

Oral Health Assessment and Surveillance Protocol

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)¹ 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 and ensure consistent use of the Ministry of Health Promotion's Oral Health Information Support System (OHISS) or any other method specified by the Ministry of Health Promotion (the "ministry") to collect oral health assessment and surveillance data.

This protocol, in part, replaces the *Dental Indices Survey (DIS) Protocol, August 29, 1997* (updated October, 2001).

Statutory Basis

The statutory basis for this protocol is the HPPA, Section 7.¹

Other relevant legislation includes the Personal Health Information Protection Act, 2004²; the Dental Hygiene Act, 1991, S.O. 1991³; the Dentistry Act, 1991, S.O. 1991⁴; and the Education Act, R.S.O. 1990⁵

Reference to the Standards

The table below identifies the OPHS program standard and requirements to which this protocol relates.

Standard	Requirement
Child Health	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 <i>Oral Health Assessment and Surveillance Protocol, 2008</i> (or as current), and the <i>Population Health Assessment and Surveillance Protocol, 2008</i> (or as current).
	Requirement #3: The board of health shall report oral health data elements in accordance with the <i>Oral Health Assessment and Surveillance Protocol, 2008</i> (or as current).
	Requirement #10: The board of health shall conduct oral screening in accordance with the <i>Oral Health Assessment and Surveillance Protocol, 2008</i> (or as current).

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 Act⁶ and the Personal Health Information Protection Act, 2004.²

2) Data collection

The board of health shall:

- a) Use the OHISS 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) Use the following OHISS or any other method specified by the ministry mandatory screening data fields:
 - i) School;
 - ii) Board School Identification Number (BSID);
 - iii) School Risk 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;
 - xviii) Fluoride Eligible, including personal health information, based on the *Preventive Oral Health Services Protocol, 2008* (or as current);
 - xix) Sealant Eligible, including personal health information, based on the *Preventive Oral Health Services Protocol, 2008* (or as current);
 - xx) Scaling Eligible, including personal health information, based on the *Preventive Oral Health Services Protocol, 2008* (or as current);
 - xxi) Gingivitis present, including personal health information;
 - xxii) No care required, including personal health information; and
 - xxiii) Date of destruction.
- 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 schools where screening reveals that 9.5 per cent, or more, of Grade 2 students exhibit a “d + D” of two or more (medium screening intensity);
 - iii) Conduct oral health screening in JK and SK in schools where screening reveals that fewer than 9.5 per cent of Grade 2 students exhibit a “d + D” of two or more (low screening intensity); and
 - iv) Notify parents/guardians for children who have an urgent dental condition and/or potentially qualify for a mandatory preventive service.
- h) 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.

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 dental 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.

5) Action/utilization/priority setting

The board of health shall:

- a) Refer to the notification section in the *Children in Need of Treatment (CINOT) Program Protocol, 2008* (or as current) for the required follow-up for children identified as age/grade eligible for the CINOT program.
- b) For children identified as age/grade and dentally eligible for Preventive Services, refer to the operational roles and responsibilities section of the *Preventive Oral Health Services Protocol, 2008* (or as current) for required follow-up.

Glossary

Child Urgent Care: The child is age/grade and dentally eligible for the CINOT program (i.e., financial eligibility remains to be determined).

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

References

1. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.
2. *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm.
3. *Dental Hygiene Act, 1991*, S.O. 1991, c. 22.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91d22_e.htm.
4. *Dentistry Act, 1991*, S.O. 1991, c. 24.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91d24_e.htm.
5. *Education Act*, R.S.O. 1990, c. E.2.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90e02_e.htm.
6. *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90m56_e.htm.