



Guidelines for Oral Health Screening in Ohio's Schools

Revised 2024



Department of
Health



The purpose of these guidelines is to provide practical guidance to school nurses who choose to conduct school-based oral health screening. Conducting oral health screening in school is an opportunity to identify children in need of referral for additional evaluation and oral health care and provide education on how to prevent oral diseases. Typically, an oral health screening categorizes children into three groups: routine dental visit recommended due to no obvious dental problems observed; early dental visit recommended due to teeth that appear decayed or other problems; and immediate dental visit recommended due to a reported toothache or signs of infection.

School-based oral health screening is optional in Ohio. The goal of screening is to detect potential problems that can be treated effectively. Conducting this screening has limited value unless there is follow-up and resources available in the community to refer families for needed care. Therefore, the school nurse can play an important role in helping families with children who have dental needs access dental care in the community.

As a resource to school nurses, the Oral Health Program maintains a [list of safety net dental programs](#). Safety net dental programs provide dental care to people on Medicaid, and offer sliding fees, reduced fees, or free care to patients who do not have dental insurance or cannot afford to pay a private dentist. The dental “safety net” includes public dental clinics, dental care provided to schoolchildren, and mobile/portable dental care programs (e.g., mobile dental vans). These programs provide basic dental care such as exams, X-rays, fillings, and extractions. Providing a list of local safety net dental programs to families and helping to arrange dental care are valuable steps a school nurse can take to help improve the oral health of students.



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Grades Targeted for Oral Screening and Preparation

All children at a school may benefit from an oral health screening, and the decision on which grade(s) to target is typically up to the school or school district. Available time and resources are most often the factors that determine whether to conduct an oral health screening and which grades will participate. Often, dental screenings are conducted on kindergarten children as well as children in other grades who are newly enrolled as part of the enrollment process. Screening kindergarten students enables the school nurse to identify children in need of dental care and assist in helping families find dental care before oral diseases have a negative impact on a child's attendance at school and their ability to learn. Screening students in grades 1-3 helps to identify children who could benefit from dental sealants on newly erupted first permanent molars or need care due to decay on these teeth.

Preparation for Screening

The following steps are needed to prepare for an oral health screening:

- Review school district policies and procedures regarding health screening. Seek support from the district's administration. This is essential for a successful screening program.
- Identify a screener. A health care professional such as a school nurse, local dentist, or dental hygienist can conduct the oral health screening.
- Obtain parental permission in a manner consistent with school standards for other health screenings (e.g., passive vs. active consent). Refer to your school district's health screening procedure.
- Prepare appropriate forms needed for the screening: consent form (if necessary), screening results summary form, and parent letter. See the Appendices for examples of these forms.
- Prepare the school faculty, staff, and students for the screening process by describing the process that will be used for children to be screened. This is also a good opportunity to discuss oral health in classrooms with students.

Preparation for Screening (continued)

The following steps are needed to prepare for an oral health screening:

- Obtain appropriate screening supplies:
 - Disposable mirrors or tongue blades (to retract tongue and cheeks).
 - Light source: (e.g., flashlight, penlight, or headlamp and batteries).
 - Latex-free gloves.
 - Surgical mask (recommended due to close contact and possible exposure to infectious microorganisms).
 - Eye protection (e.g., safety glasses, prescription glasses with side shields or face shields). Eye protection is optional because spatter is not anticipated during a dental screening.
 - Gauze squares.
 - Toothpicks, cotton-tipped applicators, or new toothbrushes (to remove food from biting surfaces of teeth).
 - Trash bags/trash can.
 - Soap and water or antimicrobial hand sanitizer with at least 60% alcohol.
 - Surface disinfectant.
 - Paper towels to place screening items on (e.g., disposable mirrors, tongue blades, etc.).
 - Forms for documentation.
 - Ink pen.
 - Sandwich bags or plastic wrap to cover ink pen and hand-held light (e.g., penlight or flashlight).

Infection Control and Prevention

Infection Control Guidelines

Caution should be taken to prevent the transmission of microorganisms during the screening.

The following guidelines should be followed:

- Hands should be washed thoroughly at the beginning and end of each screening session.
- Gloves must be changed between each student during the screening process, even if gloved hands have not touched the mouth's mucous membranes, lips, or saliva. Before screening the next student, gloves must be removed, and hands must be washed or cleaned with an antimicrobial hand sanitizer (with at least 60% alcohol).
- If using a mirror or tongue depressor, a new one must be used for each student.
- Table surfaces used for screening supplies should be disinfected before and after screenings are completed.
- If a penlight is used, it must be wrapped in a plastic bag or plastic wrap.
- A pen used for recording screening findings must be wrapped in a plastic bag or plastic wrap.

Disposal of Used Supplies

- If a toothpick or cotton-tip applicator is used to clean teeth, it must be discarded afterwards. If a new toothbrush is used, it can be given to the child in a plastic baggie at the end of their screening.
- Dispose of used gloves, mirrors, tongue blades, toothpicks, paper towels or gauze in the trash bag.
- If the plastic bag on the penlight or flashlight touches the student's mouth, dispose of the plastic bag and re-bag the light.
- At the end of the screening session, dispose of any trash in a trash bag.

Waste from the screening should be disposed of properly and away from children. It is not considered hazardous material, so it can be thrown away in the school or facility dumpster.

Oral Health Screening Procedures

Screening Table Set-Up

The following items should be readily available on a table next to the screener:

1. Paper towel(s) on top of the worktable/area.
2. Alcohol-based antimicrobial hand sanitizer with at least 60% alcohol.
3. Box of latex-free gloves.
4. Surgical mask.
5. Eye protection, if needed.
6. Gauze squares.
7. Disposable mirrors or tongue blades.
8. Toothpicks, cotton-tipped applicators, or toothbrushes.
9. Bagged flashlight or penlight.
10. Bagged ink pen.
11. Forms for documentation.
12. Lined trash can.

Conducting the Screening

Follow these general steps when conducting the oral health screening:

1. Wash hands or use hand sanitizer.
2. Put on mask, eye protection (if needed), and gloves.
3. Place student in a chair facing you so their mouth is as close to your eye level as possible. An alternative position for smaller children is to have them stand in front of you.
4. Use a mirror or tongue blade to retract the cheeks.
5. Use a light source to check teeth, gums, and soft tissues of the mouth. Remember to look at all surfaces of the teeth (front, back and chewing surfaces). You may need to use a toothpick, cotton-tipped applicator, or toothbrush to clean food from the chewing surfaces of back teeth. (You may want to avoid conducting the screening right after lunch.)
6. Throw the mirror or tongue blade away.
7. Document findings on health record.
8. Remove and throw away gloves.
9. Wash hands or use hand sanitizer.

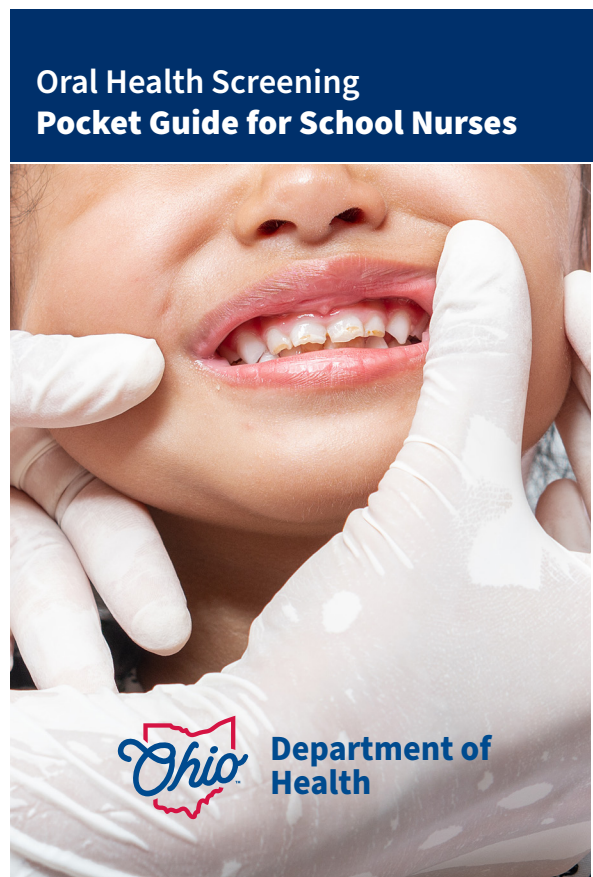
Sequence for Inspecting the Oral Cavity

To be consistent in screening, follow a systematic approach to inspect the mouth. The following is a suggested screening sequence:

1. Look at the symmetry of the outside of the face. Look at the lips. Check for any lesions or swelling.
2. Ask the child to open their mouth and look at the inside of the cheeks.
3. Inspect the roof of the mouth by tilting the child's head back.
4. Inspect the throat and tonsillar area and surfaces of the tongue.
5. Visually inspect the teeth following this sequence:
 - a. **Upper right** – upper teeth, on student's right side (your left), start in the back and move toward the front.
 - b. **Upper front.**
 - c. **Upper left** – move from upper front teeth toward the back on the student's left side (your right).
 - d. **Lower left** – lower teeth on student's left side (your right), start in the back and move toward the lower front.
 - e. **Lower front.**
 - f. **Lower right** – move from lower front teeth toward the back on the student's right side (your left).

As you follow this sequence, look at all the surfaces of the teeth and record observations. Also note the condition of the gums.

The laminated Oral Health Screening Pocket Guide for School Nurses can be used as a reference while the screening is conducted. The pocket guide includes photographs of oral findings that may be observed. It is divided into sections based on treatment need: routine, early, and immediate dental visit recommended. It can be accessed from the ODH Oral Health Program website:
<https://odh.ohio.gov/know-our-programs/oral-health-program/Health-Professionals-Educators/>.



Documentation of Screening Results

Confidentiality

The screening should take place in a location that affords privacy for each student. Results of the screening should be kept confidential. However, if the student requests results, let the student know that a letter with the results will be sent home.

Documentation of Screening Results

Treatment urgency and other results of the screening should be documented in the student health record. In addition, record findings on a screening summary form. A sample form can be found in Appendix III. Findings can be recorded as:

Routine dental visit recommended due to no obvious dental problem observed.

Students who have the following oral health findings are classified as only needing routine care:

- **Sound teeth** – No obvious signs of tooth decay.
- **Stained groove(s)** – A groove on the biting surface of a tooth that has been stained over time by food and drink.
- **Stainless steel crown** – Silver crown used to treat primary teeth with large cavities.
- **Tooth-colored fillings** – Also called composite fillings that are made from tooth-colored materials that restore the natural appearance of a decayed or previously filled tooth.
- **Amalgam filling** – Silver metal dental material used to fill cavities.
- **Dental sealants** – A plastic-like resin placed on the chewing surfaces of back teeth to prevent cavities. They can be clear or opaque.
- **White spots** – There are several reasons why white spots may be visible on teeth: developmental defects, excessive fluoride intake during development, and early dental caries. The type of white spot determines the need for referral to a dentist for diagnosis and follow-up. The following type of white spot **does not** require a referral:
 - **Fluorosis** – Very mild to mild, small, opaque, paper-white areas scattered irregularly over the tooth enamel. It is caused by overexposure to systemic fluoride during tooth development. This is a purely cosmetic defect, usually only visible upon close inspection of the teeth. If it is fluorosis, the white areas will be present when the teeth erupt.

Early dental visit recommended, (within a few weeks) due to teeth that appear to be decayed or have other problems.

Students who have the following oral health findings are classified as needing an early dental visit:

- **White spots due to demineralization** – Caused by the leaching of minerals from the tooth enamel making it weaker. This is considered the beginning stages of tooth decay. These white spots usually appear along the gum line of the tooth after teeth have been exposed to decay-causing acids. Children with white spots like these should be evaluated by a dentist. They may benefit from improved oral hygiene, use of toothpaste with fluoride and a diet low in sugar-sweetened beverages and foods.
- **Cavities in pits and grooves on back teeth** – These types of cavities are small and often difficult to detect. They may appear to have a grayish or brown halo around the hole in the tooth.
- **A large cavity** that presents as an obvious hole in the tooth.
- **Temporary filling** – Temporary fillings are not meant to last. Usually, they fall out, fracture, or wear out within weeks or months. If the filling is not replaced with a permanent material, then the tooth could fracture or have other complications.

Immediate dental visit recommended (within a few days) due to a reported toothache or signs of infection.

Students who have the following oral health findings are classified as needing immediate dental care:

- **Pain or sensitivity** – To cold, heat, pressure, or a combination. Can be worse when eating or at night. A child may say it does not hurt because they no longer chew on that side of their mouth. The pain may eventually subside because the pulp of the tooth is so damaged that the nerve no longer transmits sensation.
- **Facial swelling** – Is a sign of infection and can be submandibular (located beneath the floor of the mouth of lower jaw) or periorbital (eye area).
- **Parulis** – A sore that is a drainage point for a tooth abscess. It appears as a bump or pimple near the gumline and may or may not be painful.

These categories are included in the parent letter found in Appendix IV. If in doubt about treatment urgency, err to the side of referring a child for dental care.

Other Oral Observations

When conducting the oral health screening, other common conditions may be observed:

Aphthous ulcer – A common lesion of the oral mucosa (membrane that lines the structures of the mouth) and is often called a canker sore. It can appear as a single lesion or multiple ulcers may be visible on the mucosa. An aphthous ulcer lasts about 7 to 10 days. These ulcers usually recur and can be triggered by physical trauma, spicy foods, or emotional factors. If the lesion does not heal in 7 to 10 days, refer the student to a dentist.

Gingivitis – The mildest stage of gum disease caused by bacteria in plaque and is characterized by redness, swelling and a tendency for the gums to bleed. Toothbrushing for two minutes twice a day and daily flossing will help to reverse this condition. A referral to a dentist is not necessary if the student receives routine dental care.

Herpes Labialis – The most common type of oral herpes virus; consists of recurring crops of small blisters on the lips and is commonly referred to as fever blisters. Recurrences are triggered by exposure to sun light, fever and physical stress or trauma. If the lesions don't heal in 7 to 10 days, make a referral to a dentist.

Oral trauma – A loosened, chipped, or displaced permanent tooth that occurs during school should be referred to a dentist immediately. See the [Ohio Department of Health Dental Emergency Guide](#).

Plaque – A film of bacteria on a tooth surface that becomes visible as it accumulates. This film is removed with regular toothbrushing.

Tartar (calculus) – A hard deposit that forms on teeth when plaque is not removed and accumulates. Tartar must be removed by a dental professional.

If you observe anything unusual, make a note of it on the parent letter. When in doubt, refer the child to a dentist.

Dental Resources and References

Dental Resources

The American Dental Association - 800-947-4746

<https://www.ada.org>

Ohio Dental Association - 614-486-2700

<https://www.oda.org>

Dental Safety Net Clinics - website and list

<https://odh.ohio.gov/know-our-programs/oral-health-program/Patients-Public>

Ohio Department of Health, Oral Health Program

<https://odh.ohio.gov/know-our-programs/oral-health-program/welcome-to>

Ohio Department of Health, School Nursing Program

<https://odh.ohio.gov/know-our-programs/school-nursing-program/welcome-to>

References

Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey for

Children Planning and Implementation Tool Kit 2022 <https://www.astdd.org/basic-screening-survey-tool/>

Plans for State Oral Health Programs & Activities

https://www.cdc.gov/oralhealth/funded_programs/cooperative_agreements/index.htm

Integrating Oral Health into the Whole School, Whole Community, Whole Child Model

<https://www.astdd.org/school-and-adolescent-oral-health-committee>

Best Practice Approaches for State and Community Oral Health Programs

<https://www.astdd.org/bestpractices/wsc-bpar-final-3-2017.pdf>

[Active Consent Form Template]

Dear Parent:

Your child's class will be taking part in an oral health screening. The purpose of the screening is to check your child's teeth for tooth decay and other dental problems. Your child will receive a letter to take home that tells you about the health of your child's teeth. This screening does not take the place of regular dental checkups.

Please be assured the oral health screening will be carried out in a healthy manner. Please complete this form and return to your child's teacher **tomorrow. If we do not receive this form back, your child will not be allowed to participate in the oral health screening.**

Thank you for working with us and if you have any questions, please contact:

_____ at _____.

Child's Last Name	Child's First Name	Teacher's Name
Signature of Parent or Guardian:		
Preferred Contact Method:		
<input type="checkbox"/> Cell _____		
<input type="checkbox"/> Work _____		
<input type="checkbox"/> Email _____		

Please answer the following question so we can help you access dental care. You may still give permission for your child to have his or her teeth checked if you do not wish to answer the question.

Thank you.

1. Do you need help finding dental care?

Yes, I need help. Please contact me at: _____.

No, I do not need help.

[Passive Consent Form Template]

Dear Parent or Guardian:

Your child's class will be taking part in an oral health screening. The purpose of the screening is to check your child's teeth for tooth decay and other dental problems. Your child will receive a letter to take home that tells you about the health of your child's teeth. This screening does not take the place of regular dental checkups.

Please be assured the oral health screening will be carried out in a healthy manner. If you do not want your child to receive this screening, please check the box, and write your child's name below and return the form to school. If we do not receive this form back, your child will participate in the oral health screening.

No, I do not give permission for _____ to have their teeth checked.
(Child's name)

Signature of Parent or Guardian:

If you need assistance finding dental care, please contact me at:

Sincerely,

Oral Screening Summary Form

Teacher Name:	Teacher Classroom:
School:	Year:

Treatment Urgency:

- (R) Routine** dental visit recommended due to no obvious dental problem
- (E) Early** dental visit due to teeth that appear decayed or other problems
- (I) Immediate** dental visit due to reported toothache or signs of infection

Date Screened	Student	Grade	Treatment Urgency	Referral Date	Follow-up	Outcome
Summary						

Parent Letter

Date: _____

Dear Parent or Guardian:

Thank you for allowing your child, _____, to receive a dental screening.

- No obvious dental problems were found. Your child should see the dentist at least once a year for a complete dental exam, which might include x-rays.
- Obvious tooth decay or another problem was found. Please take your child to the dentist within the next few weeks.
- Infection or toothache was found that may need **immediate care**. Please take your child to the dentist as soon as possible.
- Plaque or tartar was found. Please encourage your child to brush their teeth for two minutes, two times a day, reaching all teeth.
- Other findings: _____

If your child needs early or immediate dental care, please have the dentist or dental clinic complete the form below at the appointment and return it to school.

_____ received a dental examination and/or treatment on

(Child's name)

(date) _____ in my office/clinic.

Dental treatment:

is complete is not complete

Your child will be returning on (date) _____ to complete treatment.

(Dentist's signature)

Acknowledgments

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