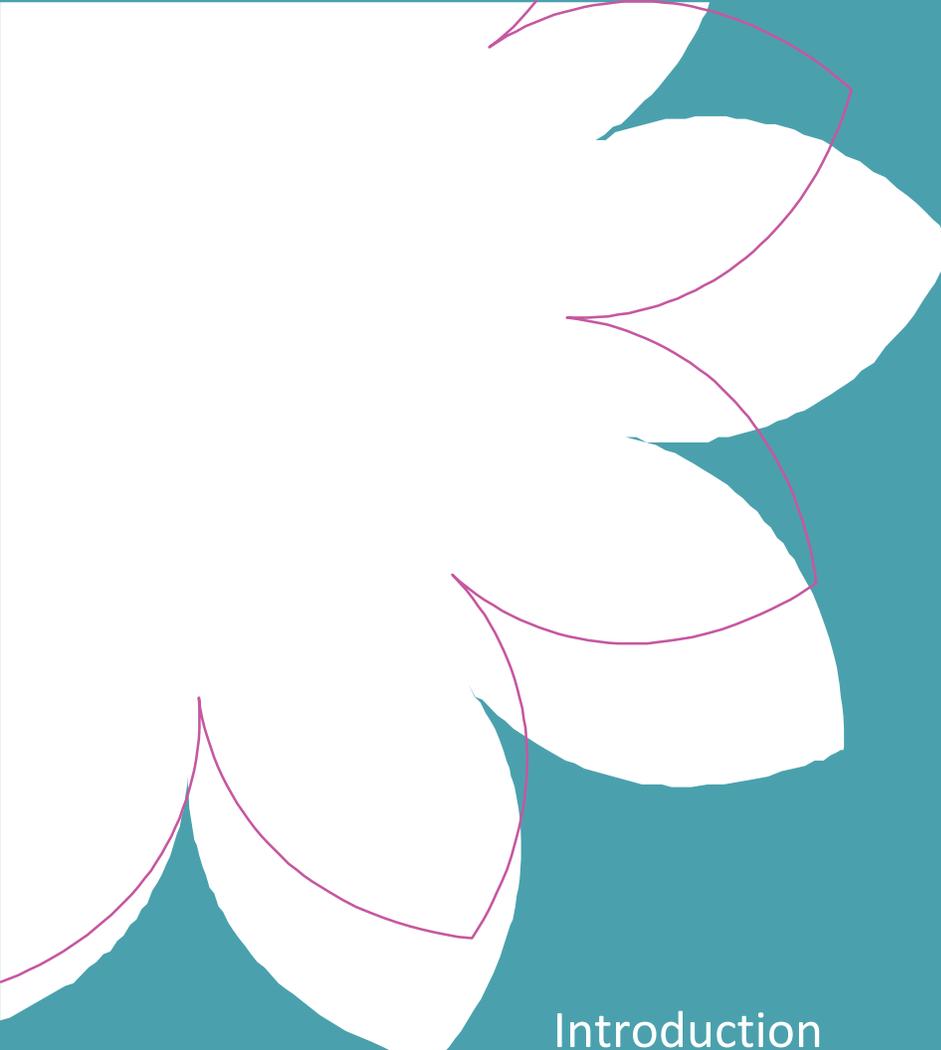




2018
GUIDELINES
FOR
**Oral
Health**

Screening in Ohio's
Schools



Introduction

The purpose of these guidelines is to provide practical guidance to school nurses who choose to conduct school-based oral health screening. Conducting oral screening in school is an opportunity to emphasize the importance of regular oral health care and examination by a dentist. School-based oral screening is optional in Ohio. Conducting oral screening has value only if there is follow-up and resources available in the community to refer families for needed care. An oral screening is not a diagnosis. Only a dentist can diagnose dental disease. Instead, an oral screening separates those screened into three groups: those with no apparent dental problems; those who need to see a dentist soon for diagnosis and any needed treatment; and those who need to see a dentist immediately.

If it is decided that school oral health screening should be conducted, the school nurse, a community dentist or a local dental hygienist can conduct them. In 2005, the Ohio State Dental Board approved all public schools, health departments and Head Start programs as Special Needs Programs. This means registered dental hygienists can screen children in these programs without the dentist being present.

The following guidelines were developed to help you screen students in a way that is effective and efficient.



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Which Grades Should Participate?

The standard is to require screening of kindergarten children as well as children in other grades that are enrolling for the first time. By focusing screening efforts on kindergarten children, school nurses can identify children in need of dental care before it has a negative impact on a child's attendance in school and ability to learn. Other grades to consider are second and/or third grade to identify decay present on a child's first permanent molars. Make sure the screening doesn't interfere with other oral health activities at school, such as dental sealant programs which target grades 2 and 6 and do follow-up in 3 and 7.

Preparation for Screening

1. Review school district policies and procedures regarding health screening. Seek support from the district's administration. This is essential for a successful screening program.
2. Obtain parental permission in a manner consistent with school standards for other health screenings (e.g., passive vs. active consent). Refer to your school district's health screening procedure.
3. Prepare appropriate forms needed for the screening: consent form (if necessary); screening results summary form; and parent letter. See Appendix for samples.
4. Prepare the school faculty, staff and students for the screening process. This is also a good opportunity to discuss oral health in the classroom with the students.
5. A health care professional such as the school nurse, a community dentist or dental hygienist can conduct the oral health screening.
6. Obtain appropriate screening supplies:
 - Tongue depressors (to retract tongue and cheeks)
 - Light source: Either a bagged flashlight or penlight (and batteries)
 - Latex-free gloves
 - Gauze
 - Toothpicks, cotton-tipped applicators or new toothbrushes (to remove food from biting surfaces of teeth)
 - Trash bags/trash can
 - Soap and water or alcohol-based antimicrobial hand sanitizer (e.g., Purell)
 - Surface disinfectant
 - Paper towels
 - Forms for documentation
 - Ink pen
 - Sandwich bags or plastic wrap – to cover ink pen and hand-held light, (e.g., penlight or flashlight)



Infection Control and Disposal Procedures

Infection Control

Caution should be taken to prevent the transmission of microorganisms. Therefore, hands should be washed thoroughly at the beginning and end of each screening session. Gloves must be changed between each student during the screening process. Even if gloved hands have not touched the mouth's mucous membranes, lips or saliva, the gloves must be removed, and hands must be washed or cleaned with hand sanitizer before putting on a new pair of gloves and screening the next student.

Tongue depressors are for single use. Table surfaces used for screening supplies should be disinfected before and after the entire screening.

Disposal Procedure

1. If a toothbrush, toothpick or cotton-tip applicator is used to clean teeth, it must be discarded afterwards.
2. Dispose of used gloves, tongue depressors, paper towels or gauze in the trash bag.
3. If the plastic bag on the penlight or flashlight encounters the student's mouth, dispose of the plastic bag and re-bag the light.
4. At the end of the screening, dispose of any trash in the bag.

Waste from the screening should be disposed of properly and away from children. It is not considered hazardous material, so it can be thrown away in the school or facility dumpster.

Screening



Screening Table Set-Up

1. Paper towel(s) on top of your work table/ area
2. Alcohol-based antimicrobial hand sanitizer (e.g., Purell)
3. Latex-free gloves
4. Gauze
5. Tongue depressors
6. Toothpicks, cotton-tipped applicators or toothbrushes
7. Bagged flashlight or penlight
8. Bagged ink pen
9. Forms for documentation

Screening Procedure

To conduct the oral screening, follow these simple steps:

1. Wash your hands.
2. Put on gloves.
3. Place student in a chair facing you so his or her mouth is as close to your eye level as possible. An alternative position for smaller children is to have them stand in front of you.
4. Use a tongue depressor and bagged flashlight to check teeth, gums and soft tissues. Remember to look at all surfaces of the teeth (front, back and chewing surfaces). You may need to use a toothpick, cotton-tipped applicator or toothbrush to clean food from the chewing surfaces of back teeth.
5. Throw tongue depressor away, then remove and throw away gloves.
6. Document findings on health record.

Oral Screening Technique

To be consistent in your screening, you should follow a systematic approach. The following is a suggested screening sequence:

1. Look at the symmetry of the outside of the face. Look at the lips. Check for any lesions or swelling.
2. Ask the child to open his or her mouth and look at the inside of the cheeks.
3. Check the roof of the mouth – tilt head to look at the roof of the mouth.
4. Check the throat and tonsillar area and surfaces of the tongue.
5. Visually inspect the teeth following this sequence:
 - a. Upper right – upper teeth, on student’s right side (your left), start in the back and move toward the front.
 - b. Upper front.
 - c. Upper left – move from upper front teeth toward the back on the student’s left side (your right).
 - d. Lower left – lower teeth on student’s left side (your right), start in the back and move toward the lower front.
 - e. Lower front.
 - f. Lower right – move from lower front teeth toward the back on the student’s right side (your left).

As you follow this sequence, look at all the surfaces of the teeth. After looking at every tooth surface, record your observations. As you inspect the teeth also check the gums.

Confidentiality

The results of the screening should be kept confidential with no comments offered during the screening process; however, if the student requests results, let him or her know a parent letter with results will be sent home.

Oral Observations

Treatment urgency and observations should be documented in the student health record. Record your observations on the screening summary form as:

- Those with no obvious dental problems.
- Those who need to see a dentist soon for diagnosis and any needed treatment.
- Those who need to see a dentist immediately.

These categories can also be included in the parent letter. If in doubt about the urgency, always refer the student for dental care.

The laminated pocket guide for oral screening of schoolchildren can be used as a reference while the screening is conducted. It is divided into sections based on treatment need: no obvious dental problems; early dental visit needed; and immediate dental visit needed. At the end of the pocket guide is a section with photographs of other oral findings you may observe.



Findings

No Obvious Dental Problems

1. Sound tooth – A healthy tooth with no signs of tooth decay.
2. Stained groove – A groove on the biting surface of a tooth that has been stained over time by food and drink.
3. Stainless steel crown – Silver crown used to treat primary teeth with large cavities.
4. Amalgam filling – Silver metal dental material called amalgam used to fill cavities.
5. Dental sealants – A plastic-like resin placed on the chewing surfaces of back teeth to prevent cavities. They can be clear or opaque.
6. White areas (spots)– There are many factors that can lead to the development of white spots on teeth: developmental, excessive fluoride intake during development and early caries. The type of white spot determines the need for referral to a dentist for diagnosis and follow-up.
 - Developmental (enamel hypoplasia) – when new teeth erupt, there may be white spots on the teeth. These spots are formed during teeth development and can appear as milky white. Sometimes the enamel may also be deformed in places. This condition is common. A referral is not necessary.
 - Fluorosis – very mild to mild, appears as small opaque, paper-white areas scattered irregularly over the tooth enamel and is produced by overexposure to systemic fluoride during development. If it is fluorosis, then the white areas will be present when the teeth erupt. A referral is not necessary.
 - Early caries – is caused by the leaching of minerals from the tooth enamel making it weaker. This is considered the beginning stages of tooth decay. These spots usually appear along the gum line of the tooth after teeth have been exposed to decay-causing acids. Children with white spots like these should be referred to a dentist as soon as possible.
7. Tooth-colored fillings – Also called composite fillings and are made from tooth-colored materials that restore the natural appearance of a decayed or previously filled tooth.

Except for white spots that may be early caries, the observations under this section do not require a referral to a dentist.

Early Dental Visit Needed

8. Small-pit and fissure cavities – These types of cavities are small and often difficult to detect.
9. Cavitation – A larger cavity that presents as an obvious hole in the tooth.
10. Temporary filling – Temporary fillings are not meant to last. Usually, they fall out, fracture or wear out within weeks or months. If the filling is not replaced with a permanent material, then the tooth could fracture or have other complications.

Students with these observations should be referred to a dentist for care within two weeks. If needed, assistance should be provided to help the student's family find a dentist and schedule an appointment.

Immediate Dental Visit Needed

11. Facial swelling – Is a sign of infection and can be submandibular (located beneath the floor of the mouth or lower jaw) or periorbital (eye area).
12. Parulis – A sore on the gums that is a drainage point for a tooth abscess.

Students with these problems or any child with a cavity accompanied by pain should be referred to a dentist within 24-48 hours for immediate care. If needed, assistance should be provided to help the student's family find a dentist and schedule an appointment.

Other Oral Observations

13. Aphthous ulcer – This is one of the more common lesions of the oral mucosa and is often called a canker sore. It appears as single or multiple ulcers on the mucosa and lasts about seven to 10 days. These ulcers are usually recurring and can be triggered by physical trauma, spicy foods or emotional factors. If this does not heal in 7 to 10 days, refer the student to a dentist.
14. Gingivitis – This is the mildest stage of gum disease caused by bacteria in plaque and is characterized by redness, swelling and a tendency to bleed. Toothbrushing two to three times a day along with daily flossing will help to reverse this condition. A referral to a dentist is not necessary if the student has a family dentist.
15. Herpes Labialis – The most common type of oral herpes virus; consists of recurring crops of small blisters on the lips and is commonly referred to as fever blisters. Recurrences are triggered by exposure to sun light, fever and physical stress or trauma. If this doesn't heal in 7 to 10 days, make a referral to a dentist.
16. Oral trauma – A loosened or chipped permanent tooth that occurs during school should be referred to a dentist immediately.
17. Plaque – A film of bacteria on a tooth surface that becomes visible as it accumulates. This film is removed with regular toothbrushing. Recommend the student brush two to three times a day.

The Ohio Department of Health Guidelines for Oral Health Screening in Ohio's Schools along with the training video and Oral Health Screening Pocket Guide for School Nurses can be accessed via a link from the ODH oral health Web page: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/Health-Professionals-Educators/>

And a link from the Web page for school nurses:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/school-nursing-program/welcome-to>

As well as the Maternal and Child Oral Health Clearing House Web site: <https://www.mchoralhealth.org/materials/index.php>



Resources and References

Resources

The American Dental Association - 800-947-4746

<http://www.ada.org>

Ohio Dental Association - 614-486-2700

<http://www.oda.org>

Colgate Oral Pharmaceuticals - 781-821-2880

<http://www.colgateprofessional.com>

Johnson and Johnson - 800-224-6513

<http://www.jnj.com>

Proctor and Gamble - 513-983-1100

<http://www.dentalcare.com>

Ohio Department of Health

<http://www.odh.ohio.gov>

School Health Corporation - 866-323-5465

<https://www.schoolhealth.com>

Dental Safety Net Clinics - website and list <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/Patients-Public/>

Ohio Department of Health, Oral Health Program

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/welcome-to>

Ohio Department of Health, School Nursing Program

<https://www.odh.ohio.gov/odhprograms/chss/schnurs/schnurs1>

References

Basic Screening Surveys: An Approach to Monitoring Community Oral Health. 2017. Association of State and Territorial Dental Directors.

<https://www.astdd.org/basic-screening-survey-tool/>

Plans for State Oral Health Programs & Activities

https://www.cdc.gov/oralhealth/state_programs/infrastructure/plan.htm

Integrating Oral Health into the Whole School, Whole Community, Whole Child Model

<https://www.astdd.org/school-and-adolescent-oral-health-committee>

Best Practice Approaches for State and Community Oral Health Programs

<https://www.astdd.org/bestpractices/wsc-bpar-final-3-2017.pdf>

Active Consent

Dear Parent:

Your child's class will be taking part in an oral health screening. The purpose of the screening is to check your child's teeth for tooth decay and other dental problems. Your child will receive a letter to take home that tells you about the health of your child's teeth. This screening does not take the place of regular dental checkups.

Please be assured the oral screening will be carried out in a healthy manner. Please complete this form and return to your child's teacher **tomorrow**. Thank you for working with us and if you have any questions, please contact: _____ at _____.

Child's (last) name:	Child's (first) name:	Teacher's name:
Signature of Parent or Guardian:		
Preferred Contact Method:		
<input type="checkbox"/> Cell _____		
<input type="checkbox"/> Work _____		
<input type="checkbox"/> Email _____		

Please answer the next questions so we can help you access dental care. You may still give permission for your child to have his or her teeth checked if you do not wish to answer the questions. Thank you.

1. How long has it been since your child last visited a dentist? Include all types of dentists such as orthodontists, oral surgeons and all other dental specialists as well as dental hygienists.

(Please check **one**)

- 1 year or less More than 1 year but less than 3 years
 3 years or more Never has been

2. Has your child had a toothache in the past 6 months? (Please check **one**)

- Yes No Don't know/don't remember

3. How do you pay for your child's dental care? (Please check **one**)

- Family or self-pay Medicaid, medical card, Medicaid HMO
 Healthy Start Don't know/don't remember
 I need assistance, please contact me
 Private dental insurance, please list _____

Passive Consent

Date: _____

Dear Parent or Guardian:

Your child's class will be taking part in an oral health screening. The purpose of the screening is to check your child's teeth for tooth decay and other dental problems. Your child will receive a letter to take home that tells you about the health of your child's teeth. This screening does not take the place of regular dental checkups.

Please be assured the oral screening will be carried out in a healthy manner. If you do not want your child to receive this screening, please check the box, and write your child's name below and return it to school.

No, I do not give permission for _____ to have his/her
teeth checked. Child's Name

If you need assistance finding dental care, please contact me at:

Sincerely,

Date: _____

Dear Parent or Guardian:

Thank you for allowing your child, _____, to receive a dental screening.

We found that your child has these dental needs:

- No dental problems/routine dental visit recommended.
- Need for early dental care due to teeth that appear to be decayed or have other problems. Please take your child to your dentist within the next several weeks.
- Need for immediate dental care due to a reported toothache or signs of infection. Please take your child to your dentist within 24 – 48 hours.

The screening that your child received was not a complete dental examination. Your child should visit your dentist at least once a year for a more complete exam including X-rays, if necessary.

If you need help finding dental care, please contact me at: _____

If your child needs early or immediate dental care, please have the dentist or dental clinic complete the form below at the appointment and return it to school.

_____ received a dental examination and/or treatment on this

(Child's name)

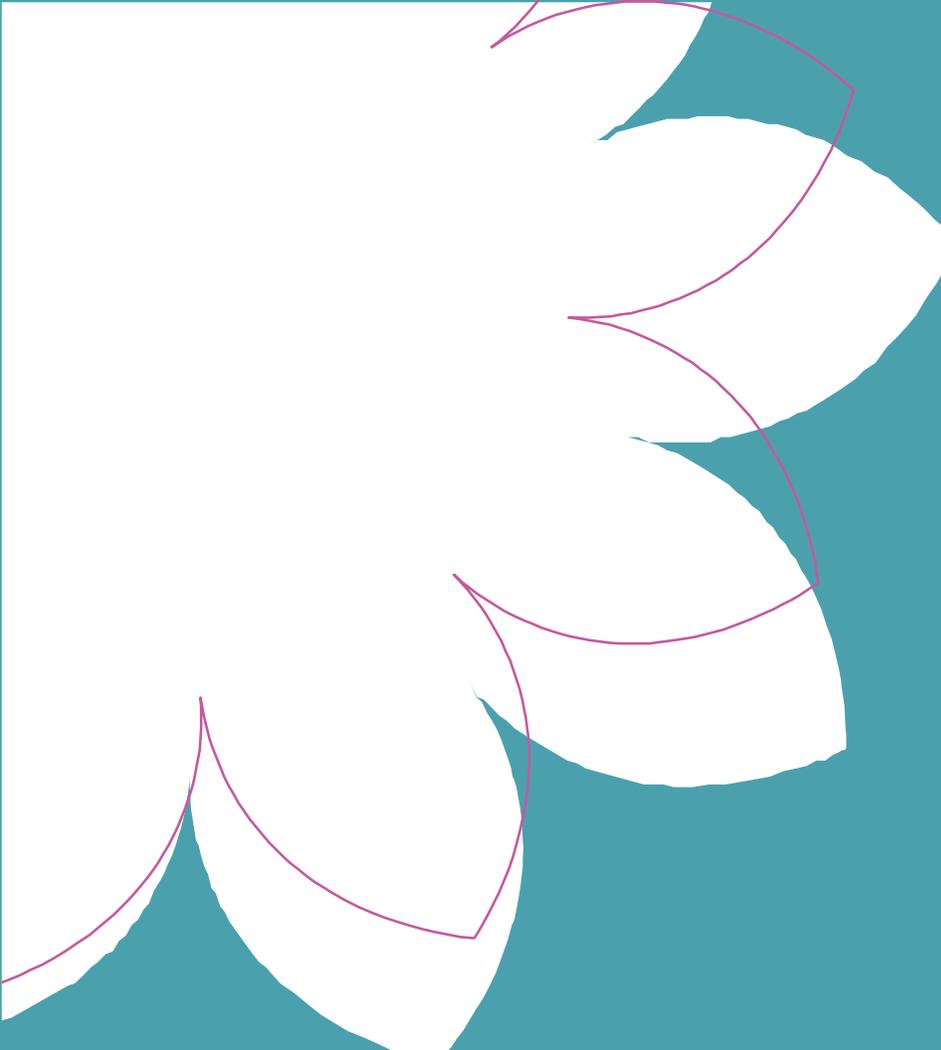
date: _____ in my office/clinic.

Dental treatment:

is complete is not complete

Your child will be returning on this date: _____ to complete treatment for a regular recall appointment.

(Dentist's signature)



Acknowledgements

2007 Committee

Amy Ludwig, RN
Westerville City
Schools

Sharon Schmitz, RN, MSN
Pickerington Local
Schools

Jean Smith, RN
Groveport Madison
Schools

Cindy Perry, RNP, MSN
Cincinnati Health Department

Dorothy Bystrom, RN, MEd, NCSN
Ann Connelly, MSN, RN, LSN, NCSN
Shannon Cole, RDH, BS
Ohio Department of Health

2018 Committee

Leonda Richardson, BSDH
Shannon Cole, RDH, BS
Barbara Carnahan, RDH, MS
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Joan Keith, MEd, BSN, RN, LSN, NCSN
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