

H-8 ORAL HEALTH PROGRAM

Policy:

All children enrolled in the Head Start Program will be provided a dental health program promoting oral wellness. Oral health education will be provided to staff, parents and children. For Head Start children the program will include a comprehensive oral health examination conducted by a dentist or a complete oral health assessment conducted by an expanded practice dental hygienist including the coordination of follow-up services as needed. Parents and Guardians will be encouraged to participate in all aspects of the oral wellness program. Emergency procedures for Dental Emergencies will be developed and posted in each classroom or center.

Procedure:

1. At Recruitment Home Visits families will be informed of the ways in which oral wellness is integrated into the overall Head Start program, the importance of obtaining health care insurance coverage for their families, and the importance of establishing an ongoing relationship with a medical care provider. Parents/Guardians will be informed of the educational and screening requirements of the program, including the requirement for comprehensive, annual oral examinations and follow-up for children.
2. At Enrollment Meetings parents/guardians will complete a thorough the Advantage Dental Form and will complete the ROI with consent for the release of health and dental information that includes the name of their child's dental provider. Copies of these forms will be maintained in the child's file at all times.
3. During Enrollment Meetings staff will inquire of parents whether or not they have sufficient health insurance available to cover the costs of a dental exam and whether or not they have established an ongoing relationship with a dental provider for regular, preventive care for their child. If no source of on-going dental care or dental insurance is available to the family, staff will provide them with information to help the family access these services which may include referral to UMCHS Application Assisters.
4. Prior to the child's entry into the classroom, the FA or CFA will review the child's dental health record, oral health status, insurance status and Oregon Health Care plan status.
5. At the first home visit, the home visitor will share information with parents about the importance of regular, dental health examinations and the benefits of Fluoride varnish for children, and confirm the results of the child's most recent dental exam. If an exam has been completed within the past 12 months, starting from the child's "first date of service" a copy of the exam will be obtained for Head Start.

6. Advantage Dental Staff will also offer dental screenings and treatment services in the classrooms with parent consent. If deemed necessary to complete a screen/treatment visit, Advantage Dental staff will accompany Head Start Staff on Home visits. Teachers/CFA will notify Families of the dates screenings are scheduled. The original Advantage Dental Consent for Services Form will be given to the hygienist at the time of screening and a copy will be placed in the child's file. When Emergency dental appointments are necessary, Head Start staff will ensure the family is able to access care. Advantage Dental Case Manager will assist with scheduling an appointment with the assigned provider. Staff will continue to work with all families to maintain regular access to their dental home. Screening Forms will be sent to Health Resource Manager for Data Entry. HRM will send Dental Screening Forms out to CFA/FA to place in the child file. Staff will continue to work with all families to maintain regular care with their dental home.

7. Once the dental exam or dental Screen is received and the record obtained, it will be evaluated by the Health Resource Manger and the CFA/FA for follow-up as required by the dentist. The child's Health Status and all outstanding follow-up health and dental services will be addressed by home visitors until all follow-up is completed. Photocopies or faxes of actual, provider records are necessary for the documentation of the completion of health and dental follow-up services.

EARLY HEAD START-DENTAL HEALTH POLICY

Policy:

All families enrolled in Early Head Start will be provided dental health and dental screen information early in their participation in the program. Dental screening is intended to identify those children who may have significant dental concerns needing evaluation by a dentist. Dental screening will be provided jointly by staff and parents/guardians. Dental screens will be provided by Advantage Dental EPRDH yearly.

Procedure:

1. Staff will share dental health information with parents/guardians. This information will be provided through an overview of the dental health needs appropriate for their child's age. Staff will provide written materials for review by the family.
2. Staff will provide parents/guardians with an opportunity to view the "Lift The Lip" video on "How to Check Infant's and Toddler's Teeth" or will be provided information through "Lift the Lip" flip chart or Oral Health Pocket Guide. Staff will assist parents/guardians with their initial screen of their child's gums and teeth. Staff will document the result of this initial screen on the EHS Dental Screening Record, progress notes, and Health Face Sheet. This initial visual screen will occur within 90 days of entry in the Early Head Start Center to familiarize the parent with the "Lift the Lip" screening process.
3. When the child's first tooth erupts, the parent will start screening their child's teeth on a monthly basis.
4. When the child has been enrolled for 6 months staff will assist parent to conduct a dental screening using the "Lift the Lip" method and the EHS Dental Screening Record. A "Lift the Lip" or a screen provided by and EPDH should be completed every six months thereafter.
5. When the child becomes one year of age (or earlier if there is obvious dental disease) the parent/guardian will be encouraged to take their child to their first dental exam or the child will have a full oral health assessment completed by the EPRDH in the classroom if it has not already occurred. Staff may assist parent/guardian in reviewing their dental care coverage and in identifying a dentist.
6. Parent/guardian are to be encouraged by the CFA or FA to be inform when this exam occurs so that, staff and parent may work together to prepare child for first dental visit, and to ensure that the appropriate documentation can be requested by Head Start
7. Referral - If any dental concerns are identified during the visual dental screen, a referral is appropriate. Staff may assist the parent/guardian in reviewing the dental care coverage to

ensure that dental care is included in their health care plan. It may be necessary to contact the health care plan to identify a dentist that can provide an evaluation. Referrals are to be documented on the EHS Dental Screening Record and in the child's file in progress notes and home visiting forms as appropriate.

8. If the child does not have a source of dental payment or can not pay their deductible and is not eligible for the OHP, the child may be eligible for a Head Start Pay Voucher. Early Head Start staff will complete a Request for Head Start Pay Voucher. Request may be presented to the Health and Nutrition Services Director (HNSD)

NOTE: VOUCHERS ARE REQUIRED AND MUST BE APPROVED PRIOR TO RECEIVING SERVICES FOR ALL HEAD START PAY EXAMS. FOLLOW-UP TREATMENTS ARE NOT COVERED BY THE INITIAL VOUCHER. FOLLOW-UP TREATMENT MUST ALSO BE PRE-APPROVED BY HSM.

9. Head Start Pay billings for completed services will be tracked by the HNSD, coded for source of payment, and given to the Executive Director for authorization of actual provider payment.
10. When the exams are directly sent to the Health Resource Manager from the provider, the HRM will coordinate data of dental information into Child Plus monitoring system and forward completed exam and treatment records to the CFA or FA, The HRM recommendations for follow-up will be done via e-mail, phone and Child Plus monitoring reports. CFA or FA will follow-up with families within 10 days after receiving formal communication from HRM regarding any additional referrals made by the child's physician, dentist, HSD or other Head Start provider.

TOOTH BRUSHING

Policy:

Teachers shall ensure every child and volunteer is provided with and afforded the opportunity to use personal oral hygiene equipment and children and staff will brush their teeth with Fluoridated toothpaste each day in Head Start. In all cases, staff will facilitate tooth brushing with Fluoridated toothpaste and engage children in effective brushing technique daily.

Purpose:

Children are more susceptible to the problems associated with repeated, long term exposure to sugary foods and the pathogens that cause dental decay, and because of the proven ability of topical Fluoride to prevent minor decay: it is highly recommended that all children and staff brush their teeth with Fluoridated toothpaste. Helping children and parents understand the value of brushing teeth immediately after meals and practicing and modeling high quality oral hygiene is the “best practice” goal of the Head Start program. When children are unable to perform adequate brushing and routine oral hygiene for whatever reason, it is still the responsibility of adults to provide guidance for children.

To implement this policy and best practice goal the following procedures are provided:

Tooth Brushing Procedures:

1. Child and Family Advocate (CFA), Teacher (T), Teacher Assistant, Cook or trained volunteer will prepare tooth brushing equipment and materials prior to meal. (This shall consist of a tray of 3oz. disposable paper cups or individual wax paper with a small, pea sized dab of Fluoridated toothpaste.)
2. After children are finished eating, CFA, TA, T, Cook or trained staff will remove toothbrush rack from storage area (if stored out of reach of children) or monitor children’s access to the rack to encourage proper hygiene and to limit the potential for cross contamination of the brushes.
3. Children should be allowed to obtain their own toothbrushes and proceed to a designated tooth brushing area, such as a table set aside for tooth brushing in the dining area, classroom or a bathroom/classroom sink location. In all cases, the number of children and staff allowed around a sink or table for tooth brushing shall be limited to promote supervision and instruction by staff and to reduce the potential for cross contamination between children. At no time shall there be more than two children at a standard bathroom/classroom sink during tooth brushing. More than two children may brush teeth at any standard table. It is recommended that children do not eat and brush teeth at the same table at the same time.
4. While children are brushing CFA, TA, T, Cook or trained volunteer shall participate with children in brushing activity; modeling correct tooth brushing technique and

encouraging appropriate brushing behavior of children. Occasionally, it may be necessary for staff or volunteers to assist children directly with tooth brushing. Children who are developmentally delayed or not at a developmental age that supports the mastery of quality tooth brushing skills may need extra help with learning how to brushing their teeth well. In such instances, staff should physically guide the child's hand during brushing to teach correct technique, success and persistence with this life long habit. In order to limit the potential for disease transmission when directly assisting a child with brushing, it is recommended that direct tactile and motor assistance should be limited to no more than two children per staff per brushing activity.

5. If toothpaste becomes uncomfortable in a child's mouth or the child is finished with brushing, staff shall encourage the child to spit into their disposable cups or sink.
6. When a child is finished brushing they shall be encouraged to throw away their disposable cup or wax paper, rinse their toothbrush and return their toothbrush to its proper place in the toothbrush rack. Staff shall supervise and guide children to ensure they return their brushes to their appropriate places in the rack and to the potential for cross contamination of brushes caused by children.
7. Minimal rinsing of Fluoridated toothpaste is suggested by the American Academy of Pediatrics.
8. At no time shall staff place toothbrushes in dishwashers or sanitizers for cleansing, or spray toothbrushes with disinfecting solution.

EARLY HEAD START ORAL CLEANING

Policy:

Infants/Children participating in the Early Head Start will be provided the opportunity to cleanse their teeth during full day program participation. These opportunities will be provided as follows:

Cleaning Procedures – Infants and Toddlers:

1. At signs of the first tooth eruption staff will brush each child's teeth with an infant/toddler sized toothbrush with a small smear (rice size) of toothpaste. The child's toothbrush will be stored in a clean toothbrush caddy. Classroom staff/parent/volunteer will distribute toothbrushes. Staff and/or parents will wash hands before and after handling any toothbrushes. Parents will need to sign the consent for staff to use fluoride toothpaste for the children 12-23 months.
2. When a toddler is developmentally ready, the child will brush their teeth with a standard child sized toothbrush, with direct assistance from teaching staff or parent/guardian. After age two, a pea-sized dab of fluoride toothpaste will be placed on the rim of a paper cup for the toddler to use for tooth brushing. The child's toothbrush will be stored in a clean toothbrush caddy. Staff and/or parents will wash hands before and after handling any toothbrushes.

TOOTHBRUSHING EQUIPMENT

Policy:

Toothbrushes and Tooth brushing equipment will be stored in an approved, sanitary manner.

Procedures:

1. Wash clothes used for cleaning an infants gums/teeth will be laundered after each use.
2. Each classroom or center will have an approved, sanitary toothbrush rack for the storage of toothbrushes.
3. Toothbrush rack shall be stored in a well ventilated area either mounted on the wall of the classroom or placed on shelving away from diapering tables, food preparation areas, food storage areas or cleaning product storage areas. Toothbrushes shall be allowed to 'air dry' in this environment when not in use. Toothbrush rack may be stored out of the reach of children as necessary when not in use but is not required.
4. Following each tooth brushing activity, toothbrushes will be stored in the rack.
5. Toothbrushes should never be allowed to touch one another while being stored.
6. Rack must be clearly labeled with the name of each child and teacher who have toothbrushes stored in the rack.
7. Rack and covering must be cleaned and sanitized at least weekly. Clean tooth brush rack with warm soapy water to remove any large particles and sanitize by fully immersing rack in a sanitizing solution of 1 teaspoon Clorox Bleach to one gallon of tap water for at least 30 minutes. (Centers with sanitizers that do not melt plastic, may place tooth brush racks on the top shelf of the sanitizer and sanitized, as long as repeated exposure to the sanitizer does not cause damage to the rack.)
8. At no time shall staff rinse children's toothbrushes for them, place toothbrushes in dishwashers or sanitizers for cleansing, or spray toothbrushes with disinfecting solution.
9. New toothbrushes every 3 months or when bristles are frayed or child is ill.