



**Operation Saving
Smiles**

**Dental Training:
Fluoride Varnish**

KERN
COUNTY
PUBLIC HEALTH

Training Objectives

01

Identify children that would benefit from fluoride varnish

02

What is the importance of fluoride

03

Explain and establish the protocol

04

Application

05

Share information

Why Medical Providers?



Medical Providers can Help prevent decay

Medical
providers see
children more
frequently

Children often
have medical
visits at a
younger age than
dental visits

Research
shows that
fluoride has
great benefits
in preventing
caries

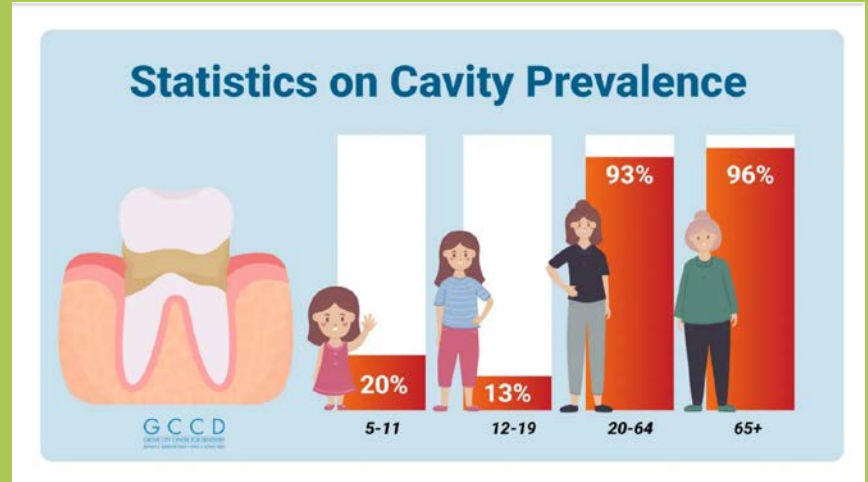
Pediatricians are
trained to apply
fluoride varnish.

Tooth decay is the most preventable child disease



Fluoride is safe, FDA and ADA approved

- Fluoride in water is one of the most equitable ways to prevent tooth decay
- Fluoride varnish can reduce cavities in baby teeth by 1/3



11%

Of children aged 2-5
had one or more
baby teeth with
untreated decay

18%

Of children aged 6-8
had one or more baby
teeth with untreated
decay

Fluoride Varnish Facts



It's a protective
resin coating with
sodium fluoride

Applied to the surface of
teeth and sets once it
contacts saliva



Takes about
1-2 minutes

Only a small amount of
varnish is used - sticks to
teeth immediately



One application
can reduce caries
by 59%

Protects teeth for
several months



Can be applied
5x a year
3x in medical office
2x in dental office



WHO NEEDS FLUORIDE VARNISH ?

Photos: Joanna Douglass, BDS, DDS

Smiles for Life

A national oral health curriculum

Caries Risk Factors

Who is at risk?

- Children who eat high sugar or carbohydrate foods and snacks
- Children who use a bottle after age 1
- Low socioeconomic status
- Lack of access to care
- Lack of access to fluoridated water
- Children with special needs are at higher risk of caries than their peers without special needs
- Children with no recent dental visits (within a year)

Which Teeth Benefit?



Healthy Teeth
No Visible Decay

Assessment and counseling for home risk factors still
needed

Early Signs of Decay

White lines and brown spots can be reversed with fluoride
varnish and dental care



Which teeth benefit, continued

Open caries and Lesions

Emergency case do not apply varnish

Advanced Decay

Enamel is visibly gone, irreversible refer to Dental Home
Fluoride varnish can help progression and other teeth



Who can apply Fluoride Varnish

- Dental and Medical Professionals can apply varnish MD, NP, MA, LPN, RN
- AB 667: Anyone working in a public health setting can apply varnish in accordance with prescription and protocol established by a dentist or physician.
- Non-healthcare professionals such as teachers, parents, Promotoras, and CHWs can also apply varnish under AB 667



Fluoride modality	Low caries risk	High caries risk
Toothpaste	Starting at tooth emergence (smear of paste until age 3, then pea-sized)	Starting at tooth emergence (smear of paste until age 3, then pea-sized)
Fluoride varnish	Every 3-6 months starting at tooth emergence	Every 3 months starting at tooth emergence
OTC mouth rinse	Do not use	Starting at age 6 years if the child can reliably swish and spit
Community water fluoridation	Yes	Yes
Dietary fluoride supplements	Yes, if drinking water supply is not fluoridated	Yes, if drinking water supply is not fluoridated

Source: AAP clinical report *Fluoride Use in Caries Prevention in the Primary Care Setting*, <https://doi.org/10.1542/peds.2020-034637>

Safety

Avoid duplicate fluoride applications to avoid fluorosis

Advanced Decay can be inhibited with fluoride varnish.

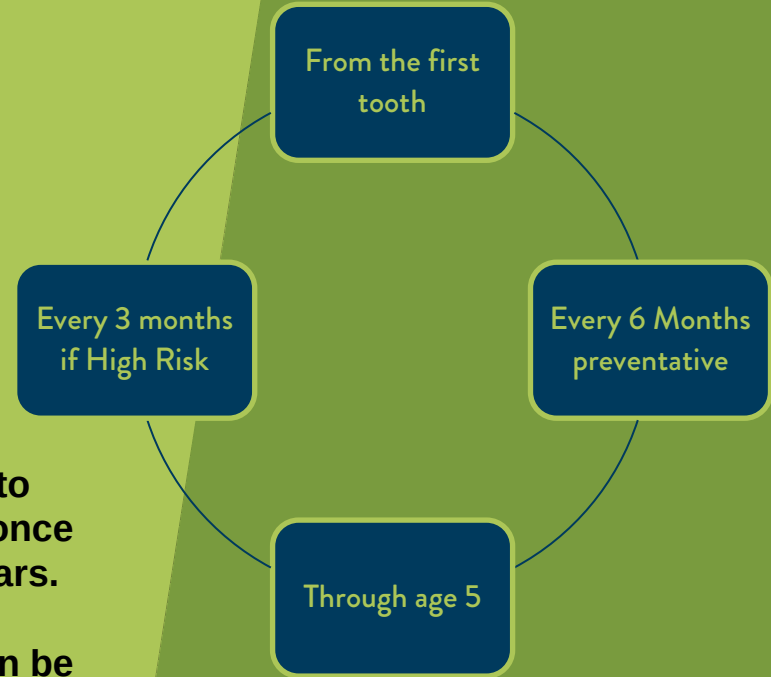
Allergic reactions are very rare

Not recommended to apply varnish on lesions or on teeth with pulp exposure

[Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States](#)

Frequency of Application

- It is recommended to first apply varnish once the first tooth appears.
- Fluoride varnish can be applied at well child visits
- Treatments can be applied every 3-4 months



Supplies Needed



- Gloves
- Gauze
- Tray and napkins
- Hand Sanitizer
- Sanitizer wipes
- Unidose Varnish
- Mouth Mirror
- Toothbrush and rinse (optional)



How to apply varnish

Prepare by positioning the
child on your lap

1. Open the packet of varnish
2. Bend the brush
3. Wrap some gauze around
your finger

**SECURE THE ARMS AND
LEGS OF THE CHILD**

4. Stir varnish with applicator
5. Dry teeth lightly with gauze



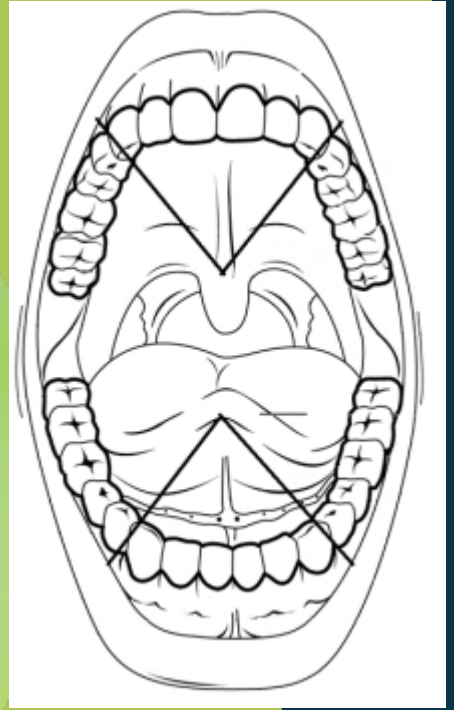
Positioning for Application



This is a two-person job, but parents can help.

Procedure Continued

6. Work in sections
7. Retract lips and cheeks with gauzed finger
8. Begin with upper right section of teeth
9. Repeat on left side
10. Continue this method on lower right and left sections



Application Procedure

1. Dry teeth with gauze



2. Apply to all surfaces



3. Apply to front teeth



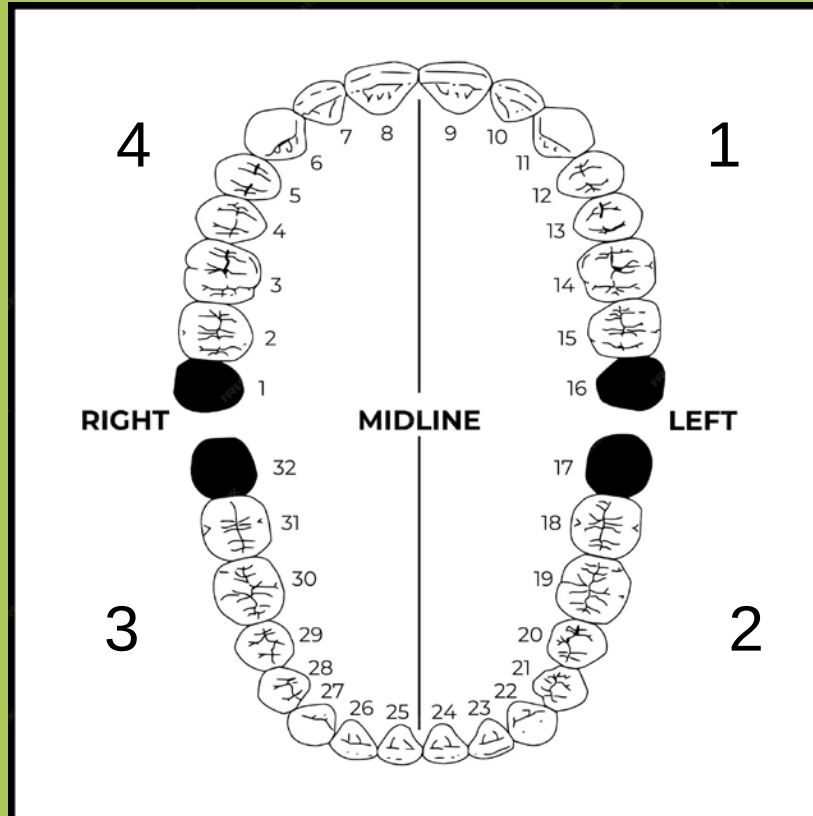
4. Apply to bottom teeth



Application Procedure Continued:

Focus on teeth surfaces

- Chewing surfaces
- In Between Teeth
- Gum Line
- Front teeth, tongue side



Tell: Show: Do
Method

Information for your office Protocol

- Identify ages and intervals to give FV
- Format Standing Orders –Rx
- Assign MA and other staff for specialized duties
- Establish documentation templates
- Obtain informational flyers and post care instructions



Information for your Office: Implementation

Identify and educate	Identify and educate staff that will be applying varnish
Establish	Establish health record (EMR) to keep records, add billing code
Engage	Engage staff and identify workflow
Stock up	Stock up on supplies
Publicize	Publicize to parents, get educational materials, brochures, postures etc.

Dental Home/Office Workflow for Fluoride Varnish



Information for your Office

- Billing: primary care providers can bill for FV up to three times in a 12-month period at well child visits
- Fluoride Varnish CPT 99188- \$18 per application
- Reimbursement Codes for oral health risk assessments CPT 99381-99383 and 99391-99393
- Fee for Service
- FQHC/RHC/HIS- not able to bill as a separate procedure
- Managed Cares: Los Angeles and Sacramento per plan

More information for your office

- Staff can take on a leadership role and learn new skills
- Fluoride Varnish is a tool but does not replace a dental visit
- Further counseling and referrals may be needed
- Dentist can also provide topical fluoride twice a year in addition

**American Academy of Pediatrics
Oral Health Risk Intake Form**

Welcome to today's visit with your child's provider.

Child's Name: _____ Age: _____ Date: _____

1. What concerns or questions do you have about your child's teeth and mouth today?

2. Does your family have a dentist for regular visits or, if needed, an emergency? ☐ Yes ☐ No
If so, when did you last visit the dentist? _____

3. Has mother or caregiver had cavities in the past 12 months? ☐ Yes ☐ No ☐ Not sure

4. Has your child had any of these dental treatments in the past 6 months?

a. Routine dental visit ☐ Yes ☐ No ☐ Not sure

b. Fluoride varnish painted on your child's teeth (This might have been done during a dental or medical visit.) ☐ Yes ☐ No ☐ Not sure

c. Fillings, which might be the same color as the tooth or silver-colored ☐ Yes ☐ No ☐ Not sure

d. Silver diamine fluoride, a liquid that turns black when applied to areas of decay ☐ Yes ☐ No ☐ Not sure

5. Does your child go to bed with a bottle or sippy cup filled with a drink other than water? ☐ Yes ☐ No ☐ Not sure

6. What does your child usually drink? (check all that apply) ☐ Juice ☐ Soda/pop ☐ Energy drinks ☐ Other (please list drink) _____

7. Does your family drink water with fluoride? ☐ Yes ☐ No ☐ Not sure

8. How many times a day do you help your child brush teeth? ☐ 0 ☐ 1 ☐ 2 ☐ More than 2

9. Does your child's toothpaste have fluoride? ☐ Yes ☐ No ☐ Not sure

Information for Parents and Guardians



- Kern County does not add fluoride to water supplies.
- Fluorosis is very rare, and skeletal fluorosis does not occur in the U.S.
- Fluoride can be naturally found in water.
- Silver diamine fluoride (SDF) is a nonsurgical technique to manage carious lesions in children. It is applied like Fluoride Varnish.
- Discontinue bottle use by 12 months and less than 4oz of juice a day.
- Refer to a Dental Home for dental treatments.

More parent information and Post Care

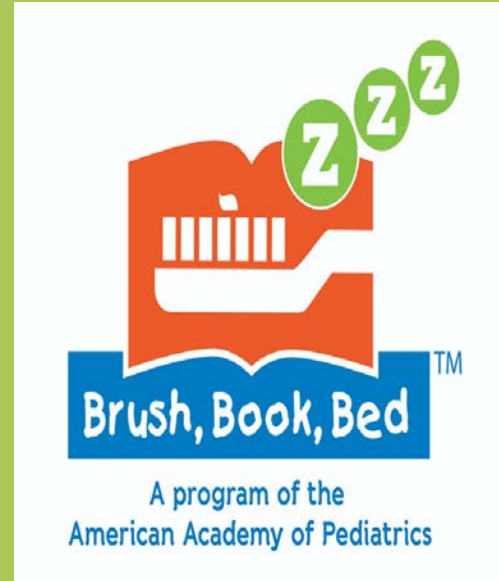
- Minimal restrictions after care
- No pain, no medication needed
- Avoid crunchy, chewy and hot foods for the rest of the day (can eat)
- Do not floss or brush for the rest of the day
- Will have a light yellowish tint to teeth for a day or so
- Assure parent that this will not be in place of their dental visits, but we can help find a dentist if needed



Brush, Book, Bed

“Brush, Book, Bed” is a program of the American Academy of Pediatrics aimed at improving children's health.

Pediatricians have the power to play an important role as the first line of defense in children's oral health since many children do not have the opportunity to regularly visit a dentist.



BBB aims to educate both pediatric providers and families about the importance of nighttime routines and focuses on improving the implementation of oral health services in the medical home by:

- Promoting positive oral health routines with patients beginning at 6 months of age
- Understanding and implementing fluoride varnish procedures
- Discussing early literacy with families during pediatric well visits and other encounters
- Improving knowledge of appropriate sleep habits and advise patients with sleep related concerns



Ensure that all staff who participate in the BBB program are trained on the program and the individual topics of oral health and early literacy. Trainings are available online and are free of charge to the participants.

Provider Training Resources

- Smiles for Life: A National Oral Health Curriculum covers the basics of child oral health, caries risk assessment, fluoride varnish application, and anticipatory guidance and counseling. Courses 2 and 6 are applicable to children and endorsed by the AAP.
- Bright Futures Oral Health Pocket Guide provides health professionals with an overview of preventive oral health supervision and includes information about risk assessment, a tooth eruption chart, a dietary fluoride supplementation schedule, a glossary, and a list of resources.
- AAP Oral Health Resources for Families provides resources to help educate families about healthy routines, good oral hygiene, proper tooth development, and how fluoride protects teeth.

Training Resources

[oralhealth_RiskAssessment
Tool.pdf](#)



[Download Slides – Module 6:
Fluoride Varnish | Smiles for Life
Oral Health](#)



Assess risk, apply
fluoride, and refer?



[I Like My Teeth](#)



[Medi-Cal for Kids &
Teens Provider Training](#)

Kern County Local Oral Health Program Referral

The KC LOHP has a referral form that can be given to professionals that work with children including schools, that can help connect them to providers. KC LOHP staff will reach out to the client and help connect them to a provider that can help based on their needs and insurance.

Please reach out to hernandezta@kerncounty.com or call (661)319-1204

The Kern County Local Oral Health Program

Dental Referral Form

If you would like to learn more about Operation Saving Smiles, please complete the information below. By signing below, you agree to have a representative contact you at the contact info provided.

Name: DOB:

Member's Legal Guardian (if applicable)

Member's Medi-Cal ID (BIC Number) if known

Address: Email Address:

Preferred Language:

Phone: OK to Text? ☐ / ☐

Is this a member with special healthcare needs? ☐ / ☐

Does the member need transportation services? ☐ / ☐

Specify the Needs Tier:

- ☐ Tier 1: Orthodontic Referral -Member has dental home
- ☐ Tier 2: No abnormalities noted- Member needs dental home
- ☐ Tier 3: Appearance of caries and/or other periodontal issues noted
- ☐ Tier 4: member is in pain due to dental needs and/or profound urgent needs visible

What dental treatment does the member need?

- ☐ Diagnostic and Preventive (procedures such as x-rays, exams, and routine cleanings)
- ☐ Restorative Care (procedures such as cavity fillings)
- ☐ Endodontics (procedures such as root canals)
- ☐ Periodontics (procedures such as scaling and root planning and periodontal maintenance)
- ☐ Prosthodontics (procedures such as full and partial dentures)
- ☐ Emergency Services (emergency services if the member is in pain or immediate need of a dentist)
- ☐ Orthodontics
- ☐ Pediatric Dental
- ☐ Oral Surgery (procedures such as extractions)

Resources

<https://www.smilesforlifeoralhealth.org/powerpoint-slide-sorter-tool/download-slides-module-6-fluoride-varnish/>

[Billing: Medi-Cal for Kids & Teens Provider Training](#)

<https://www.cdc.gov/oral-health/php/2024-oral-health-surveillance-report/selected-findings.html>

<https://www.cdc.gov/oral-health/about/cavities-tooth-decay.html>

<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/inform-sheet-benefits-fluoride-varnish.pdf>

[Silver Diamine Fluoride | American Dental Association](#)

