



Screener Calibration/Training for Missouri Oral Health Preventive Services Program (PSP)



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

**State of Missouri Department of Health and Senior Services
Office of Dental Health/Oral Health Program**

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION
EMPLOYER**

Services provided on a nondiscriminatory basis.

Why is This Oral Screening Calibration/Training Required?

Caries diagnosis varies among clinicians.

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

Purpose of training is to assure consistency.

Public Health Surveillance/Screenings

- **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 30 minutes to complete.**
- **The YouTube calibration/training presentation will advance automatically.**
- **You may stop and start this course at any time.**
- **Completion Code = SCREENER.**
- **This calibration course is required annually.**
- **You will earn 1 credit 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 screening and materials necessary to conduct a screening.**
- **Properly complete the PSP screening form.**

The Preventive Services Program

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 screening conducted by a PSP calibrated/trained licensed dentist or dental hygienist.

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 screenings, varnish applications, education and referrals for the school or agency.

Typically a School Nurse, Head Start Health Coordinator, County Nurse or Parent

SCREENER

Dentist
or
Dental Hygienist

VARNISH VOLUNTEER

Parent, Nurse,
Teacher or any other
Person Interested in
Applying Varnish

OTHER ASSISTANT

Parent, Nurse, Teacher or 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 oral health screenings for the children.**

What is a Dental Screening?



- **Not a thorough clinical exam, no radiographs are taken.**
- **Does not involve making a clinical diagnosis that results in a treatment plan.**
- **Visual screening only, no dental instruments used, only identifies obvious decay.**
- **Is conducted by licensed PSP calibrated/trained dentists and dental hygienists.**

PSP Supplies

- **Ordered online by the PSP coordinator of your local event.**
- **Supplies from DHSS include:**
 - **Screening Forms**
 - **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 screening.



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

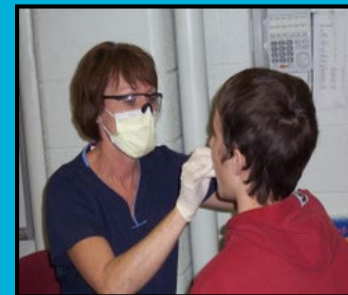
**PLEASE DO NOT USE
LOUPES FOR ORAL
SCREENINGS!**



“ 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 screening, one for yourself and one for the child.**
- **A small flashlight to provide good light for viewing the mouth.**
- **A table or desk top near your work area will help with supply access.**
- **A waste basket for disposables.**



For Small Children



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 dental decay and poor oral hygiene.

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




Infection Control Information and Guidelines From CDC & OSHA

- **The BSS is a non-invasive screening – 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 screenings.**
- **Use hand disinfectant often during the event.**



Screening 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

A dentist, hygienist or dental/hygiene student must conduct the screenings. Answer all questions. Do not leave any question unanswered. Fill in the circles. Do not use a √ or X. Use a pen or marker. Do not use a pencil. Comments in red may assist screeners with completing this form.

PSP Screening Date: _____ County where School is located: _____
 Name of School: _____ District Name: _____

1. **Sex:** Assigned at birth.
 Male
 Female
2. **Race:** Best guess. *Mark all that apply.*
 American Indian/Alaska Native
 Asian
 Black/African-American
 Native Hawaiian or other Pacific Islander
 White
 Hispanic
 Non-Hispanic
3. **Ethnicity:** Best guess.
 Hispanic
 Non-Hispanic
4. **Age:**
 0 to 11 Months
 1 7 13
 2 8 14
 3 9 15
 4 10 16
 5 11 17
 6 12 18
5. **Grade:**
 Preschool Sixth
 Kindergarten Seventh
 First Eighth
 Second Ninth
 Third Tenth
 Fourth Eleventh
 Fifth Twelfth
6. **Oral Hygiene:**
 Not Satisfactory: Moderate-heavy plaque, red tissues.
 Satisfactory: Little to no plaque, pink firm tissues.
7. **Presence of Dental Sealants:** Only on permanent molars, includes partially retained sealants.
 No Sealants
 Sealants
8. **History of Rampant Caries:** Decay, restorations, missing teeth due to decay on seven or more teeth.
 No
 Yes
9. **Treated Decay:** Any restoration, or missing teeth due to decay. Missing teeth not due to decay should not be included.
 None
 Primary only
 Primary and Permanent
 Permanent only
10. **Untreated Decay:** Must be visible, obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.
 None
 Primary only
 Primary and Permanent
 Permanent only
11. **Treatment Urgency:**
 No Obvious Problem: Currently no need for treatment.
 Early Dental Care: Decay treatment within 4-6 weeks.
 Urgent Dental Care: Pain, infection, swelling, treatment within 24-48 hours.

MO 580-3136 (4-23)

- The PSP screening 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.

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.

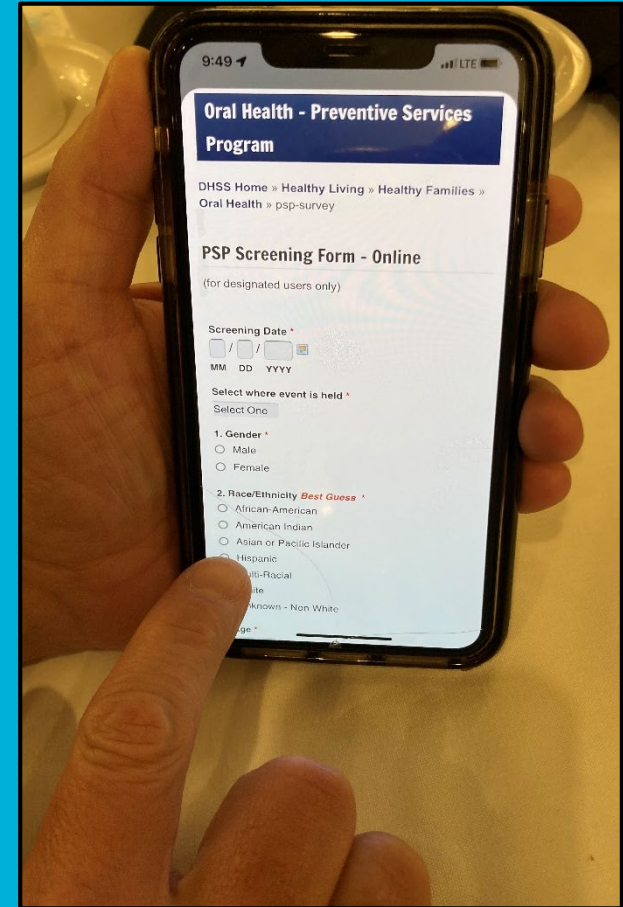
- More information on the BSS can be accessed at: www.astdd.org

Screening Form and Paperwork Issues

- **Oral Screenings are to be completed by dentists or dental hygienists only. Others may help with recording the findings.**
- **The coordinator of your event will ascertain 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 screening form, discard and get a new form.**

Online PSP Screening Form Option

- **The process is simple, quick and no paper screening forms are used.**
- **Wi-Fi is required.**
- **PSP screeners will use their personal device to collect PSP Oral Screening Data.**
- **The link to the PSP Online Screening 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 Screening Form Instructions are on our web page- <https://psp.health.mo.gov/forms/>**



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

A dentist, hygienist or dental/hygiene student must conduct the screenings. Answer all questions. Do not leave any question unanswered. Fill in the circles. Do not use a √ or X. Use a pen or marker. Do not use a pencil. Comments in red may assist screeners with completing this form.

PSP Screening Date: _____ County where School is located: _____

Name of School: _____ District Name: _____

- **Screen Date:**
- **School Name:**
- **County where school is located:**
- **District Name:**

Screening Form Completion Details

DO NOT LEAVE ANY QUESTIONS UNANSWERED!

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

Do Not use ✓ marks or X's.

Comments in italics may assist screeners with completing this form.

Incorrect Marks

5. Oral Hygiene:

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

7. History of Rampant Caries: *Decay, restorations, missing teeth due to decay on 7 or more teeth.*

- No
- Yes

9. Untreated Decay: *Must be visible obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.*

- None
- Primary Only
- Primary and Permanent
- Permanent Only

Correct Marks

5. Oral Hygiene:

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

6. Presence of Dental Sealants: *Only on permanent molars, includes partially retained sealants.*

- No Sealants
- Sealants

7. History of Rampant Caries: *Decay, restorations, missing teeth due to decay on 7 or more teeth.*

- No
- Yes

8. Treated Decay: *Any restoration, or missing teeth due to decay. Missing Teeth not due to decay should not be included.*

- None
- Primary Only
- Primary and Permanent
- Permanent Only

Demographics and Child Specific Information

#1 Sex:

- Assigned at birth
- Visual observation.

#2 Race:

- Best guess.
- Select all that apply.

#3 Ethnicity:

- Best guess.
- Select either option.

#4 Age:

- Ask the child.

#5 Grade:

- Ask the child.

In the interest of saving time, this information may be collected by someone other than the screener.

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.



Image used with permission K. Schroeder Jan. 2022



Coding Oral Hygiene

6. 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 heavy materia alba/plaque.**
 - **Red, enlarged tissues.**
- **Satisfactory**
 - **Little to no visible materia alba/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 the Presence of Dental Sealants

Dental Sealants



Partially retained sealant

Glass Ionomer Composite Restorations



Photos of sealed teeth courtesy of ASTDD

7. Presence of Dental Sealants: Only on permanent molars, includes partially retained sealants.

- No Sealants
- Sealants

- **ON PERMANENT MOLARS ONLY**
- **Choices in this section are:**
 - **No Sealants**
 - **Sealants (Includes Partially Retained Sealants)**
- **The presence of sealants may be difficult to detect with a visual screening only. Mark only those sealants that are readily detected and can be differentiated from glass ionomer composite restorations without a dental instrument.**

History of Rampant Caries

- **Decay.**
- **Restorations.**
- **Missing Teeth Due to Decay.**
- **May be any or all of these.**
- **ON SEVEN OR MORE TEETH!**

8. **History of Rampant Caries:** Decay, restorations, missing teeth due to decay on seven or more teeth.

No

Yes

Rampant Caries



Coding Treated Decay

9. Treated Decay: Any restoration, or missing teeth due to decay. Missing teeth not due to decay should not be included.

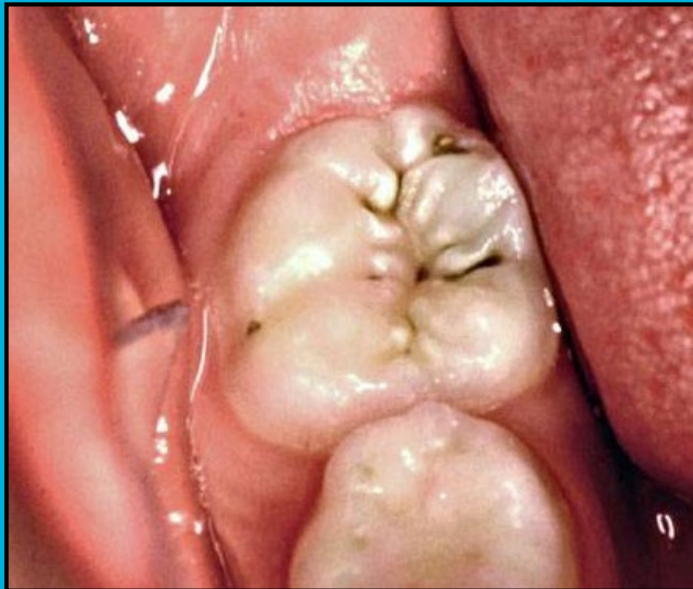
- None
- Primary only
- Primary and Permanent
- Permanent only

- **Restorations-temporary or permanent.**
- **Restorations-whether partially or fully retained.**
- **Crowns-placed due to decay.**
- **Missing teeth-as a result of decay.**
- **Restored or missing teeth that are not a result of decay, are not to be considered as treated decay.**

Coding Untreated Decay

10. Untreated Decay: Must be visible, obvious decay.
Retained roots, broken or chipped teeth are considered sound unless decay is present.

- None
- Primary only
- Primary and Permanent
- Permanent only



- **A tooth is considered to have untreated decay when the screener can readily observe breakdown of the enamel surface.**
- **In other words, only cavitated lesions are considered to be untreated decay. This applies to pits and fissures as well as cavitated smooth tooth surfaces.**
- **White spot lesions are not considered to be untreated decay unless there is a break down of enamel.**

PSP Oral Screening Results Note

- The oral screening 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 child's name down on a piece of paper for those needing early or urgent care.

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 stop tooth decay. This program is offered to **ALL** children in Missouri, including those who visit a dentist every year. A dentist or dental hygienist will do an oral screening. The screener 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. The fluoride will be applied two times during the school year. Fluoride varnish is safe for use in stopping and reversing small areas of early tooth decay.

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 THE FOLLOWING SECTION

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

YES, I want my child to receive a dental screening and two applications of fluoride varnish, three to six months apart.

YES, I want my child to receive a dental screening. 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:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian or Other Pacific Islander
- White

Mark "ONE" that applies for Ethnicity:

- Hispanic
- Non-Hispanic

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY DENTIST OR HYGIENIST AND SENT HOME WITH CHILD AFTER SCREENING

Child's Name: _____ Date: _____

Your child received a dental screening today. This screening does **not** replace a regular dental check-up, which is recommended at least once a year. Dental x-rays were **not** taken. The dental hygienist or dentist doing the screening 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 early dental treatment soon (4-8 weeks)**, possible decay. Please make an appointment with a dentist.
- Need urgent dental treatment (24-48 hours)**, due to toothache, decay or infection. Please schedule an appointment with a dentist as soon as possible.



Talk to your child about Oral Health! Visit the Missouri Oral Health page at <https://health.mo.gov/oralhealth>. Under the Oral Health Education section you can find educational videos 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 = Untreated Decay.**
- **Broken or chipped teeth are considered sound unless decay is also present.**
- **Temporary fillings are NOT to be considered as untreated decay.**

10. Untreated Decay: Must be visible, obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.

- None
- Primary only
- Primary and Permanent
- Permanent only

**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 prevalent in Missouri at this time, we are not collecting data on SDF, however, we would like you to be familiar with it's appearance.**
- **The top image shows teeth E and F treated with SDF, notice the dark black coloring in the decayed lesions.**
- **The bottom image shows SDF on the anterior primary teeth.**



Photos: Pediatric Dentistry V 38: No 3,
May/June 2016



10. Untreated Decay: Must be visible, obvious decay.
Retained roots, broken or chipped teeth are considered sound unless decay is present.

- None
- Primary only
- Primary and Permanent
- Permanent only

Silver Diamine Fluoride (SDF)

- **SDF arrests active carious lesions without local anesthesia.**
- **Is applied directly to decayed lesions.**
- **Advantageous for uncooperative young children, and children with high caries risk.**
- **SDF appearance is black and glossy.**
- **It is considered arrested decay and is marked as untreated decay-question #10.**
- **However, question # 11- would be marked as no obvious problems.**

10. Untreated Decay: Must be visible, obvious decay.
Retained roots, broken or chipped teeth are considered sound unless decay is present.

- None
- Primary only
- Primary and Permanent
- Permanent only

11. 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 24-48 hours.

Rule of Thumb

**When in doubt, RULE IT OUT!
If you are not sure decay is present,
assume it is NOT!**



We know the BSS tool is an underestimation of decay.

#11 Treatment Urgency

11. 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 24-48 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

11. 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 24-48 hours.

“No Obvious Problem”

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

No Obvious Problem



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

Treatment Urgency

“Early Dental Care”

- **Cavitated lesion.**
- **Breakdown of enamel surfaces (no pain or infection, but lesion needs treatment).**

11. 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 24-48 hours.

Dental care within the next several weeks, before next regular check up.

Early Dental Care



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.**

11. 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 24-48 hours.*

Needs dental care within 24-48 hours.

Urgent Care



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



Test Your Knowledge

What category would you use for the following teeth?



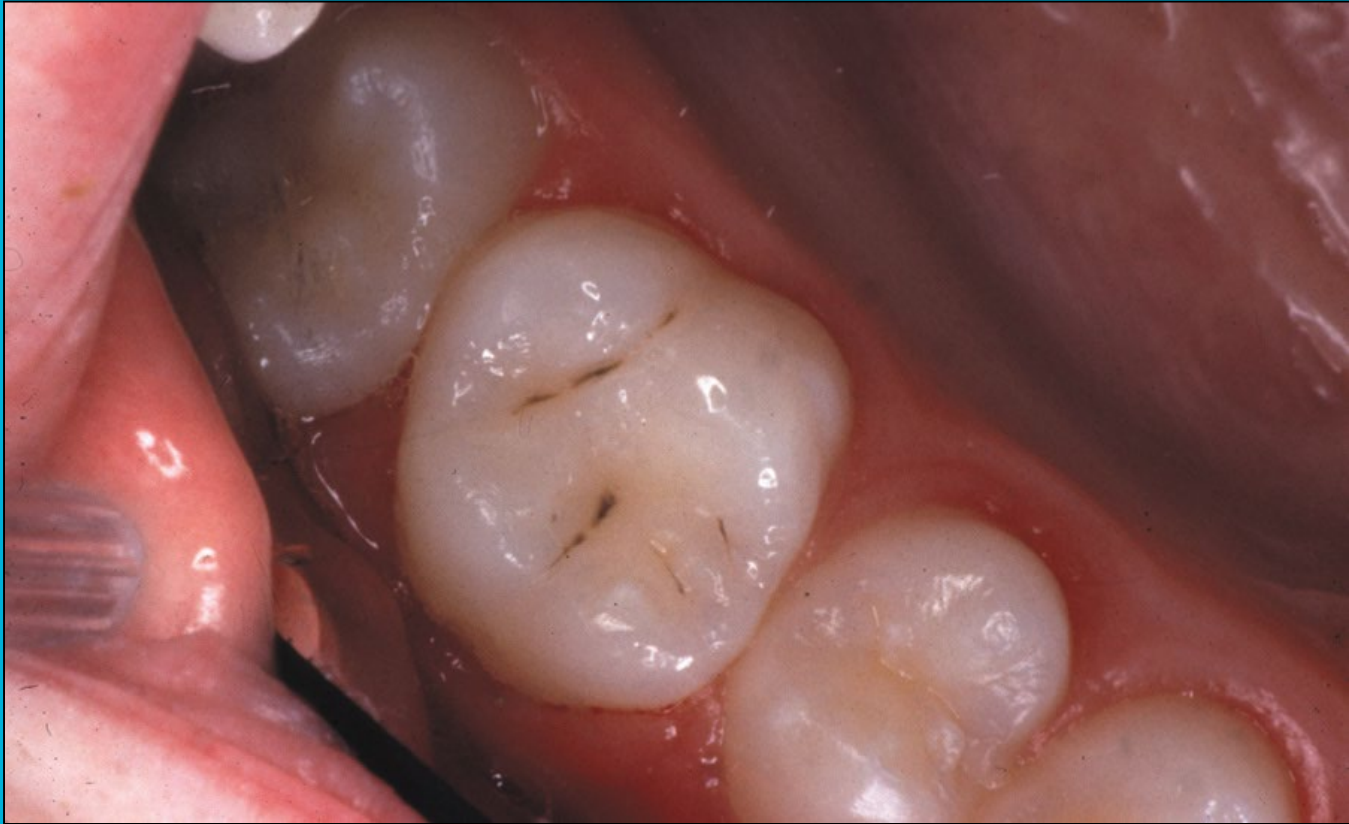
Untreated Decay?



Untreated Decay?



Treatment Urgency?



Treatment Urgency?



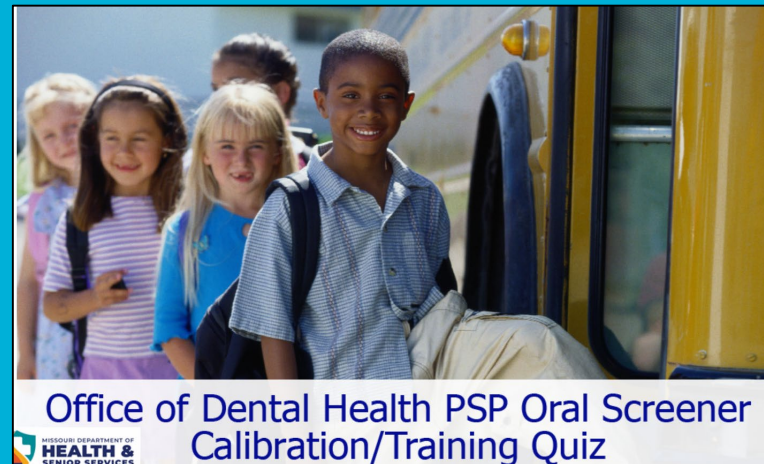
Treatment Urgency?



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

PSP Oral Screener Calibration/Training Completed

- **Please complete the Calibration- Screener online registration.**
- **You will receive 1 credit hour of continuing education.**
- **The Completion Code = SCREENER.**
- **This calibration course is required annually.**



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



Thank You!



Questions?

Contact

**Department of Health and Senior
Services**

**Office of Dental Health/Oral Health
Program**

573-751-5874

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

**To Locate the Oral Health Program Consultant
Nearest You**