



**Be Smart & Seal Them!**

**A School-Based Dental Sealant Manual**

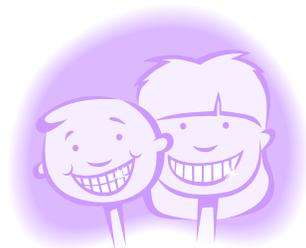
A Dental Sealant Program brought to you by  
The Colorado Department of Public Health & Environment  
Oral, Rural & Primary Care Section - Oral Health Program

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<http://www.cdphe.state.co.us/pp/oralhealth/dentalsealants.html>



## Be Smart & Seal Them!

Be Smart & Seal Them! is an oral health prevention program supported by the Colorado Department of Public Health & Environment Oral Health Program. It is a school-based or school-linked dental sealant project specifically geared toward second grade children in Colorado. Tooth decay (or cavities) is largely a preventable disease, yet tooth decay is a chronic disease that is affecting thousands of Colorado's youth every day. Tooth decay is the most common chronic disease of childhood, more common than asthma and hay fever. Tooth decay is an infection that left untreated can cause abscesses and tooth loss, low self-esteem and weight issues in children. Oral pain and acute infection also causes an estimated 7.8 million hours of school to be lost each year in Colorado alone according to the *Impact of Oral Disease on the health of Coloradans* document. In an effort to decrease this burden of oral disease on children the Colorado Department of Public Health & Environment Oral Health Program is focusing efforts on the primary prevention of the disease through dental sealant placement with school-based and school-linked sealant programs.

According to *Oral Health in America: A Report of the Surgeon General, 2000*, children who receive dental sealants as part of a school-based or school-linked program have 60% fewer newly decayed pit and fissure surfaces in back teeth for at least 2 to 5 years after a single application. In Children, 90% of the decay is found in pits and fissures. Most decay is found in the pits and fissures of the first molars. Children of racial and ethnic minority groups have about three times more untreated decay and missing teeth due to caries, but are about one-third as likely to receive sealants.

Be Smart & Seal Them! is a program designed to give Colorado 2<sup>nd</sup> graders a dental screening and place sealants on their newly erupted first molars. The *Oral Health in America: A Report of the Surgeon General, 2000* states that dental sealants are nearly 100% effective in preventing caries in permanent molar teeth, especially when used in combination with other preventive measures such as fluoride, and regular brushing. Sealant programs provide sealants to children at the greatest risk of developing caries, but are otherwise unlikely to receive them. The Be Smart & Seal Them! program incorporates other elements of good oral health including an educational component for parents, students and teachers, dental screenings, referral for treatment of already decayed teeth, and retention checks following placement to make sure the sealants were maintained

Included in this manual is information on how to get the Be Smart & Seal Them! Programs started in your community or school and prevent children from suffering with the effects of cavities through a proven effective prevention method.

# Be Smart & Seal Them!

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## Program History

The Colorado Department of Public Health & Environment's Oral Health program supports programs, designed to identify second grade children who will benefit from the placement of pit and fissure sealants on permanent molar teeth. The services provided through these programs include:

- A dental screening
- Classroom and individual education on oral hygiene and sealants
- Information on oral health and sealants for parents
- Appropriate referrals for children who need restorative or emergency care

These services are provided on-site at elementary schools in the across the state.

School nurses are asked to help administer their school's specific program. This includes:

- On site logistics – reserving adequate rooms, tables, and chairs
- Securing parental consent forms
- Notifying parents of the educational presentations
- Follow-up with parents of children who need restorative care
- Oversight of the children during the screening and sealant days

### *What is Happening Now & Future Plans*

According to the 2004 Colorado Third Grade Basic Screening Survey for sealant prevalence, more than half of the state's third graders had treated or untreated caries experience while only 35% of students had at least one pit and fissure sealant on a permanent tooth. The percentage decreases to 26% for Hispanic students. The Healthy People 2010 goal is for 50% of 3<sup>rd</sup> graders to have dental sealants on at least one permanent molar. The Be Smart & Seal Them! program would like to achieve that goal so that Colorado children at greatest risk of dental disease receive dental sealants

The Oral Health program is expanding the program based on criteria approved by the Centers for Disease Control (CDC), the Association of State and Territorial Dental Directors and the Health Resources and Services Administration's Maternal and Child Health Bureau to include all urban schools that that have a student population of 50% or more that qualify for free and reduced lunch or a rural school district that has a median income at or below 235 percent of the federal poverty line for the entire district.

## **What are Dental Sealants?**

Dental sealants are thin plastic coatings, which are most often applied to the chewing surfaces of the first and second molars (back teeth) where food and bacteria are not easily cleaned out. They are used for the primary prevention of tooth decay.

The thin sealants bond with the enamel of the tooth, acting as a barrier protecting the pits and fissure on the chewing surface from the plaque and acids, which cause tooth decay. As long as the sealants remain intact, the tooth surfaces will be protected from decay. Sealants normally last several years before a reapplication is needed as long as they are applied correctly on a dry tooth surface and with proper preparation of the tooth.

### *The Process for Placing Sealants*

The process of placing sealants is actually very simple, and it's easy on the patient as well. There are no x-rays taken and the process is quick and painless.

- The tooth is examined to make sure it has fully erupted in the mouth and has not already been compromised with decay to the point of needing restoration (fillings).
- The tooth is then cleaned of any visible debris in the pits and fissures of the chewing surface.
- The tooth is rinsed off with water and then the area surrounding the tooth is isolated, usually with cotton rolls, and the surface of the tooth is air-dried.
- An etching gel is applied to the pits and fissures of the tooth and left for a few seconds. It is then rinsed completely off the tooth and the surface is examined to make sure it is ready for the sealant. The etched areas will have a chalky white look to them.
- The sealant material is then placed in the pits and fissures of the tooth. A special light is used to cure, or dry, the sealant material for 20-30 seconds.
- The tooth is then inspected to make sure the sealant is retained on the tooth surface.

## **School-Based Versus School-Linked Sealant Programs**

School-Based dental sealant programs are conducted completely within the school setting. Volunteer or paid dentists, hygienists and/or assistants and students will use portable dental equipment or a fixed facility within the school to conduct the entire program. There are several components to a school-based setting that make it possible to provide the program in a very cost-effective and successful manner. The school is given the opportunity to be involved in all aspects of the program and can monitor the process to the extent they wish.

School-Linked dental sealant programs are connected with the schools in some way, but deliver the sealant placement services at a site other than the school. It may be done in a clinic, mobile unit or dental office. School-linked programs deliver the same services of screening, education, sealants and follow-up, but are more removed from the school and may pose additional barriers to care that school-based programs do not. A school-linked program may have issues of time and transportation that school-based programs might not.

### *Why Second Graders?*

The first permanent molars erupt in a child's mouth at about age 6. Most of the time this age group is entering the second grade. Sealants placed on these teeth shortly after they erupt will protect them from developing caries in the pits and fissures of the chewing surface of the tooth where bacteria and plaque is not easily cleared out. Second molars erupt in the mouth at about the age of 12. These teeth would benefit from sealants as well. Just like the first molars, second molars are susceptible to caries and should be sealed, as soon as possible after eruption.

The reason the Be Smart & Seal Them! program is targeting second graders is that 57% of third graders have experienced treated or untreated decay and targeting the children a year earlier will eliminate much of this decay in third graders according to the Impact of Oral Disease on the Health of Coloradans, 2005.

### *How Schools Qualify for Sealant Programs*

Schools qualify for the program in one of two ways. They are either an individual school located in an urban area with 50% or greater participation in free and reduced lunch programs or they are in a school district that is located in a rural area with a median income that is at or below 235 percent of the federal poverty line. Using these guidelines assures that the program is targeting the children who are most at risk of dental caries but are the least likely to receive sealants. Information about what schools or districts would meet these qualifications is available by contacting the Colorado Department of Public Health & Environment, Oral Health Program.

## **Planning a Sealant Program**

Planning and implementing a local Be Smart & Seal Them! program involves not only the screening and sealant placement, but also involves some pre-planning and coordinating with local schools and communities. In order for the Be Smart & Seal Them! program to be successful, each local coordinator should communicate with school administrators, teachers, school nurses and school facilities personnel to discuss the logistics of implementing the school-based program. Additionally, there should be communication with the local community members, volunteer

organizations, dental community and parents to assure coordination of referral services within the community.

### *Working with schools*

It is vital to establish and maintain a good rapport with the schools. It is ideal that those individuals coordinating the Be Smart & Seal Them program make initial contact with the school and give them all the information they need about the program. It is very important that the school have information in writing so communication is very clear and directions are easy to follow. It may be helpful to provide the school contact with a list explaining the needs and expectations for the program to run smoothly.

A sample School Contact Information Sheet, Letter to School Contact and Program Requests are included in the appendix. A discussion of the logistical needs of your sealant program with school personnel should include the following:

- Provide a sealant description fact sheet and any other pertinent information for review.
- Promote both the preventive and educational benefits of sealants and what the Be Smart & Seal Them! program will provide the children.
- Assure student confidentiality and compliance with HIPAA (Health Insurance Portability & Accountability Act).
- Offer to assist the school personnel with treatment referrals and follow through if further dental treatment is required.
- Discuss room size and space needs for your school-based portable dental clinic. The room should have good lighting, proper ventilation and enough electrical outlets compatible with your electrical needs. The equipment may also be loud and may want to be placed away from areas where students need to concentrate.
- Discuss how long you will take a student out of the classroom as well as how many hours per day the sealant program will operate. Take into consideration recess, specials, lunch hours and any special assemblies.
- Discuss the student/patient flow of your sealant program, when students will be taken from the classroom and when they will return.
- Discuss the educational part of the sealant program. Some sealant programs provide an education presentation on a separate day from the sealant placement and some programs provide the educational component the same day the sealants are placed. Either way give a description of the program with details, time and space needs for this component. Also, consider the teachers and school nurses as partners who could possibly communicate the educational program to the students unless it's done on a more one on one basis.
- Arrange a primary contact person for communication between you, the school and parents. Working with one person will help you coordinate the program more efficiently. Exchange work and home phone numbers. Usually the

school nurse is a good contact for this project, but consider that often times school nurses have very full schedules, split their time between schools and have an array of duties outside of their usual scope.

- Arrange dates and times for all aspects of the sealant program including educational presentations, screenings and sealant placement, and follow – up appointments for retention checks.
- Discuss the parental consent, health history, screening, and other communication forms with the schools.
- Discuss the special language needs of the children. Provide the schools with forms translated in the appropriate languages.
- Arrange a time and date for distributing and picking up the parental consent forms and establish a due date for the forms to be returned.
- Explain the importance of sealant retention checks and that they will need to be completed at a later date. Retention checks are one of the most important aspects of the program and special attention should be placed on this with the school contact.
- Send a confirmation letter to the school verifying dates, times, and other arrangements discussed.
- Send a follow-up letter with program results to the school. Be willing to share data, schools appreciate getting this type of information back on their students as well.

### *Staff & Volunteers*

One way to maximize resources is to conduct the program using various volunteers and students. Recruiting volunteer dentists, hygienists, assistants dental, dental hygiene and dental assisting students may allow for more community involvement, increase capacity, stretch funding and other resources further and enhance partnerships. There are dental schools, hygiene programs and dental assistant programs that may have students willing to participate in volunteering for the program to help staff a local Be Smart & Seal Them! program. Also, many associations and professional organizations can provide volunteers and possible staff members to work with the program. There may also be local organizations in the community that have a volunteer base that might be able to assist the program.

### *Parents*

Parental support is essential for the program to be successful. Parents should not only be educated about the dental sealant program, but also on general oral health information. Utilize parent-teacher associations, parent volunteers and “room parents” to get their support. Parents can also be important in the activities on the day or week of the program. They could be utilized in organizing the children and escorting them from their classrooms to the sealant program.

## *Community Partners*

Support from the community in general is important, but know what groups or entities within the community will garner the most support and assistance in the program. These community partners can help form a local advisory committee or group and could be a conduit for getting volunteers to help with the program. Some possible groups to contact for support:

- Dentist associations
- Dental hygiene associations
- School nurse associations
- Community colleges, colleges and universities
- Local businesses
- Medical professionals including dentists, dental hygienists, physicians and their assistants
- Community-based health organizations
- Community health centers
- Educational associations
- Local government entities
- Youth-serving and community-based organizations like Girl & Boy Scouts

## **Program Basics**

The elements required for the Be Smart & Seal Them! program include the sealant placement procedure, supplies and equipment needed, universal precaution protocols, community/school support, a referral mechanism and a parent information mechanism. Evaluation of the program is also a requirement, but will be discussed in the following section.

### *Sealant Placement Procedure*

The staff and volunteers providing the Be Smart & Seal Them! program need to follow the guidelines in sealant placement as recommended by the manufacturer of the sealant material and current infection control guidelines. Make sure all staff and volunteers are familiar with the steps in sealant placement.

Steps:

- Screen the child's teeth. This should be done by a dentist or registered dental hygienist. They will decide which teeth are appropriate for sealants.
- The tooth surface should be cleaned with a dry bristle toothbrush. (No pumice or toothpaste should be used).
- Isolate the tooth – use dry angles and cotton rolls.
- Etch the enamel surface.
- Rinse & dry the tooth again.
- Apply the sealant material.

- Light-cure the sealant.
- Evaluate the sealant – make sure it is intact, covers the entire surface of the tooth and does not have any bubbles or voids.

There are several factors to consider in providing the Be Smart & Seal Them! program:

- Active consent by parents – In Colorado the local school districts determine if active or passive consent is required. Check with the local school district administration to determine what type of consent will be needed. (An example of a consent form is included in the appendix). A signed consent form **must** be returned before the screening and sealant placement occurs. If the school district has a passive consent policy, make sure to track the number of children whose parents have opted them out of the program.
- Screening of students by dentist or hygienists – a dentist or a registered dental hygienist screens the child’s teeth before sealants can be placed. Sealing the teeth depends on several factors including:
  - Decay present on teeth
  - Molars completely erupted
  - Other issues regarding child or teeth on a case by case basis
    - Other items to be identified during the screening included on the patient’s records are:
      - Oral health status
      - Identification of caries or other oral health issues
      - Whether the child needs to be seen immediately by a dental professional for additional care, in the near future for possible problems or in six months for a regular check-up.
- Health history – Because of limited time and space questions regarding health history can be limited. The health history can be included in the information requested on the consent forms. The dentist or dental hygienist can determine if there is a medical condition that would prevent the placement of sealants with this information.
- The sealant and etching materials used may vary by program. The staff and volunteers should be familiar with the type of products used and follow all manufacturer instructions for placement. The sealant material used should be non-filled and light curing to be the most effective for a school-based or school-linked sealant program.
- Guidelines on infection control protocols for school sealant programs must be followed. These guidelines are available from the Centers for Disease Control and must be incorporated into each program.
- Medicaid/CHP+ numbers – To allow these dental services to be billed to Medicaid or CHP+ the consent form has a space for the parent or school nurse to write in the child’s number. The services can be billed only if the provider is a Medicaid or CHP+ provider.

- Filling out patient treatment forms – During the screening the exam form should be completed and then signed by the dentist or hygienist who performed the screen. (An example of the child level data form or exam form is included in the appendix).
- HIPAA – Health Information Portability and Accountability Act requires that all health information be kept confidential. Information regarding the screening, sealant placement and what the outcome was should be kept in strict confidence with only those individuals providing treatment, school personnel and parents allowed access to that information. The information, if stored on a computer database or disk, should be kept encrypted, locked or password protected and all efforts should be made to protect personal medical information.
- Information sent home with students – After the screen and the sealants are placed the child should be given a form with what was done, how many teeth were sealed if any and what follow-up needs to occur. Also, explain to the child their teeth may feel too tall for a little while, but that feeling will go away as soon as the sealant wears down a bit.

### *Suspicion of Child Abuse or Neglect*

If a Be Smart & Seal Them! representative suspects child abuse or neglect it is the mandatory responsibility of that representative to report the suspicion to the school administration and the proper authorities. The dental professional is in a unique position to notice problems resulting from child abuse/neglect. Below is a link to information about P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness).

<http://itsa.ucsf.edu/~pedo/ramos/panda.html>

### *Supplies & Equipment*

There is portable equipment that can be utilized from the Colorado Department of Public Health & Environment's Oral Health Program. They will be provided free of charge to participating programs and will be scheduled for use on a case-by-case basis. The equipment will also be provided on a first come first serve basis. General maintenance and cleaning of the equipment upon completion of use is required. If a local program has access to their own equipment it may be used as long as it contains the required elements to conduct the program. Some dental offices have portable equipment also they may be willing to lend or possibly commit to volunteering as well.

#### Equipment Components:

- Portable operators stool & assistant stool
- Portable light
- Portable dental patient chair

- Sterilization system
- Sealant curing light
- Portable dental sealant unit
  - Air/Water syringe
  - High volume vacuum system
  - Clean self-contained water system
  - Compressed air system
  - Air filter/dryer

**Supply Components:**

The following supplies are those needed to conduct the program. This list is not meant to be an exhaustive listing of all that is needed, but at a minimum most programs would need these items to implement a local Be Smart & Seal Them! program. There are several manufactures to obtain these products and many dental offices and hygiene practices may be able to assist the coordinator in obtaining many of these products through their providers.

**Provider and Patient Protection**

- Air/water syringe tips
- Bib clips
- Bibs
- Eyewear (for providers and patients)
- Gloves
- Gowns
- Hand soap
- Hand wipes
- Headrest covers
- Light handle covers
- Plastic sleeves for air/water syringe
- evacuator hoses

**Sterilization and Disinfection**

- Autoclave bags
- Autoclave cleaner
- Surface disinfectant
- Distilled water
- Gauze squares
- Glutaraldehyde
- Paper towels
- Trash liners
- Ultrasonic cleaner solution
- Vacu-cleanser

**Patient Treatment**

- Cotton roll holders
- Cotton rolls
- Dry angles
- Etch gel
- Evacuator tips
- Explorers
- Mirrors
- Sandwich bags (for toothbrushes)
- Sealant material
- Toothbrushes
- Trays (disposable)

**Additional Supplies**

- Heavy-duty extension cords
- Tool kit for equipment repairs
- Office supplies  
(stapler, paper clips, tape, pens, forms)

### *Standard Precautions*

All Be Smart & Seal Them! programs are required to follow standard OSHA Standard Precaution protocols as required by law. Some of the materials you may need for safe disposal include:

- An Emesis basin for unexpected regurgitation
- Small plastic bags and tape for soft material clean up
- Large heavy-duty plastic bags for final disposal
- Gloves, gowns, chair covers
- Disposable disinfectant wipes
- Protective eyewear
- Hand sanitizer
- Paper towels
- Patient sunglasses

OSHA requires that some of the waste from this project be disposed of by double bagging. Each child should be provided his/her own set up for screening and sealant placement with sanitizing done between each child. Include all items that OSHA requires your program to have at an event. Be sure to include eyewash station, bloodborne pathogen spill kit, chemical hazard spill kit, first aid kit with resuscitator, and Sharps container. Additional information on OSHA and CDC requirements for guidelines on infection control in a health care setting can be found at the following links:

[www.cdc.gov/mmwr/PDF/RR/RR5011.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR5011.pdf)

[www.cdc.gov/mmwr/PDF/RR/RR5116.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR5116.pdf)

### *Oral Health Education*

There are several curricula available to purchase regarding oral health education from the Internet. Each program can also design their own curriculum if they desire. There is not a specific curriculum recommended by the state sealant coordinator or the state program at this time. Oral health education can be conducted one on one, in the classroom or to the entire school population. Each community or school may have their own preferences, but each program is required to do some type of oral health education with the students. Also, there should be some type of education provided to the parents either written or more formally through a presentation so they know what sealants are and how important they are in the primary prevention of tooth decay.

### *Community/School Support*

There should be a level of support both from the community level and from a school level. The program needs to have a community that shows support through volunteers, donations or other in-kind support and/or a community based advisory group could be set up to promote support from the community.

School support may be in several different forms. They provide the children, staff and building support. They may be a resource for obtaining Medicaid numbers. Also, the schools can aid in getting consent forms signed and returned and health history information that may be needed. Finally, the schools can show support for oral health education and follow up.

### *Referral Mechanism*

Screenings, oral health education and sealant placement are not the only responsibilities of the program. There are a significant number of children who already have decay evident in their mouth and need to be referred to a follow up dental professional for care. A good estimate to plan on is 40% of the children screened needing further treatment. There may be several options in the community, but many communities will have limited resources available. A list of possible providers in the community who see uninsured individuals, accept Medicaid and CHP+, operate on a sliding fee scale or offer general services should be given to those children who need further treatment. Some programs may decide that a case manager might help facilitate referrals so during the planning phase this may be something to consider adding into the program.

The consent form includes a question regarding the child's "dental home". If the child is currently a patient of a dentist they should be referred to them for follow-up care. The list of children needing additional care should be shared with the school nurse or school contact with the school so they can follow up with the families and children as needed. If resources are not known contact the Colorado Department of Public Health & Environment's Oral Health Program for possible information.

### *Parent Information Mechanism*

Part of the sealant program involves educating parents on the importance of regular dental care and prevention of dental caries. When a child's teeth have been sealed a letter should be sent home to parents describing what was done and assessing the child's further needs. An example is in the appendix section. Parents should be encouraged to seek treatment by a school nurse or by the health educator conducting the program if appropriate.

Information on brushing/flossing properly, dental visits and nutritional snacks and foods should also be given to the parents when the opportunity arises either at parent teacher conferences, parent nights or with the letter sent home after sealant placement.

## **Promotion of the Be Smart & Seal Them! Program**

Marketing of the sealant program can be done in whatever format works best for the community it's being presented in. There are basic fact sheets and information

sources on the Colorado Department of Public Health & Education, Oral Health website as well as some downloadable fact cards and brochures on sealants and the Be Smart & Seal Them! program. There is also a sample press release, brochure and sealant fact sheet in the appendix section to send to local media outlets. The materials can be personalized with logos and information as needed.

### **Retention Checks & Follow-Up**

Sealant retention checks are the primary way to assess the program effectiveness. Retention checks will help to evaluate the long-term caries prevention. The Be Smart & Seal Them! program requires that at least 10% of third graders who received dental sealants in second grade have a follow up retention check done within one year of sealant placement. The prime time to do this is when the program is returning to the school to place sealants on the new second grade students. At this time at least 10% of the prior class recipients should be randomly selected and their sealants checked to make sure they are still intact and in place. There are three classifications of sealant retention:

- Complete retention, the sealant is fully intact with no obvious loss of the sealant material.
- Partial retention, the sealant is still visibly in place with minor loss of material that does not expose the pits and fissures of the tooth and does not result in significant “ledges” on the tooth.
- Missing is considered the major loss of the sealant material that exposes the pits and fissures of the tooth.

If the sealant is missing it can be reapplied at this time. It is very important to keep correct records on all sealant retention since this is one of the measures we use to determine the success of the program and the retention of sealants is directly linked to the carries experience of the child. The consent form covers both 2<sup>nd</sup> grade and 3<sup>rd</sup> grade so a new consent form will not need to be completed for retention checks of children previously in the program. The Be Smart & Seal Them! program requires the sealant retention rate to be at 85% or better. If it falls below this mark an explanation of the reasons need to be detailed in the monthly report to the CDPHE Oral Health Program.

### **Evaluation of the Numbers**

The Be Smart & Seal Them! program is using a software based in Excel developed by the CDC called SEALS (Sealant Efficiency Assessment for Locals and States). The required forms for program reporting are included in the appendix and a copy of the software is available by contacting the dental sealant coordinator at CDPHE at 303-692-2470. The database should be completed and sent via email each quarter

to the state sealant coordinator. Training on the software is also available free of charge by contacting the sealant coordinator.

### *What to Report to the CDPHE*

Please do not send any patient names or other sensitive patient information to the CDPHE Oral Health Program. This information should be kept confidential between the providers, parents and school nurse or school personnel responsible. The SEALS software provided by the CDC includes those items that are to be reported to the CDPHE.

### **Budget**

As always there are limited funds available to prevent illnesses, and preventing caries is not any different in that the need always outweighs the resources available. There are limited funds available from the Colorado Department of Public Health & Environment Oral Health program to partially fund a Be Smart & Seal Them! program. The funds are available on a first come first serve basis through a contract process and can be used for the following activities:

- As seed money to hire staff to conduct the planning and the program implementation
- To pay an existing staff member to coordinate and implement the program
- To pay dentists/hygienists for their time in providing the services
- To help pay for transportation to and from school sites
- For evaluation of the program and data entry

The Oral Health Program funds cannot pay for disposable supplies or paper supplies. These items will need to be in-kind from volunteer sources or a private practice or by donation to the program. This includes the actual sealant material. Other funding sources must be utilized to purchase these materials. Donations may be sought out, other grant funds can be used, and private donations may be utilized.

### *Billing CHP+/Medicaid*

Registered Hygienists in the state of Colorado can have their own Medicaid numbers and bill Medicaid directly. Contact Medicaid for instructions on completing this process. CHP+ does not have the same rule at this time, but if the program has a dentist applying the sealants the dentist can bill CHP+ if they are a provider. The consent form includes information for the parents to fill in the Medicaid/CHP+ information, but this information is sometimes difficult to obtain. Working with the school nurse might yield additional results.

## Forms

This section contains forms that can be adapted for the local program to use for the Be Smart & Seal Them! program for local evaluation. Your personal contact information should be included on each form with a contact phone number so individuals who have questions may reach you. The forms can also be translated to other languages as needed. Spanish versions of several forms are also included.

- *Provider survey (Appendix A)*
- *Volunteer survey (Appendix B)*
- *School nurse survey (Appendix C)*
- *Teacher survey (Appendix D)*

### Forms required to complete

The consent form is required for the Be Smart & Seal Them! program to operate in any school. You should become aware of what type of consent is required by the local school district before trying to implement the program. The consent form & consent form letter should be included in the information given to the school representative. The consent forms needs to be returned before the child has any dental screening or sealants placed. They should be kept on file for 7 years following the last treatment. This information should comply with HIPAA restrictions for the patient protection of sensitive information. The accompanying letter should be sent home for parent's information. One of the most difficult aspects of consent forms is getting them returned. Special attention should be placed on this part of the project, and every effort should be made to get the forms returned. Utilize the existing methods of reaching parents such as parent nights, parent-teacher conferences, and school activities for a few examples. Work with teachers and school contacts to educate them on the importance of this and possible offer an incentive if a class gets every student to return a consent form.

The Event Level Form is to be completed at each individual event. The form will be used to complete information into the SEALS software.

The Child Level Form is to be completed at the time of the screening, sealant placement and retention checks. The form includes information on areas that are already decayed, sealed and not fully erupted. It also contains information about the general oral health care the child currently has and reflects if sealants were applied during the visit. A copy of the exam forms should be kept in the child's school health chart or student's school chart for the duration the student attends the school or as long as the school deems necessary. The information on the patient exam form should be kept confidential and follow HIPAA guidelines. Because the information on who received sealants in second grade is needed for the retention checks in third grade the program coordinator should keep the information available, but secure.

The follow-up/referral form or report card is the form sent home with the child when the activities are completed. The form includes information regarding the child needing further treatment, how many teeth were sealed if any and why teeth were not sealed if they were not.

Contact the Oral Health Program at the Colorado Department of Public Health and Environment for additional information.

303-692-2470

<http://www.cdphe.state.co.us/pp/oralhealth/dentalsealants.html>



Colorado Department  
of Public Health  
and Environment



Appendix A: Sealant Provider Survey



1. Which of the following best describes your dental office or practice?

- Solo practitioner
- Dentist                       Hygienist
- Multi-dentist practice
- Multi-Hygienist practice

2. Do you currently apply dental sealants as a part of your general practice?

- Yes                       No

4. Who applies dental sealants in your practice?

- Dentist
- Dental Hygienist
- Dental Assistant w/supervision

5. Have you participated in any sealant placement programs outside of your practice?

- Yes                       No

6. If yes, were they: (skip to Question #8 if No)

- Based at a school                       Linked to a school                       Community-based

7. Were your services in these programs?

- Voluntary                       Paid

8. Would you be willing to participate in school-based or school-linked sealant programs in your community for 2<sup>nd</sup> grade children?

- Yes                       No

9. What would be the best way to contact you?

- Phone                       Face-to-Face meeting
- Informational session with other providers
- Email                       Other

Comments:

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Your Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for providing us with this very important information. If you have questions or comments, please contact:

Appendix B: Be Smart & Seal Them!  
Volunteer/Student Evaluation



Thank you for participating in the Be Smart & Seal Them! dental sealant program. In order to serve you better in the future please help us learn about where we can improve. Please fill out the survey below and return it to:

---

Thank you for your prompt and honest responses. Please circle your responses.

1. I received a volunteer information packet from the Be Smart & Seal Them! Coordinator in time to plan the program.

Strongly Agree	Agree	Disagree	Strongly Disagree
-------------------	-------	----------	----------------------

2. The volunteer information packet I received was adequate to prepare me for the school-based dental sealant program.

Strongly Agree	Agree	Disagree	Strongly Disagree
-------------------	-------	----------	----------------------

3. There was enough time allotted to complete the program.

Strongly Agree	Agree	Disagree	Strongly Disagree
-------------------	-------	----------	----------------------

4. The space allotted and location was sufficient for the activities.

Strongly Agree	Agree	Disagree	Strongly Disagree
-------------------	-------	----------	----------------------

5. There were enough supplies and materials to perform the program effectively.

Strongly Agree	Agree	Disagree	Strongly Disagree
-------------------	-------	----------	----------------------

6. I will participate in the program in the future.

Strongly Agree	Agree	Disagree	Strongly Disagree
-------------------	-------	----------	----------------------

Please write any additional comments in the space provided:

---

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Optional:

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Appendix C: Be Smart & Seal Them!**  
**School Nurse Survey**



Thank you for participating in the Be Smart & Seal Them! dental sealant program. In order to serve you better in the future please help us learn about where we can improve. Please fill out the survey below and return it to: \_\_\_\_\_

Thank you for your prompt and honest responses. Please circle your responses.

1. I received the information packet from the Be Smart & Seal Them! Coordinator in time to plan the event at the school.

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

2. The information packet I received was adequate to prepare the school, the parents & the students for the school-based dental sealant program.

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

3. The hygienists and volunteers were professional and courteous.

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

4. The oral health educational information given to me for the students was appropriate.

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

5. I will definitely participate in the program in the future.

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

6. I had all the information I needed about the sealant program to answer questions from parents, students and teachers.

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

7. Communication with the Be Smart & Seal Them! coordinator was sufficient.

Strongly Agree                      Agree                      Disagree                      Strongly Disagree

Please write any additional comments or ways we can improve in the space provided:

---

---

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**Optional:**

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

School Name: \_\_\_\_\_

Email: \_\_\_\_\_

Appendix D: Be Smart & Seal Them!



Teacher Survey

Thank you for participating in the Be Smart & Seal Them! dental sealant program. In order to serve you better in the future please help us learn about where we can improve. Please fill out the survey below and return it to: \_\_\_\_\_

Thank you for your prompt and honest responses. Please circle your responses.

1. The be Smart & Seal Them! program operated smoothly in my class.

Strongly Agree      Agree      Disagree      Strongly Disagree

2. I would like to see the program return next year.

Strongly Agree      Agree      Disagree      Strongly Disagree

3. The hygienists and volunteers were professional and courteous.

Strongly Agree      Agree      Disagree      Strongly Disagree

4. The oral health educational information given to me for the students was appropriate.

Strongly Agree      Agree      Disagree      Strongly Disagree

5. The oral health educational information was useful.

Strongly Agree      Agree      Disagree      Strongly Disagree

6. I was well informed about and prepared for the dental sealant program.

Strongly Agree      Agree      Disagree      Strongly Disagree

Please write any additional comments in the space provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Optional:

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

School Name: \_\_\_\_\_ Email: \_\_\_\_\_



**Be Smart & Seal Them!**  
**Appendix E: Letter with consent**

Your child's school has been selected to participate in the Be Smart & Seal Them! dental sealant program. Be Smart & Seal Them! provides free dental screenings and dental sealant placement on the back teeth of eligible second graders. The week of \_\_\_\_\_ Be Smart & Seal Them! staff and volunteers will be at \_\_\_\_\_ elementary school to provide this free service. If you wish for your child to participate in the program, please fill out the following consent form and return it by \_\_\_\_\_ to your child's school.

Below are some answers to commonly asked questions about dental sealants. Please contact: \_\_\_\_\_ if you have more questions or concerns regarding dental sealants.

**Q: What are sealants?**

**A:** Dental sealants are thin plastic coatings that are put onto the chewing surfaces of the back teeth. Sealants are painted on the top of the back teeth and harden to form a shield over the tooth.

**Q: Does it hurt to have sealants put on teeth?**

**A:** No, getting sealants is painless. Drilling or shots are not needed. Sealants only take about five minutes to put on per tooth. Right after they dry, normal activities are fine.

**Q: How long will sealants last?**

**A:** Sealants can last up to ten years or longer if they are done right and teeth are properly cared for after they are placed.

**Q: How do dental sealants prevent cavities?**

**A:** Dental sealants fill the pits and grooves of the teeth. The teeth are easier to keep clean because the food is easier to brush off with your toothbrush.

**Q: Is brushing still important when teeth have sealants on them?**

**A:** Yes, brush & floss every day! You still have to work on keeping your teeth and gums clean & healthy.

Be Smart & Seal Them! does not replace the advice or care from your regular dental professional. Please seek regular check-ups and care.

**Appendix F: Consent Form – Dental Sealant Program**

Dear Parent,

A free dental program will be in your child’s school. Be Smart & Seal Them is a prevention program that helps stop tooth decay. A dentist or hygienist will look at your child’s teeth. They will decide which back teeth can be sealed. Those teeth will be painted with a plastic sealant that will keep food and germs out of the grooves of the teeth.

Be Smart & Seal Them! does not take the place of a regular dental checkup. It is a prevention program supported by the Colorado Department of Public Health & Environment’s Oral Health Program. To contact the Oral Health Program call 303-692-2470. Contact the school for any questions or if more information as needed.

**Consent:**

\_\_\_\_ **YES**, I want my child to receive a free dental screening and dental sealants

\_\_\_\_ **NO**, I do not want my child to receive a free dental screening or dental sealants

Name of child: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female

Ethnicity: \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Asian or Pacific Islander  
\_\_\_\_ American Indian or Alaskan Native \_\_\_\_ African American \_\_\_\_ I do not wish to answer

**Has your child ever had:**

- 1. Rheumatic fever or rheumatic heart disease? \_\_\_\_ **YES** \_\_\_\_ **NO**
- 2. Rheumatic Heart Disease? \_\_\_\_ **YES** \_\_\_\_ **NO**  
 (If your Seizures or Convulsions child has a rheumatic heart, or other heart condition, you may want to consult your physician for advice)
- 3. Allergies? \_\_\_\_ **YES** \_\_\_\_ **NO** To what: \_\_\_\_\_
- 4. A Reaction to latex? \_\_\_\_ **YES** \_\_\_\_ **NO**
- 5. Asthma? \_\_\_\_ **YES** \_\_\_\_ **NO**
- 6. Other serious health problems? \_\_\_\_ **YES** \_\_\_\_ **NO** Please explain: \_\_\_\_\_

Is your child on Medicaid or CHP+ ? \_\_\_\_ **YES** \_\_\_\_ **NO** what is the Medicaid/CHP+ number? \_\_\_\_\_

Is your child currently under the care of a dentist? \_\_\_\_ **YES** \_\_\_\_ **NO**  
If yes, what is the dentist’s name? \_\_\_\_\_

What are they being treated for? \_\_\_\_\_

When was the last time your child saw a dentist? \_\_\_\_ Last year \_\_\_\_ 2+ years ago \_\_\_\_ never been to a dentist

I, \_\_\_\_\_ give my permission for my child, \_\_\_\_\_ to take part in the Be Smart & Seal Them! Dental Sealant Program. I understand the information on this form. I give permission for dental providers or Be Smart & Seal Them! program to perform a basic dental screening of my child’s teeth. I also give permission for these same individuals to put dental sealants on my child’s teeth if they are needed. If my child currently has Medicaid or CHP+ the provider may submit a claim. I understand that there is a possibility that photos may be taken during the program for marketing purposes at my child’s school while sealants are being placed. I will notify the school if I do not wish to have my child photographed. In case of a medical emergency, I give permission for the attending dentist or dental hygienist to administer medical treatment including medications as law allows them. I also understand that my child’s personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of my child. I also understand that I would need to sign a release for the information to be shared with anyone not directly connected with Be Smart & Seal Them! or the school as part of the Health Insurance Portability & Accountability Act. This consent covers my child for two school years (second and third grades) so teeth sealed in the second grade may be rechecked and any new teeth can be sealed if necessary.



**¡Sé listo y cúbrelos!**

## **Appendix G: Letter with consent - Spanish**

La escuela de su hijo/a ha sido seleccionada para participar en el programa dental de sellado ¡Sé listo y cúbrelos! ¡Sé listo y cúbrelos! Proporciona pruebas gratuitas de detección dental y colocación de selladores dentales en las muelas a estudiantes de segundo grado que reúnan ciertos requisitos. Durante la semana del \_\_\_\_\_, personal y voluntarios de ¡Sé listo y cúbrelos! Estarán en la Escuela Primaria \_\_\_\_\_ para proporcionar este servicio gratuito. Si desea usted que su hijo/a participe en el programa, llene por favor el consentimiento que se incluye y devuélvalo a más tardar el \_\_\_\_\_ a la escuela de su hijo/a.

En seguida hay algunas respuestas a preguntas que generalmente se hacen acerca de los selladores dentales. Póngase en contacto por favor con: \_\_\_\_\_ si quiere hacer alguna otra pregunta o tiene alguna preocupación relacionada con selladores dentales.

**P: ¿Qué son los selladores?**

**R:** Los selladores dentales son recubrimientos delgados de plástico que se colocan en la superficie de las muelas con las que se mastica. Los selladores se emplastan en la parte superior de las muelas y se endurecen para formar un forro protector sobre la muela.

**P: ¿Duele cuando se colocan los selladores en las muelas?**

**R:** No, no duele cuando se ponen los selladores. No se necesitan taladros ni inyecciones. Se necesitan solamente alrededor de cinco minutos por cada muela para colocarlos. Inmediatamente después de que se secan, es apropiado hacer las actividades normales.

**P: ¿Cuánto duran los selladores?**

**R:** Los selladores pueden durar hasta diez años o más si se colocan correctamente y si se cuidan apropiadamente los dientes después de colocarlos.

**P: ¿Cómo evitan las caries los selladores?**

**R:** Los selladores dentales rellenan los huecos y las ranuras de las muelas. Es más fácil mantener limpias las muelas porque es más fácil sacar el alimento con el cepillo de dientes.

**P: ¿Es importante cepillarse los dientes aunque se tengan los selladores?**

**R:** Sí, ¡cepíllate y pásate el hilo dental todos los días! Todavía así tienes que trabajar para mantener limpios y saludables tus dientes y tus encías.

¡Sé listo y cúbrelos! no substituye los consejos y el cuidado de tu profesional dental regular. Procura por favor tener revisiones periódicas y atención dental.

## Appendix H Formulario de Consentimiento – Programa de Selladores Dentales

Estimado padre/madre,

Un programa dental gratuito estará en la escuela de su hijo/a. Sé Listo y Cúbrelos es un programa de prevención que ayuda a detener las caries dentales. Un dentista o un higienista examinará los dientes de su hijo/a. Decidirá qué muelas pueden cubrirse. A esas muelas se les emplazarán un sellador plástico que mantendrán alimentos y gérmenes fuera de las ranuras de las muelas.

!Sé Listo y Cúbrelos! no reemplaza una revisión dental regular. Es un programa de prevención apoyado por el Programa de Salud Oral del Departamento de Salud Pública y Medio Ambiente de Colorado. Para comunicarse con el Programa de Salud Oral, llame al 303-692-2470. Póngase en contacto con la escuela si quiere hacer alguna pregunta o si necesita mayor información.

### Consentimiento:

**SÍ**, quiero que mi hijo/a reciba una prueba dental de detección gratuita y selladores dentales.

**NO**, no quiero que mi hijo/a reciba una prueba dental de detección gratuita ni selladores dentales.

Nombre del niño: \_\_\_\_\_ Fecha de nacimiento: \_\_\_/\_\_\_/\_\_\_

Nombre del maestro: \_\_\_\_\_ Escuela: \_\_\_\_\_

Sexo:  Masculino  Femenino

Grupo étnico:  Caucásico  Hispano  Asiático o de una isla del Pacífico  
 Indio americano o  Afro-americano  No quiero contestar  
 Alaskan Native

### ¿Ha tenido su hijo/a alguna vez:

1. Fiebre reumática o alguna enfermedad reumática en el corazón?  **SÍ**  **NO**

2. Enfermedad reumática en el corazón?  **SÍ**  **NO**

(Si su hijo/a tiene convulsiones o ataques, un corazón reumático u otra condición médica cardiaca, podría ser mejor que consultara a su médico)

3. Alergias?  **SÍ**  **NO** A qué: \_\_\_\_\_

4. Alguna reacción con el látex?  **SÍ**  **NO**

5. Asma?  **SÍ**  **NO**

6. Otros problemas serios de salud?  **SÍ**  **NO** Explique por favor: \_\_\_\_\_

Tiene su hijo/a Medicaid  **SÍ**  **NO** ¿cuál es el número de Medicaid? \_\_\_\_\_

CHP+?  **SÍ**  **NO** ¿cuál es el número de CHP+? \_\_\_\_\_

¿Está su hijo/a actualmente bajo tratamiento con un dentista?  **SÍ**  **NO**

Si es así, ¿cuál es el nombre del dentista? \_\_\_\_\_

¿Por qué está bajo tratamiento? \_\_\_\_\_

¿Cuándo fue la última vez que su hijo/a vio al dentista?  El año pasado  Hace más de 2 años  nunca ha estado con un dentista.

Yo, \_\_\_\_\_ doy permiso para que mi hijo/a, \_\_\_\_\_ participe en el Programa de Selladores Dentales ¡Sé listo y cúbrelos! Entiendo la información de este formulario. Doy permiso para que prestadores de servicios dentales o el programa ¡Sé Listo y Cúbrelos! hagan una prueba dental básica de detección en las muelas de mi hijo/a. También doy permiso para que estas mismas personas le pongan selladores dentales en las muelas de mi hijo/a si se necesitan. Si mi hijo/a tiene actualmente Medicaid o CHP+, el proveedor puede presentar una solicitud de reembolso. Entiendo que es posible de que se tomen fotos durante el programa en la escuela de mi hijo/a para promoción cuando se estén colocando los selladores. Notificaré a la escuela si no deseo que fotografien a mi hijo/a. En caso de alguna emergencia médica, doy permiso para que el dentista o higienista que asista administrar tratamiento medico, incluyendo las medicinas permitidas por la ley. También entiendo que la información personal de mi hijo/a se mantendrá confidencial y no se compartirá con ninguna persona que no esté directamente involucrada en la atención de mi hijo/a. También entiendo que yo necesitaría firmar un permiso para que la información se diera a conocer a alguna persona que no esté directamente conectada con ¡Sé Listo y Cúbrelos! o con la escuela, según lo dispone la Ley que Protege la Intimidad y Transmisión del Seguro Médico. Este consentimiento cubre a mi hijo/a por dos años escolares (segundo y tercer grados) de modo que los dientes cubiertos en el segundo grado puedan volver a revisarse y pueda cubrirse toda nueva muela si fuera necesario.

\_\_\_\_\_  
Firma del padre/madre o tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Número telefónico de día



14. Population targeted: \_\_\_\_\_  
 0 = < 20% of children in free or reduced lunch program  
 1 = ≥ 20% & < 40% of children in free or reduced lunch program  
 2 = ≥ 40% & < 50% of children in free or reduced lunch program  
 3 = ≥ 50% of children in free or reduced lunch program  
 4 = other target  
 5 = no target
15. Grade level(s) targeted (Check all that apply):  
 \_\_\_\_\_ Kindergarten    \_\_\_\_\_ 1<sup>st</sup> grade    \_\_\_\_\_ 2<sup>nd</sup> grade  
 \_\_\_\_\_ 3<sup>rd</sup> grade    \_\_\_\_\_ 4<sup>th</sup> grade    \_\_\_\_\_ 5<sup>th</sup> grade  
 \_\_\_\_\_ 6<sup>th</sup> grade    \_\_\_\_\_ 7<sup>th</sup> grade    \_\_\_\_\_ no grade level targeted
16. Permanent teeth targeted (Check all that apply):  
 \_\_\_\_\_ First molars  
 \_\_\_\_\_ Second molars  
 \_\_\_\_\_ Premolars  
 \_\_\_\_\_ Incisors
17. # of consent forms distributed: \_\_\_\_\_
18. Type of consent: \_\_\_\_\_  
 0 = Positive  
 1 = Passive
19. Type of sealant material used: \_\_\_\_\_  
 0 = Light-cured  
 1 = Self-cured  
 2 = Combination
20. Sealant placement procedure: \_\_\_\_\_  
 0 = 2-handed  
 1 = 4-handed  
 2 = Combination

**Value of total resources used, by category\***

21. Labor costs \_\_\_\_\_
22. Equipment costs \_\_\_\_\_
23. Instrument costs \_\_\_\_\_
24. Administrative costs \_\_\_\_\_
25. Cost of consumable goods \_\_\_\_\_
26. Other costs \_\_\_\_\_

\*Costs in 21 – 26 summed over all events for the year should equal the total value of resources used by your program for the year.

## Appendix J: SEALS Child-Level Data Collection Form

1. Program Name: \_\_\_\_\_ 2. Event/Site Name: \_\_\_\_\_
3. Patient Name: First \_\_\_\_\_ Last \_\_\_\_\_
4. ID #\*: \_\_\_\_\_ \*Each child's ID # must be unique for that event; do not use duplicate ID #'s at any one event.
5. Sex: \_\_\_\_\_ (0 = Male, 1 = Female) 6. Grade: \_\_\_\_\_ (0 = Kindergarten) 7. DOB \_\_\_\_\_ 8. Age: \_\_\_\_\_
9. Race/ethnicity (Check all that apply): \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Other
10. Special health care needs: \_\_\_\_\_ (0 = No, 1 = Yes) 11. Medicaid/SCHIP status \_\_\_\_\_ (0=Medicaid, 1=SCHIP, 2=neither, 99=unknown)

### I. Screening — D = decay, F = filled, M = missing, S = sealant present, PS = prescribe sealant, RS = recommend reseat, no mark = no treatment recommended

1	2-O	2-L	3-O	3-L	4	5	12	13	14-O	14-L	15-O	15-L	16	Sealant Prescriber's Signature
														_____
														Date
32	31-O	31-B	30-O	30-B	29	28	21	20	19-O	19-B	18-O	18-B	17	Fluoride Prescriber's Signature
KEY: O=Occlusal, L=Lingual, B=Buccal														_____
														Date

**Comments:**

12. Untreated Cavities: 0 = No untreated cavities 1 = Untreated cavities present		13. Caries Experience: 0 = No caries experience 1 = Caries experience		14. Sealants Present: 0 = No sealants 1 = Sealants present	
15. Treatment Urgency: 0 = No obvious problem 1 = Early dental care 2 = Urgent care		16. Referred for treatment: 0 = No 1 = Yes		17. Decayed or filled surfaces: a. 1 <sup>st</sup> molars      b. 2 <sup>nd</sup> molars	

### II. Preventive Services - Mark the teeth/tooth surfaces where sealants were placed with an S.

1	2-O	2-L	3-O	3-L	4	5	12	13	14-O	14-L	15-O	15-L	16	Provider's Signature
														_____
														_____
32	31-O	31-B	30-O	30-B	29	28	21	20	19-O	19-B	18-O	18-B	17	Date _____

**Comments:**

18. Number of surfaces sealed among: a. 1 <sup>st</sup> molars      b. 2 <sup>nd</sup> molars      c. other	19. Fluoride treatment received: 0 = none 1 = varnish 2 = gel/foam/rinse
----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

### III. Follow-Up - Mark teeth/tooth surfaces where sealants were retained with an R.

1	2-O	2-L	3-O	3-L	4	5	12	13	14-O	14-L	15-O	15-L	16	Evaluator's Signature
														_____
														_____
32	31-O	31-B	30-O	30-B	29	28	21	20	19-O	19-B	18-O	18-B	17	Date _____

**Comments:**

20. Number of surfaces retaining a program sealant:	21. Subsequent visit for restorative treatment: 0 = No 1 = Yes 99 = Unknown, no follow-up performed by program
-----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

## Appendix K: Be Smart & Seal Them!



### Student Sealant Report

Today your child, \_\_\_\_\_ participated in the Be Smart & Seal Them! dental sealant program at school.

- Your child received \_\_\_\_\_ dental sealants today (out of 4 possible).
- Your child did not receive sealants today.

It is recommended that your child see a dentist for:

- Emergency dental care – immediately
- Possible treatment of cavities – as soon as possible
- For a regular dental exam with x-rays – as needed

If your child did not receive dental sealants today it was because:

- The teeth were not grown in enough to seal them
- The teeth were already sealed
- The teeth already had fillings because of decay
- The teeth were decayed – seek dental care if possible
- The child was not cooperative

At first, sealants can make the teeth feel too tall. The feeling might last until the normal chewing wears the sealant down into place.

Only a screening for dental sealants and sealant placement was done today. A complete dental exam with x-rays was not done.

A regular dental check-up should occur every 6 months for most children. If your child needs dental care, please make an appointment with a dentist as soon as possible. If you have a current dentist please contact them for care.

## Appendix L: ¡Sé listo y cúbrelos!



### Informe sobre los selladores para los estudiantes

Hoy su hijo \_\_\_\_\_ participó en la escuela en el programa de selladores dentales  
¡Sé listo y cúbrelos!

- Su hijo/a recibió \_\_\_\_\_ selladores dentales hoy (de 4 posibles).
- Su hijo/a no recibió selladores dentales hoy.

Se recomienda que su hijo/a vea a un dentista para:

- Atención dental de emergencia – inmediatamente
- Posible tratamiento de caries– lo más pronto posible
- Un examen dental regular con rayos X – cuando lo necesite

Si su hijo/a no recibió hoy selladores dentales, fue porque:

- Las muelas no se han desarrollado lo suficiente para cubrirlas
- Las muelas ya estaban cubiertas
- Las muelas ya tenían tapaduras debido a caries
- Se encontraron caries en las muelas– procure atención dental si le es posible
- El niño no quiso cooperar

Al principio puede sentirse que las muelas están muy altas por los selladores. Esta sensación puede durar hasta que, al masticar normalmente, el sellador baje y quede en su lugar.

Hoy sólo se hizo una prueba para los selladores dentales y se colocaron selladores.  
No se hizo un examen dental completo con rayos X.

Para la mayoría de los niños, debe hacerse una revisión dental regular cada 6 meses. Si su hijo/a necesita atención dental, haga una cita con un dentista lo antes posible. Si actualmente tiene usted un dentista, póngase en contacto con él para atención dental.

## Appendix M: Sample Press Release

Date:  
Contact:  
Phone:  
E-mail:

### **Be Smart & Seal Them!**

[Community Name] – On [date], the Be Smart & Seal Them! dental sealant program will provide sealants on all 2<sup>nd</sup> graders teeth at [Name of school] Elementary School. [Names of staff/volunteers] will be on-site to screen the children’s teeth and apply dental sealants.

Dental sealants are a thin plastic coating that is painted on the chewing surfaces of the back teeth. The sealant helps keep the tooth clean and decreases the amount of food and debris that gets stuck in the deep pits and fissures of the teeth. The food and germs that get stuck in the grooves of the teeth can cause cavities. Brushing isn’t effective in removing the cavity causing materials because the toothbrush bristles are too large to get into the small crevices on the tops of the back teeth. Once the sealant is in place it is almost 100% effective in keeping the sealed tooth cavity free with regular brushing.

Be Smart & Seal Them! is a school-based sealant project from the Colorado Department of Public Health and Environment Oral Health Program. It is designed to identify second grade children who will benefit from the placement of dental sealants on permanent molar teeth. The project includes a dental screening, classroom presentations on oral hygiene and sealants, presentations to parents and referrals for children who need restorative or emergency care.

The services are provided on-site at elementary schools with the help of volunteer dentists, hygienists and student dentists and hygienists. For information on Be Smart & Seal Them! programs in your area contact [name of contact & phone number].

###

## **Appendix N Dental Sealants Fact Sheet**

### **What are dental sealants?**

- Dental sealants are thin plastic coatings that are put onto the chewing surfaces of the back teeth (molars).
- They are “painted” on the top of the teeth and harden to form a shield over the tooth.

### **Why should my child get sealants?**

- As the back teeth grow, pits and grooves form on the top of the teeth. Food and germs get caught in the grooves and cause the teeth to get cavities.
- Brushing teeth does not remove all the food and germs that get stuck in the grooves.

### **When should my child get sealants?**

- When your child starts getting their first molars (back teeth) at about the age of 6 or 7. Apply them again around the age of 11 to the second molars when they come in.
- Make sure a dental professional checks the sealants regularly to make certain they are still covering the teeth.

### **Does it hurt to have sealants put on teeth?**

- No, getting sealants is painless. Drilling or shots are not needed. Sealants only take about five minutes to put on per tooth. Right after they dry, normal activities are fine.

### **How long will sealants last?**

- Sealants can last up to ten years or longer if they are done right and teeth are properly cared for after they are placed.

### **How do dental sealants prevent cavities?**

- Dental sealants fill the pits and grooves of the teeth. The teeth are easier to keep clean because food is brushed away easier with a toothbrush.

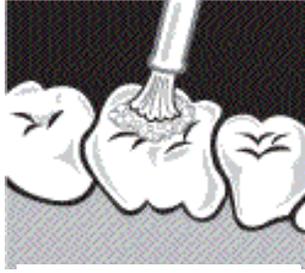
### **How much do sealants cost?**

- Usually a sealant costs less than filling a tooth that has a cavity. Some dental professionals offer a sliding fee and most insurance companies cover sealants.

### **Is brushing still important when teeth have sealants on them?**

- Yes, brush & floss every day! You still have to work on keeping your teeth and gums clean & healthy.

## How are dental sealants put onto teeth?



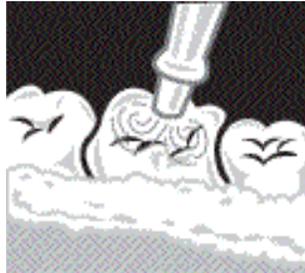
1. The tooth is cleaned



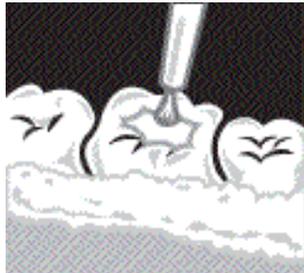
2. The tooth is dried, and cotton is put around the tooth to keep it dry.



3. A liquid is put on the tooth to make the surface rough. It helps the sealant stick to the tooth.



4. The tooth is rinsed and dried. New cotton is put around the tooth to keep it dry.



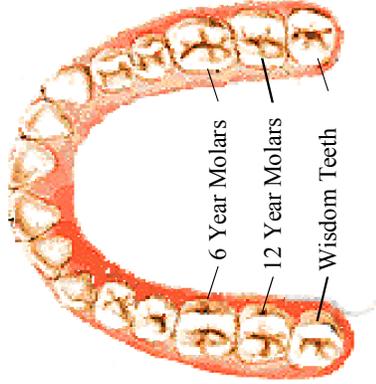
5. The sealant is applied in liquid form and hardens in a few seconds. A light is used to help dry the sealant.



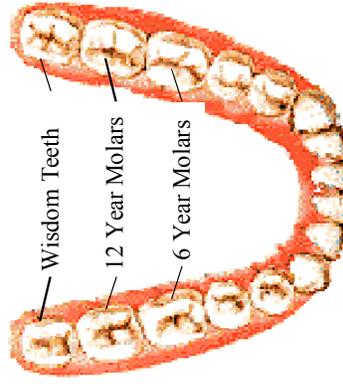
6. The new sealant is in place & the dentist or hygienist checks to make sure it covers all the grooves in the tooth.

Put sealants on teeth when the 1st & 2nd molars come in. Usually when a child is about 5-7 and 11-14 years old.

### Upper Teeth



### Lower Teeth



6 Year molars are called 1st molars.  
12 Year molars are called 2nd molars.

Place sealants on these teeth before they decay!

Be Smart & Seal Them is a school-based sealant program supported by the Oral Health Program at the Colorado Department of Public Health & Environment. It is designed to identify second grade children who will benefit from the placement of dental sealants on permanent molar teeth. The project also includes:

- A dental screening & one on one instruction on oral care.
- Classroom presentations on oral hygiene & sealants
- Presentations on oral health for parents
- Referrals for children who need restorative or emergency care

These services are provided on-site at elementary schools with the help of volunteer dentists, hygienists, and student dentists & hygienists.

#### For more information contact:

The Colorado Department of Public Health & Environment

Oral, Rural and Primary Care Section  
PSD-OH-A44300

Cherry Creek Drive South  
Denver, CO 80246

Phone: 303-692-2470

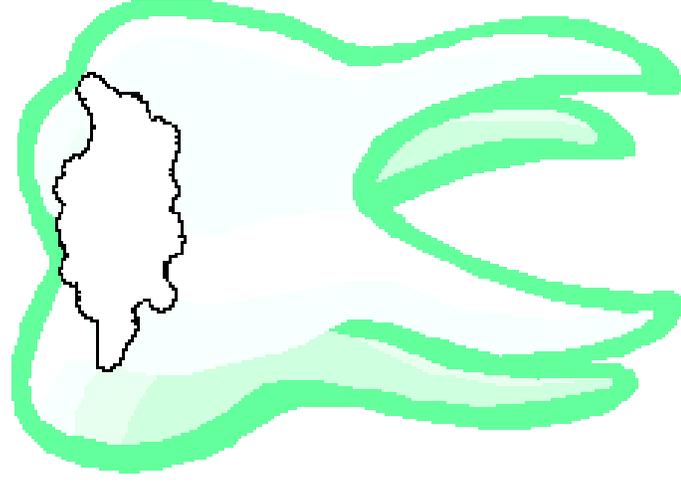
Fax: 303-758-3448

<http://www.cdph.state.co.us/pp/oralhealth/dentalsealants.html>



Colorado Department  
of Public Health  
and Environment

# Dental Sealants Protect Your Child's Teeth



## Be Smart & Seal Them!

## What are dental sealants?

- Dental sealants are thin plastic coatings that are put onto the chewing surfaces of the back teeth.
- Sealants are painted on the top of the back teeth and harden to form a shield over the tooth.

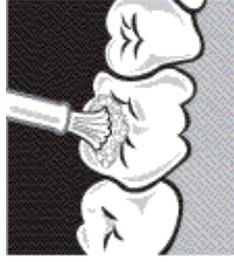
## Why should my child get sealants?

- As the back teeth grow, pits and grooves form on the top of the teeth. Food and germs get caught in the grooves and cause the teeth to get cavities.
- Brushing teeth does not remove all the food and germs stuck in the grooves.
- Dental sealants fill in the grooves and help the teeth stay clean.

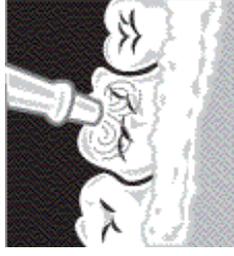
## When should my child get sealants?

- When your child starts getting their first molars (back teeth) at about the age of 6 or 7. Apply them again around the age of 11 to the second molars when they come in.

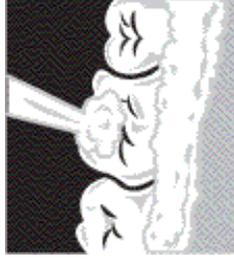
## How are sealants put on?



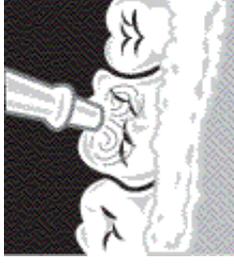
1. The tooth is cleaned with a dry toothbrush.



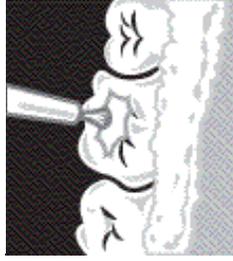
2. The tooth is dried, and cotton is put around the tooth to keep it dry.



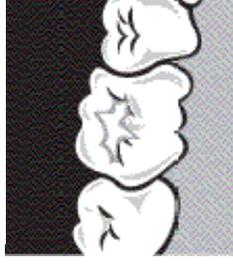
3. A liquid is put on the tooth to make the surface rough. It helps the sealant stick to the tooth.



4. The tooth is rinsed and dried. New cotton is put around the tooth to keep it dry.



5. The sealant is applied in liquid form and hardens in a few seconds. A special light is used to help dry the sealant.



6. The new sealant is in place & the dentist or hygienist checks to make sure it covers all the grooves in the tooth.

## Questions & Answers

**Q: Does it hurt to have sealants put on teeth?**

**A:** No, getting sealants is painless. No drilling or shots are used. Sealants take about five minutes per tooth. As soon as they dry, normal activities are fine.

**Q: How long will sealants last?**

**A:** Sealants can last up to ten years or longer if they are applied correctly and teeth are properly cared for.

**Q: How do dental sealants prevent cavities?**

**A:** Dental sealants fill the pits and grooves of the teeth. The teeth are easier to keep clean because food is brushed away easier with a toothbrush.

**Q: How much do sealants cost?**

**A:** Usually a sealant costs less than filling a tooth that has a cavity. Some dental professionals offer a sliding fee and most insurance companies cover sealants.

**Q: Is brushing still important when teeth have sealants on them?**

**A:** Yes, brush and floss every day! You still have to work on keeping your teeth and gums clean and healthy.

¡Sé listo y cúbrelos! es un programa de selladores con base en la escuela, apoyado por el Programa de Salud Oral del Departamento de Salud Pública y Medio Ambiente de Colorado. Está diseñado para identificar a los niños de segundo grado que se beneficiarán con la colocación de selladores dentales en sus muelas permanentes. El proyecto incluye también:

- Una prueba de detección dental y educación oral individualizada sobre cuidado oral.
- Presentaciones en los salones de clase sobre higiene oral y selladores.
- Presentaciones para los padres sobre higiene oral.
- Canalizaciones para los niños que necesiten atención de restauración o de emergencia.

Se proporcionan estos servicios en los edificios de las escuelas primarias con la ayuda de dentistas, higienistas y estudiantes de odontología y de higiene dental, voluntarios.

**Para mayor información, póngase en contacto con:**

El Departamento de Salud Pública y Medio Ambiente de Colorado

Sección Oral, Rural y de Atención Primaria

PSD-OH-A44300

Cherry Creek Drive South

Denver, CO 80246

Teléfono: 303-692-2470

Fax: 303-758-3448

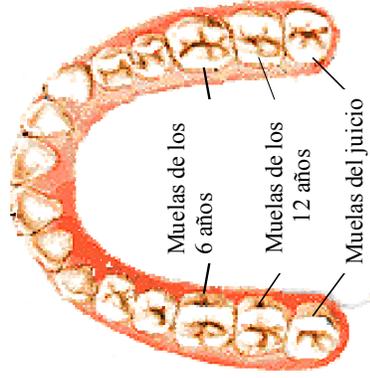
<http://www.cdphpe.state.co.us/pp/oralhealth/dentalsealants.html>



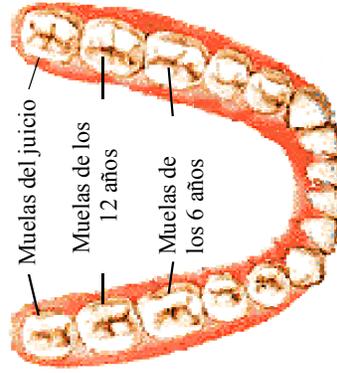
Colorado Department  
of Public Health  
and Environment

Coloque selladores en las muelas cuando salgan las primeras y las segundas muelas. Generalmente cuando el niño tenga entre 5 y 7, y 11 y 14 años de edad.

#### Dentadura superior



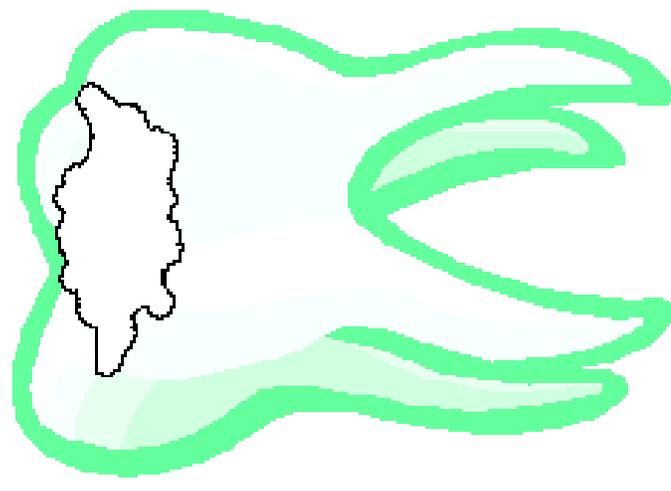
#### Dentadura inferior



A las muelas de los 6 años se les llama primeras muelas. A las muelas de los 12 años se les llama segundas muelas.

¡Coloque selladores en estas muelas antes de que aparezcan las caries!

# Los selladores dentales protegen las muelas de su hijo



**¡Sé listo  
y  
cúbrelos!**

## ¿Qué son los selladores dentales?

- Los selladores dentales son revestimientos delgados de plástico que se colocan en la superficie de las muelas con que masticamos.
- Los selladores se emplastan en la parte superior de las muelas y se endurecen para formar un forro protector sobre la muela.

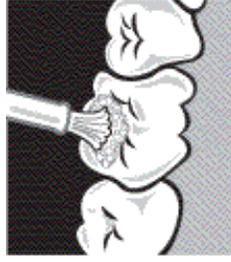
## ¿Por qué debe tener selladores mi hijo/a?

- Conforme van creciendo las muelas, se forman ranuras y huecos en la parte superior de las muelas. Alimentos y gérmenes quedan atrapados en las ranuras y causan que las muelas tengan caries.
- Al cepillarse los dientes no se remueve todo el alimento, y los gérmenes quedan atrapados en las ranuras.
- Los selladores dentales rellenan las ranuras y ayudan a conservar limpias las muelas.

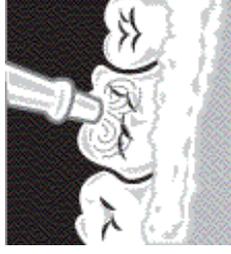
## ¿Cuándo deben ponerle los selladores a mi hijo/a?

- Cuando a su hijo/a le empiecen a salir las primeras muelas, alrededor de los 6 o 7 años de edad. Hay que aplicárselos de nuevo alrededor de los 11 años de edad cuando salgan las segundas muelas.

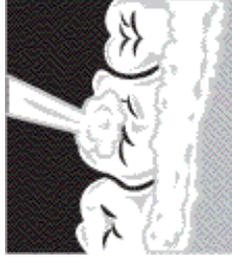
## ¿Cómo se colocan los selladores dentales?



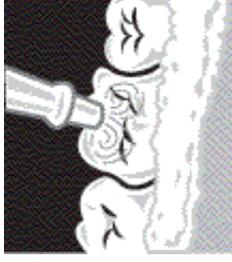
1. La muela se limpia con un cepillo de dientes seco.



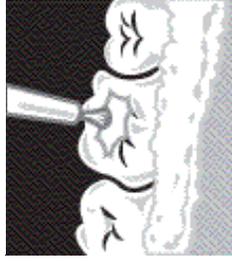
2. La muela se seca y se coloca algodón alrededor de la muela para mantenerla seca.



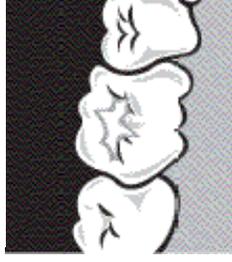
3. Se aplica un líquido en la muela para endurecerla. Esto ayuda a que el sellador se adhiera a la muela.



4. Se enjuaga y se seca la muela. Se coloca un algodón nuevo alrededor de la muela para mantenerla seca.



5. Se aplica el sellador en forma líquida y en unos cuantos segundos éste se endurece. Se usa una luz especial para ayudar a que se seque el sellador.



6. El nuevo sellador está en su lugar y el dentista o el higienista revisan para asegurarse de que cubra todas las ranuras de la muela.

## Preguntas y respuestas

**P:** ¿Duele cuando se colocan los selladores en las muelas?

**R:** No, no duele cuando se colocan los selladores. No se necesitan taladros ni inyecciones. Se necesitan aproximadamente cinco minutos por cada muela. Tan pronto como se secan, es apropiado hacer las actividades normales.

**P:** ¿Cuánto duran los selladores?

**R:** Los selladores pueden durar hasta diez años o más si se aplican correctamente y si se les da el cuidado apropiado a las muelas.

**P:** ¿Cómo evitan las caries los selladores?

**R:** Los selladores dentales rellenan los huecos y las ranuras de las muelas. Es más fácil mantener las muelas limpias porque es más fácil sacar el alimento con el cepillo de dientes.

**P:** ¿Cuánto cuestan los selladores?

**R:** Normalmente un sellador cuesta menos que rellenar una muela con una caries. Algunos profesionistas dentales ofrecen un precio fácil de pagar y la mayor parte de las compañías de seguros cubren los selladores.

**P:** ¿Es importante cepillarse los dientes aunque se tengan los selladores?

**R:** Sí, ¡cepíllate y pásate el hilo dental todos los días! Todavía así tienes que trabajar para mantener limpios y saludables tus dientes y tus encías.



**Be Smart & Seal Them!**  
**Appendix Q: Example Letter to School Contact**

Dear **{School Contact}**,

Thank you for your participation in the Be Smart & Seal Them! school-based dental sealant program. Although dental diseases such as cavities are almost 100% preventable they remain one of the most common childhood chronic diseases. It is five times more common than asthma and seven times more common than hay fever. An estimated 7.8 million hours of school are lost annually in Colorado because of oral pain and infection. Dental sealants, which are thin plastic coatings applied to the tops of permanent molars, are one of the best cavity prevention methods available.

Once sealants are placed on the teeth they can last for as long as 5 to 10 years. In conjunction with daily brushing with fluoride toothpaste, flossing and regular check-ups, children who participate in the program can remain cavity free for years to come.

The Be Smart & Seal Them! program will be coming to your school on **{dates}** to conduct screening and sealant placement. To ensure the program runs as smoothly as possible with minimal class interruption program staff will set up the equipment on **{date & time}**. Attached is an itemized list of the needs for the program. If possible I would like to meet with you to discuss these needs on **{date/time}**.

Thank you again for your participation and help in implementing this program. You have helped to provide an invaluable service to your students. Please contact me at **{phone numbers/email}** for any additional information.

Sincerely,

**{Name, Title}**



Be Smart & Seal Them!

Appendix R: Example School Contact Information Sheet

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Additional Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Directions to School: \_\_\_\_\_

Dates of Sealant Program: \_\_\_\_\_

Assemblies, Field Trips, Holidays: \_\_\_\_\_

Specials: \_\_\_\_\_

Lunch: \_\_\_\_\_

Recess: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_

Application or Permission Requirements to go into School: \_\_\_\_\_

Teacher Name	Class Room #	Number of Students in Class
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initial Contact Date: \_\_\_\_\_

Notes of Contact: \_\_\_\_\_

Additional Contacts: \_\_\_\_\_



**Be Smart & Seal Them!**  
**Appendix S: Program Requests**

Dates of Screening: \_\_\_\_\_

Dates of Sealant Placement: \_\_\_\_\_

Equipment Delivery Date: \_\_\_\_\_

**Space Needs:**

- Area 10' X 14'
- Adequate electrical outlets
- Well Ventilated area
- Well Lighted
- Ground Level
- Nearby Sink/Water
- Away from "Quiet Areas"
- Secure Space that may be locked at night
- Available for Duration of Program

**Other Needs:**

- Class List of all 2<sup>nd</sup> graders
- Class List of all 3<sup>rd</sup> graders for retention checks
- Collection of signed consent forms by \_\_\_\_\_
- Trash can
- Possible Custodial Help if needed
- Table
- Two Chairs
- Parking close to entrance