

# School Dental Screenings



September 2008



# Dental Screening Packet

1. Cover letter
2. Overview of I-Smile Program
3. “Frequently Asked Questions” tip sheet
4. Sample parent letter
5. Dental screening flyers (English and Spanish)
6. Oral health education tip sheet & tooth eruption chart
7. Dental screening certificate and exemption forms
8. Training power point

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# Why Worry About Oral Health?

- Tooth decay is most common chronic childhood disease.
- Decay rates are increasing for 2-5 year olds.
- Oral disease impacts child's ability to:
  - eat
  - speak
  - sleep
  - learn



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# Why Worry About Oral Health?

- Early decay is a predictor of future decay due to high bacteria levels in mouth.
- Severe dental decay can affect future abilities socially, in school, and in the workplace.



# Dental screening RULES



# Purpose of Dental Screening Requirement

***Overall goal: Improve the oral health  
of Iowa's children***

- Prepare children for school and learning
- Contribute to statewide surveillance of oral health

# Purpose of Dental Screening Requirement

- Encourage families to establish regular oral health practices early in child's life
  - Optimally, each child will have exam by dentist
  - Network of health care professionals will supplement Iowa's dental workforce

# Who is included?

- Any student seeking first time enrollment in Iowa public or accredited non-public elementary or high school
  - Kindergarten (or 1<sup>st</sup> if no Kindergarten)
  - 9<sup>th</sup> grade
  - Also includes other new enrollees
    - E.g. transfer students from outside of Iowa or home-schooled students enrolling into any elementary or high school grade

# Who may be excluded?

- Religious exemption
  - Genuine and sincere religious belief
  - Requires parent or guardian signature and notary
- Financial hardship exemption
  - Unduly burdened by cost of screening
  - Requires health care provider signature

# Who can provide screening?

- Elementary school
  - Dentist or dental hygienist
  - Physician, physician assistant, nurse/nurse practitioner
- High school
  - Dentist or dental hygienist

# Timeline for valid screening

- Kindergarten
  - No earlier than age 3, but prior to reaching age 6
- 9<sup>th</sup> grade
  - Within one year prior to enrollment
- Other newly enrolling students
  - A screening within the past year is recommended

# Performing the Dental Screening



# What is a Dental Screening?

- Visual assessment only
  - to identify obvious or suspected oral health conditions that require or might require exam by dentist
- Dental instrumentation not required or recommended

# Soft Tissue Evaluation

- Visual inspection
  - lips, cheeks, gums, tongue, floor of mouth, roof of mouth
- Look for infection or injury
  - soft tissue laceration
  - bleeding, redness
  - swelling, lumps

# Hard Tissue Evaluation

- Visual inspection of all tooth surfaces
- Look for:
  - suspected tooth decay
  - white spot lesions
  - injury (e.g. broken or dislodged tooth)

# Dental Screening Supplies

- Gloves
- Good light source (e.g. penlight)
- Optional supplies:
  - dental mirror (retraction, visibility)
  - tongue depressor (retraction)
  - toothbrush (retraction or removing food debris)
  - gauze (removing food debris or saliva)
  - toothpick, Q-tip (removing food debris or saliva)

# Dental Screening Steps

1. Wear gloves.
2. Gently retract the child's lips.
3. Visually inspect the soft tissues.
  - lips, cheeks, gums, roof of mouth, tongue, floor of mouth
4. Visually inspect all tooth surfaces.
  - outside, inside, chewing surfaces
5. Use consistent routine.
6. Document findings on certificate form.

# Positioning

- Face-to-face position is common for older children and works with provider standing or sitting.
- Provider can also stand behind child and lean child's head back.



# Positioning

- Knee-to-knee position
  - Child sits on parent's lap with legs around the waist and leans head back to the lap of the provider.
- Laying a child on a table
  - This may work for older or more cooperative children.



# Healthy Gum Tissue



Healthy gum tissue has a firm, stippled texture with a scalloped appearance around each tooth.



Racial and ethnic differences in healthy tissue pigmentation should be considered.



# Soft Tissue Infection

Red, glossy gums with a swollen or “rolled” margin indicate unhealthy tissue. This child requires dental care.

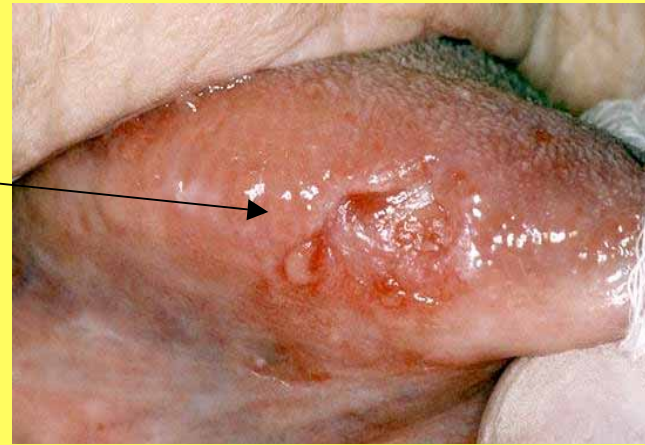


A raised area or fistula may be an abscess, and requires urgent dental care.



# Soft Tissue Injury

Biting the lip or cheek is very common in children due to falls, sports accidents or chewing.



These children should be referred to a dentist.

# Soft Tissue Infection/Injury



Canker sores are usually inside the mouth and are not contagious.



Thrush (monilias) is common after antibiotic treatment.



Cold sores are usually outside the mouth. They are very contagious.

These children should be referred for evaluation by dentist.

# Healthy Teeth



Healthy teeth have a glossy, uniform coloration.



# Dental Plaque

Plaque is a sticky film of bacteria. It usually appears along the gum line as a white or yellowish soft deposit.



A child with visible plaque is at higher risk for tooth decay. Plaque also contributes to gingivitis.

# Dental Caries

A multi-factorial, infectious chronic disease

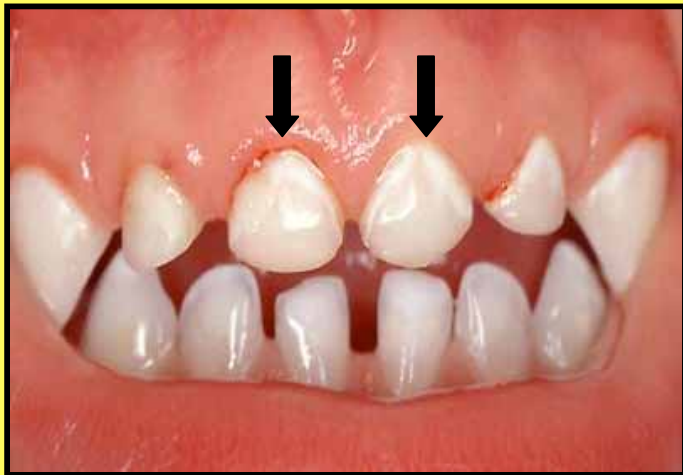
- White Spot Lesion
  - Demineralized enamel
  - Considered an early indicator of tooth decay, especially in primary teeth
- Tooth Decay
  - Visible cavity or hole in a tooth (loss of at least  $\frac{1}{2}$  mm of tooth structure in the enamel), and
  - Brownish color of the wall of the cavity
  - *Also consider a retained root to be decay*

# White Spot Lesion



These lesions appear as chalky, white spots or lines along the gum line.

This child requires dental care.



# Dental Fluorosis

Fluorosis is a discoloration or mottling of tooth enamel due to excess fluoride during tooth development.

This is cosmetic, not disease, but may be confused with white spot lesions. When in doubt, refer child for dental care.

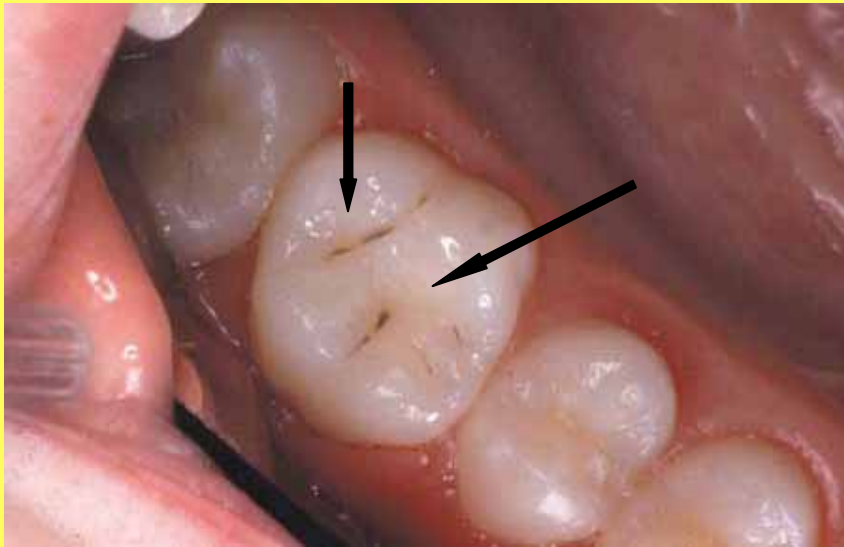


Mild fluorosis – white spots near biting surface



Moderate fluorosis – white spots over entire surface and brown discoloration

# Early Tooth Decay



Brown or black areas may indicate early decay.

These children require dental care.



# Advanced Tooth Decay



Loss of tooth structure indicates advanced decay.

These children require urgent dental care.



# Advanced Tooth Decay

Retained roots also indicate advanced decay.

These children require urgent dental care.



# Normal Development

Normal exfoliation of primary teeth should not be confused with a retained root tip due to decay or trauma.

This is **normal development.**

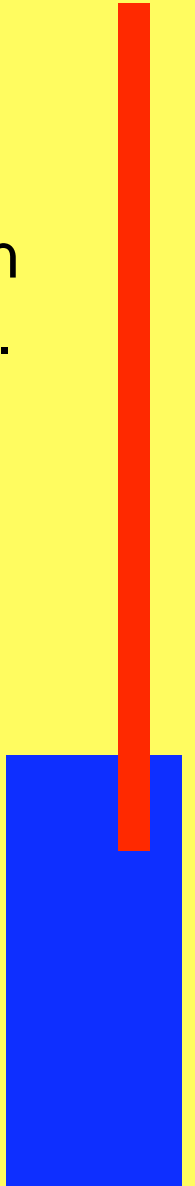


# Injury/Trauma



Broken front teeth are common in young children due to accidents and falls.

These children should be referred to a dentist.



# Enamel Defects



Congenital defects are rare, but these teeth can be more susceptible to decay.

These children should be referred to a dentist for evaluation.



# Filled Teeth

- Amalgam fillings (silver)
- Composite fillings (tooth-colored)
- Temporary fillings (chalky white or yellow)
- Crowns (stainless steel, gold, or porcelain)

# Amalgam Fillings



# Composite Fillings



# Temporary Fillings



# Crowns



**Stainless Steel**



**Gold**



**Porcelain**

# Dental Sealants

- May be tooth-colored or clear
- Primarily found on permanent molars and premolars
  - Will see most often in children 2<sup>nd</sup> grade or older
- Occasionally found on primary teeth
  - If all 4 permanent molars have a tooth colored filling, it is most likely that they are sealants

# Dental Sealants

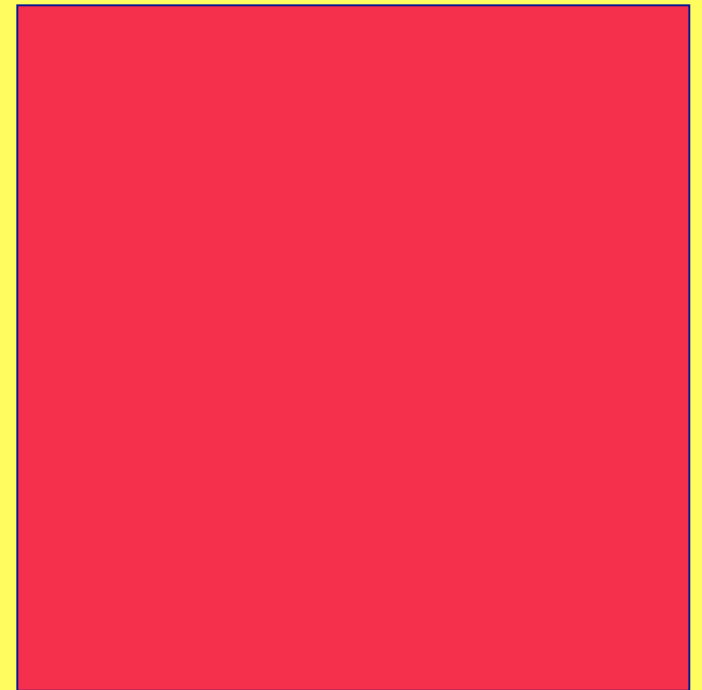


# Point to Remember!

This training provides an overview of possible oral health issues that may be seen during a dental screening.

You are not expected to be an authority on definitive oral diagnosis for the conditions shown in these photos.

***When in doubt, refer to dentist for evaluation.***






# Documentation





# Proof of dental screening



- Valid documentation for each student must be on file at school.
    - Certificate of Dental Screening, OR
    - Certificate of Dental Screening Exemption
  - It is the responsibility of the applicant or, if a minor, the parent or guardian to submit documentation to the school.
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# Proof of dental screening



- Role of school staff:
  - Assure that certificates are properly completed and on file for each student
  - Assist in transfer of certificate to another school

*School staff should not transfer information from another form to approved certificate.*



# Certificate of Dental Screening



Three sections:

- Demographic Information
- Treatment Needs
- Provider Information





## Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.  
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

**Please Print:**

Student's Last Name:		Student's Last Name:		Birth Date (MM/DD/YYYY):	
Parent or Guardian Name:			Telephone (home):		
			(mobile):		
Address: Street		City:		County:	
Name of School:		Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**Treatment Needs (check ONE):**

- Yes  No **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Yes  No **Requires Dental Care** – tooth decay or a white spot lesion is suspected in one or more teeth.
- Yes  No **Requires Urgent Dental Care** – obvious tooth decay is present in one or more teeth, the child is experiencing pain, or there is evidence of infection or injury.

**Definitions:**

**Tooth decay:** A visible cavity or hole in a tooth with brown or black coloration, or a retained root.  
**White spot lesion:** A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gum line. A white spot lesion is considered an early indicator of tooth decay, especially in primary teeth.

Date of Dental Screening: \_\_\_\_\_

**Provider Type\*:**

DDS  RDH  MD/DO  PA  Nurse \*High school screening can only be provided by DDS or RDH

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.**

# Certificate of Dental Screening Exemption



- Religious or Financial Hardship
- Self-reporting – not up to schools to evaluate
- Must be properly signed and/or notarized as applicable





Iowa Department of Public Health  
**CERTIFICATE OF DENTAL SCREENING EXEMPTION**

This certificate is not valid unless all fields are complete.  
 A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Please Print:

Student's Last Name:	Student's First Name:	Birth Date (MM/DD/YYYY):
Parent or Guardian Name:	Telephone (home):	Mobile:
Address: Street:	City:	County:
Name of School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

**Religious**

A religious exemption may be granted to an applicant if the dental screening conflicts with a genuine and sincere religious belief. The signature of the parent or guardian below shall attest that the dental screening conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal or medical opposition to dental screenings. The Certificate of Dental Screening Exemption for religious reasons is valid only when printed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant, Parent or Guardian

State of \_\_\_\_\_ County of: \_\_\_\_\_

This instrument was acknowledged before me on: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ Name(s) of Person(s)

Signature of Notary Public: \_\_\_\_\_  
 Title: \_\_\_\_\_

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**Financial Hardship**

A financial hardship exemption may be granted to an applicant who is unduly burdened by the cost of a dental screening. The provider signature shall attest that a dental screening would cause a genuine financial burden for the applicant. The Certificate of Dental Screening Exemption for financial hardship must be signed by a dentist, dental hygienist, physician, physician assistant, or nurse.

Provider Type: \_\_\_\_\_ Date: \_\_\_\_\_  
 DDS  RDH  MD/DO  PA  Nurse

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

# Dental Screening Certificates



Available on the department's Web site at:

[http://www.idph.state.ia.us/hpcdp/oral\\_health\\_school\\_screening.asp](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp)

Faxed, photocopy or electronic copies of the certificates are acceptable.



*2008-2009 school year only: schools may accept documentation of screening on other forms (does not apply to exemptions).*

# Assuring dental screening services

- School and IDPH will collaborate to assure that all students comply
- Provide students with dental screening referral resources
  - I-Smile Coordinator
  - IDPH
  - Iowa Dental Association

# Release of information





- Screening information may be shared between screening providers and schools.
  - Screening information may be shared among screening providers.
  - Permission from parent/guardian or student is not required.
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# Reporting & Referrals



# Dental Screening Audits



- Duty of each local board of health or designee to audit certificates
    - Report to IDPH by June 30 for preceding school year
  - I-Smile Coordinators will work with schools and boards of health to assure requirement is met
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# Dental Screening Audits



Template will be developed by IDPH:

- Name of school
- Enrollments by grade
- Number of valid certificates and exemptions

Will also capture treatment needs and provider information



# Dental Referrals

## Requires Dental Care

- Tooth decay or white spot lesion is suspected


## Requires Urgent Dental Care

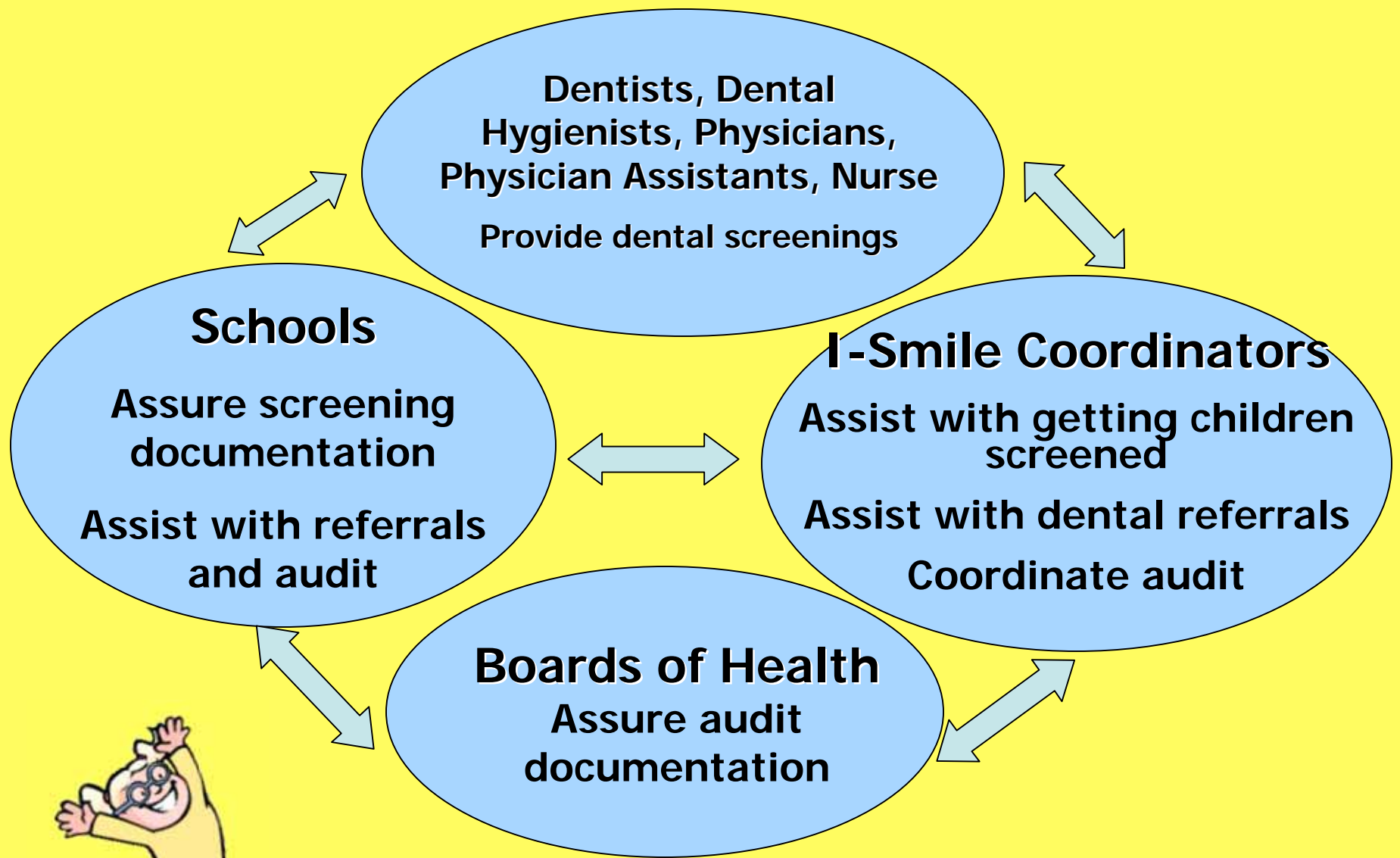
- Obvious tooth decay is present, the child is experiencing pain, or there is evidence of infection or injury



# Dental Referrals



- Students who require dental care or urgent dental care shall be referred to a dentist of choice
  - Students without a dentist or who have difficulty accessing dental care shall be referred to local I-Smile Coordinator or local public health agency
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**Healthy Children !**

# Need Additional Information?



- Contact your local I-Smile coordinator
- Contact the Oral Health Bureau

866-528-4020

[http://www.idph.state.ia.us/hpcdp/oral\\_health\\_school\\_screening.asp](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp)

**THANK-YOU!**

