OPERATIONAL GUIDELINES

ORAL HEALTH CARE AT HEALTH AND WELLNESS CENTRES

(Part of Comprehensive Primary Health Care)

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन
Ministry of Health & Family Welfare
Government of India

Operational Guidelines for Oral Health Care at Health and Wellness Centres

List of Abbreviations:

ART	: Atraumatic Restorative Technique
BPM	: Block Programme Manager
CBAC	: Community Based Assessment Checklist
CDE	: Continuing Dental Education
CHC	: Community Health Centre
CHO	: Community Health Officer
CPHC	: Comprehensive Primary Health Care
DALY	: Disability-Adjusted Life Year
DH	: District Hospital
DPM	: District Programme Manager
DVDMS	: Drug and Vaccine Distribution Management System
GIC	: Glass Ionomer Cement
HWC	: Health and Wellness Centre
ICDS	: Integrated Child Development Services
IEC	: Information, Education and Communication
MAS	: Mahila Arogya Samiti
MPW	: Multi- Purpose Worker
NOHP	: National Oral Health Programme
NCD	: Non-Communicable Disease

List of Abbreviations:

NTCP	: National Tobacco Control Programme
NPCDCS	: National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NPPCF	: National Programme for Prevention and Control of Fluorosis
PHC	: Primary Health Centre
RBSK	: Rashtriya Bal Swasthya Karyakram
RCH	: Reproductive and Child Health
SHG	: Self Help Groups
UHND	: Urban Health Nutrition Day
ULB	: Urban Local Body
UPHC	: Urban Primary Health Centre
VHSNC	: Village Health Sanitation and Nutrition Committee
VHND	: Village Health and Nutrition Day

Background and Rationale:

- Oral health is an important part of general health, affecting not only the individual, but also the broader health system and economy. The consequences of widespread poor oral health can be seen on the personal, population, and health systems level, as caries and periodontal diseases deteriorate the individual health and wellbeing, decrease economic productivity, and act as significant risk factors for other systemic health ailments.

- In most developing countries including India, there is a limited access to oral health care services at the primary health care level. There is a huge unmet need for primary health care for oral health. There is no paradental infrastructure at village/community level and the primary health care level. Even at the Community Health Centers and District Hospitals, where Dental surgeons are posted, comprehensive oral health services are largely unavailable due to inadequate instruments, equipment and dental materials. Currently assured delivery of oral health services in India is largely available at tertiary level, mostly concentrated in urban areas, this leads to a significant gap between demand and availability of services.

- As compared to the entire South Asian population, Indians have relatively high incidence/prevalence of dental caries of permanent teeth and about 16% with periodontal problems. About a third of the population suffer from dental caries that require treatment. The unmet need of dental caries or periodontal pathologies is not still clearly defined. Recent reports of the economics behind the met and implication of unmet dental treatment indicate that, for every rupee spent on dental treatment, about 14 rupees are saved. Indian and South Asian females have more dental caries incidence and prevalence as compared to the males while periodontal diseases are lower among the females. There is a remarkable gender reversal between caries and periodontal diseases. This could be partly explained by the high use of substances such as tobacco and areca nut in these population as well as the oral dysbiosis due to systemic illness such as diabetes in these populations. Interestingly, more DALYs are caused by periodontal diseases rather than dental caries as the disability

caused by dental caries is very limited.[1]

- There is also a difference in oral health status between urban and rural populations, with enormous disparities in access to quality oral health care, predominantly in rural areas. India's 60-65% population is living in rural areas, where there is limited access to oral health care system. 40-45% of population have dental caries, often leading to pain and discomfort. More than 90% of the population have periodontal diseases. 19-32% of population aged more than 65 years is edentulous while 12.6 per one lakh population have oral cancer. [2]The growing incidence of some chronic diseases like diabetes can further have a negative impact on oral health and adds to the burden.

- National Oral Health Programme (NOHP), an initiative of the 12th Plan period launched in the year 2014-15 aims to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. It provides support to states to set up Dental Care Units at District Hospitals or below by equipping them with Manpower, Equipment including Dental Chair, Consumables. It is also responsible for designing IEC material, organizing national, regional nodal officers training program to enhance the program management skills, review the status of the program.[2]

- The aim of these guidelines is to strengthen the delivery of integrated oral health care services in the country. In India, Health and Wellness Centres (Sub Health Center / Primary Health Centre/Urban Primary Health Centre) provide an opportunity to provide basic oral health care, and address the wide gap between the rural and urban population in accessibility and availability of the services to attain the common goal of disease-free oral cavities among all the people of the country irrespective of the ability of the patient to pay for the procedure. Basic oral health care has been introduced as one of the elements of Comprehensive Primary Health Care delivered through Health and Wellness Centers to expand the availability of preventive, promotive, curative and rehabilitative

[1] Balaji SM. Burden of dental diseases in India as compared to South Asia: An insight. Indian J Dent Res 2018;29:374-7

[2] Burden of Oral Diseases (Multi Centric survey 2007)

[3] Operational Guidelines National Oral Health Program, 2015

aspects of oral health including referral to appropriate health facilities. These guidelines aim to supplement and complement the efforts of the National Oral Health Programme (NOHP). Two existing programmes that also need to be leveraged are the Screening for oral cancer under Universal Screening of Common Non-Communicable Diseases and the Rashtriya Bal Swasthya Karyakram (RBSK).

- These operational guidelines are intended for state and district program officers and service providers to strengthen and expand oral healthcare services. Other companion documents include training manuals and Standard Treatment Guidelines that will be updated and disseminated on a periodic basis.

Service Delivery Framework:

Platforms for Service Delivery

The Frontline workers (ASHA/MPW) will provide care via the community platform such as Village Health Sanitation and Nutrition Committees in rural areas and Mahila Arogya Samities (MAS) in urban areas. Community Health Officers (CHO) and MPWs will manage service provision through Health and Wellness Centers (HWC). Medical Officers will provide care at PHC/ UPHC/CHC. Specialists (Dental surgeons) will provide care at the place where they are available (PHC/UPHC/CHC/DH) upon referrals. Wherever a Dentist is not available at the PHC/UPHCs, MO will be providing basic Oral Health Care service, and Dental specialist at higher centre will provide ongoing support using teleconsultation. Protocols for registration counters, infection control practices, bio medical waste management, autoclave and laundry, laboratory, pharmacy, record keeping and uninterrupted supply shall be adhered to at all the levels of Health care facilities, as per the existing Government of India (GoI) guidelines.

1. Individual/Family/Community level:

a. Family/Individual level (ASHA/MPW)

- Building the level of awareness and health care seeking practices through IEC and planned interactive sessions in home visits, community meetings and through meetings of the VHSNC, MAS and Village/Urban Health and Nutrition Days in rural and urban areas.

- Capacity to recognize and refer seven common conditions like tooth decay, gum diseases, dental emergencies including the abscesses of dental origin, ulcer/growth in the mouth, dental fluorosis, cleft lip/palate and irregular alignment of teeth, will also be developed (Annexure 2).

b. Village level

- Early identification of common dental problems including pain and potentially malignant lesions, and their timely referral to the CHO at the Health and Wellness Centres.
- Population based screening for 0-18 years (under RBSK) and those 30 years and above (through Community Based Assessment Checklist) could serve as an entry point strategy for identifying common dental problems.
- Promotion of oral health across all age groups with special focus on pregnant women, mothers, children, elderly and medically compromised through:
    - IEC Activities.
    - Oral Health Education – Oral hygiene practices, habits, addressing myths and taboos.
    - Prevention of common oral diseases through dietary advice and tobacco cessation.
- Co-ordinate various Oral Health Care training programs to school teachers, volunteers and other Self - Help Groups for imparting preventive and promotive oral health education.
- Participate and coordinate the outreach activities.

2. Health and Wellness Centre-Sub Health Centre level:

Community Health Officer (CHO)

- Immediate relief from oro-dental pain and referral to a dental surgeon.
- Early identification of common dental problems and timely referral to appropriate facility.

- Oral Health Promotion among out patients through:
  - IEC Activities.
  - Oral Health Education - Oral hygiene practices, habits, addressing myths and taboos.
  - Prevention of common oral diseases through dietary advice and tobacco cessation.
- Screening, appropriate referral and follow up for potential malignant oral lesions as per Operational Guidelines for Prevention, Screening and Control of Common Non-Communicable Diseases.
- Oral screening could form a part of routine health care examination, with the examination of oral cavity being regarded as an integral part of a systemic physical examination for every individual seeking care at HWC and Universal NCD screening.
- Opportunistic screening at HWC for the remaining population (18-29 years) can be done for early identification of dental problems and timely referral.
- Mentor ASHA and MPW for imparting preventive and promotive oral health education in coverage area and undertake follow up visits for those referred to other facilities.
- Participate and co-ordinate various Oral Health Care training programs for health workers, school teachers, volunteers and other Self-Help Groups in the empaneled population.
- Participate and co-ordinate the outreach activities of PHC.
- Maintain a record of all the identified oral diseases reporting in the OPD in a standardized recording format.

3. Primary Health Centre/Urban Primary Health Centre (Health and Wellness Centre) level:

Primary Health Centre should be able to provide preventive, promotive and curative dental services which include:

Generic-Integrated Programmatic and Outreach Services (Dentist/ MBBS Doctor)

- Oral Health Promotion among out patients through:
  - IEC Activities.
  - Oral Health Education- addressing oral hygiene practices, habits, myths and taboos.
  - Prevention of common oral diseases through dietary advice and tobacco cessation.
- Coordinate with school oral health programs, RBSK, NPPCF, RCH, ICDS, NTCP.
- Monitoring and ensuring quality care and smooth functioning of oral health services at HWCs.
- Record keeping and maintenance of registries.
- Mentor ASHA, MPW & CHO to impart preventive and promotive oral health care.
- Conduct and coordinate Oral Health Care trainings for various health care workers, school teachers, volunteers and other Self-Help Groups.

Assured Services (if only MBBS doctor available):

- Emergency management of pain, uncontrolled bleeding, tooth avulsion and first aid management for maxillofacial trauma.
- Topical application of fluoride for caries prevention.
- Atraumatic Restorative Technique (ART) after adequate training.

Additional Services, If Dental Surgeon available at PHC/UPHC

- Restoration of carious teeth using Glass Ionomer Cement (GIC) or Composites.
- Sealing deep pits and fissures with sealants when indicated.
- Perform Atraumatic Restorative Treatment (ART).
- Scaling, root planning and polishing of teeth.
- Emergency access opening and pulp therapy to address infections of dental origin.

- Address fractured restorations and faulty restorations.
- Identify and refer for conditions like mal-aligned teeth, clefts.
- Simple extractions and abscess drainage.
- Emergency management of dental/ facial trauma.
- Screening and appropriate management/referral of oral cancer- including non-healing ulcers and Potentially Malignant Oral Lesions
- Identify and refer in cases of oral signs of systemic diseases like HIV/AIDS.

4. Secondary level:

A. CHC/UCHC/Sub-divisional Hospital

- Routine services as indicated at primary level.
- Supporting outreach activities only in CHC/UCHC, headquarter areas. Rest shall be supported by respective PHCs/UPHCs.

Specific Services

Dental surgeons should be able to provide the following services:

- Application of Pit and Fissure sealants and topical fluoride for caries prevention.
- Management of carious, malformed and discolored teeth using GIC or composites.
- Pulp therapy.
- Scaling, root planing and polishing of teeth along with curettage and other surgical periodontal procedures.
- Screening and appropriate management of oral cancer- including non-healing ulcers and Potentially Malignant Oral Lesions.
- Preventive orthodontics.
- Management of dental trauma including re-implantation and splinting.

- Complicated extractions, impactions, excision of benign growths, apical surgeries, alveoloplasty, oral biopsy and surgical drainage of abscess.
- Treatment of simple/compound fractures of maxillofacial region.
- Fabrication of complete and partial dentures.

B. District Hospital

- All routine services as indicated at primary and secondary level.
- Supporting outreach activities only in DH, headquarter areas. Rest shall be supported by respective PHCs/UPHCs.

Dental Surgeon shall be able to provide following specialized services:

- Application of Pit and Fissure sealants and topical fluoride for caries prevention.
- Screening and appropriate management of Oral potentially malignant lesions.
- Dental restorations and advanced endodontic procedures including splinting.
- Oral prophylaxis and advanced periodontal treatment like flap surgeries.
- Preventive and interceptive treatment of malocclusion.
- Fabrication of complete and partial dentures and advanced prosthodontic treatment including crowns, bridges and dental implants, if possible.
- Treatment of maxillofacial trauma, impactions, cyst removal and surgical drainage of abscess and other minor oral surgical procedures.

Roles & Responsibilities

1. ASHA/ MPW

- Identify personal oral hygiene practices, oral health risk behaviours and raise awareness about common dental diseases including the role of oral hygiene, diet counselling, tobacco cessation, promotion

of regular dental visits especially among pregnant women, infants, children, elderly, medically compromised and the populations with special health care needs.

- Co-ordinate with Anganwadis/school teachers for ensuring daily tooth brushing among school children. Habit of brushing twice daily with correct technique can be developed through incorporating jingles/ rhymes in pre-school teaching at Anganwadi centres.
- Coordinate with RBSK to ensure oral health check-up for all children
- Educate and motivate pre-school children for hand wash and mouth rinse before and after every meal
- Ensure Universal Screening for Oral Cancers and ensure completion of CBAC, with a particular focus on tobacco abusers and provide tobacco cessation advice.
- Co-ordinate and participate in the outreach activities of PHC/CHC/ District Mobile dental clinic. Mobilization of community members to attend dental screening camps or use of Village Days to raise awareness and provide screening services.
- Guide patients to nearest Dental health facilities/Referral centre and reinforcement to attend all the follow up visits.
- Guide the community to undertake immediate measures of pain relief like.
    - Warm saline rinses.
    - Using clove/clove oil.
    - Dispense single dose of Paracetamol when required.
- Provide appropriate guidance and timely referral in cases of dental as well as maxillofacial trauma.

2. Community Health Officer (CHO)

- Undertake immediate measures like:
    - Advising warm saline rinses.

- Recommending use of clove oil or clove.
- Dispense single dose paracetamol in case of pain.
- Applying pressure pack in case of uncontrolled bleeding.

- Provide appropriate guidance, first aid and timely referral in cases of dental as well as maxillofacial trauma.
- Undertake basic dental examination as an opportunistic measure to identify any tell-tale signs of common oral problems like tooth decay, bleeding gums, loose teeth, non-healing ulcers.
- Coordinate and participate into the outreach activities of PHC. Supportive supervision or dental care through joint visits with ASHA, where required in order to motivate people to attend the dental screening days.
- Use every possible opportunity to provide Oral Health Education to the public.
- Special focus on addressing prevalent taboos and myths, harmful to oral hygiene.
- Identify and Integrate Oral Health through Schools, Peer educators, Panchayati Raj Institutions, Self-help groups for promotion of Oral health through Village fairs.
- Coordinate with RBSK and School health program to ensure oral health check-up for all children so that CHO has the knowledge about children screened in their area.
- Refer cases requiring necessary treatment to the appropriate facility & provide follow-up.

3. Dental Technician

- If dental technician is available, he/she should support the dental surgeon for fabrication and repair of dental appliances including but not limited to dentures and orthodontic appliances.

4. Dental Assistant/ Hygienist

If a dental hygienist or dental assistant is available, he/she should support following activities:

- Coordination of all activities of ASHA / Anganwadi / MPW / CHO. Provide oral health education, tobacco cessation advice and preventive demonstrations wherever possible.
- Undertake basic dental examination to identify any tell-tale signs of common dental problems like tooth decay, bleeding gums, loose teeth, non-healing ulcers.
- Ensuring timely sterilization of dental instruments and equipment.
- Provide appropriate guidance, first aid and timely referral in cases of dental as well as maxillofacial trauma.
- Carry out supervised oral prophylaxis using hand instruments as well as ultrasonic scaler as per the availability.
- Supervised Preventive dental care would include topical fluoride application when indicated.
- Co-ordinate and participate into the outreach activities of PHC/ UPHC include school dental health program.

In case Dental Surgeon is unavailable; Dental Assistant/ Hygienist undertake immediate measures like:

- Advising warm saline rinses.
- Recommending use of clove oil or clove.
- Dispense single dose paracetamol in case of pain.
- Applying pressure pack in case of uncontrolled bleeding.

5. Dental Surgeon

- Supervise, support and co-ordinate all the activities at CHC/HWC-(PHC/UPHC/SHC).
- Perform appropriate Preventive/Promotive/Curative/Rehabilitative activities to meet the minimum expected outcome of the health facility (District Hospital/CHC/PHC/UPHC) where deputed.

- Quality Assurance
    - Ensure timely delivery of good quality dental care services.
    - Ensure appropriate level of sterilization to be maintained.
    - Ensure appropriate cleanliness and sanitation at health care facility.
    - Ensure Proper handling and management of Bio-Medical Waste in the dental health service area.
    - Ensure proper record keeping for the patients as well as the stores
- Participating in continuing dental education programs for providing the best available evidence informed dental care.
- Training
    - Conduct appropriate orientation for frontline workers, School teachers, volunteers and self-help groups along with training programs for CHO/MPW at HWC.
- Records & Follow up
    - Reporting cases of Cleft lip & Palate, dental and jaw trauma and Oral potentially malignant disorders.
    - Maintain daily OPD and work done register.
- Ensure adequate referral and timely follow up.

6. Program Officer (State/District)

- Assessing Oral health services and their gaps at various levels.
- Preparing action plan, road map and budgetary requirements.
- Reflecting the funding required in Program Implementation Plan (PIP) or state government's budget head.
- Timely release of funds and monitoring implementation schedule.

- Oral Health Promotion
    - Development & Dissemination of IEC through mass media like TV spot/Radio campaign.
    - Plan and conduct various large-scale activities for oral health promotion.
    - Conduct CDE (Continuing Dental Education) Programs for dentists in the district for oral health talks.
    - Identify oral health champions (students/teachers) in each school who can be trained as ambassadors for oral health programme.
    - Organize oral health check-up camps at schools, VHNDs/ UHNDs every 6 months or once a year.
- Quality Control
    - Monitoring & timely evaluation based on various process and outcome indicators.
    - Ensure timely supply of equipment and consumables, IEC material, training material.
    - Ensure proper record keeping and its timely maintenance.
    - Ensure routine & time bound reporting of the statistics from Dental Surgeon.
- Monitoring and analysis of reports generated from screening camps.
- Timely evaluation/upgrading the contents of the training programs.
- A data hub needs to be maintained with the Programme Officer which captures data from all levels- HWC-SC/PHC/UPHC, CHC, SDH/DH.
- Routinely organizing continuing dental education programs for providing the best evidence informed dental care.

Health Promotion and Health Education:

- Promoting healthy behaviours to affect lifestyle behaviour change, is critical for prevention and delayed onset of Oral diseases conditions.

States should develop context specific strategies for promoting healthy behaviours for primary prevention in the community, at schools and at health facilities. Such strategies would need to be targeted at individuals, families, and communities. States should develop an integrated health promotion strategy that envisages convergence, multitasking and pooling of resources from various programmes, especially National Oral Health Program (NOHP), National Tobacco Control Program (NTCP) and National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

- IEC messages would aim at increasing awareness on risk factors of oral diseases, myths about oral diseases, healthy habits for maintaining oral hygiene and benefits of screening. They would also focus on the benefits of improving lifestyle behaviours such as cessation of tobacco and harmful use of alcohol. Linkages would be made with existing tobacco cessation programmes. Platforms such as anganwadi centers and schools should be utilized for conducting health promotion activities. States must also use MMUs to display audiovisual messages related to prevention and health promotion.

- At the community level, platforms such as meetings of Gram Sabha, SHGs, VHSNCs/MAS should be used for creating awareness. The use of traditional media such as Kala Jathas, use of folk/local media, and flip charts, flash cards, IT and social media, would be promoted. Local folk media could also be used creatively to raise community.

- Awareness needs to be raised in the community regarding oral health care services, which will be available at HWCs – SHC/ PHC/UPHCs. At health facilities, awareness needs to be raised on support networks, programmes and available services at higher centres to address habits such as tobacco and alcohol consumption, and likely complications of the conditions, and other oral diseases.

Referral and continuity of care:

- CHO/ MPW will refer individuals with any suspected oral condition to the PHC or higher referral centers, where dentist is available, as appropriate.

- For conditions like tooth loss, mal-alignment of teeth/jaws, dental fluorosis, and oral manifestations of systemic conditions, MPW/CHO will refer the individual to higher facilities- CHC/DH, where dentist is available (PHC in some states, where dentists are available) and dental laboratory services are functional.
- Conditions for which first line treatment can be provided at PHC/UPHC by a Medical Officer viz. oral or dental trauma and initial tooth decay will be referred by MPW/CHO to the PHC.
- For abnormal growth, patch or ulcers, referral protocol as per universal screening, prevention and management of NCDs will be followed.
- For cleft lip/palate, referral protocol as per RBSK guidelines is to be followed.
- Community follow up of those who have undertaken treatment will be conducted by ASHAs and MPWs during home visits and outreach activities. The follow up visits will also serve as platforms for conducting health promotion activities for secondary prevention and maintenance of oral hygiene. (Disease specific Referral Pathway placed at Annexure 4)

Medicines and Diagnostics:

- Medicines supply would be as per the state's list of Essential Medicines, facility wise and buffer stocks would be maintained at all levels.
- Existing ICT mechanism such as the CPHC application and Drug and Vaccine Distribution Management System (DVDMS) need to be created, with integration of key indicators, to enable follow up, ensure continuum of care, and generate population level data on common diseases conditions.
- Dispensing of medicines to be done based on treatment plan initiated by Medical Officer/Dental surgeon at the level of PHC/UPHC. (Medications recommended for use in Primary Care are given in Annexure 1a/1b.)

Capacity Building Plan

- ASHAs will be trained in identifying signs and symptom of common oral conditions, health promotion for maintaining oral hygiene – brushing technique, education about risk factors for oral diseases, and services

available at HWCs and referral centers. ASHA facilitators would also be trained for enabling better support to ASHAs in the extended package of services.

- MPWs and CHOs will be trained in identifying signs and symptoms of common oral conditions, their screening methods symptomatic relief, management and appropriate referral.
- Medical Officer (PHC/UPHC) will require skill based, hands on training for Atraumatic Restoration Treatment at District Hospital/tertiary care centre. The training will also include programmatic aspects of delivering primary oral health care, common oral diseases and treatment protocols.
- A one-day Orientation of Programme officers and BPM/DPM would be required so that they are in synergy with the programme features and understand the roles and responsibilities related to support (including availability of drugs and consumables), monitoring (reports, records) and supervision.

Monitoring and Supervision

A robust mechanism for monitoring the quality of oral health care services should be in place at all levels of the Comprehensive Primary Health Care-HWC/SHC/PHC/UPHC, CHC, DH and Program officers. Record keeping at various levels will done to support monitoring at each of these levels.

A list of indicators to assess this is placed below:

- Proportion of population who were screened for dental problems out of total population in the catchment area.
- Proportion of population who were screened positive for tooth decay and referred to CHC/ DH for treatment - out of population screened at the facility.
- Proportion of population who were screened for gum disease/ periodontal problems out of total population in the catchment area.
- Proportion of population who were referred to CHC/ DH for gum diseases/ periodontal problems and received treatment - out of population screened at the facility.
- Proportion of population referred to CHC/DH for special cases like – Cleft Lip/Palate, Oral Cancer and Potentially malignant disorders from all levels - out of population screened at the facility.
- Proportion of individuals who needed emergency / immediate Oral Health Care including Traumatic Dental Injuries - out of population screened at the facility.
- Proportion of children screened for cleft lip/ palate and received treatment - out of total population screened.
- Proportion of adults who required complete dentures and received dentures.
- Proportion of population who were screened positive for Oral Cancer and were referred to DH for confirmatory diagnosis - out of population screened.

Annexure 1 (a)

Atraumatic Restorative Technique (ART) after adequate training.

Additional Requirements	

Basic Dental Kit	• Medicines for pain relief (Paracetamol)
	• Clove oil
	• Basic diagnostic instruments:
	  • Dental explorer
	  • Mouth mirror
	  • Tweezer
	• Povidone Iodine (mouth wash)
	• 0.2% Chlorhexidine Gluconate Mouth Wash
	• Tannic Acid Astringent Gum Paint
	• Interdental cleaning aids (Interdental brush)
	• Consumables like gloves, cotton, gauge, mouth masks.
	• Torch
	• Wooden spatula

ART **WHO Specified**	• Spoon excavators • Cement carriers • GIC cement • Petroleum jelly/ Vaseline • Cement slab and spatula • Amalgamator (for premix GIC) • Cellophane strips • Articulating paper
Diagnostic X ray machine	• Preferably digital (RVG) – as the dark room/ black box for developing the X rays will require additional resources, where the dental chair, equipment is available and dentists are provisioned

Annexure 1 (b)

Medicines and Consumables

Sr. No	*Level*	*Essential Requirements*
1	Community Level	• Analgesics – Paracetamol
2	HWC	• Sufficient stock of analgesics and antibiotics as per Essential Medicine List • 0.2% Chlorhexidine Gluconate Mouth Wash • Tannic Acid Astringent Gum Paint • Anaesthetic gel for topical application • Wooden spatula • Torch with white light for oral visual examination • Emergency kit – cold pack/ pressure pack, container for keeping avulsed tooth. • Betadine and Chlorhexidine mouthwash • Cotton
3	PHC/UPHC	• Kit for ART as recommended by WHO • Analgesic and antibiotic medicines as per Essential Medicine List. • Anaesthetic gel / spray for topical application • Denture fixatives • Premix (amalgamated) Glass Ionomer Cement (GIC) • Mouth mirror • Spoon excavator • Emergency kit – cold pack/ pressure pack, container for keeping avulsed tooth. • Betadine • Cotton • Suture Material: • Local Anesthetic (2% Lignocaine) • Syringes • Tissue holding forceps • Needle holder/ artery forceps • Needle • Suturing material • Scissors • Curved Hemostat • Scalpel • Blade No. 11 and 15

Frencken JE, Leal SC, Navarro MF. Twenty-five-year atraumatic restorative treatment (ART) approach: a comprehensive overview. Clinical Oral Investigations. 2012;16(5):1337-1346.

Annexure 2

Most Common Oral Diseases

Identification Points	*Condition*	*Referral*
Black spot/discoloration of tooth Cavity / hole in the tooth Sensitivity to hot and cold, sweet and sour Food lodgment in the cavity/ between teeth Pain / swelling / pus discharge	Tooth decay	After symptomatic relief at Health and Wellness Centre, refer to dentist at CHC/DH
Foul smell Bleeding gums Deposits and discoloration of tooth Loose teeth Widening gap between teeth Swollen gums	Gum diseases	After symptomatic relief and arresting bleeding at Health and Wellness Centre, refer to dentist at CHC/DH
Crowding of teeth and reverse bite Protruding / Forwardly placed teeth Spacing between teeth (adults)	Irregular arrangement of teeth and jaws	Cessation of habits such as thumb sucking and mouth breathing, Night grinding. Refer to dentist at CHC/DH
White / red patch Non healing ulcer (for more than 2 weeks) Reduced mouth opening Change in voice, Lump in the neck Burning sensation Inability to eat spicy food	Abnormal growth, patch or ulcers	Follow protocols as per Population based screening program of NCDs
Split lip / gap in the palate Inability to feed the baby	Cleft lip/ palate	Refer to dentist at DH
White/yellow/brown discolored patches on tooth visible in daylight	Dental Fluorosis	Follow protocols as per National Program for Prevention and Control of Fluorosis
Pain Swelling/Abscess Tooth injury Non-Healing Ulcer Uncontrolled bleeding from gums/ extraction site/ mobile teeth or fractured jaw following trauma	Dental Emergencies	Symptomatic Relief at Health & Wellness Centre. Refer to Dentist at CHC/ DH

Annexure 3

Prevention and Management of Common Ailments

DENTAL DECAY			
GENERAL PREVENTION	• Brush your teeth twice daily for at least two minutes each time • Avoid aerated drinks sticky/ sweet food snacking between meals • Consumption of raw food rich in fiber and vitamins like carrots • Have your mouth checked by dentist regularly		
LEVELS	FAMILY / COMMUNITY	HWC (CHO)	PHC/CHC (Rural / Urban)
MANAGEMENT	• Brushing and rinsing mouth with water • Rinse using water • Place a clove or apply clove oil at site (in case of pain) • Visit nearest Health & Wellness Centre	• Examine and check for decay • Apply clove oil at the site of decay for temporary pain relief • Differentiate between the swelling due to decay and other swellings • Refer to Dental Surgeon for appropriate treatment • Record the decay	If Medical Officer available: • Provide symptomatic relief if decay associated with pain/swelling. • Refer to nearest dentist at CHC/DH. If Dentist available: • Final diagnosis • Preventive procedures -Sealant placement -Fluoride Application -ART -Oral prophylaxis • Filling of decayed teeth. • Prescribe antibiotics (if needed) • Plan for endodontic /extraction procedures
NOTE			
• Avoid self-medication • Avoid picking teeth / in between teeth • Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain • Avoid application of heat or any pain relief cream on the cheek • Avoid application of heat or any pain relief balm at the site of swelling • Avoid continuous medication			

GUM DISEASES			
GENERAL PREVENTION	• Brush your teeth twice daily for at least two minutes • Avoid aerated drinks sticky/ sweet food Snacking between meals • Consumption of raw food rich in fiber and vitamins like carrots • Brushing and rinsing mouth with water • Do not quit brushing during pregnancy • Have your mouth checked by dentist regularly		
LEVELS	FAMILY / COMMUNITY	HWC (CHO)	PHC/CHC (Rural / Urban)
MANAGEMENT	• Brushing and rinsing mouth with water • Rinse using warm salt water • Visit nearest Health and Wellness centre	• Examine and check for gum diseases • Ask for the above symptoms • Look for deposits on teeth loose teeth widening gap between teeth • Check for change in color of gums and swollen gums • Instruct on brushing, rinsing and interdental hygiene refer to dentist	• Review the diagnosis • Oral prophylaxis • Advise use of Chlorhexidine (0.2% Chlorhexidine Gluconate) Mouth Wash (if needed, in case of severe gingivitis and periodontitis) • Advise application of Tannic Acid astringent gum paint in case of swollen and bleeding gums • Prescribe antibiotics (if needed) • Refer to District Hospital for gum surgeries if needed
NOTE			
• Avoid self-medication • Avoid application of heat or any pain relief cream on the cheek • Avoid application of heat or any pain relief balm at the site of swelling • Avoid continuous medication			

DENTAL EMERGENCIES			
GENERAL PREVENTION	• **Brush your teeth twice daily** • **Avoid frequent sugar consumption** • **Keep your healthy eating plan** • **Have your mouth checked by dentist regularly**		
LEVELS	FAMILY / COMMUNITY	HWC (CHO)	PHC/CHC (Rural / Urban)
1. PAIN	• **Remove food lodged at the site of pain using a tooth brush or by rinsing with water.** • **Rinse using warm salt water** • **Place a clove or apply clove oil at site for temporary relief.**	• **Identify the reason for pain** • **Give One Dose Paracetamol STAT** • **Place clove / Clove oil at site** • **Refer to the nearest Dentist**	• **Review the treatment** • **Take necessary corrective action**
2. ABSCESS / SWELLING	• **Visit nearest Health & Wellness Center**	• **Give first line of antibiotics if necessary (after consultation with dentist)** • **Refer to the nearest Dentist**	• **Review the treatment** • **Take necessary corrective action like drainage of abscess**
3. TOOTH INJURY	• **Arrest bleeding by applying a cold pack or press with a clean cloth and hold** • **Save the avulsed tooth / broken tooth fragment and try placing the tooth in milk/ tender coconut water** • **Try to reach the nearest dentist within one hour** • **DON'T'S:** • **Do not throw the tooth away.** • **Do not wrap it in any soiled cloth.** • **Do not rub/ scrub the tooth.** • **Do not let the tooth dry up.**	• **Arrest bleeding** • **Refer to the nearest Dentist within one hour**	• **Plan the treatment based on radio graphical examination.** • **Plan for endodontic/ extraction procedures.**

4. NON-HEALING ULCER	• **Self-examine the mouth** • **Identify ulcer and / or red or white patch that does not disappear even after 2 weeks** • **Visit the Health and Wellness Centre** • **DON'T'S:** • **Placement of tobacco or any other external agent at the site** • **Delay in reporting**	• **Follow the guidelines in the Population Based Screening** • **Offer brief behavioral advice for the entire community on quitting tobacco use**	• **Identify the cause of ulcer** • **Advise and provide appropriate referral**
5. UNCONTROLLED BLEEDING	• **Arrest bleeding using a cold pack** • **Visit nearest Health & Wellness Center**	• **First aid** • **Arrest bleeding** • **Report to higher centre**	• **Arrest bleeding** • **Remove the cause** • **Advise and provide appropriate referral**

NOTE

- **Avoid self-medication**
- **Avoid picking teeth / in between teeth**
- **Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain**
- **Avoid application of heat or any pain relief cream on the cheek**
- **Avoid application of heat or any pain relief balm at the site of swelling**
- **Avoid continuous medication**

IRREGULAR ARRANGEMENT OF TEETH AND JAWS			
GENERAL PREVENTION	• **Have your mouth checked by dentist regularly between the age group of 6-12 years.** • **Check for habits like thumb sucking and mouth breathing, Crowding of teeth and reverse bite, Night grinding, Protruding / Forwardly placed teeth, Spacing between teeth (adults)**		
LEVELS	**FAMILY / COMMUNITY**	**HWC (CHO)**	**PHC/CHC (If dentist available)**
MANAGEMENT	• **Cessation of habits like thumb sucking and mouth breathing, Night grinding.**	• **Difficulty in opening mouth after trauma to face.** • **Redirect all trauma cases to the nearest CHC / DH**	• **Plan for orthodontic treatment.**
NOTE			
• Avoid oral habits such as Thumb sucking, Night grinding and Mouth breathing.			

Annexure 4

When to refer and Where to refer

Village Level	Health & Wellness Centre/Sub Centre Level	HWC - (PHC/UPHC)
Referral to HWC for emergency oro facial pain, abscess, preventive procedures	Referral to Primary health center for Palliative, Primary and secondary oral care like, Preventive Procedures, Oral prophylaxis, restoration both permanent/temporary, extraction, ART	Referral to district/teaching hospital for secondary and tertiary oral care like Root canal treatment, prosthodontic orthodontic and minor/major oral surgery procedures
Referral to Primary health center for Palliative, Primary and secondary oral care like, Oral prophylaxis, restoration both permanent/temporary, extraction, ART	Referral to district/teaching hospital for secondary and tertiary oral care like Root canal treatment, prosthodontic orthodontic and minor/major oral surgery procedures	
Referral to district/teaching hospital for secondary and tertiary oral care like Root canal treatment, prosthodontic orthodontic and minor/major oral surgery procedures		

Annexure 5

Core competencies

Service Provider	Core competencies – Skills and behavior for Oral Health Services
ASHA/MPW	▪ Basic knowledge of and competency in identifying broad categories of oral health problems ▪ Basic knowledge of and competency in counselling to prevent oral health issues ▪ Knowledge of use of home-based remedies using locally available herbs
CHO (MLHP)	▪ In addition to above: ▪ Knowledge of and competency in identifying common conditions ▪ Specific counselling skills for prevention and promotion of Oral Health
MO	In addition to above: ▪ Knowledge of categories of oral health problems and ability to treat them, as per the intervention matrix Knowledge and skills to perform Atraumatic Restorative Technique (ART) ▪ Knowledge and skills for managing common dental emergencies

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