## Principle III: Make Instruments and Equipment Safe

OSDB requires heat sterilization between patients of all patient-care items that touch mucous membranes and can withstand repeated exposure to high heat. Instruments can be heat sterilized on or off site.

Reusable instruments can be used if they can withstand heat sterilization. Disposable instruments are a suitable alternative to reusable instruments.

Programs that use handpieces, or air/water syringes that are detachable from the unit, must heat sterilize them between patients and follow the manufacturer's instructions for sterilization and care. If the handpiece or air/water syringe is permanently attached to the unit, programs must barrier-protect the handle and either use disposable tips or sterilize metal tips between patients.

Multi-use sealant material syringes used in the sealant application process can easily become contaminated but cannot be disinfected or heat-sterilized. The barrel of the syringe must be covered with a replaceable barrier. Programs that use this item must use a new disposable syringe tip for each patient. Programs that use syringes to apply etchants and sealants should consider using single-use, disposable syringes, rather than the multi-use type. More information about Instrument Sterilization Fundamentals is available in Appendix 7.

### Sterilization Monitoring

The autoclave must be monitored every seven days, on the same day each week, by biologic testing (spore test) for proper functioning, and programs must document testing and keep a log with test results. Testing must be done weekly, even if a program operates only one day per week. If a spore test result is positive, the [OSDB](#) requires that immediate action be taken to ensure that heat sterilization is accomplished. While programs can do biological spore testing themselves, most SBSPs choose instead to use independent sterilization monitoring services.

If the autoclave has been idle for an extended period (e.g., during summer break), staff must perform a biologic spore test before program start-up to ascertain whether the autoclave is functioning correctly.

### Portable Dental Unit Water Quality

The CDC has [guidelines for maintaining dental water unit quality](#). CDC recommends that water used for routine dental treatment meets U.S. Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., <500 CFU/mL of heterotrophic water bacteria). Some manufacturers of portable dental equipment advise that tap water (of excellent quality from a municipal supply), distilled, or purified water be used in the water supply bottle. Programs must consult with the manufacturer of their dental units for appropriate methods and equipment to maintain and monitor dental unit water quality.

Dental water line cleaners must be used according to the dental unit manufacturer's directions. Some manufacturers recommend draining the water from the unit at the end of each day.

CDC recommends that water and air be flushed for a minimum of 20–30 seconds after each patient from any device connected to the dental water system that enters the patient's mouth (e.g., air/water syringe) to expel organisms that have been drawn into the waterline.

# Principle IV: Limit the Spread of Blood and Other Infectious Body Substances

## Spatter/Aerosols

Any time that an air/water syringe is used, it is likely that aerosols and spatter will be generated. Many GIC sealant products only require the use of the water syringe to thoroughly rinse the conditioner off the tooth to be sealed. If using a GIC material that does not require the use of the air syringe, the potential to produce spatter is low, and aerosols will not be generated. However, the application of resin-based sealant material requires the use of both air and water, and spatter and aerosols will be generated.

Using the air/water syringe carefully can minimize creating backsplash or spatter. The use of high-velocity evacuation (HVE) will greatly limit potential spatter. Saliva ejectors are not permitted to be used by SBSPs.

**Patients must not close lips around the HVE tip to prevent potential “suck-back” of bacteria that is in the tubing.** The HVE tubing and waste container must be disinfected. Follow the manufacturer’s recommendation on how to disinfect the tubing and waste container.

## Barriers and Disinfection of Surfaces

Clinical-contact surfaces (e.g., tabletops, instrument tray) must be cleaned and disinfected with either a hospital-grade disinfectant or a disinfectant wipe product that is registered with the U.S. EPA. Disinfect surfaces between patients or cover them with barriers that are discarded and replaced between patients. Programs must make a list of surfaces to be cleaned, disinfected or barrier-protected, and the process and products to be used.

If a surface is not barrier-protected or if contact is made under a barrier, the surface must be cleaned and disinfected. Ohio’s SBSPs may use a combination of barriers (e.g., for curing lights, head rests) and disinfection (e.g., for trays, counters). Programs must have a protocol for the management, storage, and disposal of chemical disinfectants. Products must be used appropriately for their intended purpose, and with a minimum of exposure for the sealant team and patients.

Areas where chemicals are used must be well-ventilated. Storage practices must prevent or contain spills. Products must not be exposed to extreme temperatures. Refer to the manufacturer’s instructions for proper handling, storage, and disposal of products. Safety Data Sheets for all materials and supplies should be kept in the SBSP notebook on site. These sheets provide instructions on the proper procedures to follow should a potentially harmful exposure occur to a SBSP team member or student.

Use the following procedures to clean and disinfect clinical contact surfaces:

1. Spray surface with disinfectant.
2. Wipe surface to clean it and remove any debris.
3. Spray surface with disinfectant again.
4. Follow manufacturer’s directions for contact time required to allow the product to achieve disinfection.

If disinfectant wipes are used, clean the surface, and discard the wipe; then use a fresh wipe for disinfection. Follow the manufacturer’s directions.



## Waste Disposal

Disposal of regulated medical waste (e.g., sharps, blood-soaked gauze) must comply with OSHA rules and state law including the [Ohio Revised Code \(ORC\)](#) and the [Ohio Administrative Code \(OAC\)](#). Sharps containers must not be emptied and must be disposed of as soon as the contents reach the fill/full line.

In the unlikely event that a program generates regulated medical waste (e.g., blood-soaked gauze), that waste must be contained in a leak-resistant, securely fastened bag/container that is red or conspicuously labeled with the international biohazard symbol. SBSPs are typically small generators of infectious waste (less than 50 pounds per month, with proper documentation of infectious waste's weight available for each month), which means that they can dispose of both non-regulated waste (e.g., gloves, masks, disposable instruments, cotton rolls, protective coverings) and regulated waste (infectious waste) in regular trash bags without special handling.

It is best to consult with school personnel about their preferences before discarding non-regulated waste on-site. Any program that is concerned about its status as a small generator should refer to the state regulations in the [ORC Chapter 3734.021](#) and [OAC 3745-27](#).

## Other Guidelines to Reduce the Risk of Disease Transmission

It is critical that SBSPs teams work with the principal and/or school nurse in each building to be fully informed of their specific policies and procedures for safely providing services.

### SBSP Team Member Self-Assessment

SBSP staff entering schools must demonstrate an understanding of COVID-19 symptoms and participate in symptom checks. Staff must demonstrate a clear understanding of isolation and quarantine guidance to ensure they are providing services with the highest level of safety.

Sealant team members (the registered dental hygienist and the dental assistant) must conduct a daily COVID-19 symptom assessment prior to arriving at the school. Symptoms may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The list above does not include all possible symptoms. Review CDC's up to date list of [COVID-19 symptoms](#).

A SBSP team member who has COVID-19 symptoms cannot provide direct services or administrative duties and must not report to a school. Anyone with symptoms of COVID-19 should isolate and get tested, regardless of vaccination status.

A fully vaccinated sealant program team member does not need to quarantine after [close contact](#) with a person with suspected or confirmed COVID-19, unless they are symptomatic. A team member should watch for any signs of symptoms for 10 days following their last exposure and should be tested (using a PCR or antigen test) 3-5 days after last exposure. They should also wear a mask indoors for 10 days or until the test has come back as negative.

A team member who is not fully vaccinated and has had close contact with a person with COVID-19 within the last 10 days must immediately contact their supervisor and follow any procedures required by their local health department and employer. The team member should also contact their health care provider. Refer to the [CDC guidance on when to quarantine](#) for additional guidance.

If symptoms arise while at a school, the SBSP team member must leave the building as soon as possible, isolate, and inform their supervisor and school administration. A SBSP team member who has COVID-19 cannot return to work until they have met the [CDC guidance for medical professionals returning to work](#).

### Location of SBSP Work Area

- In conjunction with school personnel, SBSP teams should carefully consider the best options for the location of the designated sealant application work area. The area should be a well-ventilated space away from other students, teachers, and staff, (e.g., a stage, conference room or unused classroom). Avoid setting up in a hallway or cafeteria. A gymnasium, library, or other area that will not be used on a given day may also be an alternate work area.
- If the SBSP has more than one team operating at the school, it is preferable that each team be assigned separate work areas. If the work area must be shared, position the teams as far apart as possible, preferably in opposite corners of the space and ideally 6 feet apart.
- If teams must share a work area and their workspaces cannot be at opposite corners of a large space (e.g., gymnasium), or the workspaces can't be a minimum of 6 feet apart, teams must create a semi-enclosed "pod" around each workspace by using material such as a clear shower curtain, plastic sheeting, or 3-walled popup tents (with or without top canopy). Any reusable materials should be able to withstand exposure to cleaning and disinfection products.
- Each work area must have good ventilation. If the work area has limited ventilation (e.g., a small office, no windows that can be opened) or if a semi-enclosed pod is used, an enhanced ventilation system such as a portable HEPA air purifier should be used to increase air exchange.
- **If a SBSP is placing sealants that require the use of an air syringe, this is considered an AGP, and a portable air purifier must be used.**
- Follow Organization for Safety, Asepsis and Prevention recommendations for using a portable air purifier:
  - If working in a pod, the student's head should be oriented at the rear of the pod, opposite the entrance.
  - The air purifier should be placed behind the student's head, across from the dental care worker(s). Ensure the dental care worker(s) are not positioned between the unit and the student's mouth.
  - Position the unit to ensure that it does not pull or push potentially contaminated air into, or past the breathing zone of the dental worker(s). Some HEPA systems may allow exhausting the HEPA-cleaned air out of the rear of the pod, thus creating a protective directional airflow.

- If working in a pod, ensure that there is sufficient clearance at the top of the pod so that it does not interfere with the fire suppression system (generally a minimum of 18 inches is recommended, but check with school personnel).
- The sealant team should choose a work area with hard flooring. Discuss the cleaning schedule for the floors with the school administration. If the floor will not be cleaned by school staff immediately after the sealant team has finished working at the school, the team should clean and disinfect the floor before leaving.
- If the only available work area has carpeting, cover the carpet prior to set up. A large sheet of plastic, taped down, may be used. Make sure the covering does not create a trip hazard. Dispose of the cover when finished at the school.
- Ideally, the work area will have a sink or easy access to a sink.

### **Student Assessment**

- Prior to arriving at the school, the SBSP team must review the school's COVID-19 symptom reporting policy on reporting any student who is exhibiting possible signs of illness or other symptoms identified by CDC.
- Carefully review each student's health history. Before seeing a child with special health care needs (e.g., one with cystic fibrosis, pediatric cancer, or an autoimmune disorder), determine if high-risk conditions or special health care needs require modification of assessment and treatment. The team should confer with the school nurse and the child's parent/guardian as needed to determine the modifications that should be made. See the section on Personal Protective Equipment starting on page 12 for additional guidance.
- It is not required that the RDH or DA take the student's temperature before seating the child in the dental chair. If teams wish to take temperatures with advance permission from school administrators, temperatures should be recorded under the Notes section on the student's Patient Record. A student who is beginning to show symptoms or has a temperature reading >100°F should not be assessed for sealants or receive sealants.

### **Movement of Students to Work Area**

If sealant team members are transporting students between classrooms and the treatment area, they should remove their gowns, gloves and face shields when leaving the treatment area. A mask should be worn if required by the school.

Students should abide by school requirements for wearing a mask when walking to and from the work area. If a mask is required, it should be kept on until the screening/sealant placement begins. Once the tooth assessment/sealant placement is completed, the student must put on their mask before exiting the chair and walking back to class.

The hands of the sealant team members and the student must be washed with soap and water for at least 20 seconds before and after each sealant screening/application contact, [consistent with CDC guidance](#). If handwashing is not available, the team and student must use an alcohol-based hand sanitizer with at least 60% alcohol.

## Required Paperwork

SBSP teams may choose to keep all paperwork outside of the workspace (i.e., not at chairside) to reduce the potential for contamination. Another option is to use a laminated dental chart at chairside and transfer information to the student's chart when the student is dismissed. The laminated chart must be wiped down before the next use.

## Training

Program staff must receive education and training at least once a year about infection control principles and understand the rationale for recommended infection control practices. In addition, training must be provided upon initial employment or when a change in duties or procedures affects exposure. Staff designated for specific task responsibilities (e.g., instrument sterilization, waste disposal) must receive appropriate training for that task. Training must address the portable environment and OSHA regulations.

The [School-Based Dental Sealant Program curriculum](#) offered by the national Maternal and Child Oral Health Resource Center, includes a module about infection control. SBSPs are required to take this course via distance learning. However, infection control requirements of Ohio's SBSPs may differ somewhat from what is contained in the distance learning modules. SBSPs must follow the guidelines in this ODH SBSP Manual.

Programs must have a written infection control plan (including a post-exposure control plan) that describes protocols and procedures specific to their program. The plan must be maintained by a program staff member, designated as the infection control coordinator. If post-exposure care is needed, the program must have access to a health professional qualified to provide post-exposure care, counseling, and follow-up. The infection control plan and procedures must be reviewed and evaluated at least annually by program staff and updated as necessary.

## Clinical Materials and Methods

All SBSP personnel [program director, registered dental hygienist, dental assistant, and supervising dentist(s)], must complete the School-Based Dental Sealant Program curriculum (referenced above). ODH awards continuing education credits to dentists and dental hygienists who complete the approximately two-hour-long curriculum. The following educational material is presented in greater detail in the curriculum.

### Tooth Selection

A registered dental hygienist must assess each child's need for sealants and indicate in the patient record which teeth are to be sealed. If a sealant cannot be placed, the sealant team must note the reason on the patient record. **Visual assessment alone is sufficient to detect surface cavitation and/or other signs of dentinal involvement, prior to sealant placement. Magnifying loupes must not be used in Ohio SBSPs.** Any debris must first be removed from the pits and fissures using a dry toothbrush. Teeth must be dried with cotton rolls, gauze, or compressed air if a dental unit is being used.

**The use of explorers is not necessary for the detection of carious lesions and the forceful use of the explorer on a non-cavitated, subsurface lesion can easily damage the tooth.** Therefore, if an explorer is used when selecting teeth for sealants, it may be used to gently clean debris or remove plaque to confirm and assess cavitation. If used to confirm cavitations (**only use when in doubt, not routinely**), the explorer tip can be placed in contact with the tooth surface and moved very gently around the area to see if a discontinuity or break is detected.

**Non-cavitated** lesions in pits and fissures will appear as a white/yellow/brown discoloration, not consistent with exogenous stain, and are limited to the confines of the pits and fissures, or extending from the pit and fissure system. **Cavitated** lesions appear as a discontinuity or break in the surface, due to loss of tooth surface. The break can be limited to enamel or can expose dentin.

Table 3 provides guidance for placement of dental sealants based on recommendations of expert panels from the ADA and the CDC.\* ODH-funded sealant programs must seal both **sound** and **non-cavitated** pit-and-fissure surfaces of first and second permanent molars, as well as cavitated lesions that are **confined to the enamel**. In unusual instances where the dental hygienist detects one or more **non-cavitated or cavitated lesions, confined to the enamel** in pits and fissures of premolars, primary second molars or permanent maxillary incisors, those teeth must be selected for sealant application and their sound counterparts shall be, as well. **Do not seal over cavitated lesions that have progressed into the dentin. These lesions require treatment to arrest the caries process.**

Table 3. Indications for Placement of Dental Sealants	
Tooth Status	Indications for Sealants
Caries-free teeth	Seal
Carious lesions that are confined to the enamel	Seal
Teeth with cavitated lesions that extend into Dentin	Do not seal; refer to treatment

\*Barbara F. Gooch; Susan O. Griffin; Shellie Kolavic Gray. JADA 2009; 140: 1356-1365. [https://jada.ada.org/article/S0002-8177\(14\)64584-0/fulltext](https://jada.ada.org/article/S0002-8177(14)64584-0/fulltext)  
Fontana M; Zero DT; Beltran-Aguilar ED; Gray SK. JADA 2010; 141: 854-860. <https://www.sciencedirect.com/science/article/pii/S0002817714647711>

Caries detection devices and technologies are not required in SBSPs to determine the need for sealant placement. ODH-funded programs are not permitted to use these technologies because of unnecessary cost and the fact that their misuse could lead to teeth being misclassified and incorrectly precluded from sealant placement.

### Sealant material

Many sealant materials are commercially available. No one product is clearly superior above all others. There are, however, considerations that narrow the choices of sealant materials that are acceptable for use in ODH-funded programs. [Seal America: The Prevention Invention](#) provides a useful overview of the attributes of sealant materials that are appropriate for use in school-based programs.

ODH-funded programs are permitted the use of either resin-based or GIC sealant material. However, ODH prefers that SBSPs use a GIC sealant because it offers the following advantages:

- GIC does not require a dry field for successful placement.
- Depending on the type of GIC material, generating aerosols may be avoided because the air syringe may not need to be used.
- GIC material releases fluoride over a prolonged period.

Other factors when choosing a sealant material include:

- The dental hygienist's experience and proficiency in using a certain type of sealant.
- Whether following the manufacturer's instruction for use will avoid generating aerosols, which is desirable in a SBSP.
- Whether the temperature in the work area is warm. If it is, the sealant set-up time will be shortened. A light-cured product might be a better choice to maximize the number of teeth that can be sealed using one capsule and to avoid wasting material.

- The extent to which a dry field can be maintained if using a resin-based sealant on partially erupted molars.

ODH-funded SBSPs **must** meet the following parameters for a sealant material:

- SBSPs must not use:
  - Sealants bonded with a self-etch adhesive.
  - Hydrophilic (“wet technique”) sealants.
- Sealants must quickly self-adjust through normal occlusion; therefore, ODH-funded programs must not use resin-based sealant materials with more than 10% filler by weight. Some of the newer GIC sealant products may have filler materials such as zirconia that may not wear easily, and occlusal adjustment might be necessary. Be sure to read the information about these products to avoid using a material that may require adjustment.
- Beyond the preceding ODH requirements for sealant materials, ODH-funded SBSPs have the option of selecting acceptable materials based on the grantee’s preference for other characteristics, such as:
- Autopolymerized (self-cured) or light-cured.
  - If using a light-cured sealant, SBSPs must assure that proper wavelength and intensity for each type of curing light (according to manufacturer’s instructions) are maintained by checking the light at least monthly for output and intensity with a meter designed for that purpose. Lights must be checked by a dental products supplier and repaired, if needed. Light meters are available for purchase through a dental supply company.
- Viscosity
  - There are indications that self-cured GIC with high viscosity has better retention compared to low-viscosity GIC or resin-modified GIC sealant.
- Clear, tinted, or opaque.
  - Clear sealants are more difficult to detect on follow-up. Therefore, ODH prefers SBSPs to use opaque sealants.

Questions have been raised about the health effects of exposure to bisphenol A (BPA) from the use of dental sealants. A report on a [systematic review](#) indicates that dental sealants can be safely used, and toxicity from BPA will not occur.



## Application Technique

All ODH-funded sealant programs must follow manufacturer's application instructions for the specific sealant material being used. **Application techniques must not be modified.** Table 4 provides a list of the general steps for sealant placement.

**Table 4. General Steps for Sealant Placement Using Resin-based or GI Cement Material**

	Resin-based	GIC
<b>Step 1 - Clean</b>	Use a dry toothbrush.	Use a dry toothbrush.
<b>Step 2 - Isolate</b>	Use cotton rolls or dry aids, or dry angle shields.	Use cotton rolls or dry aids, or dry angle shields.
<b>Step 3 - Prepare</b>	Apply <i>etchant</i> .	Apply <i>conditioner</i> .
<b>Step 4 - Rinse</b>	Thoroughly remove <i>etchant</i> with water, according to manufacturer's guidelines.	Thoroughly remove <i>conditioner</i> with water, according to manufacturer's guidelines.
<b>Step 5 - Dry</b>	<i>Completely dry</i> per manufacturer's guidelines to get frosty/chalky appearance.	<i>Gently dry</i> , but do not desiccate; tooth should glisten.
<b>Step 6 - Apply sealant</b>	Follow manufacturer's instructions for mixing and delivery to the tooth surface.	Follow manufacturer's instructions for delivery to the tooth surface.
<b>Step 7 - Cure</b>	Allow sufficient curing time according to manufacturer's instructions.	Allow sufficient curing time according to manufacturer's instructions; apply coating for moisture control. ( <i>Students must wait 30 minutes before eating for sealant to cure.</i> )
<b>Step 8 - Check sealant</b>	Inspect for voids (bubbles) and complete coverage of pits and fissures with an explorer, if needed.	Visually inspect for complete coverage of pits and fissures, DO NOT use an explorer.

- **Cleaning:** Clean teeth to be sealed with a dry toothbrush and rinse with water.
- **Isolation:** Position child's head to avoid salivary pooling on working side. Place cotton rolls, with or without cotton roll holders. Supplement the cotton rolls with dry angle-type shields over the parotid duct openings opposite the upper first permanent molars (some programs also place these shields between the tongue and the lingual cotton roll). Dry the teeth as directed by the manufacturer.
- **Etching/Conditioner:** The decision to use liquid or gel etchants is a matter of personal preference, as both are acceptable when placing resin-based sealant. Follow manufacturer's instructions for applying etchant or conditioner and contact time with the tooth.
- **Rinsing:** Before applying sealant, thoroughly rinse to remove all etchant or conditioner from surfaces. Be sure to follow manufacturer's instructions for rinsing time, as inadequate rinsing may compromise retention.
- **Drying:** If using air/water syringe, check by blowing a jet of air onto a glove or mirror. If small droplets are seen, adjust so only air is expressed. When placing resin-based sealant, any teeth that do not gain the frosty/chalky appearance or are contaminated by saliva at any time must be re-etched for 15-20 seconds, rinsed and dried. When placing GIC sealant, it is not desirable that a tooth be completely dry. Follow the manufacturer's instructions for drying the tooth. Use a cotton pellet or cotton roll to dry the tooth instead of an air syringe if instructions permit this. Dry until the tooth appears moist (glistening).



- **Applying Sealant:** Follow manufacturer's instructions for mixing sealant (autopolymerized) and delivering sealant (autopolymerized or light-cured) to the tooth surface (e.g., via syringe with disposable applicator tip, or sponge-tipped applicator).
  - **Basic principles** of sealant application:
    - Carefully flow sealant from one end of the fissure to the other to avoid air bubbles. Air bubbles that do occur can be teased out with an explorer tip or the applicator tool prior to curing.
    - Do not overfill or underfill, and do not cover the marginal ridges with sealant.
    - If using GIC sealant, students must wait 30 minutes before eating, to allow sufficient time for material to cure.
  - **Tips:**
    - Seal most posterior tooth first.
    - If isolation can be maintained, wait 15 seconds after placement of light-cured sealant to allow material to penetrate fissure and enamel pores before curing.
    - Use of the applicator/delivery system that comes with the manufacturer's product is not required. If possible, programs shall choose to purchase different or additional applicators than those supplied with the sealant product.
- **Curing:**
  - For autopolymerized sealants, allow sufficient time for sealant to cure, according to manufacturer's instructions.
  - Light-cured sealant offers the advantage of extended working time. SBSPs may wish to use a light-cured sealant to avoid wasting sealant material.
    - The dental hygienist must hold the light tip as close to surface as possible without touching sealant material.\*
    - Follow manufacturer's instructions for curing time, which must be considered the minimum.
    - Manufacturer's instructions assume proper wavelength and intensity for each type of curing light. Check light with meter for output and intensity, regularly.

\*The dental assistant can only cure the sealant if eligible to place sealants in a school-based sealant program (ORC Section 4715.39 <http://codes.ohio.gov/orc/4715.39>).
- **Check Sealants:** Inspect sealants for voids (bubbles) and **complete coverage** of pits and fissures. If applying a resin-based sealant, attempt to dislodge the sealant with the explorer to ensure good retention. If applying GIC sealant, **do not use an explorer** to attempt to dislodge the sealant as this may compromise retention. A GIC sealant must be allowed to cure for 30 minutes. If there is incomplete coverage or voids, follow the manufacturer's instructions for applying more sealant. This may require that the tooth be re-etched or re-conditioned, rinsed, and dried before additional sealant is placed.
- **Final Treatment of Surface:** Follow manufacturer's directions.
- **Occlusion:** Because it is not acceptable for ODH-funded SBSPs to use sealant materials with appreciable levels of filler, occlusal adjustment is not undertaken because sealants are expected to self-adjust in a brief time (one to two days). Sealant material that requires occlusal adjustment must not be used.

## Safety Considerations

Keep in mind the following tips for safe sealant application.

- Wear non-latex gloves (to protect those who are allergic to latex).
- Wear eye protection (for sealant team members) and safety glasses (for students); have eye wash available.
- Avoid etchant (phosphoric acid) or conditioner contact with eyes, skin, or oral soft tissues.

If **etchant** inadvertently contacts skin or soft tissue, rinse immediately with water. Because protective eyewear is worn, contact with the eyes is unlikely. However, in the unlikely event that etchant does contact the eye(s), immediately initiate the emergency eyewash procedure as follows:

- Flush injured person's eye(s) with eyewash solution or water.
- Upon completion of the first bottle of eyewash, begin flushing with the second bottle.
- As each bottle is emptied, the bottle must be refilled so the wash can be continued for 15 minutes.
- Seek medical attention.
- After an emergency eyewash procedure, be sure to replenish supplies.

A small percentage of the population is known to have allergy to acrylate resins, such as those used in sealant. Avoid use of this product on patients with known acrylate allergies. In general, avoid contact of uncured sealant with skin, eyes, and soft tissue.

If **sealant** inadvertently contacts skin:

- Rinse immediately with soap and water.
- If sealant contacts the eyes, use eye wash as directed by the manufacturer.
- If sealant contacts gloves, remove them, wash with soap and water immediately and re-glove.
- If there is prolonged contact with oral soft tissues, flush with copious amounts of water. If irritation persists, consult a physician.

## Quality Assurance

### Retention Checks

Retention checks can detect clinical problems related to application technique, equipment and/or dental materials. Short-term checks (within two months after sealant application) are situational, and long-term checks (one year) are routine. For the short-term retention checks, complete retention of all sealants is expected. For long-term retention checks, 90% or more of the sealants must be retained.

### Short term

Short-term retention checks are performed by the program dental hygienist. Use visual and tactile techniques within two months of sealant placement for early interception of problems related to recent changes in the program. Generally, evaluating sealants on 10-15 children per school is sufficient. The most common triggers for short-term retention checks are dental hygienists who are new to the program and/or *do not have a substantial positive track record* and changes to clinical procedures (e.g., technique or materials). Short-term checks shall be done on a regular basis, if required. While it is most convenient for the program to conduct short-term retention checks before the team leaves a school (so that any missing sealants could be replaced promptly), that is not always possible.

## **Long term**

Long-term retention checks are performed approximately one year after the initial placement of sealants. The dental hygienist uses visual and tactile techniques to check as many 3rd and 7th graders who received sealants in the target grades (2nd and 6th), as possible. If sealants are not being retained long-term, an ODH-initiated improvement plan must be implemented to identify and correct the problem. The improvement plan, developed and approved by the ODH, must designate what is to be done, by whom and specify a timeframe.

## **Selecting existing sealants for repair or replacement**

Dental hygienists who evaluate long-term retention, must use their professional judgment when determining the need for repair or replacement of sealants placed by the program the previous year, and sealants placed elsewhere. The same criteria for selecting existing sealants for repair or replacement are used for both resin-based and GIC sealant. Consider the following information:

- Defects in sealant material (e.g., bubbles) do not require repair unless underlying tooth surface is exposed by the defect.
- Catches in marginal areas do not require repair unless they expose non-cleansable caries-prone areas of the fissure system.
- Although staining at the interface of sealant and enamel does not, of itself, indicate caries, it may suggest an area of microleakage that could benefit from coverage with additional sealant material.
- Before finalizing a decision on the need for repair of a partially retained sealant, it makes sense to attempt to dislodge the remaining sealant, to assure that it cannot be lifted off, thus requiring total replacement.

## **Performance Benchmarks and Performance Standards**

Performance benchmarks are specific numerical points of reference for measuring program performance. Performance standards are process oriented. ODH has established benchmarks based on several years of data from all ODH SBSP subrecipients.

### **Performance Benchmarks are:**

- a. >50 percent of students have consent to receive sealants.
- b. >97 percent of students with consent are assessed.
- c. >78 percent of students with consent need sealants.
- d. >92 percent of students in need of sealants received sealants.
- e. >70 percent assessed for follow-up in 3rd and 7th grades.
- f. >90 percent long-term retention.
- g. 100 percent short-term retention, if applicable.

### **Performance Standards are:**

- a. Program complies with all applicable federal, state, and local regulations.
- b. OSDB and OSHA infection control guidelines are followed.
- c. Program complies with ODH Grants Administration Policy and Procedure (OGAPP) Manual.
- d. Program effectively targets high-risk children (in accordance with ODH school selection criteria).
- e. Consent form includes required elements (e.g., race).
- f. Program has signed consent for all students who are assessed and/or receive sealants.

- g. ODH tooth assessment and selection criteria are followed.
- h. ODH-approved sealant placement guidelines are followed.
- i. Resin-based sealant (unfilled or filler not exceeding 10% by weight) or GIC sealant is used.
- j. Retention checks are performed according to prescribed timelines and procedures.
- k. Appropriate Medicaid billing and collections are maximized.
- l. The ODH-approved target number to seal has been met.
- m. Program demonstrates complete cooperation and participation in ODH-initiated site reviews.
- n. Program participates in trainings required by ODH.
- o. Program responds promptly to ODH requests via any form of communication.
- p. Program submits timely, complete, and accurate reports that reflect reasonable operations.

Appendices 10-11 include Tips for Maximizing Program Participation and Tips for Maximizing Program Efficiency.

ODH wants to operate a statewide dental sealant program that provides high-quality sealants to economically disadvantaged children who are at higher risk for tooth decay; and will assist SBSPs to meet these expectations by providing technical assistance. Performance that significantly deviates from a benchmark or does not meet performance standards will trigger further assessment of the situation and, as appropriate, initiation of steps for improvement, such as technical assistance and/or a focused site review (see page 26). In some situations (e.g., lack of long-term retention of sealants), an improvement plan approved by the OHP will be developed to address substandard performance. Programs that do not meet ODH expectations, must comply with the plan and demonstrate progress in improving the areas that fall short.

## Reporting

All reports to ODH must be timely, complete, accurate and reflect reasonable operations. ODH-funded SBSPs must meet these criteria to receive timely payment of grant funds. Reporting is an important part of grantee performance and past performance is a consideration in the review of proposals for future funding opportunities. SBSPs that do not comply with ODH reporting requirements will risk loss of the grant.

### **SBSP Subrecipient-Generated Reports**

*Program Report* – Subrecipient Program Reports must be completed and submitted via GMIS by April 10, July 10, and October 10 of the current grant year and January 10 of the following year (10 days after the end of the grant year). Data must be entered as each school is completed. Data must not be entered for a school until sealant application is completed at that school.

*Expenditure Report (GMIS)* – Subrecipient Expenditure Reports must be completed and submitted via GMIS by April 10, July 10, and October 10 of the current grant year and January 10 of the following year (10 days after the end of the grant year). Programs that choose to submit monthly expenditure reports must also submit monthly program reports to the School-based Oral Health Program Coordinator.

*Final Expenditure Report (GMIS)* – A Final Expenditure Report reflecting total expenditures for the fiscal year, must be completed and submitted via GMIS within 35 days after the end of the grant year (February 5). The information contained in this report must reflect the program's accounting records and have supportive documentation. Any cash balances must be returned with the Final Expenditure Report. The Final Expenditure Report serves as an invoice for the return of unused funds.

*Inventory Report (GMIS)* – A list of all equipment (\$1000 or more/item) purchased in whole or in part with grant funds must be submitted via GMIS as part of the Subrecipient Final Expenditure Report due February 5. At least once every two years, inventory must be physically inspected by the subrecipient. All equipment purchased with ODH grant funds is ODH property and must be tagged as such for inventory control. The subrecipient is responsible for maintenance of the equipment purchased with grant funds or on loan from ODH.

If a subrecipient is not going to be operating their SBSP, or has equipment they are no longer using, it is the responsibility of the program to return equipment and supplies purchased with ODH funding or provided on loan. The program must follow the guidance in the OGAPP Manual for returning equipment and supplies. Before returning anything, the program must consult with the School-based Oral Health Program Coordinator, to determine which items should be returned.

### **ODH-Generated Reports**

ODH generates reports that integrate program and expenditure reports for each subrecipient and for the overall statewide SBSP, in addition to the reports generated by subrecipients. ODH reviews reports for completeness and accuracy and asks follow-up questions, as needed. Data from grant reports are used in reviewing SBSPs' performance against ODH benchmarks, and for reporting to state and national entities. These reports are used to validate numbers in grant applications, too.

## **ODH Program Reviews**

### **Comprehensive Site Review**

ODH reviews reports and evaluates funded SBSPs by making at least one comprehensive site visit to each program, during each three-year funding cycle. The comprehensive site review is a proactive assessment aimed at identifying program strengths, improving overall program performance, and identifying potential problems.

Prior to a site visit, the OHP will send a list of documents, protocols, and procedures for the SBSP subrecipient to send to the OHP for advance review. The OHP will follow-up with the SBSP, if there are any missing documents. During the site review, OHP staff will conduct a clinical review of the sealant team's procedures, and an administrative review of program policies, procedures, use of patient records (based on review of a random sample) and other operational considerations. The OHP reviewer holds a brief exit interview to provide immediate feedback on both positive findings and shortcomings, and the OHP provides a written final report within 30 calendar days of the site visit.

### **Focused Site Review**

On a situational basis, the OHP will conduct Focused Site Reviews to gather additional information on specific potential problems, that may be identified through the review of grant proposals and reports, communication regarding a program, and/or comprehensive site reviews. Unlike a Comprehensive Site Review, a Focused Site Review concentrates on one or more aspects of the SBSP program, not the entire program. The review shall be a blend of information gathering and technical assistance (TA). The review utilizes the portions of the Comprehensive Site Review procedures that relate to the issue(s) being reviewed.

## **Tooth Selection Site Review**

The OHP evaluates dental hygienists working for SBSPs subrecipients by making at least one tooth selection site review, to each program during each three-year funding cycle. The tooth selection site review is aimed at identifying problems SBSPs have at correctly assessing and selecting teeth for sealants. During this site review, OHP staff assess students for sealant application. The SBSP dental hygienist does the same, and results are compared. Differing results between the OHP staff and dental hygienist are discussed. The review is complete when both the OHP staff and the dental hygienist get the same tooth assessment results for 5-10 students. The Tooth Selection Site Review may be conducted separately or in conjunction with a Comprehensive Site Review.

## **Compliance with Other ODH Requirements**

### **Communication**

The OHP will contact SBSPs via telephone, e-mail, GMIS, mail, and during reviews/site visits. Prompt response to OHP requests via any form of communication is expected from subrecipients. Subrecipients are responsible for checking the Grants Services Unit (GSU) Bulletin Board for updates/announcements/program reporting guidance, etc.

### **Consultation/Technical Assistance**

Technical assistance is provided to help SBSPs improve performance, achieve program goals, and meet standards. The need for technical assistance is based on information gathered through the reviews of grant proposals and reports, communication regarding a program and/or comprehensive site reviews. Technical assistance will be conducted via telephone, e-mail, meetings, and/or focused site visits, by OHP and/or GSU staff, as appropriate.

ODH's School-based Oral Health Program Coordinator will identify SBSP subrecipients that require technical assistance, and the most appropriate manner by which to provide the assistance.

### **Improvement Plan**

If SBSP subrecipient performance involves a significant issue (e.g., poor sealant retention) requiring more than technical assistance alone, a formal improvement plan will be necessary. Such a plan shall be developed by the OHP or, at its discretion, will offer the subrecipient an opportunity to submit a proposed improvement plan for OHP review. Such plans must outline steps to be taken, along with a timeframe for accomplishing them, and identifying who is responsible.

### **Education**

The OHP will convene meetings to provide essential information to SBSPs. Participation by SBSP staff may be required, as well as for some online events (e.g., distance learning, webinars, quarterly conference calls). An annual tooth assessment and selection training, required for all newly hired dental hygienists working for SBSPs, will be conducted by the OHP. Tooth Assessment and Selection Training will also be required once during the three-year grant cycle, for all dental hygienists as a refresher training. This may be offered virtually or in-person.

All SBSP subrecipient staff (supervising dentists, program directors, registered dental hygienists, and dental assistants) must successfully complete the [School-Based Dental Sealant Program curriculum](#), including the infection control module. Free continuing education credit is available for successful completion of the modules. Programs must keep documentation on file of infection control training.



## Medicaid Billing and Collection

Given the FRPMP/SVI eligibility requirements of ODH-funded sealant programs, a substantial proportion of children at schools with sealant programs are expected to be Medicaid beneficiaries. The Department of Job and Family Services in each county determines an individual's eligibility for Medicaid.

ODH-funded dental sealant programs must make all reasonable efforts to identify all children they serve who are Medicaid beneficiaries, and must collect the reimbursement due to the program. The funds collected from these billings must be used to support the dental sealant program.

In addition, programs must provide parents of children potentially eligible for Medicaid with enrollment information. Given that sealant programs will be unlikely to have direct contact with parents, SBSPs must send written materials to the student's home that provide families with information about how to enroll in Medicaid. These materials must use plain language and be culturally sensitive. Some school districts have staff who assist families with Medicaid enrollment and obtaining other needed social services or health services. SBSPs should determine if their target schools have access to someone who can assist families and enlist their help in Medicaid enrollment for eligible students and their families.

Parents can receive application assistance through the Ohio Medicaid Consumer Hotline at 800.324.8680. SBSPs can receive billing assistance through individual county [ODJFS offices](#) or [individual managed care plans](#).

## Reimbursement

ODH-funded SBSPs must submit claims for Medicaid beneficiaries for sealants using diagnostic and preventive code D1351 (sealant). ODH does not approve ODH-funded SBSP routine billing for examinations, X-rays, or topical fluoride applications for Medicaid beneficiaries. ODH believes that examinations and X-rays must be conducted by dentists who provide all needed care. For more information, see the Frequently Asked Questions About Ohio School-Based Sealant Programs in Appendix 8, and for additional information about Medicaid billing, see Tips for Maximizing Appropriate Medicaid Reimbursement for SBSPs in Appendix 9.

## Filing Medicaid Claims

SBSP Medicaid claims must be submitted using the Medicaid number of a dentist currently credentialed in the managed care program(s), in which children served are enrolled. This is often the same dentist who supervises the SBSP. Please be aware that the credentialing process can take some time, and a SBSP cannot bill for services until the dentist is credentialed. A delay in the dentist's credentialing may have a serious impact on the ability of a program to continue operating.

## Acknowledgements

We appreciate the efforts and comments of the School-Based Dental Sealant Program Manual Advisory Committee in the development of the original manual in 2009:

Lynne Adams, RDH, RN, BS	Allen County Health Partners
Kara Blackburn, RDH	Pike County General Health District
Nancy Carter, RDH,	MPH Cincinnati Health Department
Tina Daniels, DA	Licking County Health Department
Barbara Stichter, RDH, BS	Lucas County Regional Health District
Darlene Theodus, RDH, BS	Summit County General Health District

We also acknowledge the Ohio Department of Health Oral Health Program staff for their work on the 2023 update:

Sandy Brado, RDH, BA, Oral Health Consultant  
Barbara Carnahan, RDH, BS, MS, State Oral Health Program Administrator  
Tina Fulks, RDH, BA, School-based Oral Health Program Coordinator



# APPENDIX

(Grantee name)

**DENTAL SEALANT PROGRAM**

Dear Parent,

A **free** dental program will be in your child's school. This program, which helps prevent tooth decay, is for second and sixth graders. A dental hygienist will screen your child's teeth and decide which teeth need to be sealed. A dental hygienist will then put the sealants on your child's teeth to seal out food and bacteria that cause decay. Your child's sealants will be checked **next year**. New sealants will then be applied if needed. Please fill out this form **today**. Your child must return it to their teacher to be eligible for the program.

**Please check YES or NO:**

- ☐ **YES** I want my child to receive **SEALANTS**. (Please fill in the entire form, sign below, and return form.)
- ☐ **NO** I do not want my child to receive **SEALANTS**. (Please fill in child's name, sign below, and return form.)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_

**Ethnicity:** Is your child Hispanic? Please check: ☐ **Yes** ☐ **No**

**Race:** Please check **all that apply** for your child:

- ☐ American Indian/Alaskan Native ☐ Black or African American ☐ Asian ☐ White
- ☐ Native Hawaiian/Pacific Islander ☐ Multiple Race ☐ Other \_\_\_\_\_

**Health History:**

Has your child ever had any **serious** health problems? Please check: ☐ **Yes** ☐ **No** If yes, please explain:

Does your child have any of the following allergies? Please check:

Acrylic/plastics (e.g. latex) ☐ **Yes** ☐ **No** Other ☐ **Yes** ☐ **No**

If **Yes**, please list: \_\_\_\_\_

No payment is required of you for this program. However, the value of this service is more than \$150 per child and we rely on insurances such as Medicaid or Healthy Start to help cover the costs. If your child is covered by Medicaid/Healthy Start, **please check** the name of their Managed Care Plan and fill in the ID numbers.



**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone \_\_\_\_\_

Did you receive the Notice of Privacy Practices? Please check: ☐ **Yes** ☐ **No** If yes, initial here: \_\_\_\_\_

## Patient Record — Sealant Record

Last name			First name				MI	Date of birth / /	
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School code	Date / /	2	3	4	5	12	13	14	15
		<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>

  

Grade	RDH initials	Tx needs code	31	30	29	28	21	20	19	18
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Grade	RDH initials	Tx needs code	31	30	29	28	21	20	19	18
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>

### KEY

**NP** Tooth Not Present  
**FL** Restored, Filled, Capped  
**PE** Partially Erupted  
**DE** Cavitated caries lesion  
**DE/NS** Caries lesion/Needs Sealant

**OS** Old Sealant (previously applied by program)  
**NS** Needs Sealant (to be applied)  
**AO** Partially Retained Sealant (Add on)  
**XX** Sealed elsewhere (teeth were sealed by personal dentist or another program)  
**LS** Lost Sealant (previously applied by program)  
**US** Unsealable (code only for smooth buccal pits and lingual grooves)

### Treatment Needs Code

**0** No obvious need  
**1** Need for early Tx  
**2** Need for immediate Tx

## Follow-up Letter to Parents

(On agency letterhead)

(Date) \_\_\_\_\_

Dear Parent:

As you requested, your child, \_\_\_\_\_, has received dental sealants at his/her school. Sealants were placed on \_\_\_\_\_ of your child's teeth to prevent cavities from forming.

\_\_\_\_ SEALANTS WERE NOT PLACED because your child:

\_\_\_\_ was absent

\_\_\_\_ had no teeth that needed sealants

\_\_\_\_ was unable to tolerate the procedure

When the dental hygienist checked your child for sealants, he/she felt that your child had the following need for dental treatment:

- ☐ Need for immediate dental treatment due to a toothache or infection. Please take your child to a dentist right away.
- ☐ Need for early dental treatment due to obvious cavities. Please take your child to a dentist as soon as possible within the next few weeks.
- ☐ No obvious need for dental treatment at this time. Your child should, however, visit a dentist at least once a year for a more complete examination including X-rays, if necessary.
- ☐ Need for better brushing and flossing

Please tell your dentist that your child has had sealants applied to his/her teeth. This sealant program does not take the place of regular dental visits. Your child should have regular dental check-ups.

If you need assistance in finding a family dentist or enrolling your child in Medicaid, please call

\_\_\_\_\_  
(signature)

## Page 33

Target Grade: \_\_\_\_\_

School: \_\_\_\_\_

Number of students in grade with consent: \_\_\_\_\_

[illegible]

County: \_\_\_\_\_

Follow-up Grade: \_\_\_\_\_

School District: \_\_\_\_\_

School: \_\_\_\_\_

Number of students assessed at previous grade last year: \_\_\_\_\_

[illegible]

## Infection Control Considerations for Site Assessment for School-Based Dental Sealant Programs

School: \_\_\_\_\_ County: \_\_\_\_\_ Date of assessment: \_\_\_\_\_

Consideration	Acceptable?			Comments
	Yes	No	N/A	
<b>School personnel available as point persons for:</b>				
Fielding questions & concerns				
Facilitating follow-up of exposures to infectious agents				
<b>Adequate space for efficiently &amp; safely managing:</b>				
Equipment and supplies				
Staff movement				
Flow/seating for waiting students				
Instrument cleaning/processing or secured holding area				
Medical waste				
Sharps disposal				
Long and short-term storage				
Distance between workstations				
Other:				
<b>Other site attributes:</b>				
Proximity to a sink				
Proximity to sufficient electrical outlets				
Room lighting				
School waste disposal procedures				
Ability to cover or clean and disinfect environmental surfaces in service area				
Adequate ventilation for increased air flow				
School's housekeeping practices for site and treatment area				
Non-carpeted room				
Other:				

Adapted in part, with permission from OSAP. Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans. [www.OSAP.org](http://www.OSAP.org)



## Infection Control: Management and Follow-up of Occupational Exposure

Program staff must have an exposure-control plan that delineates post-exposure policies and procedures to follow in case of [occupational exposure to blood and other potentially infectious materials](#).

Programs must have access to up-to-date contact information for parents or guardians so that they can quickly obtain informed consent to test a child in case of an exposure. If there is a blood exposure, the exposed person (or the health professional involved, if the exposed person is a patient) must immediately report the exposure to the infection-control coordinator. The infection-control coordinator must initiate referral to the program staff member who is qualified to provide post-exposure care, counseling, and follow-up and must complete necessary reports about the exposure.

If occupational exposure to a communicable disease occurs, the health professional affected must report the incident to his or her employer. The employer must immediately initiate post-exposure procedures, as appropriate, and must keep a detailed exposure report in the exposed employee's confidential medical record. Because multiple factors contribute to the risk of infection after an occupational exposure to blood, the following information must be included in the exposure report, recorded in the exposed person's confidential medical record, and provided to the qualified healthcare professional:

- Date and time of exposure.
- Where, when, and how the exposure occurred.
- Identification of the source individual (unless infeasible or prohibited by law).
- Details of the exposure, including its severity and the depth of the wound.
- Details regarding whether the source material was known to contain HIV or other bloodborne pathogens, and, if the source was infected with HIV, the stage of disease, history of antiretroviral therapy, and viral load, if known.
- Details regarding the exposed person (e.g., hepatitis B vaccination and vaccine-response status).
- Details regarding counseling, post-exposure management, and follow-up.
- Other pertinent information.

*[Adapted from CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Post Exposure Prophylaxis. MMWR 2001; 50 (No. RR11).]*

The confidential medical evaluation must document the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood (with consent), post-exposure prophylaxis, counseling, and evaluation of reported illness. Health care professionals must be provided information to facilitate their evaluation.

The employer will be given a copy of the evaluating health care professional's written opinion. Findings and diagnoses, other than hepatitis B status, shall be confidential and not included in the written report.

OSHA requires that employers ensure that employee medical records are kept confidential and not disclosed without the employee's written consent.

# Infection Control: Instrument Sterilization Fundamentals

**Personal protective equipment and utility gloves must be worn when handling and cleaning contaminated instruments.**

## Off-site Sterilization Fundamentals

Programs do not usually clean instruments immediately after use. Soaking instruments in detergent, disinfectant/detergent, or enzymatic cleaner immediately after use in a puncture-resistant container prevents patient matter from drying and makes cleaning easier.

If instruments are to be transported off-site, they must be removed from the solution and transported in a securely closed, appropriately labeled, and puncture-proof container. It is recommended that containers of instruments or sharps to be transported off-site, be placed in an additional container (such as a trash bag) as an additional precaution against spillage of instruments.

Cleaning and bagging instruments for sterilization before transport is also an option. This offers the advantage of reducing possible exposure risk during transport.

## On-site Sterilization Fundamentals

The instrument-processing area must be divided into two separate zones: a “dirty zone” for intake, cleaning, and packaging of contaminated items and a “clean zone” for sterilizing instruments, removing packaged items from the sterilizer, cooling them, and storing them.

Instruments must be cleaned (either manually and/or with an ultrasonic cleaner) before being placed in bags or pouches for sterilization. Bags or pouches must be sealed with heat-sensitive tape. A chemical indicator must be placed in the middle of each bag or pouch and on the outside, if the first indicator is not visible through the bag or pouch material. If the indicator tape does not change color, this shall indicate that there was a problem during sterilization. Bags or pouches must be clearly labeled with the date, so that the first instruments sterilized will be the first instruments used.

Store packaged instruments in clearly and appropriately labeled, puncture-proof, and secured containers. Containers must be labeled “sterilized instruments,” “contaminated instruments,” and “scrubbed instruments.” Containers with contaminated instruments also must have a biohazard symbol. Containers must be disinfected before and after use. Brushes used to clean instruments must be disinfected and stored in a labeled container.

After appropriate sterilization, a bag or pouch is considered sterile unless it is compromised (e.g., torn, wet, dropped on floor). If a bag or pouch is compromised, the instruments must be cleaned, placed in a new bag or pouch, and sterilized again.

Adequate space for, and design of, the instrument-processing area is of primary importance for on-site sterilization. The sterilization area must have adequate ventilation and access to a sink and must be near the treatment area. It must have enough space to separate the dirty and clean zones, and to allow for receiving, cleaning, packaging, sterilization/disinfection, and storing of processed instruments. Avoid carrying or scrubbing contaminated instruments at times when the area is crowded with children.

Any state or local regulations pertaining to transport of biohazardous materials must be followed.

# Frequently Asked Questions About Ohio School-Based Dental Sealant Programs (SBSPs)

## 1. How can school programs help children to have good oral health?

There are several ways schools can help children's oral health, but some are better than others. Sealant programs have been shown to be the best school-based approach for preventing cavities. (<https://www.thecommunityguide.org/sites/default/files/assets/OnePager-OralHealth-School-Sealants.pdf>)

## 2. What are sealants and how do they work?

Dental sealants are plastic coatings that are bonded to the parts of teeth that get the most cavities. They seal off those decay-prone areas from bacteria and food needed for cavities to form. ([https://www.cdc.gov/oralhealth/dental\\_sealant\\_program/index.htm](https://www.cdc.gov/oralhealth/dental_sealant_program/index.htm))

## 3. Who operates Ohio sealant programs?

Many SBSPs in Ohio receive grant funding from the Ohio Department of Health (ODH). SBSPs are operated by local health departments, school districts, educational institutions, and private-nonprofit organizations.

## 4. Who is eligible for sealant programs?

ODH-sponsored and locally funded SBSPs are designed to deliver the greatest benefit (preventing cavities) to the most vulnerable children, for the lowest cost. They do this by only spending time and resources providing services with the best potential for benefit and by offering the program only to schools and grades that are likely to have high-risk children with decay-prone molar teeth. Therefore, sealant programs generally target:

- **Schools:** Schools in which >40 percent of the students enrolled are eligible for the Free and Reduced-Price Meal Program (FRPMP), and/or are in an area with a high [Social Vulnerability Index \(SVI\)](#) are eligible to participate in the SBSP.
- **Grades:** Following national recommendations, programs reach children with teeth most likely to benefit (6- and 12-year molars soon after they come in) at the right time, by targeting 2nd and 6th grades. Third and 7th grade students who received sealants in 2nd or 6th grades generally receive follow-up checks by dental hygienists.
- **Children:** Must have parental consent and be found by the sealant program dental hygienist to need sealants. Sealants are provided at no direct cost to families.

## 5. Do other school dental programs offer sealants?

There are entrepreneurial programs that do not receive ODH grants or local funding that provide sealants for children with a payment source (e.g., dental insurance), along with additional services such as examinations, X-rays, cleanings, and fluoride treatments. These programs may offer a limited package of services to children without a payment source, and do not target schools and grades in the manner that ODH-sponsored and locally funded sealant programs do. ODH has developed [Selecting a School-Based Oral Health Program](#) document to help guide schools in choosing the type of SBSP that will best meet the needs of their students and community.

## **6. Why don't ODH-sponsored and locally funded SBSPs do fluoride treatments, cleanings, full examinations, and X-rays?**

ODH-sponsored and locally funded SBSPs are designed to make the best use of public dollars to prevent cavities. Research has shown sealants to be the most effective way to prevent the most common type of cavities. While topical fluoride applications (e.g., fluoride varnish) prevent dental caries when periodically applied, one-time application through a SBSP is unlikely to provide significant benefit. ODH believes full examinations and X-rays must be part of the diagnosis done by a child's dentist who can provide all needed care. Therefore, ODH does not approve the SBSPs it funds to routinely bill for examinations, radiographs, or topical fluoride applications.

## **7. How will a sealant program help children who already have cavities?**

Past tooth decay is one of the best predictors of future cavities. Healthy teeth in children who have already had decay are prime candidates for sealants.

Much like immunization programs, SBSPs are a public health strategy to prevent disease, not to provide comprehensive care. Following the placement of sealants at school, a note is sent home with the child indicating the need for any follow-up care. School personnel are also notified of children with the most pressing needs.

A small number of SBSPs have dental vans that are well-equipped dental offices that park at schools to provide dental care to children served by a sealant program. Other programs have links to nearby school-based health centers, off-site clinics, or private offices that can provide follow-up dental treatment.

## Tips for Maximizing Appropriate Medicaid Reimbursement for SBSPs

- SBSPs should maximize Medicaid collections for dental sealants. All students receiving sealants must be checked for Medicaid eligibility.
- Prompt billing is best, as patients shall change Medicaid managed care plans.
- Agencies need to be familiar with the requirements of the billing system, such as:
  - Deadline for claim submission.
  - Credentialing of the dentist whose Medicaid number will be used for billing.
- It is important to track billing to be certain all payments have been received, and resubmit claims, as necessary.
- The parental permission form is designed to include questions that would gather all the pertinent billing information needed, if completed correctly.
- A SBSP team member should check the billing information to ensure it is complete. If the parent indicates their child is Medicaid-eligible, but some of the coverage information is incomplete or absent, the team member should either call the parent or check with the school nurse or secretary to gather accurate Medicaid coverage information about that student, if possible.
- If the parent has indicated the child is covered and has the correct numbers listed for their managed care plan, check online with that plan's website to verify eligibility. Pre-registration is required to do this.
- If there is only partial information, use the [Ohio Medicaid Provider Hotline](https://managedcare.medicare.ohio.gov/managed-care/centralized-credentialing) at 1-800-686-1516 (available 24 hours, seven days a week) for information regarding eligibility, claim status, payment status and the managed care provider on the date of service. Information can change from the time the permission form is completed, and the service is provided. A Medicaid Provider Number and PIN number are required to access this information. The student's 12-digit Medicaid number or the name and birth date are needed to verify eligibility. The Interactive Voice Response System (IVR) provides information about the child's eligibility and if the child is eligible, whether coverage is under state Medicaid or a managed care plan for the date of service.
- The staff person in charge of billing verifies each student's coverage online with the managed care plan, or by phone with the Medicaid IVR before submitting the bills. The secure provider portal can be used to determine eligibility of recipients for benefit programs. Eligibility is determined using dates of service, and either the recipient's Medicaid ID number and date of birth, or the recipient's SSN and date of birth. For the latest information on enrolling, credentialing a new provider and billing, access the following link: <https://managedcare.medicare.ohio.gov/managed-care/centralized-credentialing>.

## Tips for Maximizing Program Participation

Promoting the dental sealant program to the school administration, staff, parents, and students is critical to create awareness and gain participation. Consider using the “Seal in a Smile” video to inform school personnel, parents, and students about the benefits of sealants. ODH strongly recommends that the following procedures be followed to boost participation:

- The OHP encourages SBSPs to explore the use of electronic consent forms in schools.
- If paper consent forms are used, they should be included with the distribution of other forms in the “Fall” packet at the beginning of the school year to ensure parents receive them.
- Distribute consent forms again, approximately two weeks before the school is scheduled to be served. Obtain a class roster and put the child’s name and “Second Notice” at the top of the form for those students who did not return a form. Attach a note from the school nurse or principal to the consent form to the parent, encouraging participation.
- Provide bright colored wrist bands or stickers to students to remind them to return their consent form.
- Schedule schools with the poorest participation at the beginning of the school year.
- Develop a rapport with school administrators and staff to help promote participation and collection of consent forms. It is helpful to have someone at the school who is an enthusiastic advocate for the program. Be sure new principals and teachers of eligible classes are informed about the program.
- Provide information to parents via the school website, social media, calendar, e-mail, newsletter, school lunch menus, parent meetings, automated phone calls, etc., and remind parents of sealant program dates, when to expect consent forms, and to return consent forms.
- Promote the sealant program via health fairs and contact with influential local organizations, as appropriate, to publicize the sealant program to parents.
- Provide brief presentations in classrooms to explain the procedure and answer questions.

Providing incentives at little or no cost can be helpful in promoting the return of consent forms. A local organization may be willing to provide incentives for a program. Examples of incentives that have been used by dental sealant programs include:

- Items, such as a sticker, pencil, sugar-free candy, etc., are given to a student upon return of a completed (“yes” or “no”) consent form.
- Give incentives for the students to school nurses for distribution in the classrooms as consent forms are returned.
- Classes with 100% percent return of completed consent forms have a popcorn or pizza party.
- Teachers can give additional recess time or other school-determined “points” or award to students who return consent forms.
- Items for teachers, school nurses and other school staff (e.g., a school supplies certificate, gift cards) are given through a drawing among all classrooms in a school with 100% return.
- Give more personal gifts (e.g., store or restaurant certificate) with a thank-you note to the person (often a secretary or school nurse) who helps the most in getting results for consent return/participation.
- Have an “out-of-uniform” day for classes with 100% consent return (for schools with a uniform requirement).

## Tips for Maximizing Program Efficiency

### Prior To Sealant Placement Day

- Review all forms used during the program, to make sure questions are asked in the manner required by ODH, and to collect data and report it correctly to ODH.
- Use colored paper for consent forms; this helps teachers locate the forms on their desks easily.
- Collect consent forms one to two weeks in advance of the date scheduled for the program to allow time for the health histories to be reviewed and charts to be prepared.
- In programs covering a large geographic area, complete schools that are near each other.
- Check with the principal, school nurse, teachers and/or secretary to make sure there are no field trips, testing, special guests, parties, etc., for the classes participating in the program.

### Sealant Placement Day

- Dollies or moving carts are useful for moving equipment.
- Paper towels can be used as head rest covers and dental bibs and can be quickly replaced after each student. Paper plates can be used as instrument trays.
- Teams should set up prior to the start of the school day and start to see students as soon as possible once school begins and continue until school dismissal. Working partial days is not efficient.
- Always have one student in the chair receiving services and one student on deck (waiting to be next).
- When the student returns to the classroom, have them send the next student to the work area to be assessed for sealants.

### Other Tips

- Equipment maintenance schedules must be developed and followed.
- Follow dental sealant material manufacturer's instructions for use to maximize retention.
- Deliver records (consent forms, student records, data collection sheets, etc.) to grantee agency ASAP. Do not hold records until the end of the month or quarter. This will help with determining Medicaid eligibility and program reporting.