Kansas School Dental Screening Toolkit

https://www.kdhe.ks.gov/665/School-Screening-Program (785) 368-8264

Policy Recommendation:

To comply with Kansas State Statute 72-6251, all school children should receive annual school-based dental screenings. The KDHE Bureau of Oral Health has designed oral health screenings that assist schools in meeting this statutory requirement. KDHE screenings identify the presence of decay, previous dental experience (fillings and/or sealants), infection, swelling and pain. Parents are notified of the screening results and those with dental treatment needs are referred to local dentists for care. It is recommended that school nurses monitor these referrals to insure that children receive the care they need. School screenings are not a substitute for an examination by a dental professional and it is recommended that all children have a dental home that provides regular, comprehensive dental care. Aggregated data from the KDHE school screening program provides the state with information about the burden of oral disease among Kansas school children.

Watch our video on the school screening program click here.

Rationale:

- Oral health care is a critical component of good health.

- Tooth decay is the most common chronic childhood disease, five times more common than asthma. Untreated tooth decay can lead to pain and suffering; affecting a child's ability to eat, speak, and focus in school, resulting in absenteeism and affecting the ability to learn.

- School screenings provides parents with information about their children's oral health and the importance of regular dental treatment.

- School screening data allows the state to identify areas with high levels of dental disease. Preventive interventions can be implemented in these targeted areas to improve the oral health of Kansas school children.

Standards:

1. KDHE school dental screenings are performed by local volunteer dentists or dental hygienists. School nurses organize dental screening programs using local volunteers. KDHE Bureau of Oral Health staff can assist schools with setting up screenings and recruiting screeners. Contact the KDHE Bureau of Oral Health at 785-368-8264 or email kboh@ks.gov for assistance.

2. KDHE screeners all use the same screening protocol. Dental screeners complete a calibration training found through KS-TRAIN, https://www.train.org/ks, Course #1029736. This assures all screeners are

Dental Screening Toolkit

screening in the same standardized manner. (Two hours of dental continuing education will be given upon successful completion of course.)

3. Prior to screening day, parents are notified that their child will have a dental screening. Individual signed permission slips are not required for screenings, but parents/guardians must have the opportunity to opt their child out of the school screening by notifying the school. Sample notification forms can be downloaded from https://www.kdhe.ks.gov/665/School-Screening-Program or found in Appendix III.

4. Dental screenings should be performed on an annual basis.

5. Sample KDHE screening forms may be downloaded from https://www.kdhe.ks.gov/665/School-Screening-Program or found in Appendix II.

6. Aggregated school screening data should be entered by the school nurse or the screeners into the web-based school screening database. Instructions on how to access to the database is posted at https://www.kdhe.ks.gov/DocumentCenter/View/5208/Instructions-To-Submit-Dental-Screening-Data-PDF.

7. Oral screening findings should be documented in each student's individual health record.

8. All parents/guardians should be sent notification of their child's screening results. A sample form can be found on https://www.kdhe.ks.gov/665/School-Screening-Program available in English and Spanish, or in Appendix IV.

9. School nurses should monitor the dental referral through completion, providing assistance to the student's parent/guardian based on available resources. Suggestions for locating dentists or dental services can be found in Appendix I or at https://www.kdhe.ks.gov/659/Assistance-in-Obtaining-Dental-Care.

10. 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).

School Preparation:

1. Work with the appropriate persons within the school to coordinate the screening activity.

2. The process for coordination with school administrators and teachers varies among schools. Work with the school staff so the screening process is as minimally intrusive as possible to the student's school day. Screening can be done at any time during the day but **remind teachers that it is important for students to refrain from eating immediately prior to the screenings.**

3. Determine who will be entering the school screening data into the KDHE web-based entry system. Review the procedure at https://www.kdhe.ks.gov/665/School-Screening-Program and contact the Bureau of Oral Health (kboh@ks.gov) to gain access to the database. Directions can also be found in Appendix VII at the end of this toolkit.

4. If you are a screener, make sure you have completed the Screener training at https://www.train.org/ks.

5. To use screening time at the school most effectively, prepare forms for recording the results of the screening for each student in advance.

6. An "assistant" such as a parent volunteer may accompany the screener to document the findings. If this process is used, keep in mind that the screener is responsible for ensuring that the documentation is accurate, and confidentiality is maintained.

Dental Screening Toolkit

7. Gather all materials needed to conduct the oral screening: gloves, face masks, hand sanitizer, tongue blades, cotton tip applicators, flashlight and any other optional supplies (i.e. toothbrushes). If you need assistance in obtaining supplies, contact the Bureau of Oral Health at kboh@ks.gov.

8. A small table will be needed to hold the supplies and to use as a writing surface while documenting the screening findings. Place a chair at each end of the table to be used for the child or screener to sit in while screening (screener's preference). The screener may find it easier to screen the younger children from a seated position and stand while screening older students.

9. 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. However, universal precaution recommendations will be used, and gloves, masks and tongue depressors will be used and disposed of in between every child.

10. To assist with the flow of students, you may wish to have a teacher, staff assistant or parent volunteer supervise the students waiting to be screened.

11. Prior to screening, students should be given an explanation and a demonstration of the dental screening process. Explain to the students that a form with their dental screening results will be sent to their parent/guardian.

12. 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.

13. It can be 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. Masking tape works well.

Screener Procedure:

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.

5. Determine the appropriate treatment urgency code for the student using the Kansas School Screening Calibration Coding System. The treatment urgency code is the screening category that will be reported to the student's parent/guardian.

6. Make sure the screening data is properly recorded on the forms available at https://www.kdhe.ks.gov/665/School-Screening-Program or in the Appendix.

Paperwork:

1. Document oral screening findings in the student's individual health record and complete the screening results 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.

2. Efforts should be made by the school nurse to assist parents/guardians with referral completion. Suggestions for locating dentists or dental services can be found at https://www.kdhe.ks.gov/659/Assistance-in-Obtaining-Dental-Care.

Dental Screening Toolkit

3. Aggregate the individual screening data onto the School Total Tally Sheet. This sheet can easily be transferred to the KDHE Web based data entry system that provides the information to KDHE.
4. Let KDHE know if there are any problems or suggestions for improvement. Contact us at kboh@ks.gov.

Considerations for the School Health Team
Children learn best when they are healthy, and yet one of the most overlooked and most important ingredients is oral health. Oral health includes the natural development of children's teeth and gums from primary to permanent teeth as well as freedom from dental decay, broken and missing teeth, and unsightly smiles. Poor oral health can lead to failure to thrive, inability to concentrate and learn because of pain, misbehavior and infections that can lead to absences, severe systemic illnesses and even death. The KDHE Bureau of Oral Health suggests the following oral health resources for school nurses, teachers, parents and students. The resources may be used as part of the formal health education curriculum or as part of presentations for small groups. If you have questions about this or other information, please call the BOH at kboh@ks.gov or (785) 368-8264.
Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn - This fact sheet describes the relationship between acute dental problems and learning in children. It discusses lost school time, restricted activity days, learning problems, impaired speech development, reduced self-esteem, and inability to concentrate. It describes programs for improving oral health, including those funded by Maternal and Child Health Services Block Grants to States. This fact sheet was produced by the National Maternal and Child Oral Health, Resource Center under its grant (1H47MC00048) from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health.
Pediatric Oral Health Learning Modules A series of eight 60-minute modules covering core areas of oral health relevant to health professions working with infants and young children, produced by the National Maternal and Child Oral Health Resource Center.
P.A.N.D.A. P.A.N.D.A. is an acronym for Prevent Abuse and Neglect through Dental Awareness. This is an educational program to help dental professionals and others recognize and report suspected cases of child abuse and neglect.

Dental Screening Toolkit

Appendix
I. Dental Home/Safety Net Clinics
II. Sample Notification form
III. Sample Results notification forms
IV. Treatment Code Clarification Card (for screeners and nurses)
V. Sample screening forms
VI. Frequently Asked Questions
VII. Instructions to Submit Screening Data

I. Dental Home/Safety Net Clinics

- If you are looking for a referral to a dentist in your area, contact the Kansas Dental Association at 785-272-7360 or https://www.ksdental.org/.

- If you are looking for a dental provider that is enrolled in the Medicaid program, use the link to the KMAP website below and click on "Find A Doctor" and search for "Dentist" under provider type. https://www.kmap-state-ks.us/Public/Beneficiary/default.asp

- If you have child that may be eligible for KanCare or Medicaid, dental care will be covered with their medical benefits. Information about these programs is available at: https://www.kancare.ks.gov/

- If you are looking for help in finding low cost orthodontic care, you may contact the Virginia Brown Foundation at https://www.smileschangelives.org/. Another foundation that will help children receive orthodontic services is Smiles for a Lifetime, https://www.smileforalifetime.org. Fry Orthodontic Specialists also provides free braces to deserving young people through the Start a Smile Foundation, to learn more about this service and complete and application, visit their website: Start a Smile Foundation | Your Smile is Just the Start! (fryorthodontics.com).

- If you have limited resources, some safety net clinics will provide dental care at reduced costs based on your income. Kansas Clinics with dental services are listed in the Resource Directory on our website.

Dental Screening Toolkit

II.   Sample Notification Forms

Parent/Guardian Notification

USD _____ will be providing a free dental screening to all students enrolled in grades _____ in compliance with Kansas State Statute 72-6251. All students will be screened unless the parent/guardian does not want the child to participate. Oral health is an important part of children's overall health and is a critical component in the child's ability to learn and succeed in school. If you wish to opt out of the screening, please fill out and return the form at the bottom of the page. If your child does participate, a copy of the results of the screening will be sent home with
the child.
If you have questions, feel free to call me at school _____ or by e-mail at
_____. Thank you for your cooperation!

Sincerely,

USD _____ School Nurse

_____

____I do not wish to have my child participate in the free dental screening.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____

Kansas
Department of Health
and Environment

Dental Screening Toolkit

Notificación de cría/guardián

USD_____ estara proveyendo una evaluacion dental gratuita a todos los estudiantes inscritos en _____ . En cumplimiento con el Estatuto Estatal de Kansas 72-6251, todos los estudi- antes del distrito seran examinados salvo que los padres no deseen que su hijo participe en la evaluacion. La evaluacion se realizara en la escuela de su hijo y sera gratuita. La salud bucal es una parte importante de la salud general de los ninos, y es un componente critico de su capacidad de aprender y tener exito en la escuela. Si desea no formar parte del proceso de evaluacion, por favor complete y devuelva el formulario en la parte inferior de la pagina. Si su hijo participa, se enviara una copia de los resultados de la evaluacion a casa con el nino.
Si tiene alguna pregunta, sientase libre de contactarme en la escuela o por correo electronico a _____ Gracias por su cooperation.

Atentamente,

Nombre, R.N.
USD_____ Enfermera Escolar

_____No quiero que me niño/a participa en la evaluación dental gratuita.

Estudiante: _____ Curso:_____

Firma del Padre / Tutor:_____

Kansas
Department of Health
and Environment

Dental Screening Toolkit

III. Sample Result Notification Forms

Screening Results

Child's Name _____

Dear Parent or Guardian,
Your child has received a dental screening at school today. The results of the screening indicate that:
(Check all that apply)

_____Your child has no obvious dental problems.

_____Your child should be evaluated for preventive care (cleaning) or sealants at their next routine visit.

_____Your child appears to have some dental problems which should be evaluated by a dentist. Please make an appointment at your earliest convenience so that your child can receive a complete examination. Your dentist will determine, what, if any, treatment is needed.

_____Your child appears to have an **URGENT** dental need. Please contact a dentist as soon as possible for a complete examination.

A screening is not a comprehensive clinical examination. No x-rays were taken, and the screening does not re-place an in-office dental examination by your family dentist. All children need to have regular routine care by a dental professional.
Additional Comments:
_____
_____
_____

Parent: Please take this referral to the dentist if it is recommended above. Return to the school nurse with dentist's signature when work is completed.

_____
Child's name

_____
D.D.S. Signature   Date

Dental Screening Toolkit

Resultados de Examen Dental

Nombre del Niño _____

Estimado Padre o Tutor,

Su hijo ha recibido hoy un examen dental en la escuela. El resultado del examen indica que: (Marcar todos los que correspondan):

_____Su hijo no tiene problemas dentales obvios.

_____Su hijo necesita cuidado preventivo de rutina y/o sellado dental.

_____Su hijo parece tener algunos problemas dentales que deberían ser evaluados por un dentista. Por favor haga una cita en cuanto pueda de forma tal que su hijo pueda recibir un examen completo. Su dentista determinará si es necesario algún tratamiento.

_____Su hijo parece tener una necesidad dental **urgente.** Por favor contacte un dentista en cuanto pueda para un examen completo.

No se tomaron rayos X y el examen no reemplaza un examen dental en el consultorio del dentista de su familia. Si no tiene un dentista familiar y necesita ayuda para obtener cuidado dental, pedir a la enfermera de la es-cuela.

Comentarios Adicionales:

_____
_____
_____

Padre: Por favor lleve este referido al dentista si en esta nota se le recomienda que lo haga. Devolver a la enfermera escolar con la firma del dentista cuando se ha completado el trabajo.

_____

Nombre del Niño

_____

Firma del Dentista   Fecha

Dental Screening Toolkit

IV. Tips for Screeners

To maintain privacy when calling out conditions identified in the screening, it is best to use numbers only and avoid naming categories such as "Treated Decay" or "Untreated Decay."

1. Untreated Decay (1 = yes, 2 = no)

2. Treated Decay (1 = yes, 2 =no)

3. Sealants Present (1 = yes, 2 = no)

4. Treatment Recommendations codes, as appropriate.

Clarifying Treatment Recommendation Codes

Code 1: **No obvious Problems** - This designation indicates the child has no apparent need for a dental appointment outside of the regularly recommended 6-month check-up. Decay on primary teeth about to be exfoliated falls into this category.

Code 2: **Sealants/ PX needed** - The child should be evaluated for prophylaxis (cleaning) or sealants. Gingivitis, heavy plaque, or calculus may be present; or the child has teeth which would benefit from sealants.

Code 3: **DDS exam suggested** - Dental care is recommended, preferably within 3-4 weeks, when: Decay is detected, without accompanying signs or symptoms (e.g. pain, swelling, infection, soft tissue lesions). Spontaneous bleeding gums are noted. Suspicious white or red soft tissue areas are observed.

Code 4: **URGENT care needs** - Urgent/Emergency need for dental care recommendation is indicated when pain, infection and/or swelling are present.

AD ASTRA PER ASPERA

Kansas
Department of Health
and Environment

***Considerations during the COVID-19 Pandemic can be found on the KDHE Coronavirus Website: https://www.coronavirus.kdheks.gov/258/Dental-Practices as well as on the Bureau of Oral Health main page under Guidance & Strategic Planning.

Dental Screening Toolkit

Oral Screening Form

District #   School _____

Date   Classroom/Grade _____

Kansas
Department of Health
and Environment
Oral Health
AD ASTRA PER ASPERA

Child's Name	Existing:						Treatment Needs:				Comments
	Untreated Decay		Treated Decay		Sealants Present		Code 1	Code 2	Code 3	Code 4	
	yes = 1	no = 2	yes = 1	no = 2	yes = 1	no = 2	No decay/ problems	Sealants/ PX needed	DDS exam suggested	URGENT care needs	
Dental Screening Toolkit											
Total:											

School Total Tally - Submit to State
https://khap2.kdhe.state.ks.us/public/ksoh/Default.aspx

KANSAS Department of Health and Environment *Oral Health*

School _____ Date _____

Address _____ Phone _____

Screeners _____ District # _____ County _____

Grade	Existing: Untreated Decay yes = 1	no = 2	Treated Decay yes = 1	no = 2	Sealants Present yes = 1	no = 2	Treatment Needs: Code 1 No decay/ problems	Code 2 Sealants needed	Code 3 DDS exam suggested	Code 4 URGENT care needs	Comments
Early Pre K											
Pre-K											
K											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
Total											

Dental Screening Toolkit

VI. Frequently Asked Questions:

Oral Health School Screening Program FAQs

- **Do I need to report my school screenings by the end of each month?**

  Data should be submitted in a timely manner, there is no penalty if data is not submitted by the end of each month. However, data should be submitted as soon as possible and no later than July 1st.

- **Do I report finding from screenings on each class at each school or at the school as a total?**

  Screening data is submitted by each school. Sealant data is submitted by grade.

- **If parents/guardians have a question regarding their child's report, who should they contact regarding the dental screenings or if they go to their dentist and there is a difference of opinion?**

  Parents/Guardians should contact the school nurse regarding any follow-up questions. The school nurse communicates with the parent/guardian regarding any follow up or referrals that the child needs.

- **During a school screening, what is the dentist/dental hygienist looking for?**

  The dentist/dental hygienist that performs the screenings are looking at four areas:

  1. Untreated decay (if they see any cavities that need fillings);

  2. Treated decay (if they see teeth that have fillings);

  3. Sealants present (if the child has a dental sealant on their permanent molars); and

  4. Urgent Need (if a child has visible swelling and/or pain).

- **What happens to the information collected during the school screenings?**

  The dentist/dental hygienist turns in school-wide data to so that we can compile information on a statewide basis for children's status of oral health and dental disease.

Dental Screening Toolkit

- **Who can Screen?**

  The following parties are authorized to conduct screenings:

  1. Dentists and Hygienists (With or Without an ECP)

  2. Private dentists and hygienists are encouraged to help if a local dentist volunteers.

- **What Consent forms or parental/guardian notification should I use?**

  Answer: Screenings use passive consents. Schools tell parents/guardians that screenings will occur, and parents/guardians must call school to opt their child out. Before screening a school make sure that parents/guardians have been notified. Keep notification on file, if a parent/guardian opts child out-Don't screen them!

  Forms can be found on our website: https://www.kdhe.ks.gov/665/School-Screening-Program.

- **What is the purpose of the program?**

  There are several reasons for this program:

  i. The program helps schools comply with THE KANSAS STATUTE FOR ANNUAL FREE DENTAL INSPECTION (K.S.A.72-6251), which states: "The boards of education of cities of the first and second class and school boards of school districts are hereby required to provide for free dental inspection annually for all children, except those who hold a certificate from a legally qualified dentist showing that this examination has been made within three months last past, attending such schools."
  ii. Provide the BOH, Policy Makers, clinics, and county health department with data to assist with decisions, advocacy and funding applications.
  iii. Provide parents/guardians and schools with information about the Oral Health of their children
  iv. Provide a way to measure progress of Oral Health Prevention Programs, such as the school sealant program.

- **Do I need to complete a calibration course?**

  A calibration training course must be completed before screening. The purpose of the calibration course is to insure Standardized Data Collection. The online course provides 2 hours of CE and is available at: https://www.train.org/ks, Course# 1015144.

Dental Screening Toolkit

- **What schools should be screened?**

    All PK-12 schools should be screened.

- **How do I notify parents/guardians of screening results?**
    All students screened should be given a form with screening results to bring home to a parent/guardian.
    Forms can be found on our website:
    https://www.kdhe.ks.gov/665/School-Screening-Program.

- **Where do I report the data?**

    All school data must be entered into the online KDHE database at: Kansas Oral Health.

    To gain access to the database contact BOH at kboh@ks.gov or 785-368-8264.

    When access is granted, enter data by grade, making sure the correct school and correct school year have been selected.

Dental Screening Toolkit

VII.   Instructions to Submit Screening Data

1.) Log on to Bureau of Health Website at https://www.kdhe.ks.gov/619/Oral-Health.

2.) Click on the green "School Screening Program" tab.

3.) In the School Screening Program window find the link that reads "Submit School Screening Data Here" and click it. This will take you to the Kansas Oral Health page.

4.) Register by:

   a. Clicking the button which states, "Not Registered"?

   b. Fill in User Information…**include name of school**. Be careful to pick the correct school from the drop-down box, many have similar names…double check the city the school is associated with. **If you are a screener submitting data and screen multiple schools be sure to let us know, as access must be given to each school associated with a screener.**

   c. Click Next.

   d. Create Username and Password…. click Next.

5.) It will now tell you to contact the Bureau of Oral Health to gain access. To do this, you may do either send an email to KBOH@ks.gov or call 785-368-8264

6.) Access will be given to you through the Bureau of Oral Health.

7.) Return to log in page. Log in with username and password. Click OK.

8.) The next screen should have the name(s) of schools you are submitting the data for. Click on the name of the school.

9.) Scroll down to the drop-down box.

10.) **Pick the correct school year.

11.)   Next to "Select Function" click "**Add New**"

12.)   Pick grade level from drop-down box.

13.)   Enter data from left to right.

14.)   Click the "Add" button on the right-hand side.

15.)   Continue with each grade until completed.

16.) There is no "save" button when completed. Simply press the "Add" button at the end of each row and the data will be saved automatically.

17.) If you need access to more schools in the future, simply call or email the BOH and you will be given access to any additional schools as needed. THANK-YOU!

Dental Screening Toolkit