



School Based Pit & Fissure Sealant Pilot Project

2019

NATIONAL ORAL HEALTH PROGRAMME



Memorandum Of Understanding (MoU)

1. The program preparation & Implementation include common line of action in between Maharashtra NOHP Department and Dental College and Hospital to run the program effectively and provide maximum beneficiaries regarding preventive measures.
 - i. National Oral Health Program, Directorate Of Health Services.
 - State Directorate Official: -Deputy Director Health Services, Mumbai.
 - Project state coordinator :-
 - District coordinator :-
 - ii. Dental College and Hospital:
 - Dean :-

MoU Key Points

1) The following instruments and supplies are required for each examiner Dental college should bring their own instruments and district level authority persons should bring their own instruments and consumables for diagnosis & treatment. Consumable materials for the project will be provided by District level authority personnel.

- i. Personal Protective Equipments (Hand gloves, Mouth mask etc.)
- ii. Biomedical waste management (as per State Government rules.)
- iii. Examination and operating instruments
- iv. Consumables and materials (Pit and Fissure Sealants)

2) Dental College and Hospital will provide Mobile dental van from institute with functional dental chair.

3) Responsibility of a school selection and approvals from government office will be done by district coordinator he/she will report to Directorate of Health Services, Mumbai.

4) Detailed data of screening, diagnosis, pit and fissure sealant application, referred patient data, requirement of other treatment modalities under preventive measures and treatments should be maintained by college coordinator will give this data to district coordinator and He/She will report to state coordinator.

5) No financial transaction in between National Oral Health Cell Maharashtra and Dental College and Hospital.

6) After first screening camp patient line list should be done under following headings by college coordinator and district coordinator which include following sub points,

- i. Recommended pit and fissure sealant patients details which include Name, Age, Sex, Photographic records.
- ii. All screened patient's DMF Index status.
- iii. Number of referrals to the Dental College & Hospital.
- iv. Details of Recommended other preventive treatments like Dental Fluorosis t/t, extraction of retained deciduous tooth/teeth, Silver diamond fluoride t/t, fluoride application t/t etc.
- v. Medical History Of Selected Students For Treatment.

7) Following will be the duties of coordinators.

S No	List of activities / requirements.	Responsibility person
1	Stock register / log book.	District co-ordinator
2	Data entry, update.	District and College co-ordinator
3	Photographic records.	College co-ordinator
4	Signed Consent / ascent forms.	District and College co-ordinator
5	Coding of the participants.	College co-ordinator
6	Number of referrals to the parent institute.	College co-ordinator
7	Filling the evaluation sheets.	College co-ordinator
8	Follow up on the oral health education.	District co-ordinator

S No	List of activities / requirements.	
1	Number of molars sealed.	College co-ordinator
2	DMF Status so far.	District co-ordinator
3	Re-check sealants placed.	District co-ordinator
4	Referral numbers.	College co-ordinator
5	Number of children screened.	District co-ordinator
6	Number of schools covered.	District co-ordinator
7	Number of children given health education.	District co-ordinator
8	Expenditure.	District and College co-ordinator.
9	Log on consumables.	District and College co-ordinator.
10	Procurement if needed.	District and College co-ordinator.
11	Calibration scores.	State co-ordinator.
12	Retraining records.	District and College co-ordinator

8) Screening Visit:

A schedule of the visits to the school for screening must be prepared. The team visiting the school for screening may be comprised of at least one senior dental professional, two trained dental professionals (Post graduates or interns) and one or

two assistants. While planning to visit a school for case selection the team should consider the following

- i. Introducing the examining team to the school principal and classteachers.
- ii. Choosing an appropriate place to carry out the screening in each school, and setting upequipment
- iii. Screening students in 6-14 year age group. Each examiner in the team should screen 50-60 children to short list the individuals meeting the selection criteria for pit and fissure sealantplacement.
- iv. Briefing the principal before leaving theschool
- v. Giving the consent form to the principal for signature ofparents.
- vi. Schedule the next visit for application of sealants among the selected students.
- vii. Maintaining the screened student's data.

9) Sealant application Visit:

A schedule of the visits to the school for applying the Pit & Fissure sealants on the molars among the school children should be prepared. After obtaining consent from the parent/guardian the procedure should be carried out in the selected individuals. The team visiting the school for sealant application may be comprised of atleast:

- i) One Faculty member/Senior Resident
- ii) Two Post graduate students
- iii) Two Interns
- iv) Two Assistants

The team members should be assigned different roles like recording the caries status, applying the sealant, preparation of the instrument tray, disinfection etc.

10) Handling Medical Emergencies

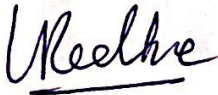
Medical emergencies, while handling pediatric population in normal school settings during a non-invasive, preventive dental procedure (pit and fissure sealant application) are expected to be of rare occurrence, but may not be very uncommon. Unfortunately, this rarity prevents us from becoming comfortable with the management of emergencies, and worse still, may lead to complacency. It is very

essential to be prepared to identify and manage emergencies in any setting.

To prevent or reduce complications, it is necessary to take a **quick medical history, from the child and the class teacher**, before beginning any procedure on the child (like: are you taking any medicines daily?; have you been admitted to the hospital for long?; Is the child or the sibling in the same school known to have some major disease?; Is there any particular child in the class who gets scared very easily or is difficult to manage? etc.)

On visiting the School, the Team would identify a health care room (or a clinic already in place in the School premises). Teachers or Staff in School trained in Emergency management or BLS would be identified. The Team Leader would designate roles to each member in the eventuality of an Emergency. It is mandatory that each member of the Team undergo a BLS training workshop.

11) Report Writing: All the participating institutions must update regarding monthly progress of the project to the National Oral Health cell in the DteGHS / MoHFW.



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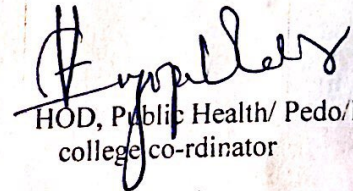
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