

Oral Health Protocol, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

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Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

This protocol has been developed to provide direction to boards of health on oral health services to be offered, including:

- **Oral screening***, **assessment** and **surveillance**; and
- Services to be offered through the Healthy Smiles Ontario (HSO) Program to children meeting the clinical and financial eligibility requirements of the Program.

Reference to the Standards

The following section identifies the standards and requirements to which this protocol relates.

School Health

Requirement 5: The board of health shall conduct surveillance, oral screening, and report data and information in accordance with the *Oral Health Protocol, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

Requirement 6: The board of health shall provide the Healthy Smiles Ontario (HSO) Program in accordance with the *Oral Health Protocol, 2018* (or as current).

* Terms marked in **bold** are defined in the Glossary.

Operational Roles and Responsibilities

Pre-Screen Notification

- 1) In preparation for school oral screening, the board of health shall:
 - a) Coordinate with schools to make prior arrangements regarding the screening dates, time and locations;
 - b) Ensure that notification is provided to parents/guardians at least 10 business days before oral screening is scheduled to take place. This notification shall include information on:
 - i) The statutory authority under which oral screening is conducted;
 - ii) The purpose of oral screening;
 - iii) The screening processes, including clarification that oral screening is non-invasive;
 - iv) Post-screening notification to parents/guardians;
 - v) The process parents/guardians should follow if they wish to opt out from oral screening; and
 - vi) A contact name and telephone number parents/guardians may call if they require additional information.
 - c) Confirm that pre-screen notifications have been sent to parents/guardians; and
 - d) Reschedule the screening if pre-screen notifications have not been sent to parents/guardians before oral screening is scheduled to take place.

Oral Screening

School Risk Level Determination and School Screening

- 2) The board of health shall:
 - a) Calculate the screening intensity level of the school by using Grade 2 screening results for the current school year. Record decay findings in the primary and secondary dentitions (**d + D**) to determine the school's risk and screening intensity level.
 - i) Where it is not possible to use the current year, the board of health shall use the previous school year's screening results.
 - ii) For schools that do not have Grade 2, the board of health shall determine screening intensity levels using:
 - I) Feeder schools (where known);
 - II) Appropriate population health assessment information; and/or
 - III) Deprivation indices.
 - b) Apply the following definitions:
 - i) High screening intensity schools are those in which a Grade 2 census screening reveals that ≥ 14 per cent of students exhibit a "d + D" of two or more;

- ii) Medium screening intensity schools are those in which a Grade 2 census screening reveals that ≥ 9.5 per cent, but < 14 per cent of students exhibit a “d + D” of two or more; and
 - iii) Low screening intensity schools are those in which a Grade 2 census screening reveals < 9.5 per cent of students exhibit a “d + D” of two or more.
- c) Boards of health shall offer oral screening in all schools annually to students in the following grades:
- i) JK, SK, and Grade 2 in low screening intensity schools;
 - ii) JK, SK, Grade 2 and 7 in medium screening intensity schools; and
 - iii) JK, SK, Grade 2, 4, and 7 in high screening intensity schools

Screening at Non-School Locations

- 3) The board of health shall:
- a) Offer oral screening, within five business days, at an alternate location when requested by a parent/guardian or for operational reasons, it is determined that an alternate location is more appropriate.

Surveillance

- 4) The board of health shall:
- a) Record the number of decayed teeth (d + D), missing teeth (**m + M**) and filled teeth (**f + F**) for all SK students annually as specified by the ministry.

Healthy Smiles Ontario (HSO) Program Eligibility Assessment

Preventive Services Only Stream (HSO-PSO)

Assessment of Clinical Eligibility

- 5) The board of health shall:
- a) Assess and confirm clinical eligibility for HSO-PSO according to the criteria for each of the following services:
 - i) Professionally Applied Topical Fluoride (PATF) and Pit and Fissure Sealants (PFS)
Where one or more of the following criteria apply:
 - I) History of decay;
 - II) Current decay - including incipient **caries**/white spot lesions;
 - III) Water fluoride concentration is less than 0.6 ppm;
 - IV) Diet - frequent consumption of cariogenic and/or acidic foods/beverages;
 - V) Inadequate oral hygiene practices;
 - VI) Tooth morphology of the permanent first and second molars (for pit and fissure sealants);

- VII) Physical disability that impacts oral health and/or the ability to perform oral hygiene; or
- VIII) Medical/dental condition that contributes to higher risk of oral disease.
- ii) Scaling
 - I) Presence of calculus; and/or
 - II) Evidence of gingival inflammation.
- iii) Atraumatic restorative treatment/Interim stabilization therapy
 - I) When access to a permanent restoration is not immediate or practical;
 - II) When there are no medical contraindications;
 - III) When the client consents to the treatment; and
 - IV) When any of the following apply:
 - There is a reasonable risk of further damage to the tooth structure;
 - The pulp is not exposed;
 - The client is in discomfort or is experiencing difficulty eating;
 - The discomfort is due to recent **trauma**, fracture or lost dental restoration;
 - The client has not received any medical/dental advice that would contraindicate placing a temporary restoration; or
 - It is in the client's best interest to proceed.
- b) Track children identified as eligible for preventive oral health services using methods specified by the ministry.

Assessment of Program and Financial Eligibility

- 6) The board of health shall:
 - a) Assess and confirm program and financial eligibility for HSO-PSO including completion of a HSO-PSO Parent Notification Form according to the following criteria:
 - i) Financial hardship criteria:
 - I) The child/youth or family's income is equivalent to a level at which they would be in receipt of the Ontario Child Benefit, **and**
 - II) The child/youth or family would suffer "financial hardship" if providing the preventive services would result in any one of the following:
 - Inability to pay rent/mortgage;
 - Inability to pay household bills;
 - Inability to buy groceries for the family; or
 - The child/youth or family will be required to seek help from a food bank in order to provide food.
 - ii) Program Criteria:
 - I) 17 years of age or under, and
 - II) A resident of Ontario.

Emergency and Essential Services Stream (HSO-EESS)

Assessment of Clinical Eligibility

- 7) The board of health shall:
- a) Assess and confirm clinical eligibility for HSO-EESS according to the following criteria:
 - i) **Emergency:** The patient presents with **pain, infection, haemorrhage**, trauma, or **pathology** that requires immediate clinical treatment.
 - ii) **Essential:** The patient presents with lost restorations, caries into the dentine (refer to definition in Glossary), **periodontal conditions**, or pathology that, without treatment, will lead to haemorrhage, pain or infection requiring immediate clinical treatment.

Assessment of Program and Financial Eligibility

- 8) The board of health shall:
- a) Assess and confirm program and financial eligibility for HSO-EESS including completion of a HSO-EESS Application Form or a HSO-EESS Parent Notification Form according to the following criteria:
 - i) Financial hardship criteria:
 - I) The child/youth or family's income is equivalent to a level at which they would be in receipt of the Ontario Child Benefit, **or**
 - II) The child/youth or family would suffer "financial hardship" if providing the necessary dental care would result in any one of the following:
 - Inability to pay rent/mortgage;
 - Inability to pay household bills;
 - Inability to buy groceries for the family; or
 - The child/youth or family will be required to seek help from a food bank in order to provide food.
 - ii) Program Criteria:
 - I) 17 years of age or under, and
 - II) A resident of Ontario.

Post-Screening Notification and Follow-Up

Preventive Services Only Stream (HSO-PSO)

- 9) The board of health shall:
- a) Notify the parents/guardians of children who are screened and identified in need of preventive services within five business days of completing screening, or as soon as reasonably possible. This notification shall be by mail, telephone discussion, direct contact, or by electronic communication where available, and shall include issuing a HSO-PSO Parent Notification Form (PNF).

Emergency and Essential Services Stream (HSO-EESS)

- 10) The board of health shall:
- a) Notify parents/guardians of all children who are screened and identified in need of emergency and/or essential oral health services within two business days of completing screening. This notification shall be by mail, telephone discussion or direct contact, or by electronic communication where available, and shall include issuing the first Parent Notification Form (PNF1).
 - b) Mail a second PNF (PNF2) or have a telephone discussion with the child's parent or guardian if there is no response to the PNF1 within 20 business days of the date of issue of the PNF1.
 - c) Issue a third PNF (PNF3) with proof of delivery or have a telephone discussion with the child's parent/guardian if there is no response to the PNF2 within 20 business days of the date of issue of the PNF2. As part of this notification, PHUs should advise the parent/guardian that there may be a referral to the local Children's Aid Society (CAS) should they fail to respond to the PNF3.
 - d) If there is no response to the PNF3 within 20 business days of the date of issue, the oral health staff member who performed the original oral screening shall report any suspicion that a child is suffering from abuse and/or neglect and may be in need of protection to the local CAS, in accordance with the *Child, Youth and Family Services Act, 2017*.³
 - e) All reasonable efforts shall be made to re-screen the child to assess their dental condition prior to making a referral to CAS.
 - f) In cases where the oral health staff member who performed the original oral screening is unable to make the referral, a designate shall make the referral and document, in the child's file, the reason that a delegate was used.
 - g) Within four months (16 weeks) of the date of enrolment into HSO-EESS, assess the status of treatment. Where no treatment has been initiated a staff member can have a phone discussion with the parent/guardian.
 - h) If the parent/guardian cannot be reached or there is any suspicion that a child is suffering from abuse and/or neglect and may be in need of protection from the local CAS, the staff person who conducted the oral screening may expedite referring a child to the local CAS in accordance with the *Child, Youth and Family Services Act, 2017*.³
 - i) Consider follow-up complete when:
 - i) The child has been enrolled into HSO and treatment has been initiated;
 - ii) An HSO-EESS PNF has been returned with the parent/guardian declaration of ability to pay for necessary dental treatment and dental provider confirmation that treatment has been initiated;
 - iii) The child has been re-screened by board of health staff and deemed non-clinically eligible for HSO-EESS;
 - iv) The child has moved out of the board of health catchment area; or has been referred to another board of health; or the child has moved out of Ontario;

- v) The child has been referred to the local CAS; or
- vi) The child is deceased.

All Other Screened Children (i.e., not clinically eligible for HSO-PSO or HSO-EESS)

11) The board of health shall:

- a) Notify the parents/guardians of all other children who are screened. This notification shall be by mail, telephone discussion, direct contact, or by electronic communication where available. This notification shall include:
 - i) The results of the screening;
 - ii) Information about the importance of good oral health;
 - iii) Information about the Core Stream of the HSO Program; and
 - iv) The public health unit's contact information.

Service Delivery

12) Where board of health clinics are in operation, the board of health shall:

- a) Provide oral health services for HSO-enrolled clients in accordance with the current HSO Schedule of Dental Services and Fees.

Oral Health Navigation

13) To support awareness of, access to, and utilization of the HSO Program, the board of health shall:

- a) Support children and youth 17 years old and under, and their families to improve their oral health knowledge and awareness of oral health services through **health promotion** and targeted outreach to priority populations and/or communities;
- b) Assist children and youth 17 years old and under, and their families to enroll in the HSO Program, including assisting to complete and/or submit all of the required documentation and/or consents.
- c) Assist HSO-PSO and HSO-EESS clients to enroll in the Core Services Stream of the HSO Program where eligible;
- d) Assist eligible children and youth 17 years old and under, and their families with finding a dental provider, accessing and initiating treatment as needed, and assisting with the establishment of a **dental home** when the child/youth has never visited a dental professional and/or does not have a dental home.⁴
- e) Support organizations that serve social assistance recipients to improve awareness and access to the HSO program;
- f) Increase awareness of available oral health services among community partners and providers, and encourage participation in the HSO program; and
- g) Utilize referral networks in order to assist children, youth, and their families to access oral health services.

Data Collection and Analysis

14) The board of health shall:

- a) Collect and record oral screening and surveillance information as specified by the ministry, either during screening or at the first opportunity post-screening.
- b) Collect and record treatment data as specified by the ministry for HSO-enrolled children and youth treated in publicly funded dental clinics.
- c) Analyze and interpret oral screening, surveillance, and treatment data as specified by the ministry.

Glossary

The following definitions have been developed for the purpose of the Oral Health Protocol. They may differ from definitions used in other contexts.

Assessment: The systematic collection and analysis of information in respect of an individual in order to provide a basis for making decisions about that individual's health care. This includes the assessment of clinical and financial eligibility for the HSO Program.

Caries: Open carious lesions into the dentine. The lesions should be obvious enough that the parent or guardian can easily see them. Lesions would be equivalent to the International Caries Detection and Assessment System (ICDAS) codes 5 or 6.⁵

d + D: Decayed primary teeth (d) + decayed permanent teeth (D).⁶

Dental Home: Is inclusive of all aspects of oral health that result from the interaction of the patient, parents, dentists, dental professionals, and non-dental professionals.⁴

DMFT: Decayed, missing (due to caries) and filled permanent teeth.⁶

dmft: Decayed, missing (due to caries) and filled primary teeth.⁶

f + F: Filled primary teeth (f) + filled permanent teeth (F).⁶

Haemorrhage: A sudden or serious loss of blood associated with trauma to the orofacial tissues.

Health Promotion: is defined by the World Health Organization as "the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions".⁷ Health promotion strategies include: 1 - build healthy public policy; 2- create supportive environments; 3- strengthen community action; 4- develop personal skills; and 5- re-orient health services. It involves the population as a whole in the context of their everyday lives rather than focusing on people at risk for specific diseases and is directed toward action on the determinants or causes of health.⁸

Infection: Abscesses and/or acute gingival conditions requiring immediate clinical treatment (e.g., necrotizing ulcerative gingivitis).

m + M: Missing primary teeth (m) + missing permanent teeth (M).⁶

Oral Screening: A relatively short assessment by a regulated dental professional that can indicate the need for dental care. Oral screening is not a replacement for a complete dental examination conducted by a regulated dental professional.

Pain: A condition(s) which is/are presently causing pain or have/has caused pain in the week immediately preceding (excluding pain related to exfoliation and/or eruption of teeth).

Pathology: Any specific pathological condition of the orofacial tissues where investigation is required for diagnosis and clinical treatment.⁹

Periodontal Conditions: A condition of the periodontium which is not reversible by adequate oral hygiene, and requires clinical treatment.

Surveillance: The systematic and ongoing collection, collation and analysis of information in respect of a population of individuals in order for a board of health to plan, monitor, report on and evaluate programs.

Trauma: Injury to the orofacial tissues that requires clinical treatment.

References

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