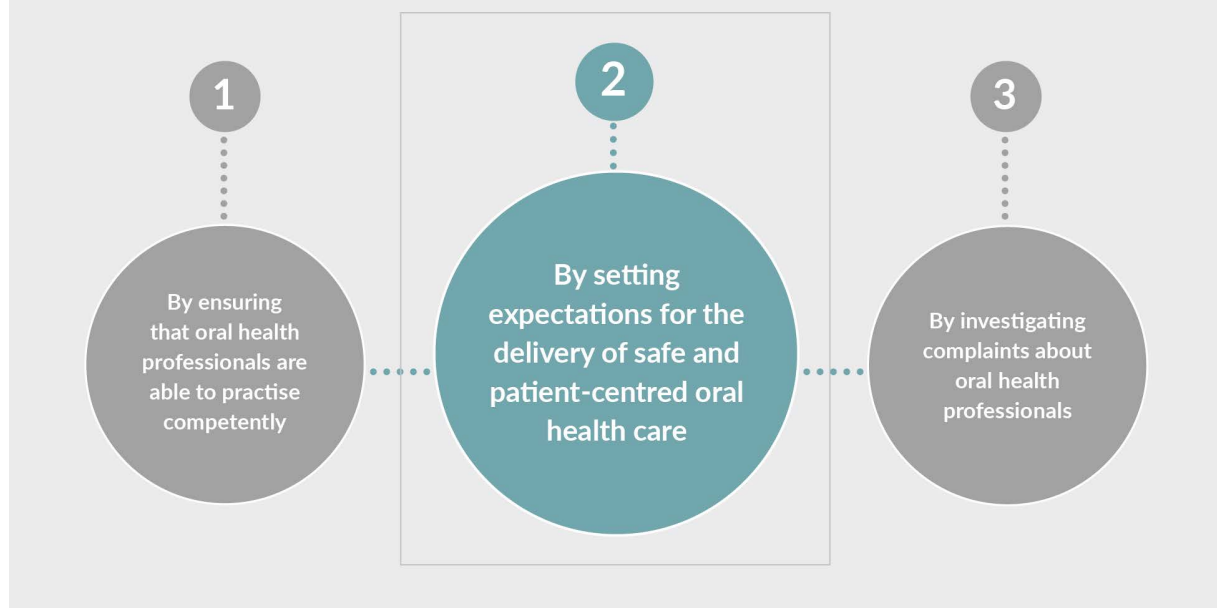


Expectations for clinical and ethical practice

Interpretation Guidelines: Sealants

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of British Columbia and will be updated to reflect the amalgamation.

Sealants

May 5, 2020 Update: The CDHBC Interpretation Guidelines are under review. The content of these guidelines remains in place at this time; however, they need to be applied in the context of the new Dental Hygienists Regulation and CDHBC Bylaws. Readers are welcome to contact the CDHBC office if they have questions about the application of these guidelines in the interim time.

PURPOSE

To provide guidelines for the assessment and preparation of teeth for pit and fissure sealants by dental hygienists.

BACKGROUND

Dental sealants act as physical barriers and therefore prevent the colonization of caries-producing bacteria in the pits and fissures of teeth. [The Scope of Practice Statement](#) describes the dental hygiene scope of practice, which includes the placement of pit and fissure sealants within the implementation phase of dental hygiene care and ongoing evaluation thereafter.

In order to meet the client's oral health needs comprehensively, it is considered best practice for the dental hygienist to collaborate with the client's dentist when treatment planning pit and fissure sealants. In practical terms, a consultation between the dentist and hygienist regarding the selection of teeth for fissure sealants can occur easily in a dental office setting. In dental hygiene practices that are outside the dental office setting, however, such consultation may be more challenging.

POLICY

A dental hygienist may apply pit and fissure sealants provided that the full ADPIE process of care is followed. This would include a caries risk assessment for the client, as well as an evaluation of the continuous vs. episodic dental care accessed by the client. When possible, treatment planning for pit and fissure sealants should be done in collaboration with the dentist.

Consideration for sealant placement should be based on the best available evidence related to the effectiveness of the intervention and on the knowledge of the risk factors and patterns of caries.

There are a variety of sealant materials available and the dental hygienist should use professional judgment when determining which material to use. It is important to follow the manufacturer's instructions for optimum sealant placement and retention.

Dental hygienists may use Prophy-Jet type air abrasion systems to prepare tooth surfaces. However, air abrasion systems that use aluminum oxide may not be used. Cutting hard or soft

tissues is considered a reserved act that falls outside of the dental hygiene scope of practice. Air abrasive systems that use aluminum oxide have the ability to cut hard tissue, even at low p.s.i.'s, and therefore should not be used by dental hygienists.

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Added to Handbook: Prior to June 2004

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