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My No: FHB/OHU/SDS/2011/02
Department of Health Services
Suwasiripaya
Colombo 10
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Provincial/Regional Directors of Health Services,
Regional Dental Surgeons/Medical Officers (MCH),
Medical Officers of Health

National targets for School Dental Services

National oral health surveys and reviews of the School Dental Service revealed that there is high proportion of school children with untreated oral diseases and uneven distribution of service coverage within districts.

Therefore, to ensure better quality services for school children of Sri Lanka, targets have been formulated for the School Dental Service. These are based on the most common oral diseases of school children and have to be achieved by 2015. To facilitate achieving these targets, key activities have also been identified to be performed by School Dental Therapists (SDTT). (Annexure I) To measure the achievement of these targets, Monthly and Quarterly returns of the School Dental Service have also been modified.

From 01.01.2012, the School Dental Service will be monitored & evaluated by achievement of these targets by districts. Hence, with the support of relevant officers of the School Dental Service, Regional Dental Surgeons should have to take necessary steps to do the following.

1. **Develop appropriate yearly targets for the District.** This should be based on the present district coverage and availability of resources of the School Dental Service within the district.
2. **Prepare and execute a District Plan for the School Dental Service** to achieve set targets. This should cover the following:
    i. Based on MOH divisions, plan for out-reach clinics for the areas of poor coverage
    ii. Plan for human resource development including in-service training
    iii. Plan for purchasing and distribution of material & equipment
    iv. Based on the achievement of service coverage by MOH divisions and individual performances of SDTT, establish a mechanism for reviewing the progress of the School Dental Service.
    v. Maintenance plan for School Dental Clinics
3. **Plan for equitable allocation of SDTT within the district** (minimum of 01 SDT per MOH division) and if there is inadequate number, cadre projections for SDTT including setting up of new clinics. (Guide: minimum of one School Dental Clinic per MOH division and 2000 target population per SDT)

Please be kind enough to take necessary actions to implement suggested improvements.

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Director General of Health Services

CC Secretary Ministry of Education
Provincial Secretaries of Health
Deputy Director General Dental Service)
Deputy Director General (Public Health Services II)
Deputy Director General (Education Training & Research)
Director (Maternal & Child Health)
Director (Health Education & Promotion)
Director Education (Heath & Nutrition) Ministry of Education
Principal Dental Therapist Training School

Annexure I

Aim of the School Dental Service is to prevent the occurrence of most common oral diseases (namely gingivitis and caries) among school children. To achieve this, it is necessary to;

- Perform appropriate oral health promotion activities to prevent the occurrence most common oral diseases and;
- Provide necessary clinical treatments for existing oral diseases.

Hence, targets for School Dental Service have been formulated based on the above objectives.

1. All children of the target group should brush their teeth twice a day; morning & night before sleep
2. Achieve 75% of 12 year old children free from dental caries (60% in 2003)
3. Reduce the percentage of 12 year old children with untreated caries to 5% (36% in 2003)
4. Achieve 60% of 12 year old children free from calculus (42% in 2003)
5. Achieve 40% of children of the target group free from oral diseases (35% in 2010)

To achieve these targets SDT should:

1. Achieve minimum of 80% Screening coverage of target groups (within this, priority should be given to achieve 100% coverage of Grade 7 children)
2. Achieve minimum of 70% treatment completion (coverage percentage) of target groups (within this, priority should be given to achieve 100% completion for Grade 7 children)
3. Practice more than 01 oral health promotion programme for school children and minimum of 01 oral health promotion programme per month for other main categories (namely, PHC workers, pre-school children, teachers, parents, pregnant/lactating mothers)
4. Perform clinical work in the clinic for minimum 2 days a week (Saturday compulsory)
5. Conduct minimum of 02 Out-reach programmes per month within a MOH (Number of SDTT participating in a programme and the duration of the programme will be vary depending on the demand)

In addition, following activities have to be performed.

- **Oral health promotion:**

  Encourage school children on: establishing healthy dietary habits, correct tooth brushing practices (focus on brushing posterior teeth and erupting permanent teeth) and periodic check-ups
- **Dental screening and treatment**
  - Check & improve brushing adequacy, especially posterior teeth. *(presence of plaque/calculus is an indicator of inadequacy of tooth brushing)*
  - Take measures for 'arresting' caries that cannot be restored
  - Scaling of teeth if calculus is present and permanent restorations for carious teeth.
- **Address high risk groups.** Consider children with caries in permanent dentition as high risk. Give priority treatment for them and evaluate the successfulness of treatment by 3-6 months follow-ups depending on the risk.