



Guidance for Certified School Dental Sealant Programs

During the COVID-19 Pandemic

Background: Senate Bill 660, 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.

On March 12, 2020, Governor Brown issued Executive Order No. 20-05 closing all K-12 schools March 16-31, 2020. On March 19, 2020, Governor Brown issued Executive Order No. 20-10 to cancel all elective and non-urgent health care procedures that require personal protective equipment (PPE) effective March 23, 2020. On April 27, 2020, Governor Brown issued Executive Order No. 20-22, which allows medical and dental offices and other health care offices to resume elective and non-emergent procedures that require PPE, starting May 1, 2020, if the criteria in the Oregon Health Authority (OHA) guidance can be met. On June 10, 2020 the OHA and the Oregon Department of Education (ODE) released the first version of [Ready Schools, Safe Learners](#) guidance for school year 2020-21.

Authority: Executive Order No. 20-22, ORS 433.443, ORS 431A.010, ORS 431A.725, OAR 333-028

Applicability: This guidance is applicable to any certified local school dental sealant program or any school dental sealant program that would like to become certified.

Guidance

Definitions: For purposes of this guidance, the following definitions apply:

- “Aerosol Generating Procedure (AGP)” means any dental procedure that uses an air/water syringe or suction device that is not modified to reduce aerosols.
- “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.
- “FDA” means the U.S. Food and Drug Administration.
- “Four-handed dental technique” means a dental hygienist and dental assistant or non-dental professional providing dental sealants.

- “LPHA” means Local Public Health Authority.
- “Mitigation” means reduction.
- “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-AGPs)” means any dental procedure that does not use the air/water syringe or non-modified suction device to reduce aerosols.
- “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.
- “Oral health screen and seal protocol” means providing an oral health screening to one student at a time; then if needed, placing dental sealants on that same student before providing an oral health screening on the next student.
- “OSHA” means the 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.
- “Two-handed dental technique” means one dental hygienist providing dental sealants.

I. Criteria for school dental sealant programs to prepare to operate in a school setting

- A. A program must follow certification rules for local school dental sealants outlined in [Oregon Administrative Rules \(OAR\) Chapter 333 Division 028](#).
- B. A program must follow guidelines in the [OHA Guidance on Resumption of Dental Services in School Settings](#).
- C. A program may use a manufacturer’s COVID-19 modified non-AGP technique for glass ionomer sealants for the 2020-2021 school year.
- D. Program staff.
 1. Training

A program must train all program staff in COVID-19 risk factors, signs, symptoms, mitigation and infection control standards according to [OHA](#) and [CDC](#) guidance.
 2. Health Screenings
 - a) A program must have a written plan to screen for COVID-19 for all personnel that provide services on school or school district premises.
 - b) A screening for COVID-19 signs and symptoms must be performed and documented daily for any staff reporting for work outside of their home.

- c) Staff must immediately report COVID-19 symptoms to their supervisor.
- d) If a staff person has been notified by the LPHA that they may have come in close contact with a person with COVID-19, then as a health care worker, the staff person must notify their program and/or employer immediately. The program and/or employer in consultation with the LPHA will determine whether the staff person may work if they continue to have no symptoms.
- e) A program must report a staff member who has been present in a school and has positive COVID-19 symptoms to the school nurse and LPHA.
- f) Program staff must stay home if they are feeling sick. This includes any cold or flu-like symptoms.

E. Program equipment and supplies for non-AGPs.

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 guidance.

2. Supplies

- a) A program must acquire, and use supplies necessary to follow non-AGP guidelines according to the dental sealant material manufacturer's guidance.
- b) Prepare 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 at least 6 feet outside of the clinical service area or in a completely covered storage container.

F. Program equipment and supplies for AGPs.

1. Equipment

- a) A program must have modified equipment or acquired any additional equipment for aerosol exposure mitigation prior to providing resin or glass ionomer (unmodified technique) dental sealants on school or school district premises.

2. 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 completely covered storage container.

II. Criteria for certified school dental sealant programs to provide services on school or school district premises

A. Clinical service area considerations:

1. A program must follow strict infection control in accordance with the most current [CDC guidance](#).
 - a) Avoid carpeted areas for dental services. To the extent possible, 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 and/or school nurse to determine the most appropriate area to complete oral health screenings and dental services.
 - i. Determining factors for indoor school settings include school HVAC systems, flooring and windowed rooms.
 - ii. Determining factors for outdoor school settings include the availability of a covered playground, breezeway or an outdoor tented space with a roof and at least two-to-three walls open to fresh air and portable program equipment.
2. A program should use, to the extent possible, physical barriers such as a closeable door or portable barrier within areas where AGPs take place.
 - a) For programs operating multiple chairs and teams in a school, place units 6 feet apart. Consider placing a portable barrier between operational dental units when performing AGPs. A portable barrier in the clinical service area must allow disinfection between students receiving AGPs.
 - b) Consult with equipment manufacturer to ensure that filtration systems are appropriate for the size of the clinical services area or space.
3. A program should collaborate with the manufacturer of the program's portable equipment to modify or add additional equipment such as filters, external suction devices or air purifying devices to ensure maximum aerosol capture and/or ambient air purification.

B. PPE:

1. Follow [CDC](#) and [OHA guidance for infection control and PPE for resumption of elective medical and dental services](#).
 - a) PPE supplies should be used responsibly to ensure their availability for any potential urgent procedures in a facility. PPE strategies should be supplemented by source control and effective hand hygiene; standard precautions must always be used. While performing AGPs, health care personnel should also wear a fit tested N95 respirator or higher respiratory protection. A limited list of aerosol-generating procedures can be found in the [CDC's Guidance for Dental Settings](#).
 - b) To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same

respirator or facemask throughout their entire work shift. If the mask becomes contaminated, it must be preplaced with a new mask.

- c) [OHA guidance for resuming non-emergent and elective procedures](#) specifies that PPE used during health care procedures must be medical grade, follow [Oregon Occupational Safety and Health Administration](#) (OSHA) rules and be approved by the National Institutes of Occupational Safety and Health (NIOSH; see list of NIOSH-approved respirators) or by the U.S. Food and Drug Administration (FDA; see list of emergency use authorized PPE and a COVID-19 medical device information website to answer questions about PPE).
 - d) Dental health care personnel should use the PPE appropriate for the type of procedures performed (i.e., PPE for contact, droplet and AGPs) according to [OSHA](#).
 - e) Annual fit testing is generally required by the federal Occupational Safety and Health Administration (OSHA) for employees using N95 respirators. OSHA suspended the requirement that this be done annually during the COVID-19 pandemic; however, an initial fit testing is still required.
 - f) The FDA has issued emergency use authorization to authorize all NIOSH approved particulate-filtering air purifying respirators (APRs) to be used in health care settings, including all NIOSH-approved filtering facepiece respirators, elastomeric APRs and powered air purifying respirators. However, use of expired NIOSH-approved filtering facepiece respirators and respirators that have been decontaminated pursuant to the terms and conditions of an authorized decontamination system are not recommended to ensure PPE availability.
 - g) Barriers must be placed on difficult to clean items:
 - i. For AGPs this includes the compressor, air/water syringe, suction valve, overhead light and switch, triturator switch and the glass ionomer capsule dispenser.
 - ii. For non-AGPs where a compressor is not needed or used, barriers must be on the overhead light and switch, triturator switch and glass ionomer capsule dispenser.
 - h) Change gown after each student receiving resin or glass ionomer sealants.
 - i. Gowns do not need to be worn during dental screenings.
 - i) Hair must be pulled back and away from clinician's face. Head or hair coverings and shoe coverings are optional.
 - j) Remove or disinfect all PPE before leaving the clinical area.
- C. Pre-service COVID-19 symptom screening for students:
- 1. Take student's temperature prior to the student entering the clinical area to receive services. Document in the student's dental record.
 - a) 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:

1. Oral health screenings for dental sealants:

- a) Consider implementing the oral health screen and seal protocol. If a program opts to conduct classroom-wide oral health screenings prior to performing dental sealants, the program must maintain at least 6 feet of physical distancing between each student and between dental screening personnel.
- b) Provider PPE for oral health screenings must include gloves, face shield and a level 2 or 3 procedure or surgical mask. Use the highest level of level 2 or 3 surgical mask available.

2. Applying dental sealants:

- a) Consider using the oral health screen and seal protocol for intended sealant delivery.
- b) Clinicians must use high evacuation for all grades and students receiving AGPs such as resin or glass ionomer sealants.
 - i. This does not apply if a program uses a COVID-19 modified non-AGP glass ionomer sealant placement technique.
- c) To maximize aerosol capture and patient and procedure management, a program should consider using the four-handed technique for all grades and students receiving any AGP.
 - i. In elementary schools:
 - a. When applying resin-based sealants, a program must continue to use the four-handed technique. The second provider does not need to be a dental professional. Volunteers and non-dental professionals must be trained on equipment, infection control guidelines, confidentiality and security guidelines, and internal policies and procedures.
 - b. When applying glass ionomer sealants, a program may use the two-handed technique using an OHA approved isolation device or following manufacturer's COVID-19 modified technique. A program must submit a written plan to OHA regarding the use of the two-handed non-modified or modified glass ionomer sealant technique for elementary schools. The plan must include the type of sealant material being used; the technique used to place the sealant; and the OHA approved isolation device being used.
 - ii. In middle and high schools:
 - a. A program may use the two-handed technique using an OHA approved isolation device, the four-handed technique, or the modified COVID-19 non-AGP technique for glass ionomers to apply sealants.
- d) A program must apply resin-based and glass ionomer sealants according to manufacturer guidelines. This includes the option for the COVID-19 modified non-AGP technique to place glass ionomer sealants.

- e) A program must use compressor and suction capabilities at all times when applying resin and glass ionomer (unmodified technique) sealants except in rare situations as determined by the provider's professional judgment.
 - i. A compressor and suction capabilities do not need to be on-site when using the non-AGP modified glass ionomer technique.
- f) Sealant material:
 - i. A program should highly consider using glass ionomer sealant material. Glass ionomer sealant placement must follow manufacturer's direction. During the COVID-19 pandemic, a program may follow the manufacturer's modified non-AGP directions and guidelines for glass ionomer sealant placement to eliminate aerosols.

III. Monitoring, oversight and enforcement

- A. If based on its own monitoring or if based on complaints, OHA believes that a program is not meeting the criteria in Sections I and II of this guidance or other provisions in this guidance, OHA will either decertify a program or issue a warning letter to the program informing it that it must cease performing school dental sealant services until it can again meet criteria and this guidance.
- B. If a program is found to be in repeat non-compliance with this guidance, OHA may issue civil penalties or take other enforcement actions.
- C. If OHA finds that many programs are failing to comply with this guidance, it will request that the Governor halt school dental sealant programs.
- D. A program must comply with a request for information from OHA and ODE immediately, upon request.

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