



PSP ONLINE ORAL HEALTH REVIEW FORM INSTRUCTIONS

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

Go to website listed above using a smart device or laptop or scan QR code. If using a smart device such as a cell phone or tablet, questions can be answered by touching on or near the bubble. If using a laptop click bubble by using your mouse to highlight answer.

(To maintain proper infection control, USE AN UNGLOVED FINGER FOR DATA ENTRY ON DEVICE.)

- The first thing you need to do when arriving at your event is, **secure a Wi-Fi connection**. You may need to ask the coordinator at the event for the password to gain access.
- Once you have secured a Wi-Fi connection, please go to <https://health.mo.gov/oralhealth/psp>. Find the dropdown box called “PSP Forms” scroll down until you locate the tab “PSP Online Printable Review Form Instructions”, click to open. There is also a tab with a link to a YouTube video explaining the steps to complete the form “PSP Online Oral Health Review Form Instructions”.
- You also have the option to use your cell phone to scan the QR Code to access the oral health review form. Ask the PSP coordinator for the “PSP Day of Event Tracking Form”, which is used for all volunteers to sign-in, the QR code is located at the top of the form.
- If you use the **web site** to access the online oral health review form, a warning box will appear, titled- “Warning- Exiting Site”, please click “Yes” to continue to a different external site to complete the online oral health review form.
- The first question asks if your school/site is a **SEALS Contractor**, click yes or no. For most PSP events, the answer will be no, if you have any doubts, ask the PSP coordinator.
- **Oral Health Review Date** - Select today or click on calendar icon to input Oral Health Review date or manually enter MM-DD-YYYY.
- It is important to enter the correct date. If you enter a date in a previous PSP school year or in the future, not during the current PSP school year, an alert box will pop up informing you of your error. The **PSP school year dates are July 1st, through June 30th**, each school year.
- Select where **PSP event** is held. For a **Public School**, select the **county** of school's location. (If you are unsure of the county of the school, please ask the event coordinator).
- **Location of School or Event**, a list of schools will appear by school name and school district in alphabetical order located in the county you selected. Click on the school's name.
- Select where **PSP event** is held for a **Non-Public school**. A non-public school is considered, a **Private School, Pre-Preschool, Daycare Center**, or other site.
- **Location of School or Event**, a list will appear in alphabetical order. Click on the location name.
- Select where **PSP event** is held. Select **Head Start Center** if you are a Head Start center in the select county, non-public school or Head Start where event is held.
- **Location of School or Event**, a list of Head Start Centers will appear in alphabetical order by grantee name or acronym, select the site name.
- **Profession or Role, and Name of Oral Health Reviewer**- please select profession or role from the 8 options listed, then enter first and last full name of Reviewer. **You will only enter this information once.**
- Click- **Submit** after completing the first page, this page will re-populate for each Oral Health Review at this site unless you close it out.
- After submitting the first page, you will see a new page appear, this is where you will enter the oral health review data. You will start with entering the demographic information for each child.
- **Sex of Child** - (at birth) - Select one of the two options.
- **Race of Child** - **Select all that apply**. Refer to parental consent form child should have with them, or your best guess.



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- **Ethnicity of Child - Select either-** Hispanic or Non- Hispanic. Refer to parental consent form child should have with them, or your best guess.
- **Age of Child - Select number.** Refer to parental consent form child should have with them or ask child being reviewed.
- **Grade of Child- Select -** Refer to parental consent form child should have with them or ask child being reviewed.
- **Insurance of Child:** Select correct option by referring to parental consent form child should have with them or select the last option unknown/not provided.
- Please answer these 7 questions based upon your findings.
- **Oral Hygiene-** select either not satisfactory or satisfactory.
- **Presence of Dental Sealants-** select either no or yes. **This question will only be visible to Dentist and Dental Hygienist.**
- **History of Rampant Decay-**select either no or yes.
- **Treated Decay-**select either no or yes.
- **Untreated Decay-** select either no or yes.
- After the question, **Untreated Decay**, you will see the sentence- **“Turn on example images of treatment urgency.”** If you would like to see example images of the three treatment urgencies, click “Yes”. These three images will appear and may help you determine which of the three treatment urgency options best describes the child’s mouth being reviewed.
- Please answer the question about **‘Treatment Urgency’**, based upon your findings, there are three options-**No Obvious Problem, Early Dental Care** and **Urgent Dental Care.**
- Based on your answer to the **Treatment Urgency question**, complete the **Oral Results** bottom portion of the consent form **for ALL children being reviewed.** Give to school nurse or PSP coordinator so they can alert the parents/caregivers of Oral Health Review findings. **If no Oral Results form is available**, be sure to record child’s name on a piece of paper for all **Early Dental Care** and **Urgent Care** findings and give to school nurse/PSP coordinator to ensure parents/caregivers are informed of Oral Health Review findings.
- Please answer the question- **“Fluoride varnish applied’** with either no or yes. If you do not know, ask the PSP event coordinator.
- If a question was not answered, a pop-up box will alert you to answer the unanswered questions. All questions must be answered to submit.
- After the answering the last question about fluoride varnish application, there are two options to submit the data.
- To enter **another child’s data**, click on **“Input next student information”**.
- The reviewer’s name, date, county, and school will automatically populate for the next child being reviewed.
- If the data entry is completed at this school/site, click the **“Submit”** button. The **survey will be closed** for that school/site.
- Once you have completed Oral Health Reviews at a school/site it is **IMPORTANT TO CLOSE THE LINK ON YOUR PHONE OR TABLET.** Closing out the link clears the previous school’s information.
- **Select - ‘Close Survey’.**
- At your next Oral Health Review location, opening a new online Oral Health Review form link allows you to **select a new date, county, and school.**