

Community

Dr. Baydaa Hussein

School Dental Health Programs

Aims of school dental services

These aims are described by American Dental Association (ADA) as:

1. To help every school child appreciates the relationship of dental health to general health and appearance.
2. To encourage the observance of dental health practices, including personal care, professional care, proper diet and oral habits.
3. To enlist the aid of all groups and agencies interested in the promotion of school health.
4. To correlate dental health activities with the total school health programs.
5. To stimulate the development of resources to make dental care available to all children and youths.
6. To stimulate dentists to perform adequate health services for children.

Reasons for oral health promotion through schools are:

- Pupils and students can be accessed during their formative years, from childhood to adolescence. These stages are important in people's lives as lifelong oral health related

behavior as well as beliefs and attitudes are being developed.

- The schools can supply a supportive environment for promoting oral health. Access to safe water, as well as, may allow for general and oral hygiene programs.
- The burden of oral disease in children is significant. Most of them are irreversible, that will last for a lifetime and have impact on quality of life and general health.
- School policies, the physical environment and education for health are essential for attainment of oral health and control of risk behaviors, such as intake of sugary foods and drinks, tobacco use.
- Schools can provide a platform for provision of oral health care, i.e. preventive and curative services.

Elements of school oral health program

The four components of the school oral health program

✓ **Education**

Good oral health and preventing oral problems can be promoted by the schools by educating students and parents.

Oral health education should focus on:

- Prevention of decay through proper methods of oral hygiene (e.g. brushing, flossing);
- Use of fluoride or fluoridated water;
- Good nutrition including restricting candy and soft drinks.

- The importance of using mouth-guards in organized high body-contact sports.

All children receive oral health education. Practical information to promote healthy behaviors is provided.

Some features of the education include:

- Grant funding to support the purchase of educational tools and supplies.
- Printed curriculum: A comprehensive and sequential curriculum aligned to the Maine Learning Results.
- Instructional tools such as posters, videos, pamphlets, models and instructional tubs as well as technical assistance from the Oral Health Program.

✓ *Fluoride*

School-based fluoride mouth rinse programs

Weekly fluoride mouth rinse is given to children with parental permission. The mouth rinse is swished for one minute and spit out. It strengthens and protects teeth that are already present in the mouth.

School-based fluoride mouth rinse programs, fluoride tablet programs, and supervised tooth brushing with a fluoride dentifrice are all effective ways of delivering the benefits of fluoride to school-aged children.

The safety of fluoride mouth rinse and tablet programs is an important consideration. Fluoride must be stored in a secure place and distribution of mouth rinse and tablets should be monitored.

Fluoride mouth rinsing program are advised for grades 1 to 12 but not below as many younger children cannot master the technique of swishing without swallowing.

For kindergarten children plain water can be used as an educational program.

A once-a-week mouth rinse can result in an approximate 20 to 40 percent reduction in dental caries.

School fluoride tablet program

Fluoride tablet programs are easier to carry out in school classroom. Every student is given one 2.2 mg sodium fluoride (1 mg fluoride) tablet which is chewed, swished around the mouth for 1 minute and then swallowed. This swish- and -swallow technique provides the benefits of a topical application (as with mouth rinse) and also provides optimum systemic benefit during the period of tooth development.

Classroom tooth brushing

The daily brushing of teeth in classroom may be an ideal method of plaque control but it is an impractical reality.

Tooth brushing using a fluoride dentifrice is beneficial in reducing caries incidence rather than tooth brushing alone. Unfortunately usually the focus is on tooth brushing alone and not on the fluoride. Another problem faced is that tooth brushing is usually taught for a few weeks or months and then stopped much before the habit pattern is developed. During this time there should be major emphasis on the reasons for using a fluoride dentifrice when brushing. Most classrooms don't have a water supply and the sinks for classroom brushing. The daily storage and continual replacement of worn-out and lost brushes is another problem.

School water fluoridation

School water fluoridation is recommended only if the students are coming from the areas which have low fluoride content.

Consolidated rural school is ideal for this approach, as all students from kindergarten to high school are housed in the same building. The recommended concentration for school water fluoridation program is 4.5 ppm, in contrast to 1 ppm for community water supply due to belated and abbreviated exposure to fluoridated water in schools.

Studies have shown approximately 40% reduction in dental caries due to school water fluoridation.

Topical fluoride application program

Children accessing the dental services via school sealant programs can be provided with topical fluoride according to the needs of the individual child. Target those children with new smooth-surface caries, a history of high caries, or handicapped conditions for APF topical procedures.

✓ Dental screenings

Dental screenings are conducted by each funded School Oral Health Program at least once during each five years grant cycle.

Dental screenings help by identifying children who need dental care.

It's an opportunity to detect early dental or oral health problems.

Screening is not a replacement for a complete examination in a dentist's office. However, dental screening can be an important component of an oral health program and an important element of a school health program. The screening should look for the presence of dental caries (tooth decay), periodontal disease (inflammation of gums and supporting structures), malocclusion (irregularity of the teeth or jaw), and trauma from oral injuries.

✓ ***Dental sealants***

Existing School Oral Health Programs may apply for funding to support school-based dental sealant programs.

Dental sealants are thin plastic coatings that are painted into the deep grooves of teeth.

They help by preventing dental decay by sealing grooves that are most likely to decay.

School sealant programs are usually conducted by dental hygienists given in.

School-based or school-linked dental sealant delivery programs provide sealants to children unlikely to receive them otherwise.

The placement procedure for the sealants is rapid and painless.

They are highly effective in protecting the occlusal pits and fissures.

Such programs define a target population within a school. Many programs target what are referred to as high-risk children. High-risk children include vulnerable populations

less likely to receive private dental care. Target grades are often selected for school sealant.

However, in communities with high caries rates, it is preferable to see all grades each year to evaluate retention of sealants, teeth needing sealants, and referral for decay. Sealants, like other restorations, need to be monitored.

Guide lines for an ideal school dental program

A comprehensive school dental program should:

- Be available to all children
- Be feasible and administratively sound
- Provide facts about dental health and dental care focusing mainly on self care preventive procedures.
- Help in the development of positive attitude towards dental health.
- Provide an environment for development of skills and technique necessary for maintenance of oral hygiene for example tooth brushing and flossing.
- Include primary preventive dentistry procedures e.g. prophylaxis, pit and fissure sealants, topical fluoride application
- Have screening program for early identification, referral and treatment of identified lesions.

