



Public Health Dental
Hygienist (PHDH) Toolkit

Procedures, Equipment
and Supplies-
Head Start and
Preschool Programs

Legislature/Re
quirements

Procedures,
Equipment,
Supplies, and
Reporting

PHDH

Evidenced-
based
Prevention
Strategies

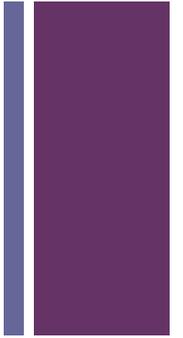
Safety and
Infection
Control



Office of Oral Health
Massachusetts Department of Public
Health

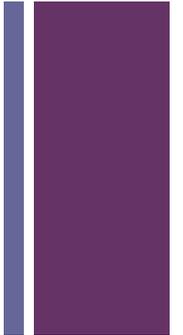
+ What *is* Head Start?

- National Head Start programs provide comprehensive child development services to economically disadvantaged children and families.
- Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.
- Head Start programs in public and non-profit agencies receive federal grant funding.
- [Source: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start](#)





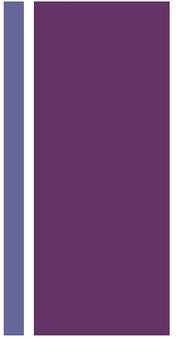
Oral Health in Head Start and Preschool Settings



- Beginning in February 2007, the Federal Office of Head Start (OHS) has monitored compliance with 45 CFR 1304.23 (b) (3), which requires that Head Start grantees and delegate agencies within the states to effectively promote dental hygiene in conjunction with meals.
- Massachusetts Department of Early Education and Care (EEC) recently adopted a new regulation for child care settings, number 606 CMR 7.11(11)(d), to promote oral health and prevent tooth decay.
 - Effective January 2010, child care workers must assist children with brushing their teeth if:
 - The children are in care for more than 4 hours, or
 - They have a meal while in care.



Dental Hygiene Services for Head Start and Preschool Age Children



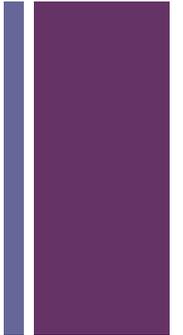
- Preschool population
 - Typically ages 0 to 4 years
 - May have special healthcare needs
 - Underprivileged/low income families

- PHDH's Role
 - Work with childcare administrators, staff, children, and parents to establish a preventive oral health program, providing preventive oral health services and educating/assisting child care workers on complying with Head Start oral health requirements





Planning for Head Start/Preschool Prevention Programs



- ① Communicate with childcare administrators, staff, health managers, teachers, and parents
- ② Develop referral system for restorative treatment
- ③ Develop, distribute, and collect active consent forms
- ④ Develop assessment forms, documentation forms/information sheets, and data tracking system. Head Start will need copies of such documentation following BORID Regulations.
- ⑤ Go to the PHDH Documents and Resources Page for sample forms

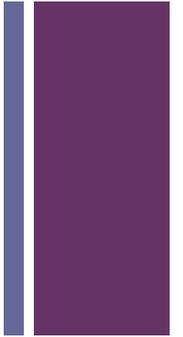
+ Dental Hygiene Preventive Services for Head Start and Preschool Settings

- Assistance in Establishing a 'Dental Home'
- Oral Health Instructions
- Oral Health Screening
- Caries Risk Assessment
- Fluoride Varnish
- Parent Education



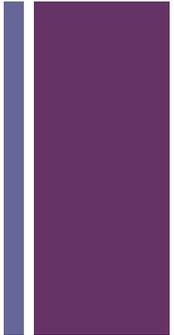
+ Oral Health Instructions

- Preschool activities should focus on forming healthy habits that promote oral health, such as toothbrushing technique and nutrition for oral health
- Supplies can include anatomic models, toothbrushes, floss, games, activities, etc.
- Resources:
 - [Oral Health Resource Guide for Children 0-5 years](#)
 - [Growing Healthy Smiles in the Child Care Setting](#)
 - [Cavity Free Kids](#)
 - Oral Health Education for Preschool Children and Families
 - [ADA Smile Smarts Curriculum](#)
 - Shining Smiles for Preschool to age 7





Oral Health Screening – Preschool



- Prior to tooth eruption, screen for:
 - Accumulations of milk deposits on gums and mucosa
 - Soft tissue lesions
 - Bottle fed at nap/bed time

- After/during tooth eruption, screen for:
 - History of caries (fillings)
 - Possible incipient and cavitated carious lesions
 - Cariogenic diet/Bottle feeding habits
 - Plaque/calculus (Poor OH)
 - Soft tissue lesions
 - Gingival inflammation



+ Fluoride Varnish Program

- Fluoride varnish is safe to apply on infants and children of all ages.
- Fluoride varnish is well tolerated by young children, and easy to apply.
- ADA Recommendations:
 - Children ages 6 and younger with a moderate-risk for tooth decay should receive fluoride varnish applications at six-month intervals.
 - Children ages 6 and younger with higher-risk for tooth decay should receive fluoride varnish applications at 3 to 6-month intervals.
- Consent to apply fluoride varnish on children is mandatory.
- For sample consent forms and a fluoride varnish information sheet go to the Office of Oral Health's website www.mass.gov.dph/oralhealth and search under topic area "Topical Fluoride"

+ Fluoride Varnish Supplies

- Supplies
 - Gloves
 - Mask
 - Safety glasses
 - Fluoride varnish/disposable applicators
 - Disposable mirrors
 - 2x2 gauze



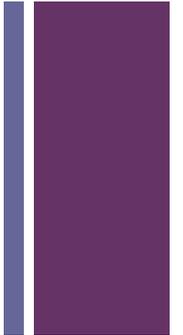
+ Parent Education

- It is very important to communicate with preschool children's parents/guardians about oral disease prevention.
- Parents should be advised regarding oral hygiene instructions, preventing vertical transmission of oral bacteria, needed dental care, fluoride, etc.





Documentation and Reporting of the Patient Encounter



- The PHDH Regulations an Information Sheet for each patient encounter should include:
 - Results of the screening
 - Description of service(s) provided and follow-up treatment needed
 - Name and signature of the licensed dental professional(s) who provided the service(s)
 - Information about how to contact the provider for more information
 - Written referral to the child's dentist of record or to a referring dentist

- [Go to the Documents and Resources Page for a sample Information Sheet](#)



Caries risk criteria.

Patients should be evaluated using caries risk criteria such as those below.

LOW CARIES RISK

All age groups

No incipient or cavitated primary or secondary carious lesions during the last three years and no factors that may increase caries risk*

MODERATE CARIES RISK

Younger than 6 years

No incipient or cavitated primary or secondary carious lesions during the last three years but presence of at least one factor that may increase caries risk*

Older than 6 years (any of the following)

One or two incipient or cavitated primary or secondary carious lesions in the last three years

No incipient or cavitated primary or secondary carious lesions in the last three years but presence of at least one factor that may increase caries risk*

HIGH CARIES RISK

Younger than 6 years (any of the following)

Any incipient or cavitated primary or secondary carious lesion during the last three years

Presence of multiple factors that may increase caries risk*

Low socioeconomic status†

Suboptimal fluoride exposure

Xerostomia‡

Older than 6 years (any of the following)

Three or more incipient or cavitated primary or secondary carious lesions in the last three years

Presence of multiple factors that may increase caries risk*

Suboptimal fluoride exposure

Xerostomia‡

* Factors increasing risk of developing caries also may include, but are not limited to, high titers of cariogenic bacteria, poor oral hygiene, prolonged nursing (bottle or breast), poor family dental health, developmental or acquired enamel defects, genetic abnormality of teeth, many multisurface restorations, chemotherapy or radiation therapy, eating disorders, drug or alcohol abuse, irregular dental care, cariogenic diet, active orthodontic treatment, presence of exposed root surfaces, restoration overhangs and open margins, and physical or mental disability with inability or unavailability of performing proper oral health care.

† On the basis of findings from population studies, groups with low socioeconomic status have been found to have an increased risk of developing caries.^{38,39} In children too young for their risk to be based on caries history, low socioeconomic status should be considered as a caries risk factor.

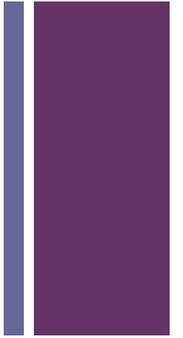
‡ Medication-, radiation- or disease-induced xerostomia.

Caries Risk

- Supplies for Screening and Caries Risk Assessment
 - Gloves
 - Mask
 - Disposable Mirror
 - Safety glasses
 - 2x2 gauze
 - Light
- [Source: Assessing Caries Risk \(ADA, 2006\)](#)

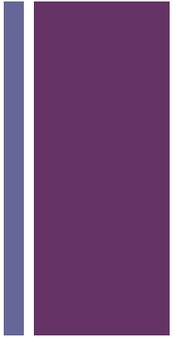


Assistance in Establishing/Maintaining a 'Dental Home'



- The American Association of Pediatric Dentistry (AAPD)-
[Policy on the Dental Home](#)
 - A 'Dental Home' should deliver oral health in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist.
- Resources
 - The [Dental Home AAPD Online Resource Center](#)

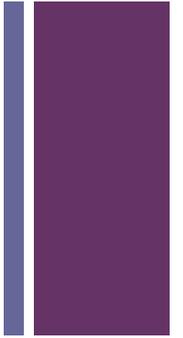
+ Resources



- [Fluoride Varnish supply information](#)
- Watch a [video](#) on fluoride varnish application!
- [Dental Home AAPD Online Resource Center](#)
- [Massachusetts Department of Public Health Oral Health Anticipatory Guidance Materials:](#)
 - How Does Cleaning My Teeth and Gums Help My Child?
 - Why Should I Clean My Baby's Teeth?
 - Healthy Behaviors to Keep Your Baby's Teeth Healthy
 - Fluoride: The Foundation For Preventing Cavities
 - Your Child's Medication and Their Teeth
 - Spots...What Spots?
 - Are You What You Eat?
 - Visiting a Dental Office



What's Next?



- The PowerPoint presentation will review procedures, supplies, equipment, and reporting that may be applicable to providing preventive dental services in school-based programs.