

## Considerations for School Nurses in Return to School: Dental Screening

**Disclaimer Statement:** This document provides a summary of currently available resources that school nurses can consult as they formulate independent nursing judgement for their practice or when participating in policy discussions in their districts. This document is not intended to provide clinical standards or guidelines. The school nurse is responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice. 8/20/2020.

### Introduction

Due to the COVID-19 pandemic, it may be necessary to delay dental screenings until schools have adjusted to a regulated state of operations. Postponing screening until late fall or spring semester is an option as well as the school nurse individually screening students identified with specific dental concerns.

Tooth decay is the most common chronic disease of childhood. By the time a child enters kindergarten, more than 4-of-10 have had tooth decay (CDC, 2020). Left untreated, tooth decay can cause pain and serious oral infections that may compromise a child's ability to concentrate and learn. In the United States, approximately 16% of children and adolescents have untreated decay, rising to 20% in minority children and 23% among those living below 100% of the federal poverty threshold, reflecting profound ethnic and income disparities (CDC, 2019). Based on data from numerous state oral health surveys, the percentage of elementary school children with oral pain or a serious oral infection ranges from 2%-10% depending on location and population.

COVID-19 has had significant impacts on the provision of dental care. On March 16, 2020, the American Dental Association recommended that dentists nationwide postpone all elective procedures and provide emergency/urgent care only (ADA, March 16). In May, the Centers for Disease Control and Prevention (CDC) released interim infection prevention and control guidance for dental settings during the COVID-19 response which prompted most dental offices to return to providing non-emergency care (CDC, August 4). As of mid-August, 99% of U.S. dental practices have reopened although about half report lower patient volume (ADA, August 10).

Because of recent reduced capacity combined with parental fear, many children are not getting the dental care they need. This will likely increase the percentage of children with oral pain and/or a serious oral infection, especially in high-risk or vulnerable populations.

## Assessment

As schools begin to reopen, school nurses, with or without assistance from outside organizations or individuals, will play an essential role in identifying children in need of dental care.

- In terms of COVID-19 transmission, the lowest risk oral health assessment is to question the child by asking if they have a toothache, teeth that hurt when they eat, or teeth that wake them at night.
- School nurses can also look for behaviors that suggest oral problems such as flinching/grimacing when eating or holding their face. Some children, however, do not verbalize oral pain or may have an infection/abscess that is not painful.
- The most reliable way to identify children in need of dental care is with in-school dental screenings – a simple, quick, and non-invasive assessment of a child’s oral health. During a dental screening, a health professional, such as a school nurse, uses a penlight or flashlight to look for obvious signs of disease such as a large cavity or an abscess.
  - A dental screening takes less than one minute per child and is an ideal in-school tool for triaging children in need of care.
    - During a dental screening, a child is classified based on urgency of need for dental care
      - No obvious problems, needs non-urgent dental care (small cavity)
      - Needs immediate/urgent dental care (pain, large cavity, or abscess)
- For more information on how to classify a child, refer to the [Oral Health Screening Pocket Guide for School Nurses](#) developed by the Ohio Department of Health. As previously mentioned, postponing dental screenings until late fall or spring semester is an option as well as the school nurse individually screening students identified with specific dental concerns.

## Communication

- District leadership, school leadership, teachers, and parents need to be informed about the importance of identifying children in need of dental care through either verbal assessment or dental screenings.
- In schools where regular dental screenings are conducted (without the provision of dental services), most use passive (opt-out) consent. Verify school district policies for screening students.
- Dental screenings can be combined with other health screenings or conducted on a separate day.
- Facts regarding changes to screenings is important including if the screening is postponed or rescheduled. Information on changes such as the inability to provide dental sealants due to the pandemic needs to be clearly communicated with families, particularly if there are changes from the prior school year.

### **Infection Control Measures**

- Based on recommendations from the Occupational Safety and Health Administration (OSHA), school-based dental screenings should use the following personal protective equipment: gloves, eye protection (e.g., goggles, face shield), and surgical mask (OSHA, 2020).
- Some dental screening programs have added a plexiglass barrier between the child and the screener in addition to the recommended PPE. Adding a plexiglass barrier, however, has not been proven to reduce transmission and is not currently listed as a PPE recommendation by CDC or OSHA.
- For more detailed information on the use of PPE, refer to NASN's [Guidance on Healthcare Personnel on the Use of Personal Protective Equipment \(PPE\) in Schools During COVID-19](#).

### **Resource for School Nurses Conducting Dental Screenings**

- [Ohio Department of Health, Oral Health Screening Pocket Guide for School Nurses](#)

### **Resources for Finding Dental Screeners**

- [Association of State and Territorial Dental Directors list of state oral health programs](#)
- [American Dental Association list of state and local dental societies](#)
- [American Dental Hygienists' Association list of state dental hygiene societies](#)
- [American Dental Association list of accredited dental and dental hygiene schools](#)

### **Resources for Obtaining Dental Care**

If you identify a child in need of dental care, there are several resources to help you identify a dentist or dental clinic that will provide care. During COVID-19, all dental clinics will provide necessary emergency/urgent care, and most will stabilize children needing non-urgent care.

- [Federally Qualified Health Centers \(FQHCs\)](#)
- [Medicaid Dental Providers](#)
- [State and Local Dental Societies](#)

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- Association of State and Territorial Dental Directors (ASTDD)
- ASTDD is a national non-profit organization representing the directors and staff of state public health agency programs for oral health. It was organized in 1948 and is one of 20 affiliates of the Association of State and Territorial Health Officials (ASTHO). ASTDD formulates and promotes the establishment of national dental public health policy, assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals' knowledge and skills by

developing position papers and policy statements; provides information on oral health to health officials and policy makers, and conducts conferences for the dental public health community.

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