Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA) to specify the mandatory health programs and services provided by boards of health. 

Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

This protocol has been developed to standardize oral health assessment and surveillance practices (which includes oral health screening) and ensure consistent use of the Ministry of Health and Long Term Care’s Oral Health Information Support System (OHISS) or any other method specified by the Ministry of Health and Long Term Care (the “ministry”) to collect oral health assessment and surveillance data.

Refer to the Child Health Program, Oral Health Guidance Document, 2009 (or as current) for additional resources. 

Statutory Basis

The statutory basis for this protocol is the HPPA, Section 7.

Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Requirement</th>
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<tr>
<td>Child Health</td>
<td>Requirement #2: The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the <em>Oral Health Assessment and Surveillance Protocol, 2008</em> (or as current), and the <em>Population Health Assessment and Surveillance Protocol, 2008</em> (or as current). Requirement #3: The board of health shall report oral health data elements in accordance with the <em>Oral Health Assessment and Surveillance Protocol, 2008</em> (or as current). Requirement #10: The board of health shall conduct oral screening in accordance with the <em>Oral Health Assessment and Surveillance Protocol, 2008</em> (or as current).</td>
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Operational Roles and Responsibilities

1) Notification

The board of health shall act in compliance with all applicable privacy legislation, including the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, 2004.

At least two weeks before school dental screening is scheduled to take place, parent notification will be provided. The format(s) of this notification will be determined in consultation with each school. This notification will include, but is not limited to:

- The legal authority under which dental screening is conducted;
- The process a parent/guardian should follow if they wish to withdraw their child from dental screening; and
- A contact name and telephone number (including extension if applicable) that a parent/guardian may call if they require additional information.
Prior to the scheduled school dental screening, board of health staff will follow up with the school to confirm that the parent notification has been made. If it has not, the screening will be rescheduled.

2) Data collection

The board of health shall:

a) Use the Oral Health Information Support (OHISS) software or any other method specified by the ministry to collect oral health assessment and surveillance information.

b) Record data as screening occurs and transfer into the OHISS software or any other method specified by the ministry at the first opportunity post-screening.

c) All screening data (i.e., school, public health unit clinic and other locations) must be entered into OHISS or any other method specified by the ministry. The following are mandatory fields:

   i) School;
   ii) Board School Identification Number (BSID);
   iii) School screening intensity level;
   iv) Grade;
   v) Room;
   vi) Teacher;
   vii) Date of Screening;
   viii) Screener;
   ix) Gender;
   x) Date of birth;
   xi) Age;
   xii) Absent from school;
   xiii) Excluded from/refused screening;
   xiv) Clinical findings, including personal health information (free format);
   xv) Child Urgent Care, including personal health information;
   xvi) Non-urgent care required;
   xvii) \(d + D \geq 2\), including personal health information (for Grade 2);
   xviii) Would benefit from the application of professionally applied topical fluoride based on clinical eligibility criteria outlined in the Healthy Smiles Ontario (HSO) Program Protocol, 2016 (or as current);
   xix) Would benefit from one, or more, pit and fissure sealants based on clinical eligibility criteria outlined in the Healthy Smiles Ontario (HSO) Program Protocol, 2016 (or as current);
   xx) Would benefit from scaling based on a clinical eligibility criteria outlined in the Healthy Smiles Ontario (HSO) Program Protocol, 2016 (or as current);
   xxi) Gingivitis present, including personal health information;
   xxii) No care required, including personal health information; and
   xxiii) Date of destruction.
Oral Health Assessment and Surveillance Protocol, 2016

d) Perform an oral health screening on all Grade 2 students in every school annually. This screening shall include the noting of “d + D” and shall be used to determine the school’s screening intensity level.
e) Apply the following definitions:
   i) High screening intensity schools as those in which a Grade 2 census screening reveals that 14 per cent, or more, of students exhibit a “d + D” of two or more.
   ii) Medium screening intensity schools as 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.
   iii) Low screening intensity schools as those in which a Grade 2 census screening reveals that fewer than 9.5 per cent, of students exhibit a “d + D” of two or more.
f) Use the OHISS or any other method specified by the ministry to calculate the screening intensity level of the school. The screening intensity level shall be calculated using Grade 2 census screening results.
g) Based on the Grade 2 census screening results:
   i) Conduct oral health screening in junior kindergarten (JK) and senior kindergarten (SK), and in Grades 4, 6, and 8, in high screening intensity schools;
   ii) Conduct oral health screening in JK, SK, and Grade 8 in medium screening intensity schools; and
   iii) Conduct oral health screening in JK and SK in low screening intensity schools.
h) Notify parents/guardians for children who have an identified need for preventive care or an urgent dental condition as per the Healthy Smiles Ontario (HSO) Program Protocol, 2016 (or as current).
i) Do the following for an alternate (non-school) entry point to public health programs and services: offer screening within five business days at an alternate facility when requested by a parent/guardian.
j) For screening provided in a board of health clinic, enter the child into OHISS using ‘PHU’ as the Facility Type and Facility Board.

3) Data analysis and interpretation
The board of health shall:
   a) Analyse the oral health surveillance data using the OHISS or any other method specified by the ministry.
   b) Interpret surveillance findings in the context of all of the oral health components of the Child Health Program.
4) Reporting and Dissemination

The board of health shall:

a) Receive an annual report, from the medical officer of health, on oral health surveillance findings. This report shall include information on trend analysis, program planning, implementation and evaluation (as appropriate).

b) Make surveillance data available to the general public and local health community, through multiple local media channels, including the board of health website.

Glossary

Child Urgent Care: The child is 17 years of age or younger and clinically eligible for the Healthy Smiles Ontario (HSO) Program’s Emergency and Essential Services Stream based on the definition outlined in the HSO Schedule of Dental Services and Fees, 2016 (or as current).

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

References


