

# Fluoride Varnish Manual And Guidelines



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July 2006

## **Table of Contents**

Acknowledgments	1
Advantages	2
California Dental Practice Act Table of Permitted Duties	3
Excerpt from Business and Professions Code	4
Fluoride Varnish Application Protocol	5
Post Application Instructions-English	9
Post-Application Instructions-Spanish	10
Parental Information - English	11
Parental Information - Spanish	12
Parental Application/Consent Form - English	13
Parental Application/Consent Form - Spanish	14
CDDPP Consent Form (English)	15
Fluoride Varnish Ordering Information	16
Billing Information	17

## Acknowledgments

The California Department of Health Services, Office of Oral Health, wishes to acknowledge the cooperation and contributions of the Nevada State Office of Health and the Washington State Department of Health in the preparation of this document.

## Fluoride Varnish Advantages

Fluoride varnish has many advantages. These include:

- Does not require special dental equipment
- Does not require a professional dental cleaning prior to application
- Is easy to apply
- Dries immediately upon contact with saliva
- Is safe and well tolerated by infants, young children, and individuals with special needs
- Is inexpensive
- Fee for service physicians who are Medicaid providers can apply and receive reimbursement for fluoride varnish three times in a 12 month period for children under six years of age.
- Dentists and RDHAPs who are Denti-Cal providers may apply and receive reimbursement for varnish once in a six month period without prior authorization for children under the age of 21.

## California Dental Practice Act

### Table Of Permitted Duties (Rev. 3/20/06)

Following is a table of duties which auxiliaries are allowed to perform in California. If a duty is not listed, auxiliaries are NOT allowed to perform the duty. Under each category of auxiliary is one of the following notations: "N", "D", "C" or "G".

"N" = means that the auxiliary is NOT permitted to perform the duty.

"D" = means that the auxiliary may perform the duty under the Direct supervision of a dentist, which means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The duty must be performed pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures must be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

"C" = means that the auxiliary may perform the duty under the supervision of a dentist or a Registered Dental Hygienist in certain public health clinics as specified in Business and Professions Code Section 1777 effective January 1, 2005.

"G" = means that the auxiliary can perform the duty under the General supervision of a dentist, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

Note: An RDHAP may perform any preventive or therapeutic duty that an RDH is allowed to perform under general supervision, provided that a prescription for hygiene services has been issued by a dentist or physician.

\*Those duties marked by an asterisk \* may be performed by an RDH without supervision if they are employed in a public health program created by federal, state, or local law or administered by a federal, state, county or local governmental entity.

For the actual text of the laws and regulations, download COMDA's publication of laws and regulations from [www.comda.ca.gov](http://www.comda.ca.gov)

DUTY	SECTION OF LAW (Statute or Regulation)	D A	R D A	R D A E F	R D H	R D H E F
Fluoride, topical, apply, after scaling and polishing by DDS or RDH * As of January 1, 2010	1085c14/1762/1777	G	G	G	G	G

## **Fluoride Varnish Application Protocol**

### **Introduction**

Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay. According to the FDA, fluoride varnish falls under the category of “drugs and devices” that present minimal risk and is subject to the lowest level of regulation.

### **Purpose**

The purpose of applying fluoride varnish is to retard, arrest, and reverse the process of cavity formation.

### **Indications**

Infants and children with a moderate or high risk of developing cavities. A child is considered at risk if he/she:

- Has a history of caries or has white spot lesions and stained fissures
- Continues to use the bottle past 1 year of age or sleeps with a bottle containing liquids other than water
- Breastfeeds on demand at night
- Has a developmental disability
- Chronically uses high-sugar oral medications
- Has family members with a history of caries
- Engages in prolonged or ad lib use of a bottle or sippy cup containing liquids other than water throughout the day

### **General Assessment Guidelines**

- **Use a good light**

- **Observe the tooth surface**

Tooth surfaces need to be free of heavy plaque, food and debris. Debridement can be done with a toothbrush. Drying the tooth can greatly enhance the assessment. Use a gauze sponge or compressed air.

- **Explorers**

Traditionally, during a dental examination, a thin sharp explorer has been used to provide tactile information. The sharp tip of an explorer, however, can produce irreversible traumatic defects by fracturing and breaking down the intact surface layer of enamel. As the explorer is forced into the demineralized zones, the intact surface layer is essentially destroyed and cariogenic bacteria could be forced into the depth of the lesion. This effect may eliminate the opportunity for arresting or reversing the carious process.

Many clinicians question whether the explorer is a reliable tactile tool for diagnostic accuracy during caries detection. Explorers have been shown to produce many

false positives, since the stickiness detected by the explorer can merely result from the narrow morphology of the fissure or from the pressure exerted by the explorer against the tooth surface. A “sticky fissure” in itself does not warrant the need for immediate restoration. Explorers can be used to slide over the surfaces to determine if the teeth have been previously sealed or restored.

## **Application procedure**

- **Pre-application instructions:**
  - Optional: Give the child something to eat and drink before coming to receive a fluoride application.
  - Advise the parent that the child’s teeth may become discolored temporarily. Tell the parent that the varnish can be brushed off the following day.
  
- **Supplies:**
  - Mouth mirrors
  - Disposable gloves
  - Toothbrushes
  - Gauze sponges (2 x 2)
  - Fluoride varnish
  - Disposable fluoride applicator brush (if not using single dose varnish)
  - Dappen dish (if not using single dose varnish)
  - Paper towels or disposable bibs to place under the child’s head (optional)
  
- **Position the child:**
  - For an infant – place the child on the parent’s lap with the child’s head on the parent’s knees and the child’s legs around the parent’s waist. Position yourself knee-to-knee with the parent and treat the child from behind the head.
  - Or, place the infant on an exam table and work from behind the head.
  - Or, as you gain experience, do whatever works for you.
  - For a young child – place the child in a prone or sitting position and work from above the head as with an infant. Or, adapt a method that works best for you.
  
- **The application:**
  - Using gentle finger pressure, open the child’s mouth.
  - Remove excess saliva and debris with a gauze sponge.
  - (Optional) Use your fingers and sponges to isolate the dry teeth and keep them dry. You will usually be able to isolate a quadrant of teeth at a time, but may have to work with fewer teeth in some children. Infants are easiest because they have only anterior teeth.
  - Apply a thin layer of the varnish to all surfaces of the teeth. Avoid applying varnish on large open cavities where there may be pulp involvement.
  - Once the varnish is applied, you need not worry about moisture (saliva) contamination. The varnish sets quickly.

- **Post-application instructions:**

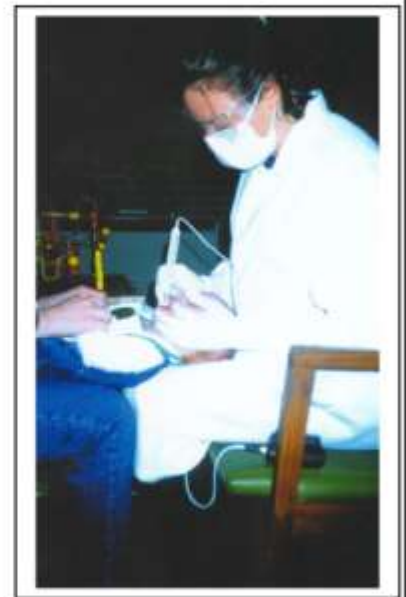
- The child may drink water immediately following the fluoride varnish application.
- Eat a soft, non-abrasive diet for the rest of the day.
- Do not brush or floss until the next morning.

**Remember:**

- Even though the child may fuss, the varnish application is not unpleasant.
- Tell the parent that the teeth will not be white and shiny until the next day.

The varnish application should be performed at least twice a year.

## Positioning the Provider and Child



## **Don't Delay – Prevent Decay**

When your child leaves today, his/her teeth will have been coated with fluoride varnish and will not look as bright and shiny as usual. They will look as they usually do tomorrow, when the varnish has had time to have its maximum effect and has worn off.

**To keep the varnish on the teeth as long as possible and to achieve the best result:**

- Your child should eat soft foods for the rest of the day.
- Teeth should not be cleaned until tomorrow morning.
- In the morning, clean the mouth and teeth as usual.

## No se Demore – Prevenga las Caries

Cuando su niño/a se valla de aqui hoy, sus dientes de el o de ella habran sido bañados con esmalte de fluoruro y no se veran tan brillantes y resplandecientes como de costumbre. El día de mañana sus dientes se veran como de costumbre cuando el esmalte alla tenido tiempo de tener su maximo efecto y el efecto haya pasado.

**Para mantener el esmalte en los dientes por el tiempo mayor posible y para conseguir el mejor resultado:**

- Su niño/a debe de comer comidas blandas por el resto del día de hoy.
- Los dientes no se deben de limpiar hasta mañana en la mañana.
- En la mañana, limpie los dientes como de costumbre.



## **Information for Parents About Fluoride Varnish**

### **Why do we recommend putting fluoride varnish on children's teeth?**

Tooth decay is one of the most common preventable diseases seen in children. Children as young as 6-18 months can get cavities. Cavities in baby teeth can cause pain and even prevent children from being able to eat, speak, sleep and learn properly. Children do not lose all their baby teeth until they are about 12 to 13 years old.

### **What is fluoride varnish?**

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

### **Is fluoride varnish safe?**

Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used. This method of providing fluoride to teeth has been used in Europe for more than 30 years. Fluoride varnish is endorsed by the American Dental Association.

### **How is it put on the teeth?**

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don't like having things put in their mouths especially by people they don't know! Your child's teeth may discolor after the fluoride varnish is painted on, but it will come off when you brush your child's teeth tomorrow.

### **How long does the fluoride last?**

The fluoride coating will work best if it is painted on the teeth twice a year.

## **Baby Teeth are Important!**

Remember, do not clean your child's teeth today and do not give them hot, hard or sticky foods. Start cleaning your child's teeth tomorrow morning. The yellow color will come off when you brush your child's teeth



## **Información para los padres obre el esmalte de fluoruro**

### **¿Porque nosotros recomendamos la aplicación del esmalete de fluoruro en los dientes de los niños?**

Las caries es una de las enfermedades prevenibles mas comunes vista en los niños. Los niños pequeños desde los 12-18 meses pueden tener cavidades. Las cavidades en los dientes de leche pueden causar dolor y aun hasta evitar a los niños a poder comer, hablar, dormir y aprender apropiadamente. Los niños no pierden todos sus dientes de leche hasta que tienen como de 11 a 12 años de edad.

### **¿Que es el esmalte de fluoruro?**

El esmalte de fluoruo es una capa protectora que es pintada sobre los dientes para ayudar a prevenir nuevas cavidades y para ayudar a detener a las cavidades que ya hallan comenzado.

### **¿Es el esmalte de fluoruro seguro?**

Si, el esmalte de fluoruro puede ser usado en bebés desde que ellos tienen sus primeros dientes. Solamente una cantidad pequeña de esmalte de fluoruro es usada. Este metodo de proveer fluoruo a los dientes a sido usado en Europa por mas de 25 años. El esmalte de fluoruro es aprobado por la "FDA" y es respaldado por la Asociación Dental Americana.

### **¿Como es el fluoruro aplicado en los dientes?**

El esmalte es pintado sobre los dientes. Es rapido y fácil de aplicar y no tiene mal sabor. No hay dolor, pero su niño/a puede llorar simplemente porque a los bebés y niños no les gusta que les pongan cosas en su boca ¡especialmente por gente que ellos no conocen! Los dientes de su niño/a estaran amarillos despues que el esmalte de fluoruro sea aplicado, pero el color amarillo se caera cuando usted cepille los dientes de su niño/a mañana.

### **¿Cuanto tiempo dura el fluoruro?**

La capa de fluoruro trabajara mejor si es aplicada en los dientes de dos vecez al año.

## **¡ Los dientes de leche son importantes!**

Recuerde, no limpie los dientes de su niño/a hoy y no les de comidas duras o pegajosas. Comienze a limpiar los dientes de su niño/a mañana en la mañana. El color amarillo se caera cuando usted cepille los dientes de su niño/a.

**FLUORIDE VARNISH PROGRAM**

Agency Name /  
Logo

Dear Parent:

A preventive dental program is available through the\_\_\_\_\_.  
A protective coating called fluoride varnish will be applied to your child’s teeth as a  
preventive measure against tooth decay.

To receive these no-cost services you must provide consent.

\_\_ Yes, I want my child to receive fluoride varnish (please fill in the bottom of this form)

\_\_ No, I do not want my child to receive these preventive fluoride varnish services.

Name of Child:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

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

Do you have dental insurance? Yes: \_\_\_ No: \_\_\_ If yes, name of insurance: \_\_\_\_\_

Parent/Guardian’s name: \_\_\_\_\_  
*Please print*

**HEALTH HISTORY**

Has your child ever had serious health problems? No: \_\_\_ Yes: \_\_\_ If yes, please explain:

\_\_\_\_\_

Does your child have any allergies? No: \_\_\_ Yes: \_\_\_ If yes, please list:\_\_\_\_\_

\_\_\_\_\_

Parent Signature:\_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* This service does not replace a comprehensive evaluation.  
We recommend that a dentist regularly examine your child. \*\*\*\*

**FOR OFFICE USE ONLY**  
Comments \_\_\_\_\_  
Varnish placed on: \_\_\_\_\_ by: \_\_\_\_\_

**PROGRAMA DE BARNIZ DE FLUORURO**

Agency Name /  
Logo

Estimados Padres:

Un programa dental estará disponible en el \_\_\_\_\_ . El programa ayuda a prevenir las caries en los dientes de los niños. Una persona con licencia aplicara una barrera protectora llamada barniz de fluoruro. Este barniz fortalece los dientes y los hace mas resistente contra las caries.

Para recibir estos servicios sin-costo usted nos debe proveer este consentimiento.  
\_\_\_\_ Si, quiero que mi hijo (a) recibe el barniz de fluoruro (por favor, complete la parte de abajo de esta forma)  
\_\_\_\_ No, deseo que mi hijo (a) recibe este servicio de barniz de fluoruro sin-costo.

Nombre del Niño (a): \_\_\_\_\_ Fecha de \_\_\_\_\_

Nacimiento: \_\_\_\_\_ Masculino: \_\_\_\_\_ Femenina: \_\_\_\_\_ Raza: \_\_\_\_\_

Centro: \_\_\_\_\_ Maestra: \_\_\_\_\_ Salón: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Zona: \_\_\_\_\_

¿Tiene aseguranza dental? Si: \_\_\_ No: \_\_\_ Si, Nombre de la aseguranza: \_\_\_\_\_

Nombre de los Padres/Guardián: \_\_\_\_\_

**HISTORIAL MEDICA**

1. ¿Su hijo (a) alguna vez a tenido algún problema de salud serio? \_\_\_\_\_

1. ¿Tiene su niño (a) allejias?  
\_\_\_\_\_

Firma de los Padres \_\_\_\_\_ Fecha: \_\_\_\_\_

\*\*\* Este servicio no reemplaza un examen para una completa evaluacion.  
Es nuestra recomendacion es que su dentista lo(a) vea regularmente.\*\*\*\*\*

**FOR OFFICE USE ONLY**  
Comments \_\_\_\_\_  
Varnish placed on: \_\_\_\_\_ by: \_\_\_\_\_

Program  
Logo

**SAMPLE**

California Children's Dental Disease Prevention Program  
Permission Form

Program  
Contact  
Information

PERMISSION – I give permission for my child to receive: (please check all that apply)

- \_\_\_\_\_ Brushing and flossing instruction
- \_\_\_\_\_ Fluoride
- \_\_\_\_\_ Dental screening
- \_\_\_\_\_ Oral health education
- \_\_\_\_\_ Dental sealants

Name of child \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**MEDICAL HISTORY**

1. Has your child visited a dentist in the past six months? Yes No
2. Is your child taking any medication? Yes No  
If yes, which medication? \_\_\_\_\_
3. Does your child have allergies? Yes No  
If yes, to what? \_\_\_\_\_
4. Does your child need to take antibiotics before having dental care because of health problems? Yes No  
If yes, please explain. \_\_\_\_\_

Please put an (x) if your child has ever had any of the following:

- ( ) Hepatitis ( ) Rheumatic Fever ( ) Heart Murmur ( ) Epilepsy ( ) Asthma  
( ) Seizures/ convulsions

Has your child ever had any serious health problems not mentioned above? Yes No  
If yes, please explain \_\_\_\_\_

The above is true to the best of my knowledge.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Your child cannot participate without your signature)

No payment is required from you for this program. However, Medi-Cal and other insurance carriers help cover the cost of this program. If you have Medi-Cal or other insurance, please check the one that you have.

( ) Medi-Cal Member Name \_\_\_\_\_  
( ) Delta Dental Plan Member ID Number \_\_\_\_\_  
( ) Other \_\_\_\_\_

**For Office Use Only** Date \_\_\_\_\_ Classification 1 2 3  
Treatment Performed \_\_\_\_\_ Provider's Initials \_\_\_\_\_  
Dental Exam  
Dental Sealants (circle teeth sealed) 2 3 14 15 18 19 30 31  
Fluoride Varnish (circle which applies) primary teeth only mixed dentition permanent teeth only  
Follow-up  
DOB \_\_\_\_\_ Other Treatment Recommendation:  
Social Security # \_\_\_\_\_

## Fluoride Varnish Ordering Information

**AllSolutions** (5% NaF in a natural resin)  
Available in a unit-dose with an applicator.  
Dentsply Professional: 1-800-989-8826

**Cavity Shield** (5% NaF in a natural colophonium resin)  
Available in a unit-dose with an applicator.  
Omni Products: 1-800-445-3386

**Durafluor** (5% NaF in a natural colophonium resin)  
Medicom: 1-800-435-9267

**Duraphat** (5% NaF in a natural colophonium resin)  
Colgate Oral Pharmaceuticals: 1-800-225-3756 (1-800-2-COLGATE)

**Fluor-Protector** (0.1% difluorosilane in a polyurethane base)  
Ivoclar North America-Vivadent: 1-800-327-4688

**VarnishAmerica** (5% NaFin a natural colophonium resin)  
Available in a unit-dose with an applicator.  
Medical Products Laboratories, Inc.: 1-800-523-0191, Ext. 326