

SUBJECT: ORAL HEALTH SCREENINGS IN SCHOOL SETTINGS

POLICY RECOMMENDATION:

Students should receive school-based screening for oral disease (the presence of decay, pain, swelling, bleeding, infection, and/or soft tissue lesions) according to the South Carolina Department of Health and Environmental Control (SC DHEC) School Screening Recommendations. Additionally, an oral screening should be performed as part of the treatment provided for any student who presents with signs or symptoms that indicate a dental need. Education, counseling, and referral should be offered as indicated by the screening results.

Parents/guardians should be encouraged to establish a medical and dental home for their child. It is recommended that students entering early childhood development (pre-k), Head Start, kindergarten, or first grade programs have a comprehensive health assessment performed by the student's health care practitioner, a comprehensive eye examination by an eye doctor, and a comprehensive dental examination by the student's dentist within 12 months prior to enrollment in school for the first time.

RATIONALE:

- Tooth decay is considered the most common chronic childhood disease.
- Pain and suffering from untreated tooth decay can lead to problems with eating and speaking, affect a child's ability to pay attention in school, and result in loss of instructional time.
- Even with some school districts contracting with various preventive and restorative dentistry partners there are still many children in our schools that will not receive a dental screening or other dental services.
- While a dental screening is not a thorough clinical examination, a dental screening can identify gross dental or oral lesions and provide the student with an opportunity for referral for an examination and appropriate treatment.

STANDARDS:

1. School nurses should organize dental screening programs for students in the recommended grade(s). As part of program planning, the school nurse should anticipate potential barriers that may exist for treatment referral completion and identify community resources that are available for addressing those barriers.
2. Parents/guardians should be notified of screening plans. Parents/guardians may opt out of having their child participate in the school-based screening program.
3. Students who are seen by their dentist on a regular basis may submit a copy of the examination results to be included in the school health record in lieu of participating in the school-based screening program.

4. Visual dental screenings should be performed for students in the recommended grade(s). In addition, unscheduled students presenting to the school nurse with a chief dental complaint or injury should receive a dental screening and be referred based on treatment urgency.
5. Dental screeners within school settings must be limited to:
 - a. school nurses,
 - b. licensed dentists,
 - c. registered dental hygienists
 - d. registered dental hygienists and dental assistants who are operating under "general supervision" (without an accompanying dentist) within a SCDHEC-School Dental Prevention Program according to the SC Dental Practice Act Regulations for Public Health Settings (Section 40-15-110).
6. All persons providing dental screenings must be knowledgeable of the Association of State and Territorial Dental Directors-Basic Screening Survey (ASTDD-BSS) protocols. (http://www.astdd.org/docs/BSS_Manual_9-25-03.pdf or <http://webdev:2/health/mch/oral/screenings.htm>)
7. The ASTDD-BSS tool should be utilized for categorizing the student's dental treatment urgency (Codes 0-1-2). Treatment urgency and referral status is based on the presence of decay, pain, swelling, bleeding, infection, and/or soft tissue lesions.
8. Dental decay (also referred to as a cavitated lesion or cavity) is defined as an area on a tooth with loss of at least ½ mm of enamel; there is usually brown to dark brown discoloration on the walls of the cavity. Teeth can be decayed even if they have a filling or a crown. A retained root tip is treated as a cavity since the tooth was more than likely destroyed by the decay process.
9. Oral screening findings should be documented in each student's individual health record.
10. All parents/guardians should be sent notification of their child's screening results (see sample form in the appendix).
11. School nurses should monitor the dental referral through completion, providing assistance to the student's parent/guardian based on available resources.
12. School nurses should assist parents/guardians with establishing a medical and dental home for their child if the child does not have one.
13. Strict patient confidentiality measures should be implemented during the screening process based on the requirements of the Family Educational Rights and Privacy Act (FERPA) and/or the Health Insurance Portability and Accountability Act (HIPAA).

PROCEDURE:

Preparation

1. Every effort should be made to ensure the student's privacy during the screening process.
2. Work with the appropriate persons within the school to coordinate the screening activity.

3. The process for coordination with teachers varies among schools. There may be preferred classes during which screenings are usually allowed (e.g. some schools prefer to schedule screenings during a related arts class). Oral screenings should not be scheduled immediately following lunch. Remind teachers that it is important for students to refrain from snacks immediately prior to the screenings.
4. Prepare forms for recording the results of the screening for each student.
5. Some screeners find it helpful to have an additional person to assist with documenting findings (i.e., recording the treatment urgency code that the screener identifies). If this process is used, keep in mind that the screener is responsible for ensuring that the documentation is accurate and the signature of the screener is required on the forms and in the student's health record.
6. Gather all materials needed to conduct the oral screening: gloves, hand sanitizer, tongue blade, cotton tip applicators, and flashlight.
7. A small table will be needed to hold the supplies and to use as a writing surface while documenting the screening findings.
8. Have an appropriate receptacle available to discard disposable items used during the screenings. (During a routine dental screening there is NO anticipated screener contact with mucous membranes, blood, and/or saliva. For dental injuries where the screener will come into contact with mucous membranes, blood, and/or saliva, it is important to use gloves so you can clean and more closely observe injured tissue).
9. To assist with the flow of students, you may wish to have a teacher or staff assistant monitor students waiting to be screened.
10. Prior to screening, students should be given an explanation and a demonstration of the dental screening process. Inform the students that you'll need them to open their mouths wide and lean their heads back slightly, then lean their chins down, and you may ask them to pull their lips and cheeks back for a better view inside their mouths. Explain to the students that a form with their dental screening results will be sent to their parent/guardian.
11. Students can be lined up one after another during a class screening. Make sure that there is enough room between the child being screened and the next child to ensure privacy. The student who is being screened should have his/her back to the other students during the screening.
12. It is helpful to have a line marked on the floor for waiting students to stand behind and a spot marked for the students to stand on during the screening.
13. The screener may find it easier to screen the younger children from a seated position and stand while screening older students. Have a chair available for both the screener and students.

Dental Screening Criteria

1. Ask the student to step forward for the screening. As the student is coming forward observe the symmetry of the face and neck; inspect the extraoral tissue (lips, cheeks, and neck).
2. Ask the student if anything in his/her mouth hurts or concerns them.
3. If a student states they have oral problems discuss with the student the symptoms he/she has and the duration of the symptoms.
4. Inspect the intraoral tissues (lips, cheeks, teeth, tongue, palate, and gums). Look for bleeding, decay, infection, redness, swelling, sores and/or lesions.
 - a. Ask the student to open his/her mouth wide. Have the student lean his/her head back slightly. Begin by using the flashlight and visually inspecting the student's upper right posterior teeth; move across to the upper left posterior teeth. Then inspect the inside of the upper cheeks and the cheek, chewing/biting, and tongue-side surfaces of the upper teeth. Observe the palate (roof of the mouth) and the gum tissue surrounding the upper teeth. Ask the child to retract his/her lips or cheeks to facilitate visual inspection when necessary.
 - b. Have the student lean his/her chin down slightly. Inspect the lower left posterior teeth; moving across to the lower right posterior teeth. Then inspect the inside of the lower cheeks and the cheek, chewing/biting, and tongue-side surfaces of the lower teeth. Observe the tongue, floor of the mouth and the gum tissue surrounding the lower teeth. Ask the child to retract his/her lips or cheeks to facilitate visual inspection when necessary.
 - c. If you still do not have a clear visual field, or if you find an area you would like to inspect closer; use the needed disposable supplies you have on hand (e.g. gloves, tongue blades, cotton tip applicators) to retract tissue or remove plaque/food debris.
5. If any signs of trauma are present ask the student about oral habits such as thumb sucking, toothpicks, nail biting, chewing on pencils/pens or any accidents that he/she may have had.
6. Some medications used to treat attention deficit disorders, epilepsy, and asthma can directly affect the oral cavity. If possible the screener should ask the student or his/her caretaker about the student's medical history. Although many oral conditions may be caused by medications, diet, or health related conditions, the screener should nevertheless refer the student for care according to the ASTDD-BSS tool (see #7 below).
7. Determine the appropriate treatment urgency code for the student using the ASTDD-BSS tool. The treatment urgency code is the screening category that will be reported to the student's parent/guardian (see sample form in Appendix).
 - a. **Code 2 - Urgent/Emergency Need for Dental Care (within 24 hours):** Student needs emergency dental treatment immediately (within 24 hours) if one or more of the following are noted:
 - i. Pain
 - ii. Infection
 - iii. Swelling

- iv. Conditions that could reasonably be expected to cause pain (e.g. a large cavitated lesion/cavity).
 - b. **Code 1 - Early Dental Care Needs (within several weeks):** Student needs dental treatment within 3 to 4 weeks if one or more of the following are noted:
 - i. Decay detected (cavitated lesion/cavity) without accompanying signs or symptoms (e.g. without pain, swelling, infection, or soft tissue lesions).
 - ii. Spontaneous bleeding gums
 - iii. Suspicious white or red soft tissue areas
 - c. **Code 0 - No Obvious Problems (routine dental checkups):** Student needs continuous routine dental visits (six month checkups) if:
 - i. Decay only on primary teeth about to be exfoliated, or
 - ii. No obvious problems
8. Document oral screening findings on the appropriate school district form for the student's individual health record and the screening report form to be sent to the student's parent/guardian (see sample form in Appendix). If approved by your school district a copy of the sample form completed for the student may serve as documentation for the student's individual health record. A copy of the completed oral health screening report and referral form should be maintained in the student's individual health record.
9. Once a student has been screened, he/she can join his/her classmates and the next student to be screened can then step forward.

Referral Process

1. **ASTDD-BSS Category 2:**
 - a. Document oral screening findings on the appropriate school district form for the student's individual health record and the screening report form to be sent to the student's parent/guardian (see sample form in Appendix). If approved by your school district a copy of the sample form completed for the student may serve as documentation for the student's individual health record.
 - b. Send a copy of the dental screening report form home with the student. A copy of the completed oral health screening report and referral form should be maintained in the student's individual health record.
 - c. A telephone call to the student's parent/guardian should be placed within 24 hours to discuss the dental screening results and to offer assistance with referral completion.
 - d. The student's dental provider should complete the lower portion of the referral form and the parent/guardian should return the completed form to the school nurse.
2. **ASTDD-BSS Category 1:**
 - a. Document oral screening findings on the appropriate school district form for the student's individual health record and the screening report form to be sent to the student's parent/guardian (see sample form in Appendix). If approved by your school district a copy of the sample form completed for the student may serve as documentation for the student's individual health record.
 - b. Send a copy of the dental screening report form home with the student. A copy of the completed oral health screening report and referral form should be maintained in the student's individual health record.

- c. The parent should be contacted within 14 business days of the referral to discuss the dental screening results and to offer assistance with referral completion.
 - d. The student's dental provider should complete the lower portion of the referral form and the parent/guardian should return the completed form to the school nurse.
3. **ASTDD- BSS Category 0:**
 - a. Document oral screening findings on the appropriate school district form for the student's individual health record and the screening report form to be sent to the student's parent/guardian (see sample form in Appendix). If approved by your school district, a copy of the sample form completed for the student may serve as documentation for the student's individual health record.
 - b. Send a copy of the dental screening report form home with the student. A copy of the completed oral health screening report and referral form should be maintained in the student's individual health record.
4. When needed, dental education or instruction should be provided to the parent/guardian and/or the student both verbally and with supplemental written materials. The SC DHEC-Division of Oral Health website has many resources available for oral health educational materials for students and parents. The website is located at: <http://www.dhec.sc.gov/health/mch/oral/curricula.htm>.
5. Efforts should be made by the school nurse to assist parents/guardians with referral completion.
6. All findings, referrals, and follow-up should be documented in the student's individual health record. A copy of the completed oral health screening report and referral form should be maintained in the student's individual health record.
7. Referrals should be tracked to determine outcomes, with program management goals set to assess the percent of referrals completed. The registered nurse (RN) assigned responsibility for each school population should develop and implement plans for improving referral completion rates. If a licensed practical nurse (LPN) has been assigned to a school for daily health services, the LPN should work with her/his RN clinical supervisor in the development of the improvement plan.

COORDINATED SCHOOL HEALTH APPROACH TO ORAL HEALTH PROMOTION: Considerations for the School Health Team

Health Education

- The SC DHEC-Division of Oral Health has many resources available on their website for providing education to students regarding oral health. The resources may be used as part of the formal health education curriculum or as part of presentations for small groups. The website is located at <http://www.dhec.sc.gov/health/mch/oral/curricula.htm>. If you have questions about information on the Division of Oral Health website, call (803) 898-0181.
- Ensure that faculty are aware of the Oral Health Supplemental Curriculum Resource Guide. The Oral Health Supplemental Curriculum Resource Guide is available through the SC DHEC-Division of Oral Health. It includes lesson plans and activities for classroom use. These materials were developed with the South Carolina Department of

Education and are based on the SC Health and Safety Curriculum Standards. These standards-based materials target Preschool, Kindergarten, 2nd, and 7th grades and are available at: <http://www.dhec.sc.gov/health/mch/oral/curricula.htm>.

- In addition to the standards-based curriculum, there is an Oral Health Activity Guide for Infants through Preschool and an Oral Health Parent Information Booklet for Infants through Preschool. Both of these resources are available at: <http://www.dhec.sc.gov/health/mch/oral/curricula.htm>.
- The SC DHEC-Division of Oral Health also has an Oral Health Activity and Information Booklet for schools with after-school programs. These educational resources can be accessed on the SC DHEC-Division of Oral Health website at: <http://www.dhec.sc.gov/health/mch/oral/curricula.htm>.
- There is a Parent Information Booklet for Families with Special Health Care Needs. This can be accessed through the SC DHEC-Division of Oral Health website: <http://www.dhec.sc.gov/health/mch/oral/curricula.htm>.
- Additionally, there is a web-based oral health resource that supports the partnership of families, healthcare providers, and education and care providers in the healthy development of children and youth, including those with disabilities and special needs. This can be accessed at <http://uscm.med.sc.edu/oralhealth/index.htm>

Physical Education

- Talk with the school health team about providing or requesting that parents/guardians provide mouth guards for their child to use during certain organized physical activities where there are risks for oral injuries.
- Alterations in rules for how certain games are played may decrease the risk of oral and dental injuries.

Health Services

- Screen students for dental caries according to the SC DHEC School Screening Recommendations.
- Assist parents with establishing a medical and dental home if their child does not have one.
- School personnel should receive professional development regarding appropriate interventions for dental and oral injuries/emergencies.
- Promote the use of dental sealants – a plastic coating applied to the chewing surfaces – that can prevent decay on the pit and fissure surfaces of teeth. According to the Centers for Disease Control's (CDC) *Community Guide* rules of evidence, strong evidence shows that school-based and school-linked sealant delivery programs are effective in reducing decay in pits and fissures of children's teeth. The Task Force also recommends that these programs be included as part of a comprehensive population-based strategy to prevent or control dental caries in communities. For a listing of SC DHEC School Dental Prevention Programs visit: <http://www.dhec.sc.gov/health/mch/oral/school.htm>

Nutrition Services

- Posters or special events in the cafeteria regarding the link between specific foods and good oral health may help to reinforce lessons learned in the classroom.
- Appropriate access to optimally fluoridated water throughout the school day promotes adequate hydration and good oral health. According to the Centers for Disease Control's (CDC) *Community Guide* rules of evidence, strong evidence shows that Community Water Fluoridation (CWF) is effective in reducing the cumulative experience of dental caries within communities.
- Swishing with optimally fluoridated water after meals, when brushing is not an option, will reduce the cavity-causing effect of frequent exposure to food.

Counseling, Psychological & Social Services

- A student with chronic oral health problems may have low self-esteem. School personnel should be made aware of this possibility and identify appropriate resources for the student.
- Resources should be identified for assisting parents/guardians in need of help with applying for Medicaid services for students.

Healthy School Environment

- Falls are a frequent cause of dental injuries. Evaluate the playground and other areas of the school environment for fall hazards and advocate for resolution.
- Advocate for limiting access to foods that promote dental caries in the school environment.
- Advocate for nutritious food options in the school setting.
- Advocate for optimally fluoridated water fountains within your school.

Health Promotion for Staff

- Secure items for an oral health care package for staff from local dental partners (e.g, toothbrush, toothpaste, floss, mouthwash). Package the items creatively and distribute them to staff along with an oral health message as a gift from the school nurse.

Family/Community Involvement

- Encourage the local dental community to be involved in activities such as family nights, health fairs, school registration events, School Improvement Council meetings, and Parent Teacher Association/Organization meetings.
- Speak with local dental providers about referring Urgent Dental Needs children that currently have no family dentist to their practice for care.
- Include information in newsletters that provide parents/guardians with tips on how to improve their family's oral health (e.g. healthy snacks, fun ways to promote brushing and flossing, promote regular dental examinations with their family dentist, information regarding how to sign up for Medicaid services).

ACKNOWLEDGEMENT

The dental screening procedures are adapted from the *Basic Screening Surveys: An Approach to Monitoring Community Oral Health*, Association of State and Territorial Dental Directors. 1999.

REFERENCES

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Appendix
Oral Health Screening
Report & Referral Form

Oral Health Screening Report & Referral Form Instructions

The Oral Health Screening Report and Referral Form should be printed as a back and front document. The screening report will be page 1 and the referral portion of the form will be page 2.

Note: A copy of the completed oral health screening report and referral form that is sent to the student's parent/guardian should be maintained in the student's individual health record.

Page 1: Oral Health Screening Report

This page should be completed by the school nurse.

1. Enter the student's name, date of birth (DOB), and grade in the appropriate spaces.
2. Check the box to indicate the appropriate treatment urgency code based on the student's screening results.
3. Check the appropriate boxes that instruct the parent/guardian on the follow-up that is needed based on the student's treatment urgency. Check all of the boxes that apply.
4. Place your legible legal signature in the space labeled "Nurse (signature)."
5. Date the form in the appropriate space.
6. Print your name in the space labeled "Nurse (print)."
8. Enter the name of the school, school telephone number, and address in the appropriate spaces.

Page 2: Oral Health Screening Referral

The top portion should be completed by the school nurse.

1. Enter the student's name and the screening date in the appropriate spaces.
2. Check the box to indicate the appropriate treatment urgency code based on the student's screening results.
3. Provide a brief description of your findings during the screening.
4. Use the spaces in the box labeled "Parent/Guardian Follow-Up" to note parent/guardian contact and the date that the form was returned to you.
5. Space is provided for additional notes related to the referral.
6. Place your legible legal signature in the space labeled "Nurse (signature)."
7. Date the form in the appropriate space.
8. Enter the name of the school and school telephone number in the appropriate spaces.

The lower portion should be completed by the student's dentist.



SCHOOL HEALTH PROGRAM
ORAL HEALTH SCREENING REPORT

Student's Name:

DOB:

Grade:

Dear Parent/Guardian:

Your child had a dental screening performed by the school nurse as one of the services provided by this school. This screening does not take the place of an examination by a dentist in his/her office or clinic. The screening showed that your child has:

- Urgent/Emergency Need for Dental Care (within 24 hours)**
(see back of this form)
- Early Dental Care Needs (within several weeks)**
(see back of this form)
- No Obvious Problems (routine dental checkups every 6 months should be continued)**

Your child's overall happiness, ability to eat, pay attention, and be successful at school depends, in part, on the early recognition and treatment of tooth decay. Based on the screening, we recommend that you

- Continue with regular visits with your family dentist.**
- Make an appointment for your child with his/her dentist so that your child can be seen within 24 hours.**
- Make an appointment for your child with his/her dentist so that your child can be seen within 3 to 4 weeks.**

Please:

- Take this form with you when you take your child to the dentist.**
- Ask the dentist to fill out the results of the exam on the back of this form.**
- Return the completed form to me at the school.**
- Let me know if your child is already receiving dental care for this problem and the date that he/she was last seen by the dentist.**
- Please call me if you have any questions or need help finding a dental home for your child.**

*Thank you for keeping your child healthy.
Healthy children learn better.*

Nurse (signature):

Date:

Nurse (print):

School:

School Phone:

Address:



SCHOOL HEALTH PROGRAM
ORAL HEALTH SCREENING REFERRAL

Student's Name:		Screening Date:
Referral Status		
The screening showed:		
<input type="checkbox"/> Code 2 - Urgent/Emergency Need for Dental Care (within 24 hours) <input type="checkbox"/> Code 1 - Early Dental Care Needs (within several weeks) <input type="checkbox"/> Code 0 - No Obvious Problems (routine dental checkups should be continued)		
<i>The Treatment Urgency codes are assigned per the Association of State and Territorial Dental Directors Basic Screening Survey guidelines at http://www.astdd.org/index.php?template=basic_screening.html</i>		
Nurse's Findings:		
Parent/Guardian Follow-Up (Contacts with parent/guardian)		Additional notes:
Initial letter: Date: _____ Initials: _____		
Follow up call: Date: _____ Initials: _____		
Form returned: Date: _____ Initials: _____		
Nurse's Signature:		Date:
School:		Telephone:
Health Care Provider's Report of Oral Health Examination Findings		
Date of Initial Examination:		Next appointment date:
Recommendations / Treatments:		
<input type="checkbox"/> Immediate/emergency dental needs were identified and treated. <input type="checkbox"/> Additional treatment appointments will be necessary. <input type="checkbox"/> Exam only – No additional services were rendered/necessary. <input type="checkbox"/> Treatment is complete. Return to routine dental visit schedule.		
Examination Findings:		
Dentist's Name (please print):		
Dentist's Signature:		
Office Phone:		Date: