

IPAC Best Practices for Oral Health Screening in Ontario Schools



Best Practices

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Ontario Association of Public Health Dentistry

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Disclaimer

This document was co-developed by Public Health Ontario (PHO) and the Ontario Association of Public Health Dentistry (OAPHD). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. This work is guided by the current best available evidence at the time of publication.

This document is intended to assist dental public health staff working in health units of Ontario in decision-making by describing a range of acceptable Infection Prevention and Control (IPAC) practices for conducting oral screenings in schools. This document should not be considered inclusive of all proper methods of IPAC for oral screening or exclusive of other methods of IPAC for oral screening directed at obtaining the same results. The ultimate judgment regarding oral screening of any child in a school must be made by the oral health care provider considering the individual circumstances presented by the child and the school environment. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

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Glossary of Terms

Alcohol-Based Hand Rub (ABHR): A liquid, gel, or foam formulation of alcohol (e.g., ethanol, isopropanol) at a concentration of 70–90% which reduces the number of microorganisms on hands during clinical interactions when the hands are not visibly soiled.¹

Aseptic Techniques: Measures designed to render the patient’s skin, supplies and surfaces maximally free from microorganisms.²

American Society for Testing and Materials (ASTM) Surgical Mask (Mask): ASTM is an organization that tests materials used in face masks for bacterial and particulate filtration efficiency, differential pressure for breathing resistance, synthetic blood penetration resistance, and flammability.³ Surgical masks are ideal for clinical assessments or procedures in which there is a low risk of fluid exposure i.e., no splashes or sprays expected.

Carpooling: Carpooling is the practice of more than one person sharing a vehicle to reduce travel associated costs and the environmental impact of multiple vehicles travelling to a shared destination.

Certified Dental Assistant (CDA): In Ontario, the certification requirements for a dental assistant⁴ include:

- Graduate from an approved dental assisting program
- Successful completion of all National Dental Assisting Examining Board (NDAEB) examination requirements
- Good standing with the Ontario Dental Assistant Association (ODAA)
- Align with Code of Ethics

Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents, and mechanical action. Cleaning warrants that the instrument is free from any retained debris, the presence of which can compromise the complete sterilization process.⁵

Client: For this document, a client refers to a school-aged child/student receiving an oral screening assessment at school.

College of Dental Hygienists of Ontario (CDHO): Regulatory College for Registered Dental Hygienists in Ontario.⁶

Cough and Sneeze Etiquette: Includes covering your mouth and nose with a paper tissue. When a paper tissue is unavailable, sneezing into your upper sleeve/elbow will avoid contaminating your hands.⁷

Direct Contact/Care: Care which includes physical contact with an individual.

Disinfectant: A product used on surfaces or medical equipment/devices resulting in disinfection of the surface or equipment/ device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.⁵ Health Canada approved disinfectants are products used on surfaces or medical equipment/devices which result in disinfection of the surface or equipment/device.

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place. See also disinfectant.⁵

Environmental/Engineering Controls: Physical or mechanical measures put in place to reduce the risk of infection to staff or patients (e.g., heating, ventilation and air conditioning systems, room design, placement of hand washing sinks and environmental cleaning).⁵

Eye Protection (Safety Glasses, Goggles, Face Shield or Visor attached to Mask): Protection for exposure to respiratory particles, in a spectrum of sizes, or blood/body fluids.

Hand Hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub or soap and running water. Hand hygiene includes surgical hand antisepsis.⁵

Hierarchy of Hazard Controls: Intended to control exposures to occupational hazards which pose risks to an individual's health. Established methods are specific to the procedure and individual. Includes elimination (most effective), substitution, engineering controls, administrative controls, and personal protective equipment (PPE) (least effective).⁸

Infection Prevention and Control (IPAC): Evidence-informed practices and procedures occurring in health care settings require preventive controls to reduce the risk transmission of microorganisms between health care providers and individuals.⁹⁻¹²

Mask: A device that covers the nose and mouth, is secured in the back, and is used by health care providers to protect the mucous membranes of the nose and mouth.⁵

Medical Gloves (Vinyl or Nitrile): Personal protective equipment that provides protection from exposure to blood/body fluids/infectious agents⁵ particularly on the hands and wrists.

Ministry of Education (EDU): The provincial government that is responsible for administering the system of publicly funded elementary and secondary school education.¹³ Schools work with the public health staff to facilitate oral screenings as per the policies and protocols of respective Board of Health and Ministry of Education.

Ministry of Health (MOH): The provincial government that is responsible for administering the health care service and providing related services in Ontario.¹⁴ Oral screening is conducted in schools as per the Ontario Public Health Standards identified by the Ministry of Health.

No-Touch Technique: During the oral screening of a child, the registered dental hygienist (RDH) will utilize a no-touch technique where an oral assessment is provided without one individual touching another. Screener's hands will only touch the sterile mouth mirror to look into the child's mouth and will not touch anything else.¹⁵

Ontario Association of Public Health Dentistry (OAPHD): Association of oral health professionals whose prime interest is the oral health of the public. Members work in local public health departments and provide oral health information and services for the communities. Other members include university faculty and students who have an interest in public health dentistry.¹⁶

Ontario Public Health Standards (OPHS): Standards that identify the minimum expectations for public health programs and services to be delivered by Ontario's 34 boards of health.¹⁷

Oral Health Protocol (OHP): Provides direction to boards of health offering oral health services¹⁸, including:

- Oral screening, assessment, and surveillance
- Healthy Smiles Ontario (HSO) program provides services to children meeting the clinical and financial eligibility requirements of the program

Oral Screening: A short assessment by a regulated dental professional that can indicate the need for dental care. Oral screening is not a replacement for a complete dental examination conducted by a regulated dental professional.¹⁸

Organizational Risk Assessment (ORA): A systematic approach to assessing the efficacy of control measures in place to mitigate infection transmission in a health care setting. Each public health unit will conduct an ORA as a precondition to providing services. It is the responsibility of the public health unit to provide ORA education and training to Health Care Providers (HCPs).¹⁹

Personal Protective Equipment (PPE): Items worn to provide a barrier to help prevent potential exposure to infectious disease. These items may include gloves, gowns, surgical masks, respirators, face shields and eye protection.²⁰ An individual must perform a point-of-care risk assessment (PCRA) prior to determining which PPE should be worn.

Point of Care Risk Assessment (PCRA): Assessment of the task, the patient, and the environment. Completed by the Health Care Provider (HCP) before every patient interaction to determine whether there is a risk to the provider or other individuals of being exposed to an infection. A first step in routine practices, which are to be used with all clients (children), for all care and interactions.⁵

Public Health Ontario (PHO): Provides scientific and technical advice and support to clients working in government, public health, health care, and related sectors.²¹

Registered Dental Hygienist (RDH): In Ontario, RDHs are governed by the Regulated Health Professions Act, 1991 (RHPA) and Dental Hygiene Act, 1991 (DHA).²² RDH's must maintain good standing with the regulatory college of the College of Dental Hygienists of Ontario (CDHO).

Respiratory Diseases: Caused by organisms such as viruses or bacteria that affect the respiratory system (e.g., lungs and throat). The organisms can be spread by coughing, sneezing or face-to-face contact. Some examples of respiratory diseases are COVID-19, respiratory syncytial virus (RSV), enterovirus D68, influenza (flu) and tuberculosis.²³

Routine Practices (RP): The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients (children) during all care to prevent and control transmission of microorganisms in all health care settings.⁵

Royal College of Dental Surgeons of Ontario (RCDSO): Regulatory College for dentists in Ontario.²⁴ The College acts in the public interest by putting patients first and protect the public's right to quality dental services by providing leadership to the dental profession in regulation.

School Health Requirement Number 5: The board of health shall conduct surveillance, oral screening, and report data and information in accordance with the current versions of the Oral Health Protocol and the Population Health Assessment and Surveillance Protocol.²⁵

School Screening Team: The RDH and CDA/Recorder conduct school surveillance. The RDH conducts the no-touch technique¹⁵ screening, and the CDA/Recorder has an administrative role.

Transport Pouch: A pouch to provide and maintain moisture delaying the drying of contaminants during transport prior to any required cleaning, disinfection, reprocessing and/or sterilization of instruments.²⁶

Contents

- About this Document 1
 - Introduction 1
 - Background 1
- Oral Health Screening in Schools 2
 - Preparedness Prior to Oral Health Screening Day 2
 - Guideline and Resources..... 2
 - Education and Monitoring 2
 - Organizational Risk Assessment (ORA) 2
 - Hierarchy of Hazard Controls..... 3
 - Self-health Check of the Screening Team 3
 - Communication..... 3
 - Scheduling..... 3
 - Transportation 3
 - Carpooling..... 3
 - Equipment and Supplies 3
 - Used Mouth Mirrors and Used PPE 4
 - Point of Screening at School 5
 - PCRA..... 5
 - Masking requirement..... 5
 - Environmental/Engineering Controls 5
 - Donning and Doffing PPE 5
 - School Policies for Screening Room..... 5
 - Hand Hygiene..... 6
 - Oral Health Screening 6
 - Post Screening..... 7
 - Post-Notification and Resource Distribution 7
- References 8
- Appendix: PPE Requirements 12

About this Document

Introduction

This document is intended to create a consistent approach in infection prevention and control (IPAC) processes for oral health care providers while conducting oral screening in schools in Ontario. Utilizing professional judgment and risk assessment is paramount when conducting oral health screenings with varying factors dependent on the facility.

School boards are encouraged to review this document to increase awareness of IPAC processes that occur during oral health screening in schools. Terms, abbreviations, and descriptions are in the Glossary. This document has been developed by Public Health Ontario (PHO)²¹ in consultation with members of the Ontario Association of Public Health Dentistry (OAPHD)¹⁶ and referring to guidelines released by PHO, Ministry of Health (MOH)¹⁴, Ministry of Education (EDU)¹³, College of Dental Hygienists of Ontario (CDHO)⁶ and the Royal College of Dental Surgeons of Ontario (RCDSO).²⁴ It is not intended to replace, refute or invalidate guidelines or recommendations from MOH, EDU, PHO, CDHO, RCDSO, or legal advice. Public health units are responsible for remaining informed of the most current practice guidelines and local advisory considerations when implementing policies and procedures.

The recommendations in this document reflect the latest information available as of the date of publication.

Background

Public health units across Ontario are mandated under School Health Requirement number 5²⁵ of the Ontario Public Health Standards (OPHS)¹⁷ to conduct oral health screenings in elementary schools. Oral health screenings are important for prevention and early identification of oral health problems.

The Oral Health Protocol (OHP)¹⁸ defines an oral health screening as a short assessment completed by a regulated oral health care professional. The oral health screening does not replace a complete oral examination, which includes medical and dental history, clinical examination and diagnosis of oral and dental conditions, and radiographs, as required.

Oral health screenings are performed by applying IPAC and aseptic techniques² that include:

- performing a point of care risk assessment (PCRA)⁵, prior to each interaction, which helps inform the selection of personal protective equipment (PPE)
- sterile equipment (dental mouth mirrors)
- environmental controls i.e., alcohol based hand rub (ABHR) for hand hygiene
- student contact guidelines such as the no-touch technique¹⁵ for screening

Oral Health Screening in Schools

Preparedness Prior to Oral Health Screening Day

Guideline and Resources

The school screening team should be familiar with the following organizations and most current provincial guidelines and resources in relation to IPAC and school screening:

- PHO
- MOH
- EDU
- CDHO
- RCDSO

Education and Monitoring

School screening team members to receive education and training routinely on:

- IPAC¹⁰⁻¹² including but not limited to routine and additional practices, PCRA, hand hygiene, donning and doffing PPE, disposal of used PPE, and the care/management of sterilized and contaminated re-usable dental equipment.
- Any illnesses of public health concern, which may increase staff's risk of exposure.
- Local health unit's illness reporting policy and self-assessment requirements for any infectious illnesses.

IPAC is the responsibility of all team members, but the oral health program of the health unit may designate one team member to be the IPAC lead who will routinely assess IPAC practices using PHO IPAC checklists^{27,30} and monitor for new guidance. The IPAC officer will update program policies and procedures related to school screening and IPAC protocols as needed and communicate updates to the school screening team.

Organizational Risk Assessment (ORA)

The school screening team conducts an ORA to assess the efficacy of control measures and mitigate the risk of transmission of infections. Refer to school's ORA policies when available.¹⁹

Hierarchy of Hazard Controls

Each health unit will use organizational policies and procedures that utilize a hierarchy of hazard controls to minimize the risk of occupational hazards.⁸ The controls are implemented by the school screening team in accordance with organizational practices.

Self-health Check of the Screening Team

If the school screening team member is not feeling well and have signs or symptoms of respiratory illness or any other contagious health condition, then they should not be presenting themselves to work.

Communication

The school screening team communicates with school staff to discuss a suitable space for the oral health screening that has good indoor air quality (IAQ) that is free from unacceptable levels of contaminants, such as chemicals and related products, gases, vapours, dusts, moulds, fungi, bacteria, odours, etc.²⁹ Good IAQ is also a comfortable indoor environment including temperature, humidity, air circulation, sufficient outdoor air intake etc.²⁹ The ideal screening room should have adequate space to avoid crowding and enable distancing.

Scheduling

School screening teams will prefer to schedule one school per day to maintain consistency in screening process. If the school sizes are small, then the screening team can plan more than one school in a day; however, if there are any infectious diseases prevailing during that season, the team should restrict to only one school per day whatsoever to restrict disease transmission. Preferably, schools that require more than one screening day will be screened to completion with the same screening team.

Transportation

Carpooling

The school screening team may choose to share a vehicle to travel from home or their shared work site to the schools.

Equipment and Supplies

The school screening team will maintain the integrity of equipment, supplies and PPE. Used and clean items must be transported separately in puncture-resistant containers that are labeled clean or used. The containers are to be cleaned and disinfected after each use.^{26,30}

Required items for screening:

- Hand sanitizer (70–90% ABHR)
- Gloves, masks, and eye protection

- Light source i.e., pen light or flashlight
- Puncture-resistant containers that can withstand cleaning and disinfecting
- Sterile dental mouth mirrors (disposable or reusable)
- Liners in the used containers (if using reusable mouth mirrors)
- Pre-cleaning agent such as enzymatic spray or a transport pouch to be used when reusable mouth mirrors need to stay moist to facilitate reprocessing after transportation^{26,30}
- Hand lotion that is compatible with gloves and ABHR product^{31,32}
- Health Canada approved cleaner/disinfectant with a Drug Identification Number (DIN) for the cleaning and disinfecting of hard surfaces
- Laptop, pens, paper, or other administrative supplies
- Facial tissues
- Educational signage i.e., “How to Hand Sanitize for Kids”³³
- Table and chair(s) (optional, if school would not be able to provide)
- Cotton-tipped brushes (optional) to help remove food debris from tooth surfaces
- Waste bin

Used Mouth Mirrors and Used PPE

The school screening team will transport used reusable mouth mirrors for reprocessing in securely closed, puncture resistant, leak-proof containers, which are clearly labeled and are cleaned and disinfected between uses. Individual health units will follow precautions to ensure used mouth mirrors are transported to meet IPAC protocols. It is critical to maintain moisture when transporting instruments by either use of a pre-cleaning agent (i.e., enzymatic spray) or a transport pouch. The school screening team will not transport used items alongside clean/sterile items, i.e., not in the same container.^{26,30}

If utilizing disposable mouth mirrors, the school screening team will place used PPE and disposable mouth mirrors in a garbage bag and dispose following the school's waste policy. If disposing used items at the school is not compliant with the school's policy, the school screening team will dispose of items following their organizational procedure.

Point of Screening at School

PCRA

The Registered Dental Hygienist (RDH) will perform a PCRA to assess the intended interaction with the individual client/student and environment, which informs the determination by the school screening team on the required PPE.⁵ Students who present for an oral screening are assumed, by their attendance at school, to be feeling well. If a student presents with signs or symptoms of acute respiratory illness, the RDH informs school staff of the student's illness and excludes the student from screening. The school screening team will encourage students to use cough and sneeze etiquette as required and have facial tissues within arm's reach. Health units or school boards may have their own posters to illustrate cough and sneeze etiquette.⁷

Masking requirement

The school screening team should be familiar with the current public health advice and school policies in respect of masking requirements and irrespective, provide a mask-friendly environment. Some people may continue to wear masks even if they are not having or recovering from respiratory illness. This choice should be respected. When students are wearing a mask, they should perform hand hygiene prior to donning the mask and after doffing the mask.

Environmental/Engineering Controls

The school screening team will set up a screening area using a solid surface table and three chairs. All high touch surfaces must be disinfected at the beginning, end, and in between the school screening day when contamination of the area occurs.⁵ Disinfectants are applied only to inanimate objects. Consult product Manufacturer's Information for Use (MIFU) to determine the appropriate procedure for disinfection. The DIN given by Health Canada confirms the disinfectant product is approved for use in Canada.^{5,8,9}

Donning and Doffing PPE

The school screening team will follow regulatory college guidelines when donning and doffing PPE. PPE is informed by the PCRA and specific to a low risk, no-touch technique oral health screening. See Appendix for minimum PPE requirements. The school screening team will perform hand hygiene prior to donning and doffing PPE.

School Policies for Screening Room

School staff will assist the school screening team in organizing and accompanying students to the screening room. The school screening team is encouraged to comply with school visitor policies and attempt to remain in the screening room.

Hand Hygiene

The school screening team will perform hand hygiene by using ABHR for at least 15 seconds when hands are not visibly soiled in the screening room. Since the locations used at schools are temporary spaces, a sink with soap and running water is not always available, so this is not the ideal way to disinfect hands for this task. However, if hands become visibly soiled, the school screening team will need access to a sink with soap and water to use when needed, i.e., nearest staff washroom.

Oral Health Screening

The following steps outline the oral health screening process in schools:

1. Students may perform hand hygiene using ABHR for at least 15 seconds when possible. The RDH will encourage a no-touch interaction.
2. RDH performs hand hygiene using ABHR for at least 15 seconds at the start of each new class or more often as needed.
3. Students stand or sit on a chair in front of the RDH.
4. RDH selects and dons PPE¹² (as informed by the PCRA).
5. RDH confirms the student's name directly with the student and/or teacher/staff member.
6. Prior to removing the sterile mouth mirror from the sterilization pouch, the RDH inspects the sterilization pouch to ensure there are no punctures/water marks that would compromise the sterility of the mouth mirrors inside the pouch.
7. RDH checks both the external and internal chemical indicators (CIs), to ensure the CIs have changed to the required colour.
8. RDH removes sterile mouth mirror from a sterilization pouch and places it in the student's mouth using a no-touch technique. Only the sterile mouth mirror contacts the student's oral mucosa. RDH places used sterilization pouches directly into the waste bin.
9. RDH holds a light source in the opposite hand away from the student's mouth. The light source does not touch the student's oral mucosa or the sterile mouth mirror.
10. If using a cotton-tipped brush to remove plaque or excess food particles from hard tissues, the RDH's hand will touch the handle on the brush but not the student's oral mucosa. The used brush is placed directly into the waste bin after use.
11. RDH reports oral health findings to the Certified Dental Assistant (CDA)/recorder.
12. CDA/recorder documents findings.

13. RDH discards the mouth mirror into the used container (or waste bin if the mouth mirror is disposable).
14. RDH doffs PPE¹³ and performs hand hygiene using ABHR for a minimum of 15 seconds.⁵ RDH will clean/disinfect the chair (as informed by the PCRA) between each class/group or more often if it becomes contaminated.
15. School staff returns students back to the classroom when screening is complete.

Post Screening

Once the school screening day is completed, the RDH will clean and disinfect the light source, eye protection (if reusable), table and chairs. All clean equipment, PPEs, and reusable items are stored in their respective boxes neatly, to be transported safely. The school screening team should perform hand hygiene prior to leaving the screening room.

Post-Notification and Resource Distribution

Oral health screening report cards, parent notifications and oral care supplies are provided to teachers to distribute to students at the end of day.

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Appendix: PPE Requirements

Table A1: PPE Requirements for Oral Health Screening Staff

PPE	Description	RDH	CDA/Recorder
Hand Hygiene	Hand hygiene should be performed for a minimum of 15 seconds using ABHR with 70–90% alcohol ¹ or washing hands with soap and water if visibly soiled for a minimum of 15 seconds.	<p>When not wearing gloves:</p> <p>Hand hygiene is required when there is direct contact with:</p> <ul style="list-style-type: none"> • a student • a student's environment (other than the handle of the mouth mirror) • removal of PPE 	Hand hygiene is required whenever hands come into direct contact with student, student environment or removal of PPE.
Gloves	<p>Nitrile or vinyl gloves are acceptable.</p> <p>Review product MIFU's and ensure gloves are worn when using disinfection products.³¹</p>	<p>Gloves are not required when conducting a no-touch technique oral screening.</p> <p>If a PCRA indicates gloves are required, remove gloves following the interaction.</p> <p>Hand hygiene is required before and after glove use. Wearing gloves is never a substitute for hand hygiene.</p>	Gloves are not required for recording purposes.
Eye Protection	Face shield, visor, safety glasses with side shields and/or goggles are acceptable.	Disinfect (or discard if disposable) at a minimum between classes or if contamination occurs.	Eye protection is not required for recording purposes.

PPE	Description	RDH	CDA/Recorder
Masks	<p>Surgical masks (level 1–3) are used to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions or within two meters of a coughing client (student).^{3,5} That said, among the three levels, 1, 2 or 3, mask selection is based on a risk assessment that includes: type and length of activity and likelihood of contact with respiratory particles in a spectrum of sizes generated by the interaction.</p>	<p>An ASTM Level 2 or 3 surgical mask is recommended.</p> <p>At a minimum, masks are to be discarded between classes or when soiled. Don a new mask at the start of each class.</p>	<p>An ASTM Level 1 surgical mask is recommended.</p> <p>Masks do not need to be changed between each class unless contaminated.</p>

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