



Certification for School Dental Sealant Programs Infection Prevention and Control Guidelines

Effective March 17, 2022

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 (AGP) 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.
- “COVID-19 modified technique for glass ionomer sealants” means the manufacturer’s recommended non-AGP technique for applying glass ionomer dental sealants during the COVID-19 pandemic.
- “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.
- “Health care setting” means any place where health care, including physical, dental, or behavioral health care is delivered and includes, but is not limited to any health care facility or agency licensed under ORS chapter 441 or 443 or temporary sites where health care is delivered or is related to the provision of health care.
- “IPC” means infection prevention and control.
- “LPHA” means Local Public Health Authority.
- “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).
- “Non-Aerosol Generating Procedure (Non-AGP) 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.
- “OR OSHA” means the Oregon Occupational Safety and Health Administration.
- “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.
- “Student cohort” means a defined group of students in the school setting, as determined by each school.

III. Guidelines When Preparing to Operate in a School Setting

- A. Programs are encouraged to use a manufacturer’s COVID-19 modified non-AGP technique for glass ionomer sealants for the 2021-22 and 2022-23 school years.
- B. Program staff
 1. Training and policies
 - a) A program must train all program staff in COVID-19 individual and employment risk factors, signs, symptoms, and infection control standards according to [OR-OSHA](#) guidance.
 - b) A program must create an employee vaccination policy.
 - c) A program must create a written IPC and IPC evaluation policy.
 - d) A program must create a process to respond to a school or DHCP coronavirus exposure or outbreak.
 2. Health screenings
 - a) A program must have a written plan to screen for COVID-19 in all personnel that provide services on school or school district premises.
 - b) Staff must immediately report COVID-19 symptoms to their supervisor.
 - c) If staff have been notified by the LPHA that they may have come in close contact with a person with COVID-19, then as health care workers, staff must notify their

program or employer immediately. The program or employer in consultation with the LPHA will determine whether staff may work if they continue to have no symptoms.

- d) A program must report a staff member who has been present in a school and has COVID-19 symptoms to the school nurse and LPHA.
- e) Program staff must stay home if they are feeling sick. This includes any cold or flu-like symptoms.

3. Maintain DHCP cohorts

- a) When possible, assign the same DHCP to the same student cohort or classroom when providing services.

C. Program equipment and supplies for non-AGP

1. Equipment

- a) A program must acquire and use equipment to follow the non-AGP guidelines according to the equipment and sealant material manufacturer's specifications.

2. Supplies

- a) A program must acquire, and use supplies necessary to follow non-AGP guidelines according to manufacturer's specifications.
- b) Prepare individual dental procedure supply packets at least 6 feet outside of the clinical area.
- c) Store individual student supplies needed for services and any other supplies covered and at least 6 feet outside of the clinical service area or in a closed storage container.
- d) Supplies and equipment that are exposed but not used during the procedure are considered contaminated and shall be disposed of or reprocessed properly after completion of the procedure.
- e) Barriers must be placed on difficult to clean items.
 - i. For non-AGP where a compressor is not needed or used, barriers must be on the overhead light and switch, and glass ionomer capsule dispenser.

D. Program equipment and supplies for AGP

- 1. OHA recommends that AGP sealant placement be avoided during coronavirus outbreaks.

2. Equipment

- a) A program must have modified equipment and/or acquired any additional equipment to minimize aerosol exposure prior to providing resin or glass ionomer (unmodified 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.

3. Supplies

- a) Prepare individual dental procedure supply packets at least 6 feet outside of the clinical area.
- b) Store individual student supplies needed for services and any other supplies at least 6 feet outside of the clinical service area or in a closed storage container.

- c) Supplies and equipment that are exposed but not used during the procedure are 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 AGP, 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 [OR OSHA](#) requirements and [CDC](#) guidance.
 - a) Perform dental services on bare, uncarpeted flooring, tarps, or portable mats. Clean and disinfect bare floors, tarps, or mats at the end of each service day; or, if contaminated, sooner.
 - 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 school size of the 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 [OR OSHA](#) and [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 Coronavirus 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, follow [OR OSHA](#) rules, 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 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) The school dental sealant setting, either in the school or a mobile van, is a health care setting which requires everyone to wear a mask.
 - i. School district or schools may adopt varying mask guidelines for their schools and students.
 - ii. When a student enters the health care setting and is escorted directly to the clinical area to begin services, they do not need to don a mask if they are not already wearing a mask.
 - iii. When a student or students enter the health care setting and will be waiting to enter the clinical services area or waiting for their turn, and are not already wearing a mask, they must don a mask while waiting.
- b) While performing AGPs, DHCP shall wear a fit-tested N95 respirator or higher respiratory protection.
 - i. Change the mask after each student or sooner if the mask becomes moist, wet, or contaminated.
 - ii. To conserve N95 masks, a level 3 surgical/procedure mask may be layered over an N95. Change the top layered surgical/procedure mask after each student receiving dental services.
 - iii. Do not layer 2 surgical masks.
- c) While performing non-AGPs, wear the highest available (level 2 or level 3) surgical/procedure mask.
 - i. Change the mask after each student or sooner if the mask becomes moist, wet, or contaminated.
- d) Masks during dental screenings. When screening student groups, cohorts or classrooms, providers may use one level 2 or level 3 (highest available) surgical mask during the entire process.

- i. Change the mask if it becomes moist, wet, or contaminated.
- e) Masks for source control. 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 (highest available) surgical or N95 mask throughout their entire work shift. If the mask becomes moist or contaminated, it must be replaced with a new mask.
- f) Minimally, an initial fit testing is required for employees using an N95 respirator.
 - i. Please contact Karen Phillips at OHA karen.phillips@dhsosha.state.or.us or (971-412-0531) if you have difficulties meeting the fit testing requirement.

8. Face shields, eyewear, and loupes

- a) For 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) Face shields must be disinfected after each student receiving services.
- e) Administrative team members at a school should consider wearing a face shield or other eye protection while present in the school.

9. Gowns

- a) Change gown after each student receiving any AGP or non-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) Gowns do not need to be worn or changed during dental screenings unless they become contaminated.

10. Other standard precautions

- a) Hair shall be pulled back and away from clinician's face and neck front and shall not rest on the front of a PPE gown.
- b) DHCP head or hair coverings and shoe coverings are optional.

C. COVID-19 symptom screening for DHCP prior to work and for students prior to receiving services

- 1. For DHCP: Create a pre-work screening protocol. DHCPs may self-attest to report lack of or any symptoms of COVID-19.
- 2. For students: Create a process to evaluate students for signs or symptoms of COVID-19.
 - a) A program may take a student's temperature prior to the student entering the clinical area to receive services. Document in the student's dental record.
 - b) If a student has a temperature of $\geq 100.0^{\circ}$ F, the student should be sent home in coordination with the school nurse or administration.

D. Procedures for oral health screenings for dental sealants

- 1. Consider implementing the oral health screen and seal protocol.
- 2. If a program opts to conduct group, classroom, or cohort -wide oral health screenings prior to performing dental sealants, then the program must maintain at least 3 feet of

physical distancing between each student and at least 6 feet of physical distancing between student receiving a screening, other students, and dental screening personnel.

a) Avoid student lines and minimize wait times.

3. Provider PPE for oral health screenings must include gloves, face shield and a level 3 surgical mask or higher.

E. Procedures for applying dental sealants

1. Sealant material

a) A program should highly consider using glass ionomer sealant material. Glass ionomer sealant placement must follow manufacturer's directions. During the 2021-22 and 2022-23 school years, a program may follow the manufacturer's modified non-AGP directions and guidelines for glass ionomer sealant placement to eliminate aerosols.

2. Consider using the oral health screen and seal protocol for intended sealant delivery.

3. 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.

4. To maximize aerosol capture and patient and procedure management, a program shall use the four-handed technique and high evacuation suction for all grades and students receiving any AGP, regardless of the sealant material used.

a) In elementary schools:

i. When applying resin-based sealants, a program must continue to use the four-handed technique and high evacuation suction. A program must apply resin-based and glass ionomer sealants according to manufacturer directions. This includes the option for the COVID-19 modified non-AGP technique to place glass ionomer sealants.

b) Non-activated saliva ejectors may be used as retraction only. Any suction or saliva evacuation must be captured by high evacuation.

c) Do not allow a student to close their lips around an activated suction device.

5. A program shall use a compressor and high evacuation suction capabilities at all times when applying resin and glass ionomer sealants using the unmodified technique.

a) A compressor and suction capabilities do not need to be on-site when using the non-AGP modified glass ionomer technique.

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@dhsoha.state.or.us.