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

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Functional Sub group
Population Health - Health Promotion
Clinical/ Patient Services - Dental/Oral
Clinical/ Patient Services - Baby and child

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.


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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

File No. Not applicable

Status Active

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This Policy Directive may be varied, withdrawn or replaced at any time.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

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
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<tr>
<td>November 2013 (PD2013_037)</td>
<td>Deputy Director General, Population and Public Health</td>
<td>Removed ECOH Program reporting template</td>
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<td>Updated key responsibilities and implementation plan</td>
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<td>Updated endnotes</td>
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<td>Updated weblinks</td>
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<tr>
<td>April 2008 (PD2008_020)</td>
<td>Deputy Director General, Population and Public Health</td>
<td>New policy</td>
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ATTACHMENTS

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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 NSW.

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 age.

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 children. 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:

- 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 have more opportunities to engage with and influence new parents, and to conduct risk assessments, than do oral health professionals.
## 5 IMPLEMENTATION PLAN

### Training

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<tr>
<th>Procedure</th>
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<th>When</th>
<th>How</th>
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<tr>
<td>• Provide child health professionals, including Aboriginal Health personnel, with core ECOH Program training and annual oral health updates</td>
<td>ECOH Coordinators</td>
<td>When required</td>
<td>Train the trainer model developed by COHS.</td>
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<tr>
<td>• Provide oral health teams with professional development in early childhood oral health</td>
<td>COHS</td>
<td>In conjunction with ECOH Program roll-out</td>
<td>Regional in-services, supported by DVD</td>
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<td>• Provide oral health teams with training in referral and feedback procedures</td>
<td>ECOH Coordinators</td>
<td>Prior to implementation. Include in AHS orientation &amp; training programs</td>
<td>Develop local LHD protocols</td>
</tr>
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<td>• Provide ECOH Program participants with access to supporting state-wide policies, guidelines and resources</td>
<td>COHS</td>
<td>As appropriate</td>
<td>ECOH Policy Directive, evaluation of resources, development of culturally specific resources for Aboriginal and CALD communities</td>
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**Referral and feedback**

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<tr>
<td>Check the mouth and assess the risk for dental disease in children aged 0-5, following participation in ECOH Program training</td>
<td>Child Health Professionals</td>
<td>Child Health Checks and other opportunistic interventions</td>
<td>As per ECOH guidelines</td>
</tr>
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<td>Document findings and refer children at risk of dental disease to oral health services, using either paper-based or electronic referral system</td>
<td>Following identification of risk of dental disease</td>
<td>Use referral template provided in ECOH guidelines</td>
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<td>Prioritise referrals from the ECOH Program</td>
<td>Oral Health Services</td>
<td>First client contact</td>
<td>Through the Priority Oral Health Program (ISOH) referral protocols</td>
</tr>
<tr>
<td>Routinely collect statistics on total number of referrals received</td>
<td>Oral Health Services</td>
<td>Quarterly</td>
<td>Through LHD data collection processes</td>
</tr>
<tr>
<td>Provide timely feedback to referring professionals / agencies</td>
<td>Oral Health Professional</td>
<td>Following the child’s appointment</td>
<td>Develop local LHD protocols</td>
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### Monitoring

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<tr>
<td>• 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</td>
<td>Oral Health Services</td>
<td>During POHP triage</td>
<td>Tick “Do you have a referral from an NGO, Community Health, GP, DoCS?”</td>
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</table>
| • Monitor ECOH Program uptake    
  • Report to COHS in a timely and uniform manner                               | Oral Health Managers & ECOH Coordinators | Quarterly                  | Through LHD data collection processes                                 |
| • 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 |
| • 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
- My First Health Record: Personal Health Record
- Lift the Lip Posters
- Lift the Lip Translations
- 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
- Online learning: early childhood oral health: case studies from general practice
- Oral Health Promotion Clearing House

6.2 For information on Oral Health Resources contact:

- The Better Health Centre – Publications Warehouse (02) 9887 5450

Endnotes


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.