



Oral Health Review Calibration for Missouri Oral Health Preventive Services Program (PSP)



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**
Office of Dental Health



Why is this Oral Health Review Calibration Required?

Tooth Decay/Cavity diagnosis varies among clinicians.

- 10 clinicians plus 1 patient = 10 different treatment plans.**

Purpose of training is to assure consistency.



Public Health Surveillance/Reviews

- The Basic Screening Survey is a tool for obtaining data for an oral health surveillance system and may not be used in an oral health research.
- “Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding health-related events for use in public health to improve health.” ¹
- “The Basic Screening Survey tools were developed by the Association of State and Territorial Dental Directors to assist state and local public health agencies monitor the burden of oral disease...” ²

1. Cited: “Morbidity and Mortality Weekly Report (MMWR) July 27, 2001.”

2. Cited- “The basic screening survey: A tool for oral health surveillance not research February 2011, updated June 2015 and July 2017.”



Course Instructions

- The course will take approximately 20 minutes to complete.
- The YouTube Oral Health Review calibration presentation will advance automatically.
- You may stop and start this course at any time.
- Completion Code = **TEETH**.
- This calibration course is required annually.
- Licensed dental professionals and EFDAs will earn 1 credit hour of continuing education.



Program Objectives

At the completion of this course the learner will be able to:

- Describe the four basic components of the Preventive Services Program (PSP).
- Understand the rationale behind the BSS/PSP oral health review and materials necessary to conduct an oral health review.
- Properly complete the PSP oral health review form.

The Preventive Services Program (PSP)

The Missouri Oral Health Preventive Services Program (PSP) is a free community-based, systems approach to population-based prevention of oral disease.



PSP Methodology



SURVEILLANCE

- Annual oral health reviews are conducted by individuals who meet the PSP criteria and have completed this online calibration course.

EDUCATION

- Curriculum materials available.

PREVENTION

- Fluoride varnish applied twice per year by trained volunteer (Parental/Guardian consent required).

REFERRAL

- Children needing early or immediate dental care.



People Involved in the Event

EVENT COORDINATOR

Person coordinating the PSP event, typically a school nurse, head start coordinator, public health nurse or parent.

ORAL HEALTH REVIEWER

**Individuals
Who
Meet the PSP Criteria.**

VARNISH VOLUNTEER

**Applied by dental
professionals, trained
medical professionals and
trained lay volunteers.**

OTHER VOLUNTEERS

**Any
other person interested in
helping with the details of
the event.**

- You will be one of many involved in a PSP Event.
- The purpose of PSP; “Many hands working together for the improved oral health of the community.”
- Your role is to provide an oral health review of the children’s teeth.



Who Can Conduct PSP Oral Health Reviews?

The individuals listed below meet the PSP criteria and may conduct PSP oral health reviews after successfully completing the annual online Oral Health Reviewer Calibration.

- Dentists.
- Dental Students (Competency as determined by faculty of respective dental school, typically third- or fourth-year students).
- Dental Hygienists.
- Dental Hygiene Students (Competency as determined by faculty of respective dental hygiene program, typically second year students).
- Dental Assistants (Certified Dental Assistant or passage a Missouri Dental Assisting Basic Skills exam and/or a minimum of two years chairside experience).
- Licensed Medical Professionals (i.e., Physicians, Nurses, Nurse Practitioners, etc.).
- Medical Professional Students (Competency as determined by faculty of respective medical or nursing program).
- Community Health Care Coordinator or Community Dental Health Care Coordinator.

What is an Oral Health Review?



- Not a thorough clinical exam, no X-rays are taken.
- Does not involve making a clinical diagnosis that results in a treatment plan.
- Visual review only, no dental instruments used, only identifies obvious decay/cavities.
- Conducted by individuals who meet the PSP criteria and successfully completes the online calibration annually.

PSP Supplies

- Ordered online by the PSP coordinator of your local event.
- Supplies from DHSS include:
 - Oral Health Review Forms - Paper or Online Format.
 - Disposable Mouth Mirrors.
 - Toothbrushes and Toothpaste.
 - Floss.
 - Fluoride Varnish.
 - Educational Materials.



Styles of toothbrushes and other supplies may differ from photos.

Other Items You May Need:

These may or may not be provided by the coordinator of the event. Please check on this to verify what you will need to bring with you to the oral health review.



- Face Masks.
- Gloves.
- Light Source/Flashlight.
- Hand Sanitizer.
- Safety Glasses or Eye Wear.



PLEASE DO NOT USE
DENTAL LOUPES FOR
ORAL HEALTH REVIEW!

"The Basic Screening Survey diagnostic criteria are designed to be comparable to the National Health and Nutrition Examination Survey (NHANES) criteria. Because of this, we encourage BSS examiners to not use loupes."

Basic Screening Survey An Approach to Monitoring Community Oral Health Head Start and School Children ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS .Original Publication Date: 1999 Revised Editions: September 2003, December 2008, June 2015, July 2017

Set Up the Area

- Two straight back chairs will be necessary for the review, one for yourself and one for the child.
- A small flashlight to provide good light for viewing the mouth.
- A table or desktop near your work area will help with supply access.
- A waste basket for disposables.



For Infants and Toddlers



It will be easier to see in the mouths of infants and toddlers if you use knee to knee positioning (lap exam).

<http://www.scdhec.gov/health/mch/oral/early.htm>

Maintaining the Child's Privacy and Self-Esteem

Remember, some children will have tooth decay/cavities and poor oral hygiene.

- Discuss findings with the child in such a way as to motivate, but also keep his/her self-esteem intact.
- Discuss findings quietly so that others cannot overhear.




Infection Control Information and Guidelines From CDC & OSHA

- The BSS is a non-invasive review – limited to no physical contact with child.
- The BSS does not produce aerosols.
- Follow infection control guidelines for non-aerosol generating procedures.
- Change gloves with each child.
- A mask should be worn at all times while conducting oral health reviews.
- Use hand disinfectant often during the event.

RESOURCES: Centers for Disease Control & Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
Occupational Safety & Health Administration
www.osha.gov/coronavirus/control-prevention/dentistry



Paper Oral Health Review Form

 Missouri Department of Health and Senior Services
Office of Dental Health
PO Box 570, Jefferson City MO 65102-0570 Phone 573-751-6182
Preventive Services Program (PSP) Survey

Only individuals that meet the PSP criteria and successfully complete the online PSP Oral Health Review Calibration may conduct PSP oral health reviews. **Questions 2-12 relate to the child being reviewed. Answer all questions.**
Comments in **red** may assist reviewer with completing this form.

• Fill in circles • Do not use a \ or X • Use a pen or marker • Do not use a pencil

Event Date	Event Site Name	County Where Event is Located	District Name

- Profession of Oral Health Reviewer:
 - ☐ Dentist
 - ☐ Dental Hygienist
 - ☐ Dental Hygiene Student
 - ☐ Dental Assistant
 - ☐ Licensed Medical Professional
 - ☐ Medical Professional Student
 - ☐ Community Health Dental or Care Coordinator
- Sex of Child: **Assigned at birth.**
 - ☐ Female
 - ☐ Male
- Race of Child: **Best guess. Mark all that apply.**
 - ☐ American Indian/Alaska Native
 - ☐ Asian
 - ☐ Black/African American
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ White
- Ethnicity of Child: **Best guess.**
 - ☐ Hispanic
 - ☐ Non-Hispanic
- Age of Child:

<input type="radio"/> 0 to 11 Months		<input type="radio"/> 13
<input type="radio"/> 01	<input type="radio"/> 07	<input type="radio"/> 14
<input type="radio"/> 02	<input type="radio"/> 08	<input type="radio"/> 15
<input type="radio"/> 03	<input type="radio"/> 09	<input type="radio"/> 16
<input type="radio"/> 04	<input type="radio"/> 10	<input type="radio"/> 17
<input type="radio"/> 05	<input type="radio"/> 11	<input type="radio"/> 18
<input type="radio"/> 06	<input type="radio"/> 12	
- Grade of Child:

<input type="radio"/> Preschool	<input type="radio"/> Sixth
<input type="radio"/> Kindergarten	<input type="radio"/> Seventh
<input type="radio"/> First	<input type="radio"/> Eighth
<input type="radio"/> Second	<input type="radio"/> Ninth
<input type="radio"/> Third	<input type="radio"/> Tenth
<input type="radio"/> Fourth	<input type="radio"/> Eleventh
<input type="radio"/> Fifth	<input type="radio"/> Twelfth
- Oral Hygiene:
 - ☐ Not Satisfactory: **Moderate-heavy plaque, red tissues.**
 - ☐ Satisfactory: **Little to no plaque, pink firm tissues.**
- Presence of Dental Sealants: **Only on permanent molars, includes partial sealants.**
 - ☐ No
 - ☐ Yes
- History of Rampant Decay: **Cavities, fillings, missing teeth due to decay on 7 or more teeth.**
 - ☐ No
 - ☐ Yes
- Treated Decay: **Any fillings, or missing teeth due to cavities. Missing teeth not due to cavities should not be included.**
 - ☐ No
 - ☐ Yes
- Untreated Decay: **Must be visibly, obvious cavities. Retained roots, broken or chipped teeth are not considered unless cavities are present.**
 - ☐ No
 - ☐ Yes
- Treatment Urgency:
 - ☐ No Obvious Problem: **Currently no need for treatment.**
 - ☐ Early Dental Care: **Decay treatment within 4–8 weeks.**
 - ☐ Urgent Dental Care: **Pain, infection, swelling, treatment within 48 hours.**
- Was fluoride varnish applied to this child's teeth?
 - ☐ No
 - ☐ Yes

MO 588-0131 (5-2024)

- The PSP oral health review form uses the format of the Basic Screening Survey (BSS).
- The BSS is the tool recommended by the American Association of State and Territorial Dental Directors (ASTDD) for the collection of public health practice screening data.
- More information on the BSS can be accessed at: www.astdd.org

Please do not leave any questions unanswered. It is essential that each circle be completely filled in. Please do not use check marks, dashes, or lines.

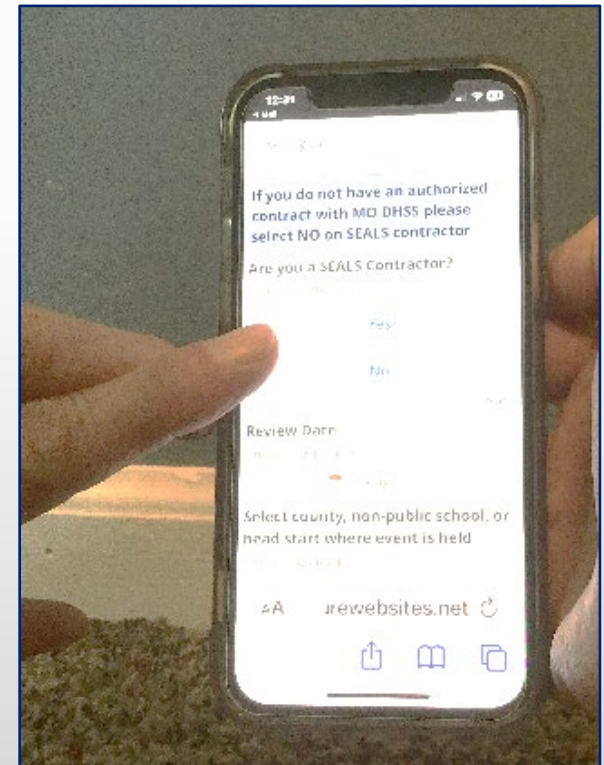


Paper Oral Health Review Form Details

- Oral Health Reviews are to be completed by individuals who meet the PSP criteria and successfully complete this online calibration annually.
- Others may help with recording the findings.
- The coordinator of your event will determine those children who have Parent/Guardian Consent. Screen only those children who have positive consent forms.
- Forms may be completed in either pen or permanent marker. DO NOT use pencil.
- It is essential that each circle be completely filled in. Please do not use check marks, X's, dashes or lines. Please do not leave any questions unanswered.
- One answer for each question.
- If an error is made on the paper oral health review form, discard and get a new form.

Online PSP Oral Health Review Form Option

- The process is simple, quick and no paper oral health review forms are used.
- Wi-Fi is required.
- PSP oral health reviewers will use their personal device to collect PSP Oral Health Review Data.
- The link to the PSP Online Oral Health Review Form is on our web page, just click on the link to access the form and simply complete the form for each student/child.
- PSP Online Oral Health Review Form Instructions are on our web page.



Coding Information



Missouri Department of Health and Senior Services
Office of Dental Health
PO Box 570, Jefferson City MO 65102-0570 Phone 573-751-6182
Preventive Services Program (PSP) Survey

Only individuals that meet the PSP criteria and successfully complete the online PSP Oral Health Review Calibration may conduct PSP oral health reviews. **Questions 2-12 relate to the child being reviewed. Answer all questions.**
Comments in **red** may assist reviewer with completing this form.

• Fill in circles • Do not use a ✓ or X • Use a pen or marker • Do not use a pencil

Event Date	Event Site Name	County Where Event is Located	District Name

- Event Date:
- Event Site Name:
- County Where Event is Located:
- District Name:

Oral Health Review Form Completion Details

DO NOT LEAVE ANY QUESTIONS UNANSWERED!

Fill in the circles with a pen or marker, do not use a pencil.

Incorrect Marks

7. Oral Hygiene:

- ☒ Not Satisfactory: Moderate-heavy plaque, red tissues.
☐ Satisfactory: Little to no plaque, pink firm tissues.

9. History of Rampant Decay: Cavities, fillings, missing teeth due to decay on seven or more teeth.

- ☐ No
☒ Yes

11. Untreated Decay: Must be visible, obvious cavities. Retained roots, broken or chipped teeth are not considered unless cavities are present.

- ☐ No
☒ Yes

Correct Marks

8. Presence of Dental Sealants: Only on permanent molars, includes partial sealants.

- ☐ No
☒ Yes

10. Treated Decay: Any fillings, or missing teeth due to cavities. Missing teeth not due to cavities should not be included.

- ☒ No
☐ Yes



Oral Health Reviewer Profession or Occupation

1. Profession of Oral Health Reviewer:

- ☐ Dentist
- ☐ Dental Hygienist
- ☐ Dental/Hygiene Student
- ☐ Dental Assistant
- ☐ Licensed Medical Professional
- ☐ Medical Professional Student
- ☐ Community Health Dental or Care Coordinator

- Select only one of the options.
- Fill in the circle completely.
- You must answer question #1 on each oral health review form.



Demographics and Child Specific Information

Questions #2-#6- Use parental consent form child should have with them or use your best guess.

#2 Sex of Child:

- Assigned at birth.
- Visual observation.

#3 Race of Child:

- Select all that apply.

#4 Ethnicity of Child:

- Best guess.
- Select either option.

#5 Age of Child:

- Ask the child.

#6 Grade of Child:

- Ask the child.

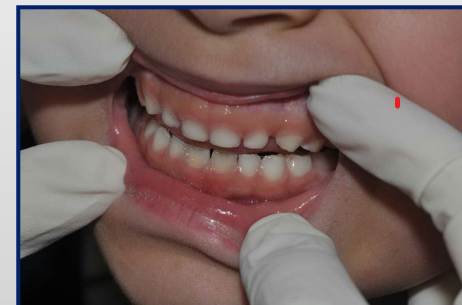
In the interest of saving time, questions 2-6 may be collected by someone other than the oral health reviewer.

Clear Viewing

- Use of a flashlight is the best tool for viewing the mouth.
- Retraction with a mouth mirror can make a difference.
- Remember, only record obvious decay/cavities.



Image used with permission K. Schroeder Jan. 2022





Coding Oral Hygiene

7. Oral Hygiene:

- ☐ Not Satisfactory: Moderate-heavy plaque, red tissues.
- ☐ Satisfactory: Little to no plaque, pink firm tissues.

Mark Oral Hygiene as either:

- Not Satisfactory
 - Moderate to large amounts of bacterial plaque.
 - Red, enlarged tissues/gums.
- Satisfactory
 - Little to no visible bacterial plaque.
 - Pink, firm tissues.

It is essential that each circle be completely filled in.
Please do not use check marks, dashes or lines.
Please do not leave any questions unanswered.

Coding Presence of Dental Sealants ANSWERED BY DENTISTS AND HYGIENISTS ONLY.

Dental Sealants



Partially present
sealant

8. Presence of Dental Sealants: Only on permanent molars, includes partial sealants.

- ☐ No
- ☐ Yes

ON PERMANENT MOLARS ONLY

Glass Ionomer Composite Restorations



Photos of sealed teeth courtesy of
ASTDD

- Choices in this section are:
 - No- Sealants.
 - Yes- Sealants (Includes sealants partially present).
- The presence of sealants may be difficult to detect with only a visual review. Mark only those sealants that are easy to identify as sealants.



History of Rampant Decay

- Decay/Cavities.
- Fillings.
- Missing Teeth Due to Decay.
- May be any or all of these.
- **ON 7 OR MORE TEETH!**

9. History of Rampant Decay: **Cavities, fillings, missing teeth due to decay on 7 or more teeth.**

☐ No

☐ Yes



Rampant Decay/Cavities





Coding Treated Decay

- Any fillings -temporary or permanent.
- Any fillings, partially or fully present:
- Crowns-placed due to decay/cavities.
- Missing teeth-as a result of decay/cavities.
- Fillings or missing teeth that are not a result of decay/cavities, are not to be considered as treated decay.

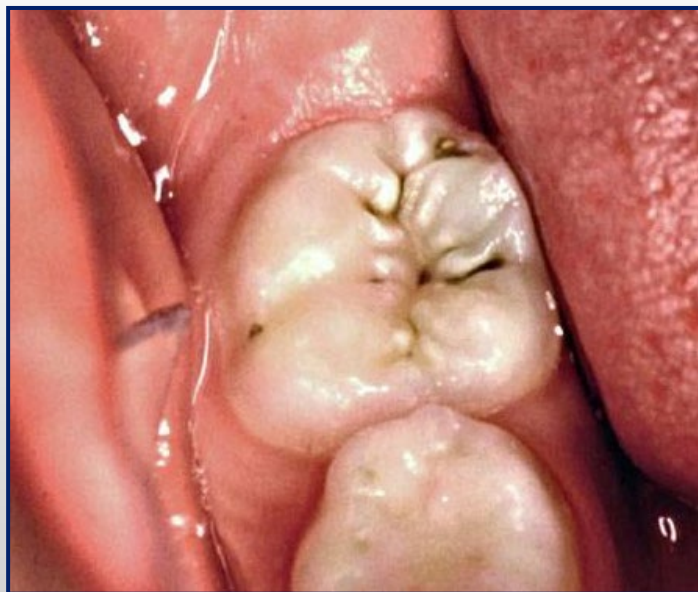
10. Treated Decay: Any fillings, or missing teeth due to cavities. Missing teeth not due to cavities should not be included.

- ☐ No
- ☐ Yes

Coding Untreated Decay

11. Untreated Decay: Must be visible, obvious cavities. Retained roots, broken or chipped teeth are not considered unless cavities are present.

- ☐ No
- ☐ Yes



- A tooth is considered to have untreated decay/cavities when the reviewer can easily observe darkness and the breakdown of the enamel surface.
- This applies to all surfaces of the teeth; tops, fronts, and insides.
- White spots on teeth are not considered to be untreated decay/cavities unless there is a break down of enamel.

PSP Parental Oral Health Review Consent and Results Form

- The oral health review results note is located at the bottom of the parental consent form.
- Mark the findings by choosing the treatment needed.
- If consent form is not present, be sure to write the child's name down on a piece of paper for those needing early or urgent care.

Enter your school's name

Dear Parent or Guardian:

Our school and the Missouri Department of Health and Senior Services, Office of Dental Health are offering a **FREE** oral health program to help prevent tooth decay/cavities. This program is offered to **ALL** children in Missouri, including those who visit a dentist every year. An individual who has met the Preventive Services Program criteria and completed the Oral Health Review training will do the review. The oral health reviewer will wear dental gloves and use a disposable mouth mirror. A thin coating of fluoride varnish will be applied to your child's teeth to help stop tooth decay/cavities. The fluoride will be applied two times during the school year. Fluoride varnish is safe for use in preventing and reversing small areas of early tooth decay/cavities.

Your child will receive a free toothbrush, toothpaste, and information on oral health.

This service does not replace a regular dental check-up. It is recommended to visit a dentist at least once a year.

PARENT/GUARDIAN PLEASE COMPLETE AND SIGN THE FOLLOWING SECTION

There is no cost for the oral health review and fluoride varnish treatments, but you must give your consent.

☐ **YES**, I want my child to receive an oral health review and two applications of fluoride varnish, 3 to 6 months apart.

☐ **YES**, I want my child to receive an oral health review. I do not want my child to have the fluoride varnish.

☐ **NO**, I do not want my child to take part in this oral health program.

Child's Name: _____ Age: _____ Grade: _____ Teacher: _____

Mark "ALL" that apply for Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Mark "ONE" that applies for Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Mark "ONE" that applies for your child's dental insurance: <input type="checkbox"/> Medicaid/Missouri Managed Care <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Unknown/Not Provided
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PARENT/GUARDIAN SIGNATURE: _____ DATE: _____


TO BE COMPLETED BY INDIVIDUAL CONDUCTING ORAL HEALTH REVIEW AND SENT HOME WITH CHILD.

Child's Name: _____ Date: _____

Your child received an oral health review today. This oral health review does **not** replace a regular dental check-up, which is recommended at least once a year. Dental x-rays were **not** taken. The individual completing the oral health review found the following:

- ☐ **No obvious need for dental treatment** at this time but should see a dentist for regular check-ups at least once a year.
- ☐ **Need dental treatment soon (4-8 weeks)**, possible tooth decay/cavity. Please make an appointment with a dentist.
- ☐ **Need urgent dental treatment (24-48 hours)**, due to toothache, decay/cavity, or infection. Please schedule an appointment with a dentist as soon as possible.

 Talk to your child about Oral Health! Visit the PSP web page at <https://health.mo.gov/living/families/oralhealth/oralhealtheducation.php> Under the Oral Health Education section, you can find educational videos, plus much more to learn about oral health or scan the QR code with your phone to open the oral health educational videos.





Other Points to Consider

- **Retained roots, broken or chipped teeth are not considered untreated decay unless obvious cavities are present.**
- **Temporary fillings are NOT to be considered as untreated decay.**

11. Untreated Decay: Must be visible, obvious cavities. Retained roots, broken or chipped teeth are not considered unless cavities are present.

☐ No

☐ Yes

Please do not leave any questions unanswered.
It is essential that each circle be completely filled in.
Please do not use check marks, dashes or lines.

Silver Diamine Fluoride (SDF)



- Because SDF treatments are not a common treatment in Missouri at this time, we are not collecting data on SDF, however, we would like you to be familiar with its appearance.
- The top image shows baby teeth E and F treated with SDF, notice the dark black coloring in the decayed areas of the teeth.
- The bottom image shows SDF on the anterior baby teeth.

11. Untreated Decay: Must be visible, obvious cavities. Retained roots, broken or chipped teeth are not considered unless cavities are present.

☐ No

☐ Yes



Silver Diamine Fluoride (SDF)

- SDF arrests active decay/cavities without local anesthesia.
- Is applied directly to the decayed area of teeth.
- Beneficial for uncooperative young children, and children with high decay/cavity risk.
- SDF appearance is black and glossy.
- It is considered arrested decay and is marked as untreated decay on question #10.
- However, question # 11, would be marked as no obvious problems.

11. Untreated Decay: Must be visible, obvious cavities. Retained roots, broken or chipped teeth are not considered unless cavities are present.

- ☐ No
- ☐ Yes

12. Treatment Urgency:

- ☐ No Obvious Problem: Currently no need for treatment.
- ☐ Early Dental Care: Decay treatment within 4-8 weeks.
- ☐ Urgent Dental Care: Pain, infection, swelling, treatment within 48 hours.

Rule of Thumb

If in doubt about the presence of decay/cavity, assume it is not.

IT OUT!

If you are not sure, it is better to assume that decay is present,



We know the BSS tool is an underestimation of decay.



Treatment Urgency

12. Treatment Urgency:

- No Obvious Problem: Currently no need for treatment.
- Early Dental Care: Decay treatment within 4-8 weeks.
- Urgent Dental Care: Pain, infection, swelling, treatment within 48 hours.

Please do not leave any questions unanswered.
It is essential that each circle be completely filled in.
Please do not use check marks, dashes or lines.



Treatment Urgency

“No Obvious Problem”

Currently no need for dental treatment, but the child should see a dentist for regular check-ups.

12. Treatment Urgency:

- No Obvious Problem: **Currently no need for treatment.**
- Early Dental Care: **Decay treatment within 4-8 weeks.**
- Urgent Dental Care: **Pain, infection, swelling, treatment within 48 hours.**

No Obvious Problem



<http://aestheticfamilydentistryaz.com/wp-content/uploads>



Treatment Urgency

“Early Dental Care”

- **Obvious decay/cavity in a tooth.**
- **No pain or infection but needs treatment.**

12. Treatment Urgency:

- No Obvious Problem: **Currently no need for treatment.**
- Early Dental Care: **Decay treatment within 4-8 weeks.**
- Urgent Dental Care: **Pain, infection, swelling, treatment within 48 hours.**

Dental care within the next 4-8 weeks,
before the next regular check up.



Early Dental Care



<http://moderndentistry.com.au/images>



Treatment Urgency

“Urgent Dental Care”

- **Signs and symptoms include pain, infection or swelling.**
- **Child has limitations in daily living, eating, playing, going to school, sleeping.**

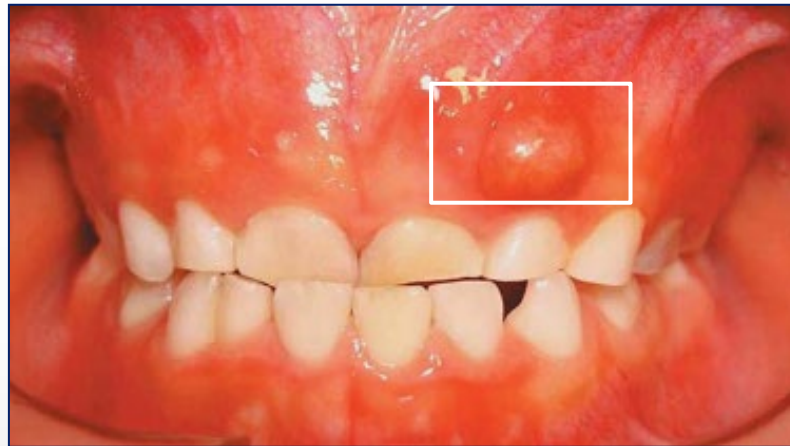
12. Treatment Urgency:

- No Obvious Problem: **Currently no need for treatment.**
- Early Dental Care: **Decay treatment within 4-8 weeks.**
- Urgent Dental Care: **Pain, infection, swelling, treatment within 48 hours.**

Needs dental care within
48 hours.



Urgent Care



<http://www.scielo.br/img/revistas/jaos>



Coding Application of Fluoride Varnish

13. Was fluoride varnish applied to this child's teeth?

- ☐ No
- ☐ Yes

- Mark with 'No', if fluoride varnish was not applied to the child's teeth.

OR

- Mark with a 'Yes', if fluoride varnish was applied to the child's teeth.



Test Your Knowledge

What category of untreated decay/cavities would you use for the following teeth?





Untreated Decay?



Untreated Decay?

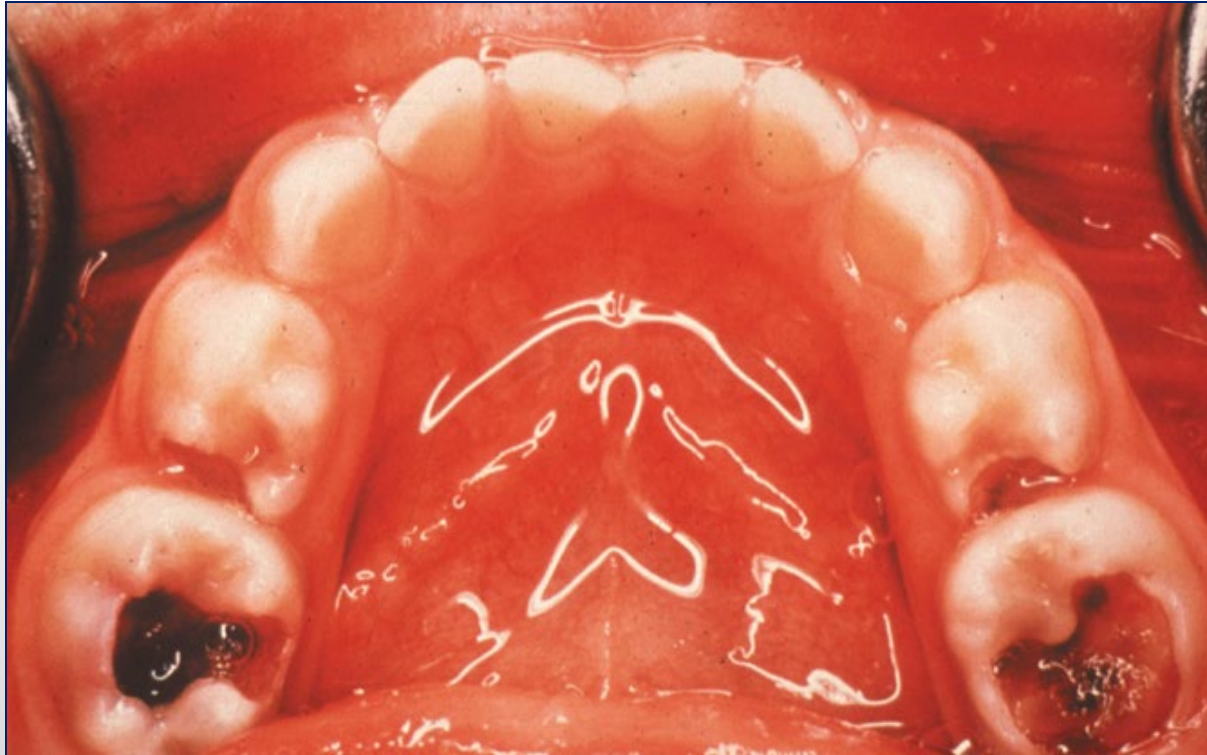




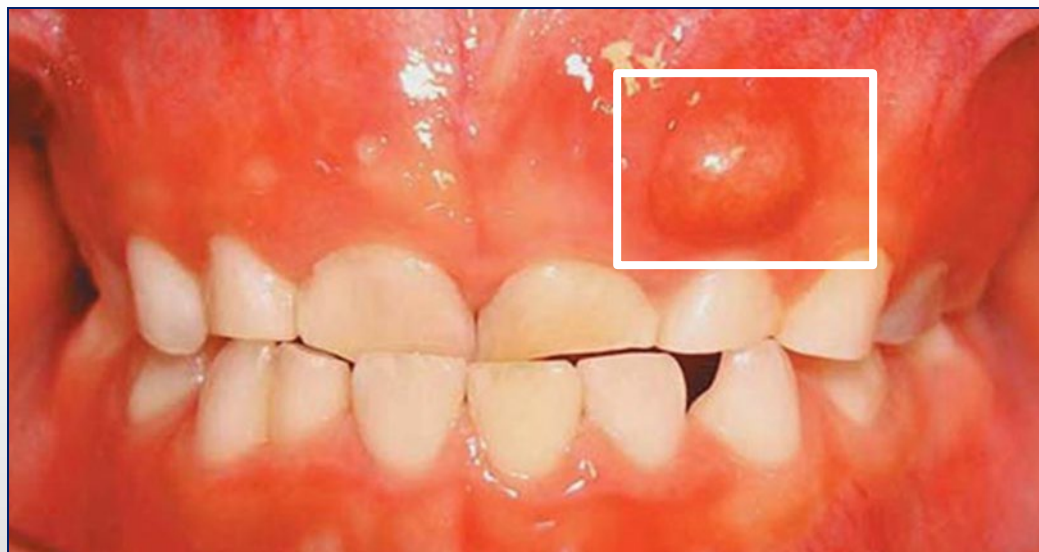
Treatment Urgency?



Treatment Urgency?



Treatment Urgency?



<http://www.scirlo.br/img/revistas/jaos>

PSP Oral Health Review Calibration Completed

- Please complete the online Oral Health Review Calibration quiz and registration.
- Licensed dental professionals and EFDAs will receive 1 credit hour of continuing education.
- The Completion Code is **TEETH.**
- This Oral Health Review calibration course is required annually.



Thank You for Joining with Others to Improve the Oral Health of Missouri's Children.



Image used with permission K. Schroeder Jan. 2022

Thank you!





Questions?

Contact

Department of Health and Senior Services

Office of Dental Health

Phone-573-751-5874

Or email

ORALHEALTH@health.mo.gov

<https://health.mo.gov/oralhealth/psp>