

Best Practices for Oral Health Screening in Ontario Schools



Best Practices
April 2022

Ontario Association of Public Health Dentistry

OAPHD is an association of dental professionals whose prime interest is the oral health of the general public. Most members work in local public health departments and provide oral health information and services for the communities. Other members include university faculty and students who have an interest in public health dentistry.

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Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

This document is intended to assist dental public health staff working in health units of Ontario in decision-making by describing a range of generally acceptable Infection Prevention and Control (IPAC) practices for conducting oral screenings in schools. This document should not be considered inclusive of all proper methods of IPAC for oral screening or exclusive of other methods of IPAC for oral screening reasonably directed at obtaining the same results. The ultimate judgment regarding oral screening of any child in a school must be made by the oral health care provider in light of the individual circumstances presented by the child and the school environment. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

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Glossary of Terms

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g. ethanol isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.¹

Aseptic Techniques: Measures designed to render the patient’s skin, supplies and surfaces maximally free from microorganisms.²

ASTM Level 1 Surgical Mask (Mask): Ideal for procedures in which there is a low risk of fluid exposure (no splashes or sprays expected). Used by a health care provider (in addition to eye protection) to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions or within two metres of a coughing client/patient/resident.^{1,3-5}

Mask selection is based on a risk assessment that includes:

- Type of procedure/care activity
- Length of procedure/care activity
- Likelihood of contact with droplets/aerosols generated by the procedure or interaction

Carpooling: Carpooling is the practise of sharing car trips so that people other than the driver can travel in the same vehicle and avoids the need for others to drive to a destination. Providing information intended to help carpool drivers and passengers reduce the risk of exposure to COVID-19.⁶

Certified Dental Assistant (CDA): To be certified in Ontario, the certification requirements include:⁷

- Graduate from an approved dental assisting program
- Successfully complete all National Dental Assisting Examining Board (NDAEB) examination requirements
- Maintain Ontario Dental Assistant Association (ODAA) membership in good standing
- Commit to the Code of Ethics
- Commit to maintaining certification by paying annual dues and submitting proof of continuing education

Class cohort: Class cohorts are groups of students and staff within a school, who study together and interact more closely compared to other students of the school. For oral screening with COVID-19 in consideration, refers to minimizing the number of students and teachers any individual comes in contact with, and to maintaining consistency in those contacts as much as possible. Class cohorts to be maintained in accordance with the current guidelines.⁸

College of Dental Hygienists of Ontario (CDHO): Regulatory college for dental hygienists in Ontario.⁹

Contact Precautions: Used in addition to Routine Practices to reduce the risk of transmitting infectious agents via contact with an infectious person.¹

Coronavirus of 2019 COVID-19 (COVID-19): Coronavirus SARS-CoV-2 is primarily spread person to person through close unprotected contact with someone who is infected, via respiratory droplet and contact transmission. The cornerstones of prevention are self-isolation of infected individuals, physical distancing, hygiene measures (hand hygiene, cough and sneeze etiquette, source control where appropriate), personal protective equipment, vaccination, and environmental cleaning and disinfection. Important risk factors for transmission include local prevalence of cases, whether an infected individual has symptoms, and the circumstances of the interaction.¹⁰⁻¹²

Cough and Sneeze Etiquette: Includes covering your mouth and nose with a tissue when you cough or sneeze or into your upper sleeve or elbow, not your hands if you do not have a tissue. Health units or school boards may have their own posters.¹³

Direct Contact/Care: Providing hands-on care, such as bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.¹

Disinfection & Health Canada Approved Disinfectants: Disinfection: The inactivation of disease-producing microorganism. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place. Health Canada Approved Disinfectants: a product that is used on surfaces or medical equipment/devices which results in disinfection of the surface or equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner and a disinfectant. Have a Drug Identification Number (DIN) given by Health Canada that confirms the disinfectant product is approved for use in Canada.^{1,14}

Distancing:¹⁵ In relevance to COVID-19, physical distancing means keeping our distance from one another to prevent transmission of infection; staying at least 2 metres (or 6 feet) away from people outside your household whenever possible. Distancing between students, students and staff and staff members is recommended in accordance with the current guidelines.¹⁵

Droplet Precautions:¹ Used in Addition to Routine Practices for clients/patients known or suspected of having an infection that can be transmitted by large infectious droplets.¹

Drug Identification Number (DIN): It is a computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada.¹⁶

Environmental/Engineering Controls: Physical or mechanical measures put in place to reduce the risk of infection to staff or patients (e.g., heating, ventilation and air conditioning systems, room design, placement of hand washing sinks and environmental cleaning).¹

Eye Protection (Safety Glasses, Goggles, Face Shield, Visor attached to Mask): Protection for exposure to infectious droplets or blood/body fluids.¹

Hand Hygiene: Relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol based hand rub or soap and running water. Health units or school boards may have their own posters.¹⁷

Hierarchy of Hazard Controls: Controlling exposures to occupational hazards is the fundamental method of protecting workers. Traditionally has been used as a means of determining how to implement feasible and effective control solutions. Includes elimination (most effective), substitution, engineering controls, administrative controls and PPE (least effective).¹⁸

Infection Prevention and Control (IPAC): Refers to evidence based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, clients, patients, residents and visitors.¹⁹⁻²²

Level 1 Isolation Gown Health Canada Recognized (Gown): Protective apparel used to protect the clothing of health care professionals, visitors, and clients/patients/residents from the transfer of microorganisms and body fluids.²³

Medical Gloves (Vinyl, Nitrile) (Gloves): Protection for minimal exposure to blood/body fluids/infectious agents.¹

Ministry of Education (EDU): Government of Ontario ministry responsible for child care and for administering the system of publicly funded elementary and secondary school education in Ontario.^{24,25}

Ministry of Health (MOH): Government of Ontario ministry responsible for administering the health care service and providing related services in Ontario.^{26,27}

Non-Aerosol Generating Procedure (NAGP): Aerosols are finer solid or liquid particles suspended in the air that take longer to settle and/or which may be small enough to potentially increase the transmission risk of infection. Procedures that generate such aerosols are called Aerosol Generating Procedures and procedures that do not result in significant production of aerosols are termed as NAGPs, such as oral health screening.¹⁰

No-Touch Technique: Screener has no direct contact with patient. Screener's hands will only touch the sterile mouth mirror to look into the child's mouth, and will not touch anything else.²⁸

Ontario Association of Public Health Dentistry: An association of dental professionals whose prime interest is the oral health of the general public. Members work in local public health departments and provide oral health information and services for the communities. Other members include university faculty and students who have an interest in public health dentistry.²⁹

Ontario Public Health Standards (OPHS): Identifies the minimum expectations for public health programs and services to be delivered by Ontario's 34 boards of health.³⁰

Oral Health Protocol (OHP): Provides direction to boards of health on oral health services to be offered, including:³¹

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

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.³¹

Organizational Risk Assessment (ORA): A systematic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of infections in a health care setting. Each PHU will conduct an ORA as a precondition to restarting services. Responsibility of PHU to provide ORA education and training to Health Care Providers (HCPs).^{32,33}

Personal Protective Equipment (PPE): Items worn to provide a barrier to help prevent potential exposure to infectious disease. These items include gloves, gowns, surgical masks, respirators, face shields and eye protection.³⁴

Point of Care Risk Assessment (PCRA): Assesses the task, the patient, and the environment. Completed by the HCP before every patient interaction to determine whether there is a risk to the provider or other individuals of being exposed to an infection, including COVID-19. A first step in Routine Practices, which are to be used with all patients, for all care and interactions.^{1,32}

Public Health Ontario (PHO): Provides scientific and technical advice and support to clients working in government, public health, health care, and related sectors.^{35,36}

Registered Dental Hygienist (RDH): Dental hygienists in Ontario are governed by the Regulated Health Professions Act, 1991 (RHPA) and Dental Hygiene Act, 1991 (DHA). There are a number of regulations made under the DHA with which all registered dental hygienists in Ontario must comply.³⁷

Routine Practices (RP): The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients during all care to prevent and control transmission of microorganisms in all health care settings.¹

Royal College of Dental Surgeons of Ontario (RCDSO): Regulatory college for dentists in Ontario.³⁸

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).³⁹

Vaccination: Immunization is recognized as one of the most effective interventions for reducing the impact of infectious diseases. Safe and effective COVID-19 vaccines are approved for use and are available for Ontarians for age 5 years and above.^{40,41}

About This Document

Introduction

This document provides Public Health staff working in Oral Health program areas in Ontario health units with best practices for IPAC considerations while conducting oral screenings³¹ in schools and enables consistent approach across the province during the COVID-19 pandemic and beyond.¹⁰⁻¹² It can also be a resource for school boards when planning for the resumption of oral screenings within their schools affected during the pandemic. Terms, abbreviations, and descriptions are located at the beginning of the document.

This document has been developed by Public Health Ontario (PHO)^{35,36} in consultation with members of the Ontario Association of Public Health Dentistry (OAPHD)²⁹ and referring to guidelines released by PHO, Ministry of Health (MOH),^{26,27} Ministry of Education (EDU)^{24,25} College of Dental Hygienists of Ontario (CDHO)⁹ and the Royal College of Dental Surgeons of Ontario (RCDSO)³⁸ during the pandemic. It is not intended to replace, refute or invalidate guidelines or recommendations from MOH, EDU, PHO, CDHO, RCDSO, or legal advice. It is the responsibility of each health unit to keep informed of the most current information and guidelines related to COVID-19 and to determine their own oral health school screening program policies and procedures.

This best practices document is based on the latest information available to what is dated above. As information changes over time and moves beyond COVID-19 pandemic, this document will be updated when appropriate.

Background

The 34 health units across Ontario are mandated under the School Health Requirement #5³⁹ of the Ontario Public Health Standards (OPHS)³⁰ to conduct oral screenings in schools. Oral screenings are important for prevention and early identification of oral health problems.

As defined in the Oral Health Protocol (OHP),³¹ an oral screening is a relatively short assessment by a regulated oral health care professional that can indicate the need for dental care and is not a replacement for a complete dental examination. Oral screening is a low risk non-aerosol generating procedure (NAGP).¹⁰ Oral Screenings are not considered treatment but rather are a prophylactic observation of an individual's teeth from which recommendations for further care may be made.

Oral screenings are performed on an average of 100-150 students per day at a school by applying aseptic techniques² that include barriers (Personal Protective Equipment (PPE)),³⁴ sterile equipment (dental mirrors), environmental controls and student contact guidelines such as the no-touch technique²⁸ for screening based on a point of care risk assessment (PCRA).^{1,32}

The Impact of COVID-19 on Oral Health Screening

Since the onset of the COVID-19 pandemic in March 2020, oral screenings in the school setting of most public health units of Ontario have ceased. COVID-19 guidelines addressing client care in a dental setting have been released by the MOH, PHO, RCDSO and the CDHO. They include guidance on reducing virus transmission and PPE requirements, however they are not specific to low risk oral screenings within the school setting, where a no-touch technique is used to have a quick scan of children’s mouth to note apparent abnormalities to determine any treatment needs. This document endeavours to fill this guidance gap.

Oral Health Screening in Schools

Preparedness Prior to Oral Screening Day

Guideline and Resources

School oral screening team members to review current provincial guidelines and resources related to COVID-19, including, but not limited to the following organizations' websites:

- [Public Health Ontario \(PHO\)](#)
- [Ontario Ministry of Health \(MOH\)](#)
- [Ontario Ministry of Education \(EDU\)](#)
- [College of Dental Hygienists of Ontario \(CDHO\)](#)
- [Royal College of Dental Surgeons of Ontario \(RCDSO\)](#)

Education and Training

School oral screening team members to receive education and training on:

- Infection prevention and control (IPAC)¹⁹⁻²² foundational principles and measures related to COVID-19 prevention such as, but not limited to, physical distancing, use of barriers, use of PPE, hand hygiene and hand care, COVID-19 vaccination,⁴² environmental cleaning, passive and active screening for COVID-19.
- COVID-19 information including how it spreads, variants of concern, risk of exposure, including those who may be at higher risk (e.g., have underlying health conditions) and procedures to follow, including testing, and case and contact management.
- Local school board requirements related to COVID-19 public health measures.
- Local Health Unit's illness reporting policy, requirements and mandatory daily self-assessment for COVID-19 symptoms.

Monitoring

A school oral screening team member to be designated to monitor new COVID-19 guidance and report to team and complete the following:

- Update or create new program policies and procedures to reflect COVID-19 requirements.
- Ensure team is aware of updated or new policies and procedures.

Organizational Risk Assessment (ORA)

The school oral screening team to check with individual school if an ORA is done to assess the efficacy of control measures to mitigate the transmission of infections in the school setting; for e.g., indoor air quality/ventilation considerations. *Refer to school's ORA policies, if any.^{32,33}

Hierarchy of Hazard Controls

The principles of the Hierarchy of Hazard Controls is incorporated into the policies, procedures and practices of the oral screening team school. The controls are applied by the team when setting up, delivering services and tearing down the screening area. The controls to be implemented in accordance with the current policies.¹⁸

Communication

The oral health team to communicate with relevant stakeholders including local school boards, schools and school public health nurses to discuss the following oral health school screening aspects during the COVID-19 pandemic:

- Ensuring local board has approved oral health school screening during the pandemic.
- Ensuring space for screening that allows for physical distancing¹⁵ such as a gymnasium.
- Securing a plan how class cohorts⁸ and students within a class cohort would be screened maintaining physical distance. *Refer to current guidelines and schools' policies on physical distance.
- Awareness of visitor policies.
- Awareness of student, staff and visitor mask policies.
- Awareness of school's garbage disposal policy.

Note: Follow school communications in accordance with the updated policies.

Supply Procurement

The team shall procure adequate PPE and infection, prevention and control materials, including:

- ASTM Level 2 or 3 surgical masks for DH and Level 1 for CDA^{1,3-5,43}
- Eye protection such as face shields/visors, safety glasses/goggles¹
- Level 1 isolation gowns²³ (optional for DH and not required for CDA)
- Medical gloves¹
- Hand sanitizer (70-90% ABHR)¹
- Health Canada approved cleaner/disinfectant with Drug Identification Number (DIN) for hard surfaces^{1,14}
- Facial tissues
- Plexiglass/transparent barrier (if CDA/recorder cannot maintain optimal distance from students)

Scheduling

School teams (Registered Dental Hygienist (RDH) and Certified Dental Assistant (CDA)/Recorder) to schedule only 1 school per day and extra time and/or days for screening should be anticipated. For a school that requires multiple days to complete, the same school team to be assigned for all days.

Transportation of Staff and Supplies

Staff Travel

The RDH and CDA/Recorder and any other staff attending school screenings will use their own transportation to and from the schools. If this is not possible, teams will follow guidance for carpooling.⁶

Equipment and Supplies for RDH

RDH to transport the PPE, equipment and supplies that he/she will be touching and using such as:

- Sterile disposable or re-usable mouth mirrors
- Cotton tipped brushes (used to remove food debris from tooth surfaces – explorers should not be used) (optional)
- Light source (ex. pen light)
- Two separate “clean” and “dirty” containers, labelled accordingly, for transportation that are cleanable, puncture and leak proof
- Hand sanitizer (70-90% ABHR)
- Health Canada approved cleaner/disinfectant with DIN for hard surfaces
- Gloves, eye protection, masks
- Garbage bags for disposal of used disposable mouth mirrors and PPE

Note: Ensure PPE, equipment, and supplies remain clean and dry.

Equipment and Supplies for CDA/Recorder

CDA/Recorder to transport the PPE, equipment and supplies that he/she will be touching and using such as:

- Laptop
- Pens
- Paper
- Plexiglass shield (optional)
- Hand sanitizer (70-90% ABHR)
- Health Canada approved cleaner/disinfectant with DIN for hard surfaces
- Gloves, eye protection, masks

Note: Ensure PPE, equipment, and supplies remain clean and dry.

Supplies for Students

A school screening team member or a public health staff to be designated to make sure the following items are in place for hand hygiene of students:

- Hand sanitizer (70-90% ABHR)
- Facial tissues
- A lined waste bin with foot activated lid or no lid (need to be brought, if not available at school)

Note: Prior consultation with school is recommended to review available school resources.

“Dirty” Instruments (Mirrors) and Used PPE

The RDH will transport used mirrors in securely closed “dirty” containers that are cleanable, puncture and leak proof back to their health unit for reprocessing following IPAC guidelines. Individual health units will follow precautions to ensure instruments are transported to meet IPAC protocols such as maintaining the moisture of “dirty” instruments.

The RDH will place used PPE in a secured garbage bag and dispose the bag at school's disposal container as per the school's policy. If the disposal is not possible at school, transport back to their health unit for disposal.

Prior to Screening at School

COVID-19 Screening and Contact Tracing

School team to provide school with their COVID-19 self-screening results and contact information for contact tracing purposes. *Refer to current guidelines and schools' policies for contact tracing.

Environmental/Engineering Controls

School team to set up screening room/area allowing for 2 metres between the RDH and DA/Recorder. If a 2 metre distance cannot be achieved, a Plexiglass barrier is recommended to be placed between them.¹

School team to complete environmental cleaning using a Health Canada approved cleaner/disinfectant with DIN for hard surfaces in the screening area at the beginning of the school screening day, between class cohorts, upon completion of the screening day and more frequently if needed, particularly on high touch surfaces.¹

Donning and Doffing PPE

RDH and CDA/Recorder to don PPE as per an ORA and a PCRA. See PPE table below for minimum PPE requirements when conducting a no-touch technique oral screening.

Class Cohorts

Class cohorts to be accompanied to the oral screening room with their teacher or a designated transporter.

Student Hand Hygiene

Students to perform hand hygiene immediately prior to their screening.

Confirming Student Identity

Prior to stepping forward to the RDH, the student's name to be confirmed either by student or teacher.

Point of Screening at School

Point of Care Risk Assessment (PCRA)

The RDH to perform a PCRA: Assesses the task, the client, and the environment. Team will confirm with teacher that all students presenting for the screening are still feeling well and symptom free. Students who present for an oral screening are assumed, by their attendance at school, to have screened negative for COVID-19. If a student presents with symptoms, the RDH will not proceed with the oral screening of the student and will immediately inform school staff.

Wearing Mask for Students

Ensure that student keep the nose and mouth both covered by mask. Student to perform hand hygiene prior to doffing and donning mask. Refer to current guidelines and schools' policies for masking requirements.

Position of Student during Screening

If the student is seated for the oral screening, clean/disinfect the chair between each child and/or check with school as to protocols followed in class cohorts regarding chairs and touching shared surfaces. RDHs may consider having students stand for oral screening if possible and if comfortable for the RDH.

Oral Screening

- RDH performs ABHR at the starting of each cohort
- RDH places sterile mirror in student's mouth using a no-touch technique (only sterile mirror touches student's oral mucosa)
- RDH states status of student's dentition and oral tissues to DA/recorder.
- DA/Recorder records information in computer.
- RDH discards mirror into "dirty" container.
- RDH performs ABHR between each student and/or whenever hands come into direct contact with student, student environment and after the removal of PPE

PPE Donning and Doffing

See [Appendix: PPE Requirements](#) for minimum requirements between students and class cohorts.

Post Screening

Cohort Screening Completed

Student returns to end of cohort line, maintaining physical distancing with other students, to wait for end of cohort screening. Cohorts return to classroom as a group. *Refer to current guidelines and schools' policies for physical distancing.

Student Take Home Materials

Oral screening report cards and oral care supplies such as toothbrushes to be given to teacher for distribution to students at end of day to go home in backpack.

Appendix: PPE Requirements

Equipment	Registered Dental Hygienist	Certified Dental Assistant /Recorder
<p>Hand Hygiene</p>	<p>When not wearing gloves: perform hand hygiene between each student and/or whenever hands come into direct contact with student, or the environment other than the handle of the mouth mirror is required and removal of PPE. Performing hand hygiene between each student is consistent with best practice in other health care contexts.</p> <p>If hand hygiene is not preformed between each student, then a risk assessment should be done in conjunction with the health unit IPAC professional. This assessment may include observation of the no-touch technique for screening, previous hand hygiene audit data, and prior IPAC education. If hand hygiene is not performed between each student, then it should be done at a minimum at the start and end of each class/group/cohort of students</p> <p>Hand hygiene is required if direct contact with a student or the environment other than the handle of the mouth mirror is required</p> <p>If there is uncertainty about the need to do so, then hand hygiene should be performed</p> <p>**ABHR with 70-90% alcohol.</p>	<p>Hand hygiene required whenever hands come into direct contact with student, student environment or removal of PPE.</p>
<p>Gloves</p>	<p>Gloves are not required when PCRA indicates no direct¹ contact with student and using a no-touch technique.</p> <p>When wearing gloves: based on the PCRA, gloves are to be removed immediately following the specific task (e.g., individual student screening) and hand hygiene is performed.</p> <p>Hand hygiene is required before and after glove use.</p>	<p>Gloves are not required for recording purposes if 2 metres from student and RDH and/or if behind Plexiglass barrier.</p>

Equipment	Registered Dental Hygienist	Certified Dental Assistant /Recorder
*Wearing gloves is NOT a substitute for hand hygiene.		
Eye Protection	Shield, visor, safety glasses or goggles is acceptable. Disinfect between cohorts and/or if soiled.	Eye protection not required for recording purposes if 2 metres from student and RDH and/or behind Plexiglass barrier.
Masks	ASTM Level 2 or 3 surgical mask Masks to be changed between cohorts and/or if wet or soiled.	ASTM Level 1 surgical mask is acceptable Masks do not need to be changed between cohorts unless wet or soiled.
Gowns	Use of Level 1 Isolation Gown is optional based on risk assessment. ^{43,44}	Gown is not required

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