

Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services

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Summary The Early Childhood Oral Health (ECOH) Program encourages child health professionals to regularly check for signs of early childhood caries (ECC) by 'lifting the lip'. The policy describes responsibilities and procedures for implementing the ECOH Program in NSW.

Replaces Doc. No. Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services [PD2008_020]

Author Branch Centre for Oral Health Strategy

Branch contact Tanya Schinkewitsch 02 8821 4314

Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, Public Health Units, Public Hospitals

Audience All Public Oral Health Staff

Distributed to Public Health System, Divisions of General Practice, Government Medical Officers, Ministry of Health, Tertiary Education Institutes

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Policy Manual Not applicable

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

EARLY CHILDHOOD ORAL HEALTH (ECOH) PROGRAM NSW: THE ROLE OF PUBLIC ORAL HEALTH SERVICES

PURPOSE

Oral Health is essential for health and wellbeing and early childhood is the time when most lifetime habits are established. It offers the greatest opportunity for prevention of disease, which, in turn, can contribute to better health in adulthood. This policy sets the framework for Public Oral Health Services in NSW to work collaboratively with key partners to implement the Early Childhood Oral Health Program in order to improve the oral health of the population.

MANDATORY REQUIREMENTS

- All child health professionals receive core oral health training and have access to regular periodic updates in oral health.
- All members of the oral health team are educated and trained to address the issues of children aged 0-5 years and are responsive to the prioritisation process for children who are at risk of Early Childhood Caries (ECC), including siblings.
- Referral information and supporting resources are available and accessible to child health professionals.
- Culturally appropriate oral health information and resources are available to Aboriginal people.
- Child health professionals who refer children receive timely feedback from the treating oral health professional.
- Administrative structures and procedures support the referral and feedback processes.

IMPLEMENTATION

An overview of responsibilities of key parties required in implementing this policy:

Centre for Oral Health Strategy (COHS) NSW:

- Develop, promote and review state-wide resources & training packages.
- Engage with Aboriginal Health personnel and communities in the development of culturally specific resources.
- Promote education of oral health personnel in early childhood oral health.
- Maintain a high level of consultation & liaison with key stakeholders.
- Monitor ECOH Program uptake.
- Monitor oral health outcomes.

LHD Oral Health Managers and Clinical Directors:

- Allocate adequate resources to implement and sustain the ECOH program.

- Support ongoing professional development for oral health staff.
- Prioritise 0-5 year olds and all eligible family members, who are in the 'high risk' category.
- Focus actions on higher risk groups, such as Aboriginal communities and others as identified by epidemiological and/or socio-demographic data.
- Ensure that administrative structures and procedures support referral, appointment, treatment and feedback processes where appropriate.
- Provide preventive information, resources and treatment to improve the oral health status of high risk groups.
- Ensure all children referred by a child health professional are enrolled in the Information System for Oral Health (ISOH).

ECOH Coordinators (or delegated Oral Health Professional):

- Train and provide periodic updates for child health professionals, including Aboriginal Health personnel.
- Distribute ECOH resources & relevant supporting information to both child health professionals and public oral health professionals.
- Monitor ECOH program uptake at the LHD level.
- Train oral health teams in ECOH prioritisation and appointment protocol.
- Participate in ECOH professional development sessions.
- Build collaborative LHD partnerships between oral health and general health professionals.
- Provide timely and accurate reports to LHD Management and to COHS.
- Provide timely feedback to referring agents.

Oral Health Clinicians:

- Provide timely feedback to referring professionals / agencies.
- Implement a family centred model of oral health care that recognises eligible family members for dental treatment where one family member has been referred for prevention and early intervention under the ECOH Program.
- Distribute resources and relevant material that support the ECOH program to parents/carers of young children.
- Liaise with and support the ECOH coordinator and participate in ECOH professional development sessions.

Oral Health Intake/Reception:

- Prioritise referrals from the ECOH Program.
- Record all children who enter the oral health service with a referral from a child health professional as a referral during their Priority Oral Health Program (POHP) triage in ISOH.
- When required, liaise with ECOH coordinators, child health professionals and oral health clinicians as required to facilitate a family centred approach to oral health care.

REVISION HISTORY

Version	Approved by	Amendment notes
November 2013 (PD2013_037)	Deputy Director General, Population and Public Health	Removed ECOH Program reporting template Updated key responsibilities and implementation plan Updated endnotes Updated weblinks
April 2008 (PD2008_020)	Deputy Director General, Population and Public Health	New policy

ATTACHMENTS

1. Early Childhood Oral Health (ECOH) Program NSW: The Role of Public Oral Health Services: Procedures.

**Early Childhood Oral Health (ECOH) Program NSW:
The Role Of Public Oral Health Services**



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1 BACKGROUND

Early childhood caries (ECC) is a serious dental condition occurring during the preschool years of a child's life when developing primary (baby) teeth are especially vulnerable. ECC can occur as soon as the first tooth erupts. During the first 12 months post-eruption susceptibility of teeth to decay is high.

It can be a devastating condition often requiring hospitalisation and dental treatment under general anaesthesia (GA). The majority of children on GA waiting lists in NSW are under the age of 5 years. In 2010 - 2011, 1,509 children aged between 0-4 years of age received dental treatment under general anaesthesia in NSWⁱ.

The pain, psychological trauma, health risks, and costs associated with restoration of carious teeth for children affected by ECC can be substantial.

Family circumstances, such as low socio-economic background, increase the risk of ECC. Thus, to be more effective and efficient, a holistic family-oriented approach is necessary.

The evidence strongly shows that ECC is one of the few chronic diseases that, if preventive messages are implemented, can be mostly prevented.

Oral health checks are recommended during child health checks at 6-8 months, 12 months, 18 months, and 2, 3 and 4 years of ageⁱⁱ.

2 DEFINITION OF EARLY CHILDHOOD CARIES (ECC)

The disease of ECC is defined as "the presence of 1 or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces" in any primary tooth in infants and preschool childrenⁱⁱⁱ. In children younger than 3 years of age, any sign of smooth-surface caries is indicative of severe early childhood caries. Major contributing factors include prolonged and/or frequent bottle feeding, especially at night.

3 ASSOCIATED DOCUMENTS

This Policy Directive should be read in association with the following documents:

- Early Childhood Oral Health Guidelines for Child Health Professionals, 2nd Edition: GL 2009_017
- Pit and Fissure Sealants: PD2007_008
- Fluorides – use of in NSW: PD 2006_076
- Oral Health – Eligibility of Persons for Oral Health Care in NSW PD2009_074
- Priority Oral Health Program and List Management Protocols PD2008_056

It should also be consistent with whole of government policies & plans:

- Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013
- National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes Implementation Plan
- National Partnership Agreement for Oral Health
- Oral Health 2020: A Strategic Framework for Dental Health in NSW
- Department of Health and Aging MBS Primary Care Items: Healthy Kids Check

4 PRINCIPLES

- 4.1 Oral health is essential for health and well-being and must be integrated into the 'general' health agenda.
- 4.2 Poor oral health can have a serious impact on quality of life and good oral health in infancy and early childhood contributes to better health in adulthood.
- 4.3 Dental caries is a multifactorial disease and in early childhood is linked strongly to family behaviours and practices. Oral health services need to prioritise all eligible family members where one child is at high risk.
- 4.4 Intervening early makes good economic sense. Interventions targeted at young children will have much higher economic returns than later interventions. Policies that focus on the treatment of established problems or conditions are not sustainable.
- 4.5 Primary teeth are important for normal development, function and health. If children lose their primary teeth too early there can be an adverse effect on self-esteem, eating and the position of the adult teeth.
- 4.6 Generally, child health professionals^{iv} have more opportunities to engage with and influence new parents, and to conduct risk assessments, than do oral health professionals.

5 IMPLEMENTATION PLAN

Training

Procedure	Who	When	How
<ul style="list-style-type: none"> Provide child health professionals, including Aboriginal Health personnel, with core ECOH Program training and annual oral health updates 	ECOH Coordinators	When required	Train the trainer model developed by COHS.
<ul style="list-style-type: none"> Provide oral health teams with professional development in early childhood oral health 	COHS	In conjunction with ECOH Program roll-out	Regional in-services, supported by DVD
<ul style="list-style-type: none"> Provide oral health teams with training in referral and feedback procedures 	ECOH Coordinators	Prior to implementation. Include in AHS orientation & training programs	Develop local LHD protocols
<ul style="list-style-type: none"> Provide ECOH Program participants with access to supporting state-wide policies, guidelines and resources 	COHS	As appropriate	ECOH Policy Directive, evaluation of resources, development of culturally specific resources for Aboriginal and CALD communities

Referral and feedback

Procedure	Who	When	How
<ul style="list-style-type: none"> Check the mouth and assess the risk for dental disease in children aged 0-5, following participation in ECOH Program training 	Child Health Professionals	Child Health Checks and other opportunistic interventions	As per ECOH guidelines
<ul style="list-style-type: none"> Document findings and refer children at risk of dental disease to oral health services, using either paper-based or electronic referral system 		Following identification of risk of dental disease	Use referral template provided in ECOH guidelines
<ul style="list-style-type: none"> Prioritise referrals from the ECOH Program 	Oral Health Services	First client contact	Through the Priority Oral Health Program (ISOH) referral protocols
<ul style="list-style-type: none"> Routinely collect statistics on total number of referrals received 	Oral Health Services	Quarterly	Through LHD data collection processes
<ul style="list-style-type: none"> Provide timely feedback to referring professionals / agencies 	Oral Health Professional	Following the child's appointment	Develop local LHD protocols

Monitoring

Procedure	Who	When	How
<ul style="list-style-type: none"> Record all children who enter the oral health service with a referral from a child health professional as a referral during their Priority Oral Health Program (POHP) triage 	Oral Health Services	During POHP triage	Tick “Do you have a referral from an NGO, Community Health, GP, DoCS?”
<ul style="list-style-type: none"> Monitor ECOH Program uptake Report to COHS in a timely and uniform manner 	Oral Health Managers & ECOH Coordinators	Quarterly	Through LHD data collection processes
<ul style="list-style-type: none"> Monitor the number of families participating in the ECOH program 	Oral Health Services, COHS	As appropriate	Refer to Waiting list protocol Participation in population oral health surveys
<ul style="list-style-type: none"> Develop an indicator that identifies ECOH referrals 	COHS	After general release of ISOH version 7	Through ISOH

6. ADDITIONAL INFORMATION

6.1 Web links

- ECOH Guidelines for Child Health Professionals, 2nd Edition
http://www0.health.nsw.gov.au/policies/gl/2009/GL2009_017.html
- My First Health Record: Personal Health Record
<http://www.health.nsw.gov.au/Kids/Pages/my-personal-health-record.aspx>
- Lift the Lip Posters
http://www0.health.nsw.gov.au/resources/cohs/lift_lip_a4_june09_pdf.asp
- Lift the Lip Translations
http://www.mhcs.health.nsw.gov.au/topics/Dental_Care.html
- See My Smile brochure, Better Health Centre – Publications Warehouse
- Lift the Lip brochure, Better Health Centre – Publications Warehouse
- NH&MRC Public Statement on the Efficacy and Safety of Fluoridation 2007
www.nhmrc.gov.au
- Online learning: *early childhood oral health: case studies from general practice*
www.gplearning.com.au
- Oral Health Promotion Clearing House
<http://www.adelaide.edu.au/oral-health-promotion/programs/>

6.2 For information on Oral Health Resources contact:

- The Centre for oral Health Strategy (COHS) www.health.nsw.gov.au/cohs/
- The Better Health Centre – Publications Warehouse (02) 9887 5450

Endnotes

ⁱ Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au. Accessed (Thursday, 4th April 2013).

ⁱⁱ “My First Health Record” Personal Health Record, NSW Health 2007. SHPN (PHCP) 060174 ISBN 1741870178.

ⁱⁱⁱ American Academy of Paediatric Dentistry.

^{iv} Any health professional who works with children, including General Practitioners, Paediatricians, Child & Family Health Nurses, Aboriginal Health Workers, Speech Therapists, Dieticians, Drug and Alcohol Workers, and others as identified.