BUMED INSTRUCTION 6600.21

From: Chief, Bureau of Medicine and Surgery

Subj: GUIDANCE FOR PIT AND FISSURE SEALANTS

Ref: (a) BUMEDINST 6600.16A
(b) BUMEDINST 6320.82A

1. Purpose. Establishes policy and guidelines for patient selection, post treatment monitoring, and identifying health care professionals authorized to place sealants.

2. Scope. Applies to all personnel working in Department of the Navy (DON) dental spaces ashore and afloat.

3. Background. Prevention is the most effective means for controlling oral disease and attaining an improved state of oral health among Navy Medicine’s beneficiaries. Based upon the policy of the American Dental Association Council of Scientific Affairs and reference (a), the use and maintenance of pit and fissure sealants are appropriate at DON dental treatment facilities (DTFs).

4. Policy.

   a. Sealants are placed to prevent caries initiation and to arrest caries progression by providing a physical barrier that inhibits microorganisms and food particles from accumulating in pits and fissures. The placement of sealants should be considered in all premolars and molars at risk for caries in both children and adults.

   b. Pit and fissure sealants should be used as an adjunctive part of a comprehensive preventive dentistry program to include the use of topical fluorides, oral hygiene instruction, diet counseling, and public education programs.

   c. Patient selection


         (a) Priority #1: Permanent first molars for children ages 6 through 8 and permanent second molars for children ages 11 through 13.

         (b) Priority #2: Premolars in high-risk children and primary molars.
1. Children whose lifestyle, developmental or behavioral patterns, or lack of fluoride exposure put them at high risk for dental caries.

2. Children with teeth that have pits and fissures that are anatomically susceptible to caries.

(2) Criteria for pit and fissure sealant selection (adults):

(a) Adults who exhibit a history of pit and fissure caries (i.e., occlusal and other pit and fissure restorations) in some teeth may be considered for sealant protection in the remaining uninvolved posterior teeth.

(b) Adults who demonstrate moderate and high risk for caries development based on oral hygiene, nutritional habits, and other caries risk factors as described in reference (a).

d. Guidance for monitoring sealants in children:

(1) Parents should be counseled regarding the need to have periodic follow-up and routine maintenance of sealants. This follow-up may or may not be available from a DON DTF in the Continental United States. If not available, then parents will have to assume this responsibility.

(2) Parents should be counseled regarding the possible loss of sealants when applied to occlusal surfaces of their child's teeth. While loss of sealant does not appear to accelerate decay, a tooth with a failed sealant could decay as if it had never been sealed.

(3) Parents should be shown the sealants in the child's mouth so they may understand their appearance and help to detect their loss.

e. Guidance for adults who access with sealants in place or have sealants placed at a DTF:

(1) No special monitoring of these patients is necessary other than proper charting of sealants and monitoring the status of sealants at yearly recall or other routine examinations.

(2) If sealants are lost in this population, reapplication may be necessary.

(3) When a complete charting of presenting condition is performed, existing sealants should be recorded in the “Remarks” section of the Forensic Examination on the inside back cover of the NAVMED 6150/21 through NAVMED 6150/30, U.S. Navy Medical Outpatient and Dental Treatment Record. For all patients, treatment planned sealants should be recorded in the “Treatment Plan” section of the Subjective, Objective, Assessment Plan (S.O.A.P.) notes on the NAVMED 6600/13, Oral Exam and in Box 1 of the NAVMED 6600/15, Current Status.
Sealants provided by the Navy should be indicated the same as a resin restoration in Box 2 of the NAVMED 6600/15, Current Status and described in the narrative portion of the NAVMED 6600/14, Dental Treatment.

f. Health Care Providers Authorized to Place Sealants:

(1) Dentists

(2) Non-Dentist Providers (dental hygienists and military dental technicians)

   (a) At the discretion of the commander, commanding officer, or officer in charge, non-dentist providers may be allowed to place sealants at the direction of a dentist, provided they have completed a structured training program.

   (b) The suggested training program must include at least 2 hours of didactic training (lectures, seminars, and reading assignments), 3 hours of laboratory exercises, and 8 hours of clinical application of sealants under direct supervision of a dentist. Immediate supervision means the supervision by a dentist, who evaluates the patient immediately before treatment, personally authorizes the sealants, and evaluates the treatment rendered before dismissal of the patient.

   (c) Non-dentist providers should receive written documentation after successful completion of training.

   (d) Non-dentist providers should be limited to the placement of nonfilled sealants to lessen the possibility of occlusal problems.

   (e) The standards of care for pit and fissure sealants, reference (b), should be used in the training and supervision of non-dentist providers applying sealants.

   (f) Subsequent to certification, all non-dentist providers must continue to place sealants under the direct supervision of a dentist.

   (g) Non-dentist providers should not place sealants at the expense of dental prophylaxis treatment for active duty personnel.

5. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

6. Forms. The following Navy Medicine forms are available from Naval Forms Online at https://navalforms.documentservices.dla.mil/web/public/forms at the top of the page, select the ‘Forms’ tab, click on ‘Keyword Search’ and enter the form number:
a. NAVMED 6150/21, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Green) stock number 0105LF1138700.

b. NAVMED 6150/22, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Yellow) stock number 0105LF1138800.

c. NAVMED 6150/23, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Gray) stock number 0105LF1139000.

d. NAVMED 6150/24, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Tan) stock number 0105LF1139100.

e. NAVMED 6150/25, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Blue) stock number 0105LF1139200.

f. NAVMED 6150/26, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (White) stock number 0105LF1139300.

g. NAVMED 6150/27, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Brown) stock number 0105LF1139400.

h. NAVMED 6150/28, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Pink) stock number 0105LF1139500.

i. NAVMED 6150/29, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Red) stock number 0105LF1139600.

j. NAVMED 6150/30, (Rev. 11-96), U.S. Navy Medical Outpatient and Dental Treatment Record (Orange) stock number 0105LF1139700.

k. NAVMED 6600/13, (Rev. 1-10), Oral Exam, stock number 0105LF1281500.

l. NAVMED 6600/14, (Rev. 1-10), Dental Treatment, stock number 0105LF1282700.

m. NAVMED 6600/15, (Rev. 1-10), Current Status stock number 0105LF1283900.

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