SANTA CRUZ COUNTY CHDP DENTAL TRAINING

Oral Health/Fluoride Varnish Application

Adapted from: California Childe Health & Disability Prevention (CHDP) Program Statewide Dental Subcommittee

PROBLEM STATEMENT

- Low income children are at highest risk for dental caries (cavities)
- Dental caries is the most common chronic disease of childhood with 59% of 12 – 19 year olds having at least 1 documented cavity (AAP 2020)
- Dental caries is historically the most frequently reported problem of CHDP children

*Survey of 7 Counties, California Child Health and Disability Prevention (CHDP) Program, 2008

AAP POLICY

AAP Children's Oral Health

To encourage and support child health care providers to conduct oral health risk assessments and education

To provide preventive oral health services to families and to link them to a dental home

TRAINING OBJECTIVES

01

Complete a risk assessment

02

Perform an oral assessment and provide anticipatory guidance

03

Document correctly

04

Refer all children age one and over

05

Apply fluoride varnish

STEP 1: RISK ASSESSMENT

All CHDP and low-income children are considered at risk for dental caries.

HEALTH EQUITY

Low-income children and children of color are more at risk of dental carries due to lack of access to health care and other resources

Due to systemic and institutionalized racism, low income and POC children experience disproportionate health burdens

Screening for dental carries early on in these communities can help alleviate some of the health burden experienced by disadvantaged communities.

HEALTH EQUITY (CONTINUED)

- “Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.”

  - CDC

CHDP attempts to fill health equity gaps by providing services to communities that are under-resourced and underserved.

ADDITIONAL CARIES RISK FACTORS

- Tooth Decay
  - Poor oral habits can be passed on to children
  - White spot lesions on teeth
- Poor Feeding Habits
  - Frequent snacking
  - Sugary foods and drinks
  - Bottle in bed
  - Bottle after age 1
- Lack of Fluoride in
  - Drinking water
  - Vitamins/Supplements
- No Recent Dental Visit
  - Within the last year
- Poor Homecare
  - Lack of daily brushing and flossing
- Children with Special Needs
- Foster Children

FLUORIDE ASSESSMENT

- **Ensure only one systemic fluoride:**
  - Tap water if fluoridated
  - • Well water (test for fluoride level)*
  - • Bottled water with added fluoride
  - • Fluoride supplements by prescription from medical or dental office

- **Encourage all topical fluorides:** Toothpaste, rinses, treatment in a dental or medical office, fluoride varnish in a school, childcare, or other community setting

*www.swrcb.ca.gov/water_issues/programs/gama/domestic_wells_testing.shtml

*https://www.cdc.gov/fluoridation/faqs/wellwater.htm

STEP 2: ORAL ASSESSMENT

Perform an inspection of the mouth, teeth, and gums at each health assessment visit

Smiles for Life; https://youtu.be/Hw99Aoti7ZE First Five Oral Health: http://www.youtube.com/watch?v=UF4Ra1ZgovI

* California Code of Regulations Title 17 Section 6843 "An inspection of the teeth, gums and mouth is part of the health assessment."

PROVIDE ANTICIPATORY GUIDANCE

Oral health messages to parents*

Use a small amount of toothpaste with fluoride

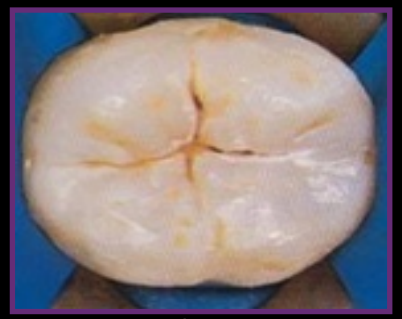
- Toothpaste should not be swallowed
- Use the size of a grain of rice (dab) until child is able to spit
- Use a “pea size” for all others

Size of a grain of rice (dab) until child can spit

“Pea size” for all others

Ask dentist about sealants

- Protects pits and grooves from decay



Before

After

STEP 3: DOCUMENTATION

Reasons to Document

- **Identifies** children that need care coordination to access dental services. **Submit** care coordination form to CHDP.
- **Fulfills Federal EPSDT mandates** and reduces risk of State and Federal audits
- Data reported may **increase funding**
- **Strengthens** overall CHDP program

DENTAL AREAS TO DOCUMENT CHART DOCUMENTATION

Dental Assessment

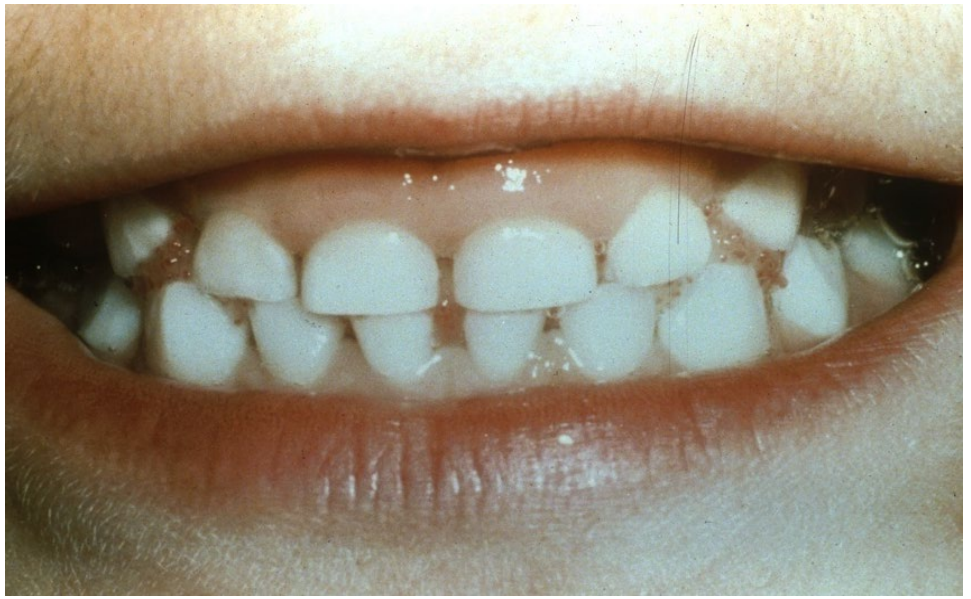
Comments/Problems

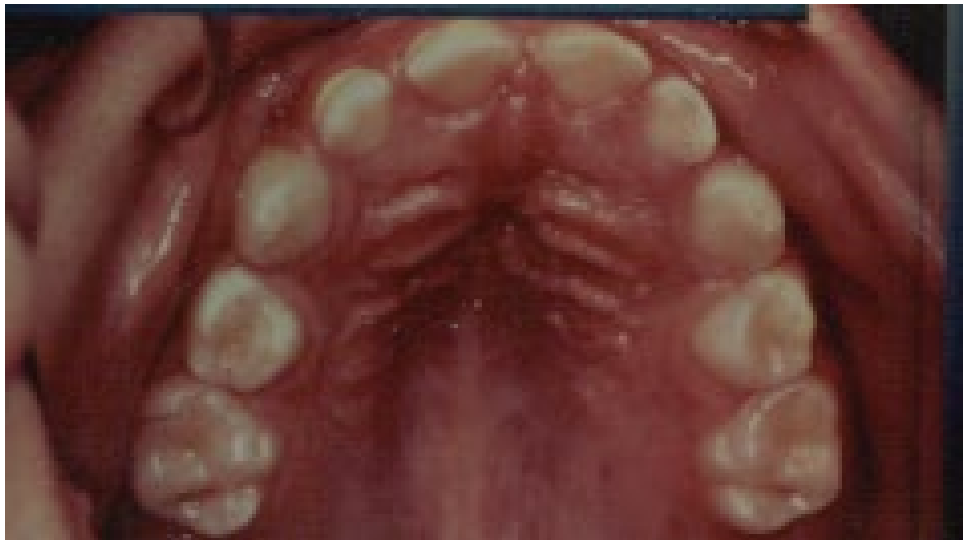
Describe the condition and classify using Class I, II, III or IV. Use the CHDP care coordination form and submit to CHDP.

Routine or Non-Routine Referral to Dental Home

DENTAL TREATMENT CLASS 1

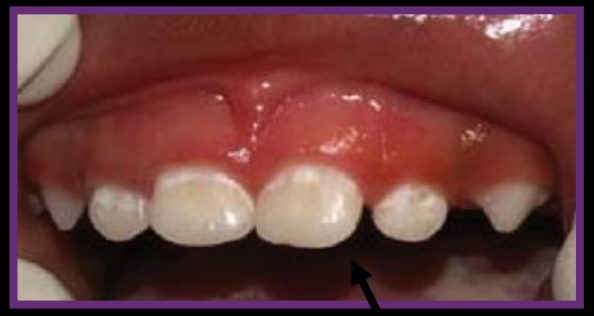
- No visible decay, inflammation or oral problems
- Refer to dentist for routine dental care (*Children with full Medi-Cal are covered through Denti-Cal for routine care every 6 months*



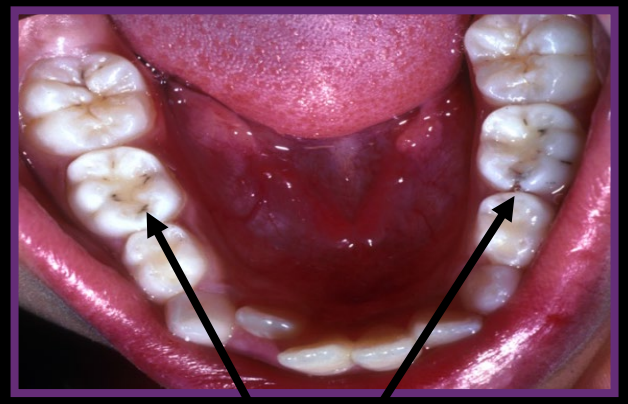


DENTAL TREATMENT CLASS II

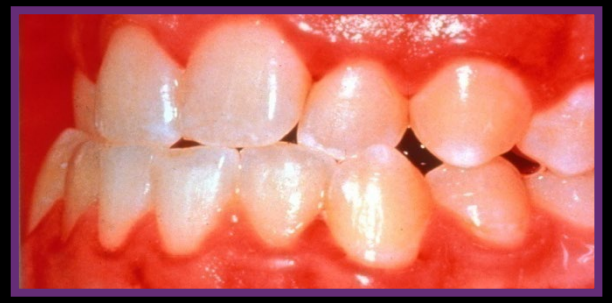
- **Mild Dental Problems -** Small carious lesions (including decalcifications) and/or mild gingivitis
- **Condition is Not Urgent -** Requires a dental referral



Beginning Decay
(white chalky decalcification near gum line)



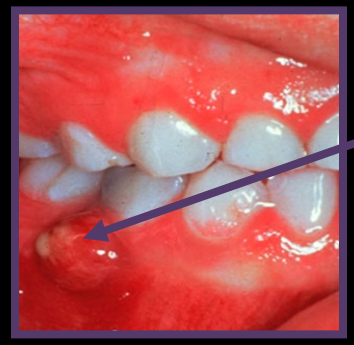
Small Carious Lesions



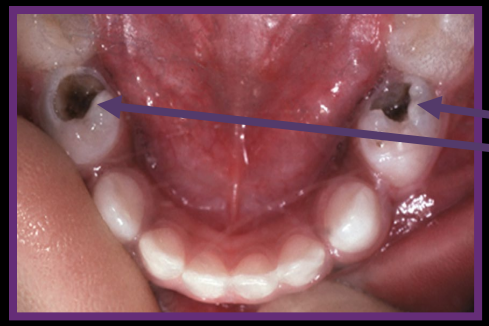
Mild Gingivitis
(slightly red and swollen gums)

DENTAL TREATMENT CLASS III

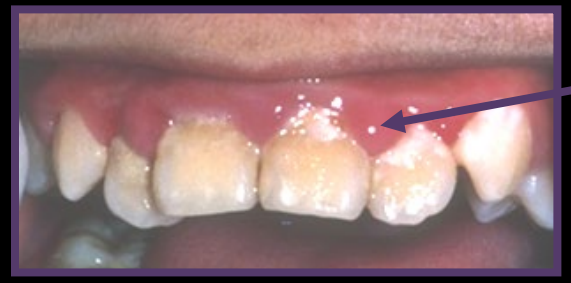
- **Severe Dental Problems** – Large carious lesions, abscess, extensive gingivitis, a history of pain, or severe (medically handicapping) malocclusion
- **Need for Dental Care is Urgent** – Conditions can progress rapidly to an emergency. *Make dental appointment today!*



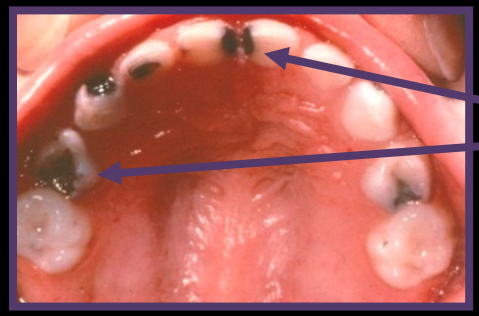
Abscess
(See dentist without delay!)



Large Carious Lesions



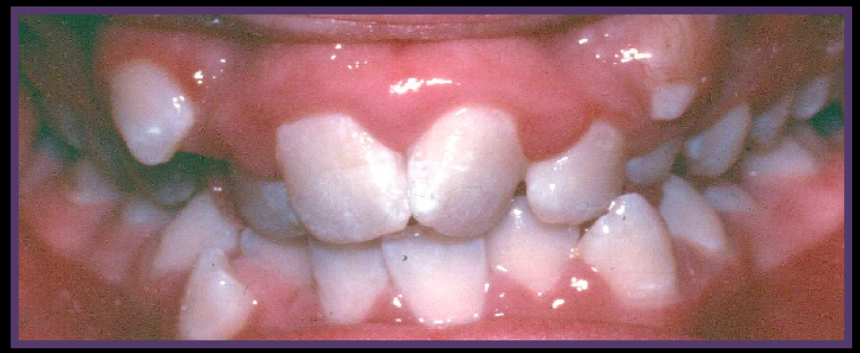
Extensive Gingivitis
(red, swollen, infected, inflamed gums)



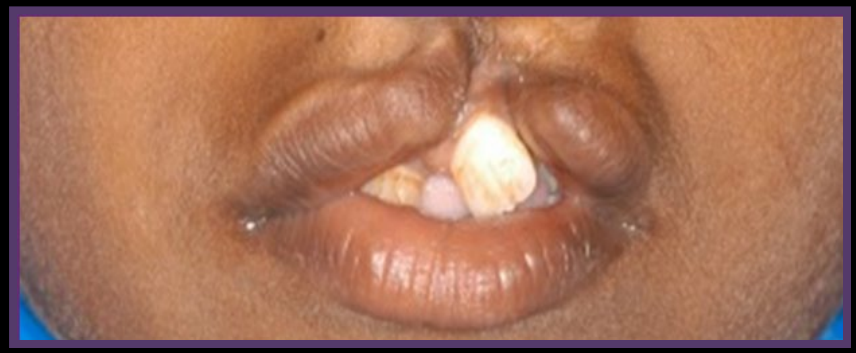
Early Childhood Caries (ECC)

LIMITED ORTHODONTICS AND CRANIOFACIAL CARE THROUGH DENTI-CAL OR CCS

Severe Medically Handicapping Malocclusions - Children with all permanent teeth present or age 13 through 20

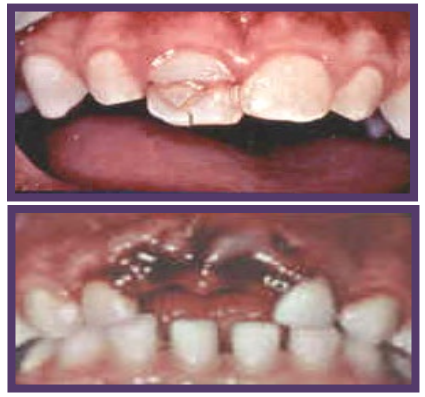


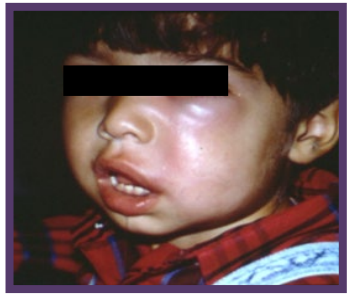
Cleft Lip/Palates and Other Craniofacial Anomalies - Children age 0 through 20



DENTAL TREATMENT CLASS IV

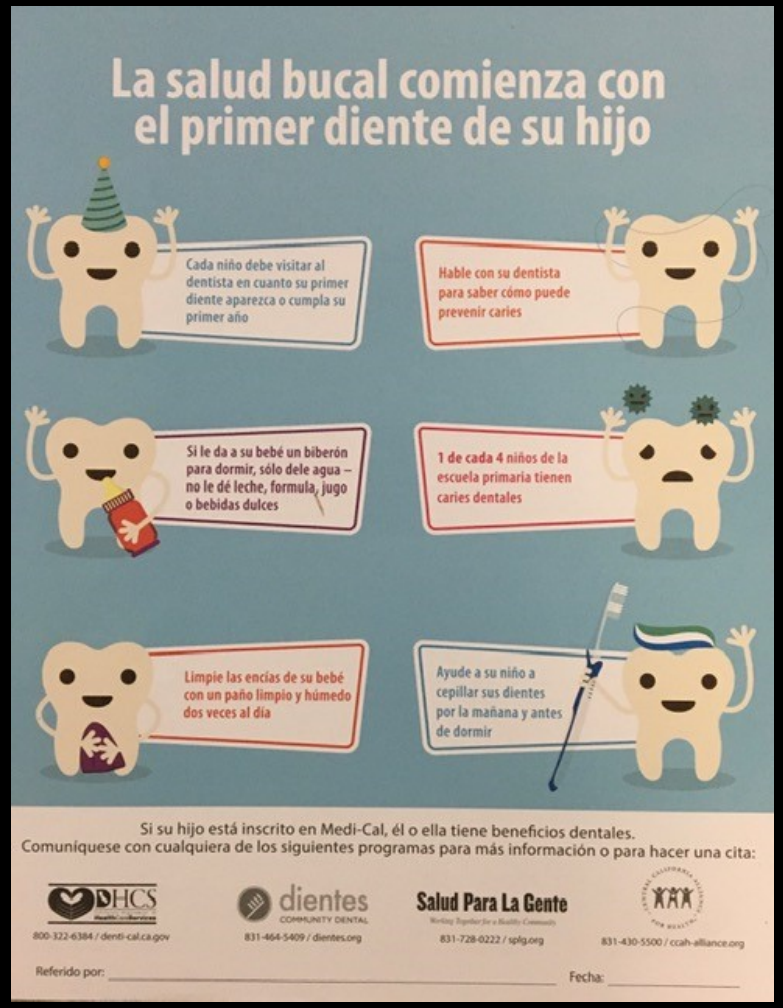
- **Emergency Dental Treatment Required -** Acute injury, oral infection, or pain
- **See Dentist Immediately -** or at least within 24 hours





STEP 4: DENTAL REFERRAL

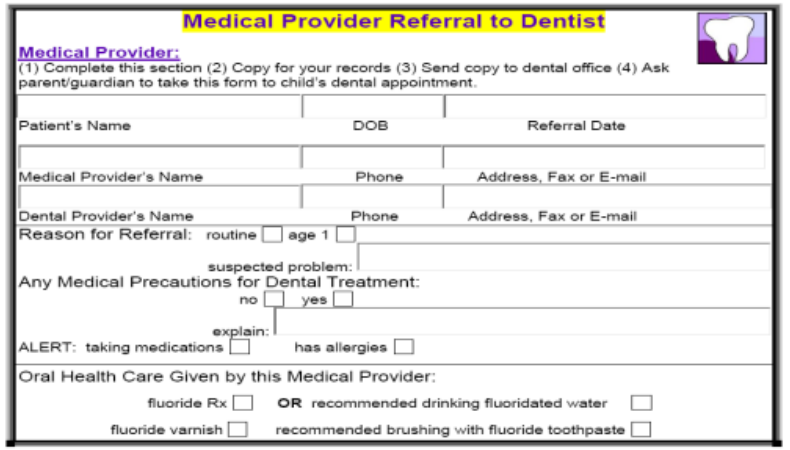
First tooth, first birthday handout



PROVIDER COMMUNICATION

- Provide written communication
- to the dental provider
- when possible

- Become familiar with the dental resources in your community
  - CHDP Local dentist list
  - Denti-Cal 1-800-322-6384



Medical Provider Referral to Dentist

Medical Provider:
(1) Complete this section (2) Copy for your records (3) Send copy to dental office (4) Ask parent/guardian to take this form to child's dental appointment.

Patient's Name | DOB | Referral Date

Medical Provider's Name | Phone | Address, Fax or E-mail

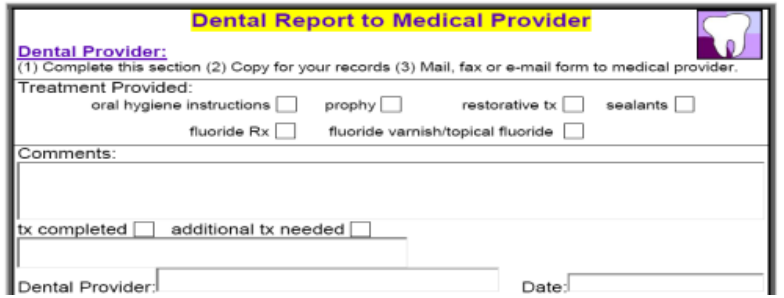
Dental Provider's Name | Phone | Address, Fax or E-mail

Reason for Referral: routine ☐ age 1 ☐
suspected problem:

Any Medical Precautions for Dental Treatment:
no ☐ yes ☐
explain:

ALERT: taking medications ☐ has allergies ☐

Oral Health Care Given by this Medical Provider:
fluoride Rx ☐ **OR** recommended drinking fluoridated water ☐
fluoride varnish ☐ recommended brushing with fluoride toothpaste ☐



Dental Report to Medical Provider

Dental Provider:
(1) Complete this section (2) Copy for your records (3) Mail, fax or e-mail form to medical provider.

Treatment Provided:
oral hygiene instructions ☐ prophy ☐ restorative tx ☐ sealants ☐
fluoride Rx ☐ fluoride varnish/topical fluoride ☐

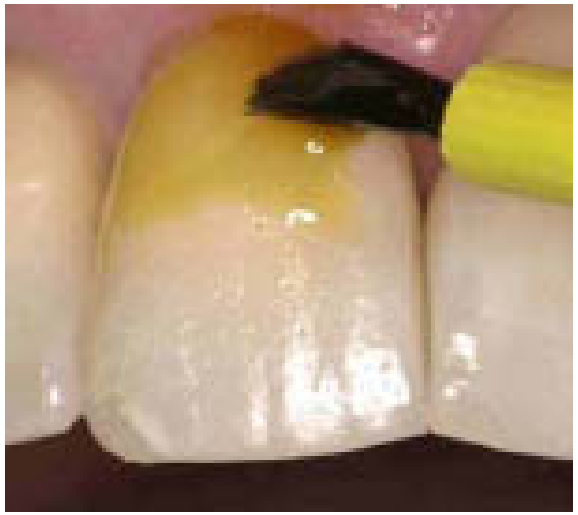
Comments:

tx completed ☐ additional tx needed ☐

Dental Provider: Date:

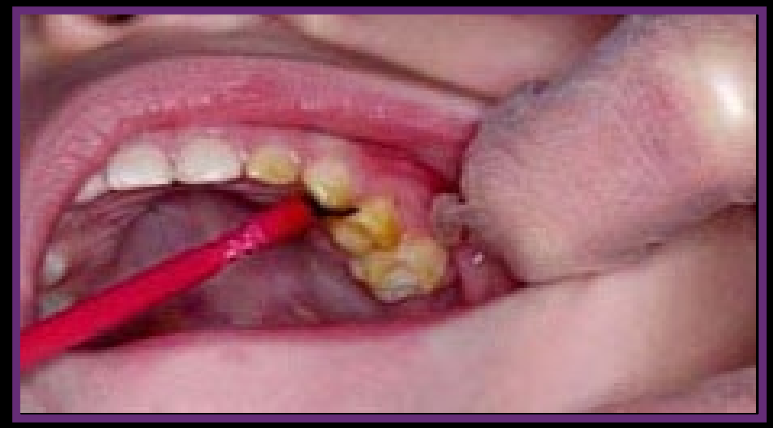
STEP 5: FLUORIDE VARNISH

The CHDP Provider's Role



CHDP PROVIDERS PREVENT DENTAL DECAY

- Young children are seen **earlier** and **more frequently** by medical providers than by a dentist
- **Low income** young children are at highest risk for dental decay
- Medical providers are now placing fluoride varnish to **prevent decay**
- Research shows high **efficacy** of fluoride varnish



FLUORIDE VARNISH - FACTS

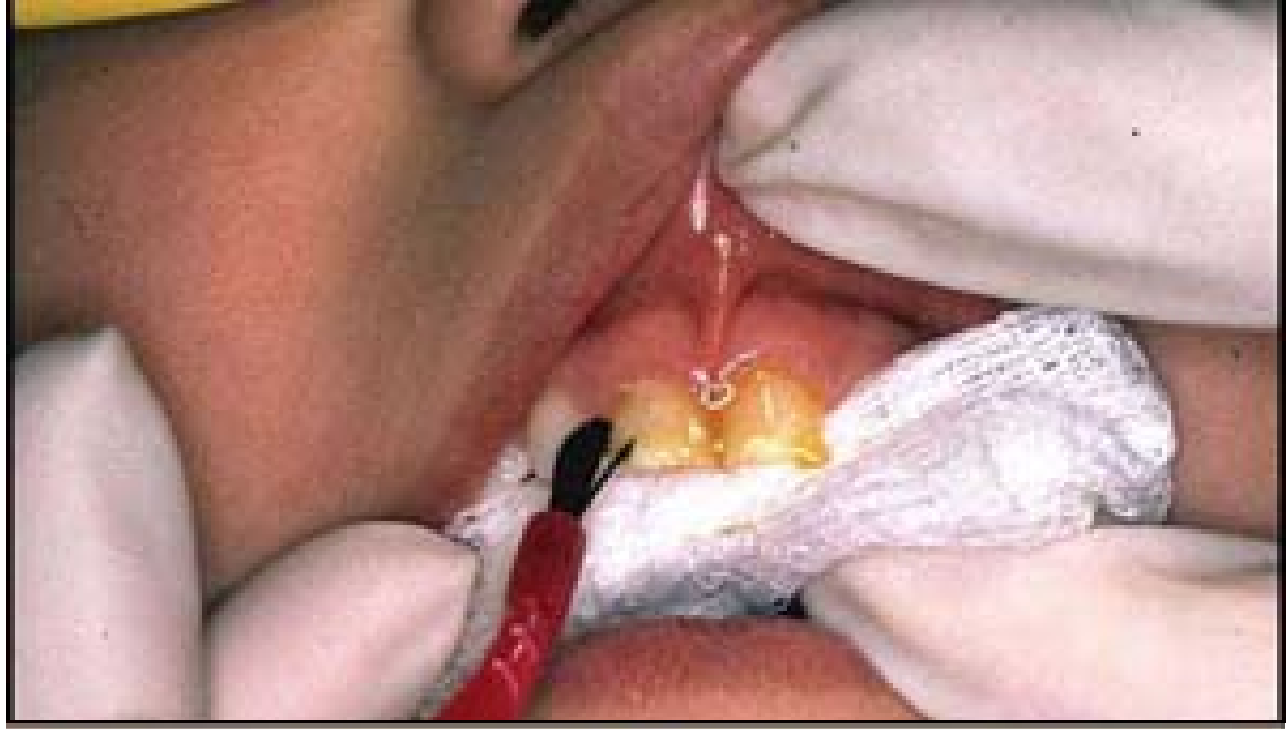
- A protective resin coating of sodium fluoride

- Painted on teeth in ≈ 1 minute

(Crying improves visibility and access)

- 1 application cuts decay risk in half ***

- Applied up to 5x per year
  3x in medical office
  2x in dental office



FREQUENCY OF APPLICATION

- The optimal interval of application has not been established.*
- After the first fluoride varnish treatment, subsequent treatments can be applied every 3-4 months.
- Schedule during a well child exam, follow-up visit, or stand-alone appointment.

FLUORIDE VARNISH - WHO CAN APPLY?

- Medical Office Setting
  - MD
  - Trained nurses and assistants under MD Rx*

Community Setting**

(School, health fair or government program)

Any trained person

- With signed parental permission
- Under a doctor's (or dentist's) prescription
- Following doctor's (or dentist's) protocol

* http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0608.pdf or http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dental_m00o03o09.doc

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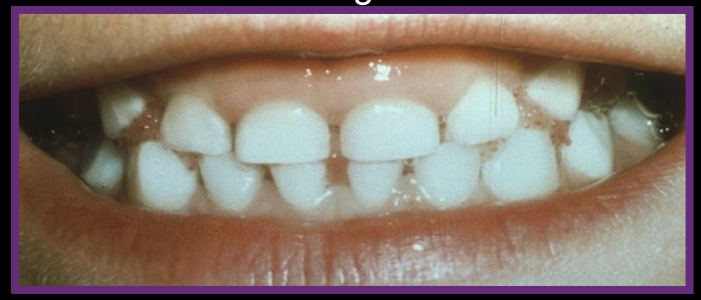
FLUORIDE VARNISH - WHICH TEETH BENEFIT?

No Visible Decay

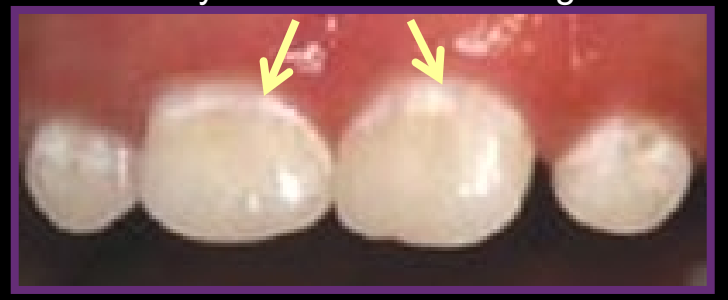
but high risk



Preventable with fluoride varnish and good home care

Beginning Decay

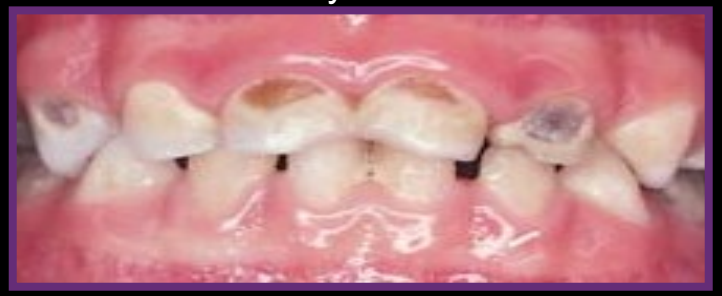
white chalky decalcification near gum line



Reversible with fluoride varnish and better home care to inhibit progression of caries

Advanced Decay

destroyed enamel

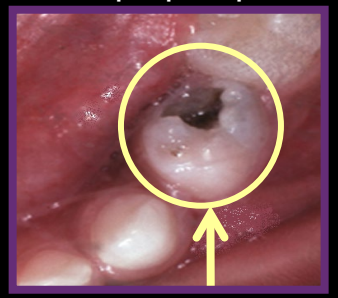


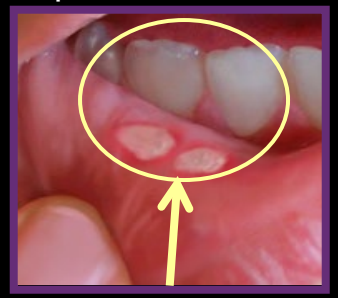
Irreversible, however with fluoride varnish decay progression is inhibited

~ Dental treatment needed ASAP ~

Teeth Without

pulp exposure or open lesions





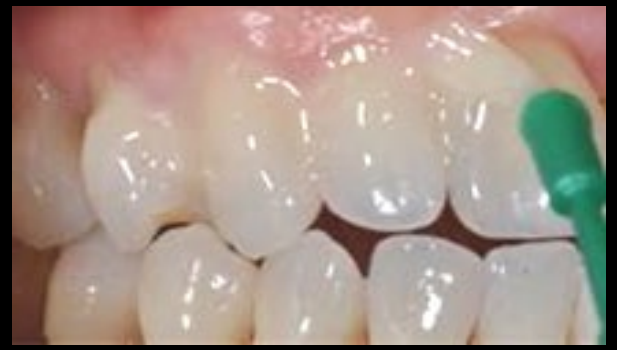
Avoid these areas, but apply fluoride varnish to all other teeth in the mouth

EASY AND EFFECTIVE

Applying Fluoride Varnish is one of the easiest and most effective procedures a medical provider can do to help protect the oral health of their young patients!

FLUORIDE VARNISH
- PRACTICUM -

- Speaker Demonstration
  - **Video of fluoride varnish application:**
    https://youtu.be/aFZdytow-fg
- Participant Practice



California Child Health & Disability Prevention (CHDP)
Program Statewide Oral Health Subcommittee
http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx

DENTAL TRAINING SUMMARY

Do a risk assessment

Perform an oral assessment and provide anticipatory guidance

Document

- **ROUTINE REFERRAL** *or*
- Note **PROBLEM SUSPECTED**
- Record **COMMENTS/PROBLEMS** area and
- Provide dentist name and phone number

Refer child every 6 months beginning at age one

Encourage a "Dental Home" at any age for child and family

Assess for and apply fluoride varnish when indicated

REFERENCES

- AAP Oral Health Risk Assessment Tool; https://pediatrics.aappublications.org/content/146/6/e2020034637
- Bright Futures in Practice: Oral Health
  Dental Caries Risk Assessment Table
- Featherstone et al. **Caries Management by Risk Assessment:** Consensus Statement April 2002. Journal CDA 2003 31(3): p. 257-269
- AAP Dental Home Policy http://pediatrics.aappublications.org/content/122/6/1387
- American Academy of Pediatrics Television http://www.youtube.com/watch?v=zNOlGS1ggSg&feature=player_embedded
- http://www.astdd.org/docs/Sept2007FINALFlvarnishpaper.pdf (See Page 4)
- Smiles for Life - University of Connecticut
  http://www.youtube.com/watch?v=cV5OmL7C8K4&feature=player_embedded Maryland's Mouths Matter - Training Modules (4.3)
  https://www.mchoralhealth.org/flvarnish/mod4_3.html