

## OREGON BOARD OF DENTISTRY

### BOARD APPROVED COURSE IN PLACEMENT OF PIT AND FISSURE SEALANTS

#### **INTRODUCTION**

Board of Dentistry Administrative Rule 818-042-0090 allows Expanded Function Dental Assistants (EFDAs) to place sealants under the following circumstances:

"Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may apply pit and fissure sealants under the indirect supervision of a dentist providing the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a licensee and the sealants must be checked by a licensee prior to the patient's dismissal."

*"Indirect Supervision" means supervision requiring that a licensee authorize the procedures and that a licensee be on the premises while the procedures are performed. (ORS 679.010 (9))*

\*\*\*\*\*

This Board approved course should offer instruction on the purpose, techniques and safety considerations of sealant placement and the Expanded Function Dental Assistant's role as the operator under indirect supervision of the dentist.

#### **PREREQUISITES**

- 1) The attendee must be an Oregon Expanded Function Dental Assistant.
- 2) The attendee must provide a copy of their EFDA certification with course registration.
- 3) A licensee must have signed the prescription form no more than 45 days prior to the placement of the pit and fissure sealants. (OAR 818-042-0090)

#### **SUGGESTED TEXTS**

Finkbeiner and Johnson, Comprehensive Dental Assisting; Mosby Torres and Ehrlich, Modern Dental Assisting; fifth edition, Saunders or, any text used by accredited Dental Hygiene or Dental Assisting programs

#### **COURSE FORMAT**

The course should be presented in a 3-part lecture/lab/clinic format for a total of at least six (6) hours.

**Lecture:** To include the following in regards to purpose, techniques and safety issues for placement of sealants:

- 1) OAR Div. 42 rule regarding placement of sealants by an EFDA
- 2) Patient health history review
  - ✓ is the history current
  - ✓ noted allergies
  - ✓ medications
  - ✓ other health considerations
- 3) Infection control issues
  - ✓ principles of disease transmission
  - ✓ need for safety glasses for the patient
  - ✓ universal precautions
- 4) OSHA regulations
  - ✓ operator injury

- ✓ spill cleanup
- 5) Use of dental equipment and instruments
  - ✓ use of appropriate fulcrum
  - ✓ intra-oral use of hand mirror
- 6) Use of slow speed handpiece
  - ✓ use of rheostat
  - ✓ maintaining appropriate rpms
- 7) Indications/Contraindications for sealant placement
  - ✓ radiograph review
  - ✓ age of patient
  - ✓ history of decay occurrence
- 8) Appropriate technique
  - ✓ maintaining a dry environment
- 9) Materials
  - ✓ light cured
  - ✓ chemically cured
- 10) Tray set up and armamentarium
- 11) Terminology
- 12) Current and future trends

**Written Exam:** Class participants must take a 25 question, multiple choice exam with a minimum passing score of 80% prior to commencing the lab portion of the course.

**Lab:** Attendees should be provided with knowledge and skills to perform pit and fissure sealants on two extracted molars or premolars. This laboratory work must be evaluated by the instructor and successfully accomplished before moving on to the clinical portion of the course.

**Clinical:** Attendees shall successfully place sealants on at least two fully erupted molars or premolars teeth on a patient in accordance with the dentist's prescription (Attachment 1). An evaluation of the sealants must be made by an Oregon licensee (Attachment 1) prior to the dismissal of the patient.

---

## INSTRUCTOR QUALIFICATIONS

Instructors of this Board approved course in sealant placement should have background in, and current knowledge of, dental pit and fissure sealants, **and be**

- ✓ A Dentist licensed in Oregon, or
- ✓ A Dental Therapist licensed in Oregon with a collaborative agreement that allows placing pit and fissure sealants under the general supervision of an Oregon licensed dentist, or
- ✓ A Dental Hygienist licensed in Oregon who has completed a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Oregon Board of Dentistry, or
- ✓ A Dental Assistant who:
  1. holds an Oregon Expanded Function Dental Assistant certificate issued by the Dental Assisting National Board;
  2. has successfully completed a course of instruction in placement of sealants given by either an ADA accredited program or a Board approved course; and
  3. shows proof of having placed sealants on not less than ten (10) patients and on not less than twenty-five (25) teeth. (Attachment 3)

Instructor application forms are attached (Attachments 2 and 3).

ATTACHMENT 1

**PREScription FOR PLACEMENT OF PIT AND FISSURE SEALANTS**

I, \_\_\_\_\_ DMD/DDS/RDH/DT have examined the patient \_\_\_\_\_ on \_\_\_\_\_ and find the patient to be in need of the protection offered by the placement of pit and fissure sealants. I hereby prescribe that \_\_\_\_\_ place sealant material on the following tooth surfaces: (must be at least two molars or premolars)

\_\_\_\_\_.

\_\_\_\_\_ (Signature)

.....

I, \_\_\_\_\_ DMD/DDS/RDH/DT hereby certify that \_\_\_\_\_ has successfully placed sealants on teeth #s \_\_\_\_\_ on the above named patient.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

This document must be returned to the prescribing dentist, dental therapist, or dental hygienist for placement in the patient's chart.

Oregon Board of Dentistry  
Unit 23  
PO Box 4395  
Portland, OR 97208-4395  
(971) 673-3200

**APPLICATION FOR APPROVAL AS INSTRUCTOR  
IN PIT AND FISSURE SEALANTS  
Instructor Permit Fee \$40.00**

NAME OF PERSON(S) CONDUCTING COURSE:  
(NAME OF SCHOOL, IF APPLICABLE)

---

---

MAILING ADDRESS: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

*(Please provide contact information that is approved for public use, as this will appear on the list of Board-approved instructors and is widely distributed. Dental assistants in search of an instructor may contact you to inquire about taking your course.)*

LIST QUALIFICATIONS BELOW AND SUBMIT COPIES OF CURRENT LICENSES AND/OR  
CERTIFICATES THAT APPLY:

---

---

---

**I certify this application is correct and agree to teach the course according to the outline  
provided, and as approved by the Board.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

INSTRUCTOR QUALIFICATIONS:

Instructors should have background in and current knowledge of pit and fissure sealants and must be either a Dentist with an Oregon license; or

A Dental Therapist licensed in Oregon with a collaborative agreement that allows placing pit and fissure sealants under the general supervision of an Oregon licensed dentist; or

A Dental Hygienist licensed in Oregon who has completed a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Oregon Board of Dentistry on pit and fissure sealants (818-035-0040); or

A Dental Assistant certified by the Dental Assisting National Board, Inc., as a current Oregon "EFDA" who has successfully completed a course of instruction approved by the Oregon Board of Dentistry on pit and fissure sealants and shows proof of having successfully placed sealants on not less than ten (10) patients and on not less than twenty-five (25) teeth (Attachment 3).

ATTACHMENT 3

**VERIFICATION OF PLACEMENT  
OF PIT AND FISSURE SEALANTS  
FOR INSTRUCTOR APPLICATION**

**EMPLOYER/DENTIST/DENTAL THERAPIST/DENTAL HYGIENIST**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

I hereby certify that \_\_\_\_\_  
(Assistant's Name)

has successfully performed \_\_\_\_\_ sealants on \_\_\_\_\_ patients.

---

Date

Dental Assistant's Signature

---

Date

Licensee's Signature

(Use more than one form if necessary)