Oral Health Screening

Purpose:
To screen children from two months to four-six years for factors that indicate risk for early childhood tooth decay (ECTD).

Goal:
To reduce the prevalence of ECTD.

To reduce the number of children requiring general anesthetic for dental treatment.

To identify ECTD at an early stage and make appropriate referral for treatment.

Standard:
Oral health education is provided to caregivers of children attending CHCs. PHNs provide an oral health assessment by lifting the lip to screen and educate caregivers at two, four, six, 12, 18 months, and four - six years.

Principles:
- Dental decay is almost 100% preventable and predictable.
- The importance of optimal oral health and its link to overall health:
  - the oral cavity is a portal for nutrients for the body;
  - the oral cavity is important for communication;
  - the importance of the oral cavity for self-esteem and social connectedness;
  - the importance of good oral health to support proper growth and development of the face and jaw; and
  - medical links between oral disease and other health conditions.

- It is important for caregivers to understand:
  - the importance of oral health
  - the need to initiate oral health practices for their children;
  - that tooth decay is caused by bacteria in the mouth and is passed from caregiver to the child through saliva; and
  - about other risk factors regarding the development of early childhood dental caries.
Procedure:
- Oral assessment for each age group
- See Appendix 6 - Oral Health Screening Guidelines for CHCs (page 1 – Technique)
- Assess for risk factors in tooth decay as per Expected Standards under each age group
- Referrals to the appropriate oral health care professional if concerns or red flag identified.
Documentation:
- If these questions are not asked, circle NA (not assessed).
- If there is no concern, circle NAP (no apparent problem).
- If a concern exists, indicate in the assessment box if the concern is to be observed (OBS), referred (REF) or under continued care (UCC).
- Comments should be concise and relevant to any concerns or referrals. In the Nurses’ Notes, indicate whether the referral is to a dentist or oral health professional external to public health or to the Dental Health Educator/provider in public health.

Time required:
Less than one minute.

Indicators:
- Number of individuals screened at CHC.
- Number of individuals referred to an oral health professional.

For population health data:
- Number of referrals made to an oral health professional.

PHN and Caregiver Resources:
- Growing Up Healthy series (Ministry of Health).
- Dental Health Educators/ providers name and contact information.
- Regional Health Authorities list of dentists who will see children (please check with your Regional Dental Health Educator/provider to see if a list is available for your region).
- Toothpaste Use for Children Under 3.
- Fluoride Varnish Protects Teeth.
- Thumb, Finger and Pacifier Habits.
- Drinking From A Cup.
- Early Childhood Tooth Decay.

References:
<table>
<thead>
<tr>
<th>Expected Standards</th>
<th>Client-Based Support</th>
<th>Red Flags</th>
</tr>
</thead>
</table>
| **2 months**
**Oral Health**
- Oral health assessment by lifting the child’s lip and opening the child’s mouth; assess the anterior and posterior of the oral cavity
- Oral hygiene is being performed daily by caregiver
- Mother indicates breast or bottle nipple is removed from the mouth when child falls asleep.
- Presence of sucking reflex. | - Clean your baby’s mouth after feeding, at least once per day, with a moist cloth or gum brush.
- Encourage the caregiver to regularly lift the lip and look for changes in the mouth.
- Advise caregiver to remove breast or bottle if child falls asleep.
- Thumb and finger sucking is normal for infants. PACIFIERS:
  - the nipple should be soft enough to flatten out against the roof of the mouth. They are sized by age.
  - Limit use.
  - Never put in your mouth to clean it; this passes decay-causing germs to baby,
  - Never dip in sugar, honey, syrup or other sweet substance | - Child isn’t having mouth cleaned daily.
- Child continues to feed while sleeping.
- Absence of sucking reflex.
- Amount of pacifier use (most of the time).
- Caregiver is observed putting child’s pacifier in own mouth.
- Damaged or worn pacifier is used.
- Presence of thrush.
- Presence of tongue tie. |
| Encourage caregivers to keep their own mouth clean and healthy, brush and floss daily, have regular dental check-ups, and receive treatment as needed. | Refer to Oral Health Professional if concerns or red flag identified |

**References**
Oral Screening Guidelines for Child Health Clinics Appendix 6

**Resources**
- Thumb, Finger and Pacifier Habits
- Parent’s Guide to Oral Health
### Expected Standards

<table>
<thead>
<tr>
<th>4 months Oral Health</th>
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</thead>
<tbody>
<tr>
<td>• Oral health assessment by lifting the child’s lip and open child’s mouth; assess the anterior and posterior of the oral cavity</td>
</tr>
<tr>
<td>• Oral hygiene is being performed daily by caregiver.</td>
</tr>
<tr>
<td>• Mother indicates breast or bottle nipple is removed from the mouth when child falls asleep.</td>
</tr>
<tr>
<td>• Indication of teething (i.e. chewing on objects, increased saliva, increased fussiness).</td>
</tr>
</tbody>
</table>

### Client-Based Support

<table>
<thead>
<tr>
<th>4 months Oral Health</th>
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</thead>
<tbody>
<tr>
<td>• If no teeth are present: clean baby’s mouth after feeding, at least once per day, with a moist cloth or gum brush.</td>
</tr>
<tr>
<td>• If teeth are present: Teeth/gums should be cleaned daily by an adult using a soft bristled child sized toothbrush.</td>
</tr>
<tr>
<td>• Fluoridated toothpaste the size of a grain of rice is recommended for children under 3 years of age, with teeth, who are at risk of developing early childhood tooth decay. (See page 2 of the Oral Screening Guidelines for risks for tooth decay).</td>
</tr>
<tr>
<td>• Encourage the caregiver to regularly lift the lip and look for changes in the mouth, plaque and early signs of tooth decay if teeth are present.</td>
</tr>
<tr>
<td>• Advise caregiver to remove breast or bottle if child falls asleep.</td>
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</tbody>
</table>

**To ease teething:** Rub baby’s gums with a soft toothbrush or allow them to chew on a clean, cold (not frozen) teething ring or wet face cloth. Teething ointments and gels are not recommended as they may numb baby’s throat.

### Red Flags

<table>
<thead>
<tr>
<th>4 months Oral Health</th>
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</thead>
<tbody>
<tr>
<td>• Child isn’t having mouth cleaned daily.</td>
</tr>
<tr>
<td>• Infant continues to feed while sleeping.</td>
</tr>
<tr>
<td>• Use of teething ointments and gels.</td>
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</tbody>
</table>

and cause choking.

PACIFIERS:
• the nipple should be soft enough to flatten out against the roof of the mouth. They are sized by age.
• Limit use.
• Never put in your mouth to clean it; this passes decay-causing germs to baby,
• Never dip in sugar, honey, syrup or other sweet substance
• Thumb and finger sucking is normal for infants.

• Encourage caregivers to keep their own mouth clean and healthy, brush and floss daily, have regular dental check-ups, and receive treatment as needed.

Tooth Eruption: Lower incisors (6 – 10 months)

References:
Oral Screening Guidelines for Child Health Clinics

Resources:
• Early Childhood Tooth Decay
• Thumb, Finger and Pacifier Habits

• Amount of pacifier use (most of the time).
• Caregiver is observed putting child’s pacifier in own mouth.
• Damaged or worn pacifier is used.

• Referral to an oral health if there are concerns or red flag identified.
### Saskatchewan Child Health Clinic Guidelines for Standard Practice

**Additional Assessment**

May 2015

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<table>
<thead>
<tr>
<th>Expected Standards</th>
<th>Client-Based Support</th>
<th>Red Flags</th>
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</thead>
<tbody>
<tr>
<td><strong>6 months</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Oral Health</strong></td>
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</tbody>
</table>
| • Oral health assessment by lifting the child’s lip and having the child open their mouth; assess the anterior and posterior of the oral cavity. | • If no teeth are present: clean baby’s mouth after feeding, at least once per day, with a moist cloth or gum brush.  
• If teeth are present:  Teeth/gums should be cleaned daily by an adult using a soft bristled child sized toothbrush.  
• Fluoridated toothpaste the size of a grain of rice is recommended for children under 3 years of age, with teeth, who are at risk of developing early childhood tooth decay. (See page 2 of the Oral Screening Guidelines for risks for tooth decay).  
• Encourage the caregiver to regularly lift the lip and look for changes in the mouth, plaque and early signs of tooth decay if teeth are present. | • Caregiver has concerns about teeth.  
• Presence of visible plaque on teeth  
• Has a visible cavity or white chalky area on tooth.  
• Child does not receive daily brushing by an adult or child brushes their own teeth |
| • Oral hygiene is being performed daily by caregiver. | • Advise caregiver to remove breast or bottle if child falls asleep.  
• Advise caregivers that frequent sipping and prolonged contact of teeth with liquids other than water, increases the risk of Early Childhood Tooth Decay. | • Child continues to feed while sleeping. |
| • Mother indicates breast or bottle nipple is removed from the mouth when child falls asleep. | | |
| Regular open cup is introduced | Encourage the use of a regular open cup at 6 months of age.  
Sippy/training cups are not recommended and may interfere with speech/mouth development.  
**To ease teething:** Rub baby’s gums with a soft toothbrush or allow them to chew on a clean, cold (not frozen) teething ring or wet face cloth. Teething ointments and gels are not recommended as they may numb baby’s throat and cause choking.  
Encourage caregivers to keep their own mouth clean and healthy, brush and floss daily, have regular dental check-ups, and receive treatment as needed. | Child uses sippy/training cup  
Use of teething ointments and gels.  
Refer to an oral health professional if concerns or red flag identified. |
| Signs of teething. | | |
### Expected Standards

#### 12 months Oral Health
- Oral health assessment by lifting the child’s lip and having the child open their mouth; assess the anterior and posterior of the oral cavity.
- Oral hygiene is being performed daily by caregiver.
- Mother indicates breast or bottle nipple is removed from the mouth when child falls asleep.
- The spoon used during feeding is not shared with other family members.

### Client-Based Support

- Teeth/gums should be cleaned daily by an adult using a soft bristled child sized toothbrush.
- Fluoridated toothpaste the size of a grain of rice is recommended for children under 3 years of age, who are at risk of developing early childhood tooth decay. (See page 2 of the Oral Screening Guidelines for risks for tooth decay).
- Encourage the caregiver to regularly lift the lip and look for changes in the mouth.
- Advise caregiver to remove breast or bottle if child falls asleep.
- Advise caregivers that frequent sipping and prolonged contact of teeth with liquids other than water, increases the risk of Early Childhood Tooth Decay.
- Advise caregivers that decay-causing bacteria is transmitted through saliva so avoid sharing a spoon when tasting food.

### Red Flags

- Caregiver has concerns about teeth.
- Presence of visible plaque on teeth.
- Has a visible cavity or white chalky area on tooth.
- Child does not receive daily brushing by an adult or child brushes their own teeth.
- Child continues to feed while sleeping.
- Child and family member(s) eat from the same spoon.
| Child receives beverages served in a regular open cup and drinks water and the recommended serving of milk. | Encourage the use of a regular open cup. Sippy/training cups are not recommended and may interfere with speech/mouth development.  
Children do not require juice in their diet. Encourage caregivers to give their child fruit rather than juice.  
Children do not require juice in their diet. Encourage caregivers to give their child fruit rather than juice.  
Advise caregivers to select healthy snack choices as per Canada’s Food Guide. It is the frequency of snacking or grazing and sipping, not the amount of sugar, carbs/starch consumed that affects tooth decay. | Child consumes beverages from a bottle or cup with a spout or straw during the day or while sleeping.  
Child eats and drinks foods containing sugar outside planned meal and snack times. Child is allowed to graze and sip all day.  
Child has not had a first dental visit.  
Refer to an oral health professional if concerns or red flag identified. |
|---|---|---|
| Child is limited to food and beverages containing sugar to planned meal and snack times. | Advise the first dental visit by 1st Birthday  
Fluoride varnish applications are available in your area.  
Encourage caregivers to keep their own mouth clean and healthy, brush and floss daily, have regular dental check-ups, and receive treatment as needed. | Tooth Eruption: central and lateral incisors, first molars. |
| Ask caregiver if the child has seen a dentist for an initial assessment. | | |
### References:
Oral Screening Guidelines for Child Health Clinics

### Resources:
- Toothpaste Use for children Under 3
- Drinking From a Cup
- Fluoride Varnish Protects Teeth
- Early Childhood Tooth Decay
### Expected Standards

<table>
<thead>
<tr>
<th>18 months Oral Health</th>
<th>Client-Based Support</th>
<th>Red Flags</th>
</tr>
</thead>
</table>
| • Oral health assessment by lifting the child’s lip and having the child open their mouth; assess the anterior and posterior of the oral cavity | • Teeth/gums should be cleaned daily by an adult using a soft bristled child sized toothbrush.  
• Fluoridated toothpaste the size of a grain of rice is recommended for children under 3 years of age, who are at risk of developing early childhood tooth decay. (See page 2 of the Oral Screening Guidelines for risks for tooth decay).  
• Encourage the caregiver to regularly lift the lip and look for changes in the mouth. | • Caregiver has concerns about teeth.  
• Presence of visible plaque on teeth  
• Has a visible cavity or white chalky area on tooth. |
| • Oral hygiene is being performed daily by caregiver. | • Advise caregiver to remove breast or bottle if child falls asleep.  
• Advise caregivers that frequent sipping and prolonged contact of teeth with liquids other than water, increases the risk of Early Childhood Tooth Decay. | • Child does not receive daily brushing by an adult or child brushes their own teeth |
| • Mother indicates breast or bottle nipple is removed from the mouth when child falls asleep. | • Encourage the use of a regular open cup.  
• Sippy/training cups are not recommended and may interfere with speech/mouth development. | • Child continues to feed while sleeping. |
| • Child receives beverages served in a regular open cup and drinks water and the recommended serving of milk. | | • Child consumes beverages from a bottle or cup with a spout or straw during the day or while sleeping |
| • Child is limited to food and beverages containing sugar to planned meal and snack times. | • Children do not require juice in their diet. Encourage caregivers to give their child fruit rather than juice.  
• Advise caregivers to select healthy snack choices as per Canada’s Food Guide. It is the frequency of snacking or grazing and sipping, not the amount of sugar, carbs/starch consumed, that affects tooth decay.  
• Advise the first dental visit by 1st Birthday  
• Fluoride varnish applications are available in your area.  
• Encourage caregivers to keep their own mouth clean and healthy, brush and floss daily, have regular dental check-ups, and receive treatment as needed.  
Tooth Eruption: central and lateral incisors, first molars, and canines.  

• References:  
• Oral Screening Guidelines for Child Health Clinics.  

• Resources:  
• Fluoride Varnish Protects Teeth  
• Toothpaste Use for Children Under 3  
• Early Childhood Tooth Decay  
• Drinking From a Cup | • Child eats and drinks foods containing sugar outside planned meal and snack times. Child is allowed to graze and sip all day.  

• Child has not had a first dental visit.  

• Refer to an oral health professional if concern or red flag identified. |
## Expected Standards

### 4-6 year olds

#### Oral Health

- Oral health assessment by lifting the child’s lip and having the child open their mouth; assess the anterior and posterior of the oral cavity.
- Oral hygiene is being performed daily by caregiver.

## Client-Based Support

- Teeth should be cleaned daily by an adult using a soft bristled child sized toothbrush.
- Fluoridated toothpaste the size of a pea recommended for children over 3 years of age.
- Encourage the caregiver to regularly look for changes in the mouth.
- Advise caregivers that young children do not have the ability to brush thoroughly, so caregivers need to brush their child’s teeth until eight years of age.
- Encourage child to brush independently (for example, the child should take a turn and then the adult taking a turn will help develop brushing skills and habits.
- Advise caregiver to floss daily because the second year molar teeth are present.

## Red Flags

- Caregiver has concerns about teeth.
- Presence of visible plaque on teeth.
- Has a visible cavity or white chalky area on tooth.
- Child does not receive daily brushing/flossing by an adult or child brushes their own teeth.
- Child does not use fluoride toothpaste.
<table>
<thead>
<tr>
<th>1. Child receives beverages served in a regular open cup and drinks water and the recommended serving of milk.</th>
<th>2. Encourage the use of a regular open cup. Sippy/training cups are not recommended and may interfere with speech/mouth development. Advise caregivers that frequent sipping and prolonged contact of teeth with liquids other than water, increases the risk of tooth decay.</th>
<th>3. Child consumes beverages from a bottle or cup with a spout or straw during the day or while sleeping.</th>
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</thead>
<tbody>
<tr>
<td>4. Child is limited to food and beverages containing sugar to planned meal and snack times.</td>
<td>5. Children do not require juice in their diet. Encourage caregivers to give their child fruit rather than juice. Advise caregivers to select healthy snack choices as per Canada’s Food Guide. It is the frequency of snacking or grazing and sipping, not the amount of sugar, carbs/starch consumed that affects tooth decay.</td>
<td>6. Child eats and drinks foods containing sugar outside planned meal and snack times. Child is allowed to graze and sip all day.</td>
</tr>
<tr>
<td>7. Ask caregiver if child has seen a dentist within the last year.</td>
<td>8. Advise the caregiver that yearly dental visits are recommended for them and their child. Fluoride varnish applications are available in your area. Encourage caregivers to keep their own mouth clean and healthy, brush and floss daily, have regular dental check-ups, and receive treatment as needed.</td>
<td>9. Child has not had a dental visit in the last year.</td>
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<td>10. Refer to an oral health professional if any concerns or red flag identified.</td>
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<tr>
<td>Tooth Eruption: complete eruption of all 20 primary teeth.</td>
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<tr>
<td>Resources:</td>
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<tr>
<td>- Fluoride Varnish Protects Teeth</td>
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<tr>
<td>- Early Childhood Tooth Decay</td>
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<tr>
<td>- Drinking From a Cup</td>
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<tr>
<td>- Toothpaste Use for Children Under 3 (back page)</td>
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