



# Certification for School Dental Sealant Programs Infection Prevention and Control Guidelines

*Effective August 21, 2023*

## I. Background

[Senate Bill 660 \(pdf\)](#), passed by the Oregon State Legislature in 2015, requires local school dental sealant programs to be certified by the Oregon Health Authority (OHA) before dental sealants can be provided in a school setting. Certification provides schools with assurance that a minimum set of standards will be met while delivering services.

**Authority:** Oregon Revised Statutes ([ORS](#)) [431A.725](#), Oregon Administrative Rules ([OAR](#)) [Chapter 333 Division 028](#)

**Applicability:** School dental sealant programs must follow this guidance document to be certified:

OAR 333-028-0320 Local School Dental Sealant Programs: Certification Requirements  
“(14) A Local SDSP must comply with IPC guidelines established in OAR 818-012-0040 and by Oregon OSHA and the CDC. The Program will provide Local SDSPs with a guidance document.”

## II. Definitions

For purposes of this guidance, the following definitions apply:

- “Aerosol Generating Procedures (AGPs) previously known as Aerosol Generating Healthcare (AGH)” means any dental procedure that uses an air/water syringe or suction device.
- “CDC” means the U.S. Centers for Disease Control and Prevention.
- “Modified technique for glass ionomer sealants” means the manufacturer’s recommended low-AGP technique for applying glass ionomer dental sealants.
- “DHCP” means dental health care provider.
- “EPA List ‘N’” means the U. S. Environmental Protection Agency Disinfectants for Coronavirus.

- “FDA” means the U.S. Food and Drug Administration.
- "IPC" means infection prevention and control.
- “NIOSH” means the National Institute for Occupational Safety and Health which is a part of the U.S. Centers for Disease Control and Prevention (CDC).
- “Low-Aerosol Generating Procedures (Low-AGPs) previously known as Non-Aerosol Generating Healthcare (non-AGH)” means any dental procedure that does not use the air/water syringe or suction device.
- “OHA approved isolation device” means an OHA approved dental isolation device used to assist the dental hygienist in isolating teeth and using suction to remove saliva.
- “Personal protective equipment (PPE)” means medical grade gloves, gowns, face shields, surgical masks, and N-95 respirators or other reusable respirators (e.g., powered air-purifying respirators) that are intended for use as a medical device.
- “Program” means any OHA certified school dental sealant program.
- “School nurse” means a registered nurse working within a school setting.

### III. Guidelines When Preparing to Operate in a School Setting

- A. Programs are encouraged to continue to use a manufacturer’s modified low-AGP technique for glass ionomer sealants for the 2023-24 school year.
- B. Monitor [CDC’s COVID-19 County Check w](#) for community level transmission data.
  1. Follow CDC standard or transmission IPC precautions based on community level COVID-19 transmission.
- C. Program staff
  1. Training and policies
    - a) A program must create a written IPC and IPC evaluation policy.
- D. Program equipment and supplies for low-AGP and AGP
  1. Equipment
    - a) A program must acquire and use equipment to follow the low-AGP guidelines according to the equipment and sealant material manufacturer’s specifications.
    - b) A program must have modified equipment and/or acquired any additional equipment to minimize aerosol exposure prior to providing AGPs such as resin or glass ionomer (non-modified technique) dental sealants on school or school district premises.
      - i. Modify compressor with additional filtration and/or suction capabilities according to equipment manufacturer or use an area appropriate air purifier according to manufacturer specifications.
      - ii. The four-handed technique shall be used for any AGP.
  2. Supplies
    - a) A program must acquire, and use supplies necessary to follow low-AGP and AGP guidelines according to manufacturer’s specifications.
    - b) Prepare and store individual dental procedure supply packets and any other supplies covered, away from the patient chair, outside of the clinical area or in a closed storage container.

- c) Supplies and equipment that are out for use during a student procedure but not used during the procedure are exposed and considered contaminated and shall be disposed of or reprocessed properly after completion of the procedure.
- d) Barriers must be placed on difficult to clean items.
  - i. For low-AGP where a compressor is not needed or used, barriers must be on the overhead light and switch, and glass ionomer capsule dispenser.
  - ii. For AGPs, this includes the compressor, air/water syringe, suction valve, overhead light and switch, and the glass ionomer capsule dispenser.

## IV. Guidelines to Provide Services on School or School District Premises

### A. Clinical service area considerations

1. A program must implement and follow strict IPC in accordance with this document, which is based on the most current [CDC](#) guidance.
  - a) Perform resin or glass ionomer non-modified, AGP dental sealants on bare, uncarpeted flooring, tarps, or portable mats. Clean and disinfect bare, uncarpeted floors, tarps, or mats, if contaminated
  - b) A program must work with the school or school nurse to determine the most suitable area to complete dental screenings and dental services.
    - i. Determining factors for indoor school settings include the size of the school area for services and administrative tasks, HVAC systems, flooring, and windowed rooms.
    - ii. The area for services and administrative tasks must be large enough to have a clear delineation between the clinical and administrative areas.
2. A program should use, to the extent possible, physical barriers such as a portable barrier within areas where AGPs take place.
  - a) For programs operating multiple chairs and teams in a school, place units, including operator chairs of adjacent units, at least 6 feet apart. Consider placing a portable barrier between operational dental units when performing AGP. A portable barrier in the clinical service area must allow for cleaning and disinfection between students receiving AGP.
  - b) Consult with air filtration equipment manufacturers to ensure that portable air filtration systems are suitable for the size of the clinical services area or space.
3. A program shall collaborate with the manufacturer of the program's portable equipment to modify or add additional equipment such as filters, external suction devices, and/or air purifying devices to ensure maximum aerosol capture or ambient air purification.

### B. PPE and IPC

1. This guidance document is based on [CDC IPC and PPE](#) guidance. A program must follow this OHA guidance when providing dental sealants on school or school district premises.
2. Use [EPA List N](#) disinfectants for cleaning and disinfecting reusable patient care items and environmental services.
  - a) Follow individual disinfectant's manufacturer's directions for cleaning and disinfection and surface wet contact time.

3. PPE used during healthcare procedures must be medical grade, and be approved by [NIOSH](#) (see list of NIOSH-approved respirators) or by the [FDA](#).
4. PPE strategies should be supplemented by source control and effective hand hygiene; standard and/or transmission-based precautions shall always be used.
5. Remove or disinfect all PPE before leaving the clinical area.
6. Hand hygiene and gloves
  - a) Perform hand hygiene in accordance with [CDC guidance](#).
  - b) Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:
    - i. Immediately before touching a patient.
    - ii. Before moving from work on a soiled body site to a clean body site on the same patient.
    - iii. After touching a patient or the patient's immediate environment.
    - iv. After contact with blood, body fluids or contaminated surfaces.
    - v. Immediately after glove removal.
  - c) Do not reuse gloves.
  - d) Remove gloves and perform hand hygiene when:
    - i. Reaching into stored supplies to retrieve an item.
    - ii. Performing each cleaning and disinfection step:
      1. Remove and discard barriers
      2. Perform clean step
      3. Perform disinfection step
      4. If using clean gloves (rather than clean hands) to set-up for next student
7. Masks
  - a) Wear a level 2 or level 3 surgical/procedure mask for low-AGPs. For AGPs, an N95 mask will offer more protection, particularly during times of increased hospitalizations.
    - i. Change the mask after each student or sooner if the mask becomes moist, wet, or contaminated.
  - b) Masks during dental screenings. When screening student groups, providers may use one level 2 or level 3 surgical mask during the entire process.
    - i. Change the mask if it becomes moist, wet, or contaminated.
  - c) Masks are optional for source control.
    - i. To reduce the number of times DHCP must touch their face and the potential risk for self-contamination, DHCP should consider wearing the same level 2 or level 3 surgical or N95 mask throughout their entire work shift. If the mask becomes moist or contaminated, it must be replaced with a new mask.
8. Face shields, eyewear, and loupes
  - a) For screenings and sealant placement services, protective eyewear (face shield or protective goggles that fit snugly to the face) must be worn.
  - b) Face shields must fit snug to the forehead, wrap around the face and cover below the chin.
  - c) Prescription eyewear or loupes may be worn under a snugly fitting face shield.
  - d) Disinfect face shields after each student receiving services.

## 9. Gowns

- a) Change gown after each student receiving any AGP or low-AGP resin or glass ionomer sealant.
- b) Do not let loupes rest on a contaminated gown.
- c) Perform administrative tasks outside of clinical services area after the contaminated gown has been removed.
- d) During dental screenings, gowns do not need to be worn or, if worn, do not need to be changed, unless they become contaminated.

## 10. Other standard precautions

- a) Pull hair back and away from clinician's face and neck front. Hair shall not rest on the front of a PPE gown.

## C. Procedures for oral health screenings for dental sealants

1. Avoid student lines and congregating. Minimize student wait times.
2. Provider PPE for oral health screenings shall include gloves, eye protection (face shield or goggles) level 2 or level 3 surgical mask.

## D. Procedures for applying dental sealants

1. Sealant material
  - a) A program should consider continuing to use glass ionomer sealant material with the modified technique for the 2023-24 school year. Glass ionomer sealant placement must follow manufacturer's directions.
2. Only one student, per dental chair and per provider team, may be present and receiving services in the clinical services area at any given time.
3. To maximize aerosol capture and patient and procedure management, a program shall use the four-handed technique for all elementary grade students.
  - a) In middle schools:
    - i. When applying resin-based or GI non-modified technique sealants, a program must continue to use the four-handed technique. A program must apply resin-based and glass ionomer sealants according to manufacturer directions. This includes the option for the modified low-AGP technique to place glass ionomer sealants.
  - b) Do not allow a student to close their lips around an activated suction device.
  - c) During times of increased hospitalization rates, consider using high evacuation suction along with the four-handed technique for AGPs.
4. A program must use a compressor and suction capabilities at all times when applying resin and glass ionomer sealants using the non-modified technique.
  - a) A compressor and suction capabilities do not need to be on-site when using the low-AGP modified glass ionomer technique.

## E. Waterline Maintenance

- a) A program using a compressor must follow waterline maintenance and testing protocols from the portable compressor equipment manufacturer.
- b) A program must maintain waterline maintenance and/or testing records according to compressor manufacturer recommendations.

F. A program must comply with a request for information from OHA and ODE immediately, upon request.

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the OHA Oral Health Program at 1-971-412-0531, 711 TTY or [karen.phillips@oha.oregon.gov](mailto:karen.phillips@oha.oregon.gov)