



Office of the Secretary

OCT 17 2007

DepED ORDER
No. 73, s. 2007

PROMOTING ORAL HEALTH IN PUBLIC ELEMENTARY SCHOOLS

To: Undersecretaries
Assistant Secretaries
Bureau Directors
Regional Directors
Schools Division/City Superintendents
Heads, Public and Private Elementary and Secondary Schools


1. The 2006 National Oral Health Survey (NOHS) conducted among children in the public elementary schools revealed that 97.1% of 6 years old and 78.4% of the 12 years old have dental caries. Much more alarming was the finding that almost 50% of the children were suffering from dentogenic infections characterized by the presence of pulp involvement (innermost tooth structure), ulceration, fistula and abscess (PUFA) that certainly inflict pain, causing extreme discomfort and even decreased capacity for the child to learn.
2. In response to this perennial health problem, this Department, through the Health and Nutrition Center (HNC), Adopt-A-School (ASP) Secretariat and Colgate-Palmolive Philippines, Inc. (CPPI) shall vigorously pursue activities that enhance the development of oral health habits through daily toothbrushing drills, dental health services and education.
3. As a pump-priming initiative, the 7 O'CLOCK DAILY TOOTHBRUSHING HABIT shall be launched on October 8 this year, to highlight the celebration of School Children's Oral Health Awareness Week and to create greater awareness on the importance of daily toothbrushing with fluoridated toothpaste. The launching program and activities shall form part of the issuance on the aforementioned celebration.
4. Dental education should complement the daily toothbrushing activity, so as to inculcate the value of proper toothbrushing with fluoridated toothpaste, and the importance of limiting intake of sweets and of visiting a dentist at least once a year. Public elementary schools that are implementing the DepED-CPPI Oral Health Education "Bright Smiles, Bright Futures" (BSBF) Program shall optimize the use of BSBF support instructional materials to supplement/enhance the development of dental health competencies in the curriculum.
5. Daily tooth brushing drills, dental services and health education shall be intensified in support to the operationalization of Executive Order No. 595 entitled Health Education Reform Order (HERO) signed by President Gloria Macapagal-Arroyo in 2006.

6. All school health and nutrition personnel and Adopt-A-School Program (ASP) coordinators are expected to take the lead in the planning, implementation and evaluation of the oral health program as well as in marketing the program to the private sector. Continuous advocacy shall be undertaken to the parents and various sectoral groups on the magnitude of the problem, the importance and relevance of oral care, and the urgency of preventing/controlling dental caries.

7. All public elementary school principals/heads shall see to it that the children particularly the pre-schoolers, Grades 1-6 pupils shall be provided with toothbrushes and fluoridated toothpastes by their parents or from other resources, and actual brushing of the teeth must be undertaken before the 1st class hour in the morning. School dentists shall give priority to the provision of Oral Urgent Treatment (OUT) to pupils who are in pain due to pulp involvement, ulceration, fistula and abscess (PUFA). School nurses and trained teachers may assist the dentists in the identification and referral of pupils with PUFA or those needing OUT.

8. Regional directors and schools division superintendents are enjoined to lend full administrative support to this movement to decrease caries prevalence among the school children. Enclosed, for ready reference, are the mechanics of the program including strategies for its sustainability.

9. Widest dissemination of and compliance with this Order is directed.



JESLI A. LAPUS
Secretary

Encl.:
As stated

Reference:
None

Allotment: 1—(D.O. 50-97)

To be indicated in the Perpetual Index
under the following subjects:


HEALTH EDUCATION
PUPILS
SCHOOLS

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ORAL HEALTH PROMOTION IN PUBLIC ELEMENTARY SCHOOLS NATIONWIDE

BASIC POLICIES AND GUIDELINES:

1. Oral health promotion in public elementary schools shall focus on the conduct of activities for the prevention and control of dental caries and other oral health problems.
2. The program shall be implemented in all schools nationwide targeting all the pre-schoolers and Grades I-VI pupils.
3. Oral health promotion consists of several components to address the high prevalence of dental caries that impacts on the teaching-learning process and affecting overall productivity and performance. The different components include the following:

I. Oral Health Examination

1. Oral health examination shall be conducted by school dentists to pre-schoolers and Grades I-VI pupils.
 - School dentists shall conduct a 2 minute classroom health talk prior to oral examination.
 - Pupils experiencing toothache during the visit (see Oral Urgent Treatment procedures) shall be prioritized.
 - Permission slips are needed for the treatment of pupils.
 - Oral health examination card is used to record all findings.
2. Coordination with the Philippine Dental Association (PDA) and other dental specialty associations/organizations shall be made to ensure maximum participation of dental personnel during the oral health examination.
3. Exit conference with teachers/school heads/community officials shall be conducted to discuss the results of the oral health examination and follow through activities.

II. Oral Health Education

1. Chair-side oral health education/counseling shall be conducted by the examining dentist during the oral examination/treatment.
2. Oral health lectures utilizing existing oral health modules shall be conducted to pupils, teachers/non-teaching personnel, parents and community members.
3. Post-oral health examination meeting shall be held with pupils, teachers/non-teaching personnel, parents and community members.
4. School dentists shall provide technical expertise to teachers/school health personnel and act as resource persons during the conduct of symposia/lectures/tooth brushing drills in schools.

5. In schools implementing the CPPI/DepED “Bright Smiles, Bright Futures (BSBF)” Program, teachers shall be oriented on the proper utilization of the BSBF modules/teachers’ guide and shall integrate BSBF concepts in Health and Science, and other appropriate subject areas. They shall likewise make use of available BSBF materials, worksheets, posters and other support instructional materials and are encouraged to utilize interactive activities to facilitate the inculcation of oral health concepts to target clientele.
6. In selected schools implementing the DepED-Lamoian “Oral Health Package for a Bright Child”, oral health concepts shall be integrated into the pre-elementary curriculum utilizing the oral health modules/support instructional materials developed by DepED and Lamoian.

III. Daily Tooth brushing Drills

1. To reduce the prevalence of dental caries among pupils, the daily 7 o’clock toothbrushing habit will be implemented in all schools nationwide.
2. All pupils in all public elementary schools will brush their teeth at 7 o’clock in the morning before the start of classes to emphasize the importance of daily toothbrushing in schools.
3. School dentists shall conduct demonstration activities on proper toothbrushing.
4. Parents shall provide toothbrush and toothpaste to their child/children to ensure maximum participation of pupils during the toothbrushing activities.
5. The principals/school heads shall ensure the availability of tooth brushing trough, toothbrushing paraphernalia, hand-washing/water facilities and shall provide administrative support for an effective and sustainable toothbrushing activity.

IV. Oral Health Treatment/Intervention

1. Dental treatment such as tooth extractions, fillings, among others, shall be provided by the dentists.
2. Tooth extractions shall be indicated to pupils with unsavable tooth.
3. Atraumatic Restorative Treatment (ART) filling shall be done to save the first permanent molar.
4. Oral prophylaxis shall be provided to those in need of such intervention.
5. Complicated dental conditions shall be referred to appropriate dental authorities.
6. Coordination with RHU’s, Philippine Dental Association (local chapters), other government/non-government associations shall be conducted/strengthened for a systematic, functional and sustainable referral system of pupils needing further evaluation and management.

7. Procedures on Oral Urgent Treatment (OUT) approach shall be observed on site:

- School dentists shall ask the pupils if they are presently suffering from pain/oral health problems at the time of school visitation.
- Pupils complaining of pain/oral health problems shall be identified and be given priority. Immediate treatment/intervention shall be provided to those with dental indications.
- Pupils diagnosed to be needing treatment during the regular oral health examination shall be treated.
- Medications shall be provided to pupils and the frequency/dose/duration of medication should be clearly explained. Parents are encouraged to be with their children during the provision of free medicines/instructions to ensure compliance to medications.
- Pupils given treatment shall be followed up by the teacher-in-charge and shall facilitate the referral system if the dental conditions are not resolved and further evaluation/management/referral is needed.

V. *Provision of Support to Operations/Role Delineation*

1. The Health and Nutrition Center (HNC) and the Adopt-A-School Program (ASP) Secretariat shall perform over-all coordination at the national level.
2. At the regional level, the Regional Health and Nutrition Unit (RHU) shall coordinate program implementation in the division.
3. At the division level, the schools medical officers, dentists-in-charge, nurse-in-charge and ASP coordinators shall take charge of program implementation.
4. All school health and nutrition personnel are involved, however, roles shall be delineated in order to systematize program operations.

Role Delineation of School Health and Nutrition Personnel

- i. School Medical Officer – shall oversee the implementation of all health and nutrition programs and projects.
- ii. Dentist-in-Charge – shall supervise the provision of dental services, oral health education/promotion activities/coordination
- iii. School Dentists – shall conduct oral health examination, treatment, oral health education and promotion
- iv. School Dental Aides – shall assist the dentists during the oral health examination/treatment/oral health education
- v. Nurse-in-Charge/Nurses – assist in the oral health education/promotion and facilitate the referral of pupils complaining/suffering from dental pain/oral health problems to dental authorities/school dentists

5. At the school level, the principal/school head shall be fully accountable for the implementation of the program. The following activities shall be conducted:
 - Coordinate with the DHNS/ASP field coordinators for the schedule of school visitation
 - Prepare areas where examination/treatment will be conducted
 - Source out funds for medicines/dental supplies for the treatment of oral health problems
 - Take the lead in the advocacy of the program
 - Observe the UMDC operating procedures on site
 - Monitor the integration of health and nutrition concepts into the curriculum
 - Consolidate dental health data, in coordination with the health personnel, to serve basis for the planning and sourcing of adequate funds for oral health intervention
 - Accomplish all the required forms
 - Submit implementation report to the district supervisor
 - Provide administrative support to ensure proper delivery of oral health services and conduct of health examination/treatment
 - For schools implementing the BSBF and Oral Health Care Package for a Bright Child, the principals/school heads shall coordinate with the DHNS on the following:
 - a. Orientation of teachers on the utilization of modules/support instructional materials
 - b. Identification of target clientele/number of beneficiaries
 - c. Schedule/manner of distribution of tooth brushes/tooth pastes/dental supplies/materials among others
 - d. Delivery of oral health services/packages/health education by school health personnel and partners
 - e. Reports/forms needed, schedule of reporting/submission of reports
6. All Regional Directors are enjoined to provide administrative/financial support to the Oral Health Promotion Program.
7. Schools Division Superintendents shall mobilize school health and nutrition personnel and ASP field coordinators to take the lead in the conduct of the activity, provide travel allowances and allocate/source out funds for medicines/dental supplies/equipments to enable them to attain targets.
8. It is reiterated that at least ten percent (10%) of the regional/division MOOE for supplies be allocated for the procurement of medical and dental supplies, in accordance with DECS Memo No. 342, s. 1995, for the use of the health personnel in the examination and treatment of pupils.

VI. *Recording and Reporting*

1. Oral health examination cards, consolidation/monitoring forms for special projects shall be properly accomplished.
2. Reports shall be prepared utilizing the required forms prepared by HNC and the ASP.
3. Accomplishment reports per month (UMDC) shall be submitted to the Office of the Secretary, Attention: Adopt-A-School Secretariat/Health and Nutrition Center on or before the 15th of each month.

VII. *Monitoring and Evaluation*

1. The school heads shall monitor the implementation of oral health promotion activities.
2. The HNC/ASP Secretariat and RHNU shall undertake regular monitoring and evaluation (semi-annual at the national level, quarterly at the regional level and monthly at the division/school levels) to assess the efficiency and effectiveness of the program.

VIII. *Coordination/Linkages*

1. Coordination shall be conducted at all levels for an effective program implementation.
2. Advocacy activities shall be conducted to reach out partners, maximize community support and source out funds to support program operations.