

Michigan Dental Association

Best Practices for the Application of Dental Sealants in School-Based Oral Health Programs

Indications for sealant placement

- 1) Sound teeth as well as noncavitated lesions
- 2) Permanent first and second molars are a priority
- 3) Include first and second primary molars

Tooth surface assessment

- 1) Unaided visual assessment is adequate
- 2) Dry teeth to be assessed
- 3) Radiographs are not indicated prior to placing sealants
- 4) The use of other diagnostic technologies is not necessary

Sealant placement

- 1) Clean the tooth surface in some manner prior to placing sealant
- 2) Toothbrush prophylaxis is adequate
- 3) Surface preparation with air abrasion or enameloplasty is to be avoided
- 4) Where possible, a four-handed technique is preferred

Sealant evaluation

- 1) Sealants should be placed even if follow-up re-examination cannot be assured
- 2) Providers should complete retention checks on 20 percent of sealants placed within six months of their placement
- 3) Sealants found to be partially or fully lost should be repaired immediately
- 4) Providers are required to track their sealant data using a methodology sanctioned by the MDCH Oral Health Program

REFERENCES

1. Beauchamp J. et al. American Dental Association Council on Scientific Affairs. 2008. Evidence based clinical recommendations for the use of pit and fissure sealants: A report of the American Dental Association Council on Scientific Affairs. JADA 139(3):257-268.
2. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health.
3. Gooch B.F. et al. Preventing dental caries through school-based sealant programs. JADA 140(11):1356-1365.
4. Task Force on Community Preventive Services. 2009. The guide to community preventive services: oral health. Centers for Disease Control and Prevention, Community Guide Branch.