



Republic of the Philippines
Department of Education

09 DEC 2019

DepEd ORDER
No. **033** s. 2019

**IMPLEMENTING GUIDELINES ON THE COMPREHENSIVE ORAL HEALTH
PROGRAM OF THE DEPARTMENT OF EDUCATION**

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Minister, Basic, Higher and Technical Education, BARMM
Schools Division Superintendents
Public Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd), through the Bureau of Learner Support Services-School Health Division, issues the enclosed Implementing Guidelines on the Comprehensive Oral Health Program for School Year 2019–2020 and the subsequent school years thereafter to concretize directions in oral health services.
2. The rules and standards prescribed by this policy uphold the right of learners to basic oral health services. It aims to further improve oral hygiene knowledge and practices to reduce the incidence of dental caries among learners through effective dental health service delivery and the preventive track of effectively controlling risk behaviors related to diet, hygiene, nutrition, smoking, and substance abuse in promoting good oral health and oral disease prevention.
3. These policy guidelines will remain in force and in effect for the duration of the program, unless otherwise repealed, amended, or rescinded. All existing DepEd Orders and related issuances, which are inconsistent with this Order are rescinded. DOs and other related issuances, rules and regulations, and those which are inconsistent with these guidelines are repealed, rescinded, or modified accordingly.
4. For more information, please contact the **Bureau of Learner Support Services-School Health Division**, 3rd Floor Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at blss.shd@deped.gov.ph or at telephone no. (02) 8632-9935.
5. Immediate dissemination of and strict compliance with this Order is directed.


LEONOR MAGTOLIS BRIONES
Secretary

Encl.:

As stated

References:

DepEd Order: Nos. 73, s. 2007; 65, s. 2009; 10, s. 2016; 13, s. 2017
and 28, s. 2018

DepEd Memorandum Nos.: 255 and 506, s. 2008

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

CAMPAIGN
HEALTH EDUCATION
LEARNERS
PARTNERSHIP
POLICY
PROGRAMS
PROJECTS

APA/MCDJ, R DO- Implementing Guidelines on the Comprehensive Oral Health Program of DepEd
0196/March 9/November 27/December 5, 2019

Enclosure No. _____

THE COMPREHENSIVE ORAL HEALTH PROGRAM OF THE DEPARTMENT OF EDUCATION

I. RATIONALE

Oral health is essential to good health and general well-being. It has important implications not only for physical health but also for one's social life, emotional health, and the viability of one's career and personal goals. Good oral hygiene – specifically taking proper care of the mouth, teeth, and gums – can help prevent bad breath, tooth decay, gum disease, and tooth loss. It may help as well in preventing serious non-communicable diseases such as cardiovascular problems and diabetes.

On June 29, 1963, Republic Act No. 3814 created the Bureau of Dental Health Services under the Department of Health (DOH) to take charge of the protection of the dental health of the people of the Philippines and the maintenance of an adequate standard of dental health services and the improvement of such standards. Thus, the Oral Health Program was developed. The program provided sound methods for improving oral health.

Pursuant to this mandate, the DOH issued an Administrative Order (AO 2007-0007) on the guidelines in the implementation of the program, the basis for planning and implementing various oral health programs and projects in the country, and for the effective and efficient supervision and coordination of the total public health services of the DOH and all government and non-governmental agencies.

To support this program, the Department of Education (DepEd) issued Department Orders (DO) and DepEd Memorandums (DM) to promote and maintain good oral health among learners through the prevention and control of oral diseases namely: DO No.73, s. 2007 (Promoting Oral Health in Public Elementary Schools); DM No.255, s. 2008 (Expanded Universal Medical and Dental Check-up); DM No.65, s. 2009 (Implementation of the Essential Health Care Program (EHCP) for the School Children); DO. No. 10, s.2016 (Policy and Guidelines for the Comprehensive Water, Hygiene and Sanitation in Schools (WinS) Program); DO No.13, s. 2017 (Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices); Series of Issuances on School-Based Feeding Programs (SBFP); and, DO No.28, s. 2018 (Oplan Kalusugan sa Department of Education (OK sa DepEd)).

In cognizance to improve oral hygiene knowledge and practice to address the prevalence of dental caries and other oral health problems that impacts on the teaching-learning process and affecting overall productivity and

performance, the Department has deemed it urgent to draw up a Comprehensive Oral Health Policy.

This policy aims to improve the health status of all learners by ensuring the effective implementation of a holistic and comprehensive oral health program.

II. SCOPE

These Guidelines shall apply to all learners from Kindergarten to Grade 12 in all public schools and all DepEd personnel in schools and offices nationwide.

III. DEFINITION OF TERMS

- A. **Oral Health** refers to a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. Risk factors for oral diseases include unhealthy diet, tobacco use, harmful alcohol use, and poor oral hygiene. (WHO)
- B. **Dental Caries** refers to the scientific term for tooth decay. It refers to cavity formation in teeth caused by bacteria that attach to teeth and form acids in the presence of sucrose, other sugars, and refined starches. (Random House Dictionary)
- C. **Gingivitis** refers to a mild form of gum disease that can usually be reversed with daily brushing and flossing, and regular cleaning by a dentist or dental hygienist.
- D. **Periodontal Disease** refers to a more serious form of gingivitis or *gum infection* that damages the soft tissue and destroys the bone that supports the teeth, causing teeth to loosen or leading to tooth loss.
- E. **Oral Examination** refers to an intraoral evaluation of the hard and soft tissues in the oral cavity in conjunction with a thorough medical and dental history. The entire mouth should be inspected regardless of the patient's chief complaint and reasons for the visit. Good patient's history and careful examination are important to establish the correct diagnosis and provide appropriate treatment. Teeth should be examined to evaluate possible dental decays, fractures, mobility, defects in restorations, gingival recession and bone loss with inspection, palpation and percussion.

- F. **Gum Treatment** refers to a variety of treatments for gum disease depending on the stage of disease, how you may have responded to earlier treatments, and your overall health. Treatments range from nonsurgical therapies that control bacterial growth to surgery to restore supportive tissues.
- G. **Scaling and Polishing (Oral Prophylaxis)** refers to a procedure done for teeth cleaning. It removes tartar and plaque build-up from the surfaces of the teeth as well as those hidden in between and under the gums. The dentist uses a scaler, a type of hand instrument, to remove the plaque and tartar.
- H. **Topical F1 Application** refers to a professionally applied topical fluoride that is thinly applied to the tooth surface and used as a preventive treatment for caries. Can also be used as a desensitizing agent to treat dentinal hypersensitivity by temporarily blocking dentinal tubules
- I. **Pits and Fissures Sealant Application** refers to a dental procedure that protects deep grooves reducing the chance of tooth decay on the top of the teeth.
- J. **Restoration and Filling** refers to a treatment to restore the function, integrity, and morphology of missing tooth structure resulting from caries or external trauma.
- K. **Exodontia** refers to the removal of teeth from the dental alveolus (socket) in the alveolar bone.
- L. **Oral Urgent Treatment (OUT)** refers to an issue involving the teeth and supporting tissues that is of high importance to be treated by the relevant professional.

IV. POLICY STATEMENT AND PROGRAM GOALS

This policy aims to ensure the effective implementation of a holistic and comprehensive oral health program for K-12 learners in all public schools and all DepEd personnel.

- A. Provide basic and adequate preventive and curative oral health care to K-12 learners in all public schools and DepEd personnel in need of such services, and referrals for those in need of further oral health management;
- B. Educate and inform all learners, teaching and non-teaching personnel on correct oral health and hygiene practices, oral health

nutrition, oral health problems which may be due to unhealthy behaviors related to diet, hygiene, nutrition, smoking, and excessive alcohol consumption;

- C. Engage the active participation of learners in the daily toothbrushing activities in school for the promotion of oral health;
- D. Upgrade the competencies of dental personnel through continuing professional development through local and international trainings relevant to the needs of the dental services;
- E. Ensure the integrity, accuracy, and accessibility of oral health records and reports to strengthen the evidence-based approach to promoting oral health and the basis for planning and programming;
- F. Intensify advocacy among school administrators, teachers, and parents to give priority to the children's oral health by implementing policies focused on sustaining positive oral health habits among learners; and,
- G. Maximize opportunities for enhancing implementation of the oral health program through close collaboration with various partners and stakeholders, including other government agencies, organizations, local government units (LGUs), other institutions, communities, and families.

V. PROGRAM COMPONENTS

Strategies adopted pursuant to the implementation of this Order are as follows:

A. Dental Personnel

The Dentist and Dental Aides/Technicians at the Central, Regional, and Schools Division Offices comprise the Department of Education Dental personnel who are mandated to manage the Comprehensive Oral Health Program as contained in their yearly work plan and targets and according to the availability of fund and resources.

B. Oral Health Service Delivery

1. Dental check-ups and provision of adequate preventive and curative oral health care to all K-12 public school learners and

DepEd personnel in need of such services shall be conducted yearly.

2. Oral health services shall include:

- a. Oral examination using WHO standards for baseline data/information, monitoring and evaluation, and database development;
- b. Scaling and polishing (Oral Prophylaxis);
- c. Topical application of Fluoride Varnish/Gel;
- d. Application of pits and fissure sealant;
- e. Oral Urgent Treatment (OUT) such as
 - Gum treatment;
 - Restoration and filling; and
 - Exodontia

3. Tooth brushing drills in all K-12 public schools twice a day shall be implemented. Tooth brushing drills among Kindergarten to Grade 3 learners shall be supervised by the teacher/adviser.

4. Referral to dental clinics or offices shall be done for patients needing further oral health management.

5. Dental personnel shall strictly adhere to universal precautionary measures in the conduct of oral health procedures.

C. Oral Health Education, Information and Communication

The DepEd shall:

1. Educate and inform all students, teachers, and non-teaching personnel on correct oral health hygiene practices, oral health nutrition, and the oral health risks posed by behaviors related to diet, hygiene, nutrition, smoking, and substance abuse.
2. Develop an evidence-based education program that can be integrated into the existing curricula of all public K-12 schools and alternative delivery modes of education.
3. Engage the active participation of learners in the daily tooth brushing drills in school for the promotion of oral health and other activities in the form of creative endeavors, lectures, seminars and projects.

D. Capacity Building

1. Upgrade the competencies of dental personnel through continuing professional development through local and international trainings and scholarships relevant to the needs of the dental services
2. Attendance in trainings, seminars, and conferences for purposes of continuing education as part of license renewal requirements for dentists shall be done on official business/time
3. Local or foreign scholarship grants shall be extended to deserving school dentist in the field, provided they have served the government for at least three (3) years and shall serve for another three years after completion of the scholarship grant. During the study leave of the school dentist, a temporary replacement shall be outsourced until the dentist is reinstated to ensure uninterrupted oral health services in schools.
4. All newly hired school dentists and dental aides/technicians as well as those already in the service but have not undergone training must undergo orientation on Comprehensive Oral Health Program.

E. Reporting and Recording

1. All dental examination procedures and results for learners shall be entered in the Learner's School Health Record or SHD Form 1.
2. All treatments done by the School Dentist shall be recorded in the Daily Treatment Record (Dental) or SHD Form 2B.
3. Referral of learners to dental clinic/offices shall be done using Referral Slip (Dental) or SHD Form 3B.
4. All dental examination procedures and results for teaching and non-teaching personnel shall be entered in the Teaching and Non-Teaching Personnel Dental Record or SHD Form 4B.
5. All Dentist shall submit a Monthly Dental Accomplishment Report or SHD Form 5B for submission to the Chief, Schools Governance and Operation Division. A Division Consolidated

Quarterly Accomplishment Report shall be submitted to the Regional Office- Education Support Services Division (ESSD). A Regional Consolidated Quarterly Accomplishment Report shall be submitted to the BLSS-School Health Division.

6. All forms on the comprehensive oral health program may be accessed at <http://bit.ly/shdforms2019>

F. Partnerships and Linkages

Promoting collaboration among various stakeholders is critical for effective implementation of the oral health policy. The Department shall coordinate closely with other government agencies, organizations, local government units (LGUs), other institutions, communities, and families to:

1. Engage the participation of private practitioners in providing dental services to all K-12 learners in public schools nationwide and address the shortage in school dentists for the effective implementation of this program.
2. Source additional basic supplies such as toothbrushes and fluoridated toothpaste for the public school K-12 learners, especially those located in low-income areas, in order to address the gap in supplies needed for the effective implementation of the school-based daily tooth brushing activities.
3. Participate in advocacy campaign activities that promote oral health and hygiene among the young and advocate behavior change in relation to diet, hygiene, nutrition, tobacco use and substance abuse through media and other venues;
4. Assist in the conduct of outreach activities in schools.
5. As appropriate, formalize or document the collaboration with GO/NGO partners utilizing instruments such as MOU, MOA, Note Verbale, Deed of Donation and others, following existing DepEd guidelines on partnerships. Section VII of DepEd Order No.28 s. 2018 reiterates critical provisions on engaging with partners.

VI. ROLES AND RESPONSIBILITIES

- A. The Central Office, through the School Health Division of the Bureau of Learner Support Services (BLSS-SHD), shall:**

1. Develop strategies and action plans including the setting up of an Oral Health Program Technical Working Group (TWG), issue related policies, and take charge of the overall execution of this Program.
2. Allocate funds and prepare logistical plans for the Oral Health Program.
3. Undertake capacity development of and technical assistance to program implementers in all levels.
4. Undertake program oversight as well as monitoring and evaluation, analyze data from the field, and issue recommendations for improving program implementation.
5. Network and coordinate with partner agencies, organizations, and local government units (LGUs) for program advocacy, mobilization for public awareness campaigns, treatment referral, legislation, monitoring, and overall policy compliance.
6. Coordinate with the Administrative Service-Education Facilities Division (AS-EFD) in the determination of:
 - a. Standards and specification for Oral Health Program facilities
 - b. Proper septage and waste water disposal; and
 - c. Correct specifications for facilities in school-based dental clinics and toothbrushing facilities in schools.
7. Coordinate with the Bureau of Curriculum Development (BCD) for the inclusion of the following into the K-12 curriculum:
 - a. The benefits of proper tooth brushing with fluoridated toothpaste and flossing of teeth after every meal;
 - b. Key concepts on oral hygiene management that are age-appropriate, culture-and gender-sensitive, and interactive; and
 - c. The importance of behavior changes to prevent or minimize the dangers posed on oral health by risky behaviours in terms of diet, nutrition, hygiene, tobacco use, and substance abuse.

B. Regional Offices (RO) through the ESSD shall:

1. Provide technical assistance to division offices on the conduct of training and orientation, funding sources, and link up with partners and the Central Office, among others.
2. Establish a functional RO dental clinic to administer dental services, including dental treatment, to all RO personnel in need of oral health services. A citizen's Charter shall be posted in every RO Clinic as required by CSC.
3. Provide support for Oral Health Program logistical plans.
4. Conduct training and capacity development for implementers.
5. Undertake program advocacy with LGUs.
6. Conduct monitoring and evaluation (M&E) of the Oral Health Program.
7. Submit consolidated reports BLSS-SHD.
8. Place all dental personnel under the technical supervision of the Dentist III.
9. Conduct orientation, through the Dentist III (under the ESSD), for newly appointed school dentists at the Regional Office or in the Division Office where they are assigned.
10. Conduct an annual Performance Implementation Review of the Oral Health Program and submit findings and recommendations to BLSS-SHD.

C. School Division Offices (SDO) through the SGOD shall:

1. Provide technical assistance to districts and schools in coordination with partners.
2. Establish a functional SDO dental clinic to administer dental services, including dental treatment, to all SDO personnel in need of oral health services. School dentists shall be assigned to the SDO dental clinic on rotation basis. A Citizen's Charter shall be posted in every SDO Clinic as required by the CSC.
3. Conduct training and capacity development for implementers.

4. Undertake program advocacy with LGUs.
5. Conduct monitoring and evaluation of the Oral Health Program.
6. Submit quarterly consolidated accomplishment report to RO-ESSD.
7. Report filled positions upon the hiring of new dental personnel to the RO, furnishing a copy of the same to BLSS-SHD upon the newly hired personnel's assumption of duty; and submit an updated list of dental health personnel to the RO on or before the 5TH of January, copy furnished the RO.

D.Schools through the School Head shall:

1. Ensure effective implementation of the Oral Health policy and program activities in the school setting.
2. Secure the support and participation of the community, including the Parent-Teacher Associations (PTAs) and other stakeholders, for the program.
3. Collaborate with key partners for the following:
 - a. Put in place systems and mechanisms that will allow all stakeholders to take part in the implementation of this policy,
 - b. Craft specific roles and responsibilities of each school personnel to make sure that all requirements and standards are met,
 - c. Ensure the inclusion of the Oral Health Program in the School Improvement Plan (SIP) and Annual Implementation Plan (AIP).
4. Ensure regular daily provision of drinking water and clean running water to the school dental clinic and tooth brushing facilities in accordance with the Oral health and WinS Programs.
5. Keep secure all the dental health cards and accomplishment reports prepared by the dentist for effective monitoring and evaluation of the Program for a period of 3 years after learner has withdrawn from the school.

6. All records are confidential and can only be accessed by the school head, designated school dentist and should be covered by the provision of the Data Privacy Act of 2012.

7. Submit a report to the Schools Division Office.

VII. FUNDING

A. The BLSS-SHD shall allocate funds and prepare logistical plans for the Oral Health Program.

B. Allotment intended for the Oral Health Program is released to the DepEd ROs/SDOs.

C. The ROs/SDOs Dentist shall prepare the necessary Work and Financial Plan (WFP) and Project Procurement Management Plan (PPMP) for approval by the ESSD/SGOD chief and the Regional Director/ Schools Division Superintendent.

D. Upon receipt of the Sub-ARO, ROs/SDOs shall submit a request for their corresponding Notice of Cash Allocation (NCAs), attaching a copy of sub-ARO and Work and Financial Plans (WFP) to their respective Regional DBM office within five (5) days.

E. The ROs/SDOs shall procure all materials/supplies in accordance with procurement, accounting and auditing rules and regulations.

F. For succeeding years, funding for the effective and sustainable implementation of the Comprehensive Oral Health Program shall be sourced from the provision of a special budget for services and dental equipment and supplies under the General Appropriations Act.

VIII. PROHIBITIONS

School authorities shall strictly observe the prohibition on accepting donations or sponsorships from or having financial or material involvement with tobacco companies in advancing this Program. Violation of this prohibition is punishable under existing law and DepEd Order No.6, s. 2012.

IX. MONITORING AND EVALUATION

Regular field monitoring and evaluation of the program implementation shall be conducted by DepEd BLSS-SHD/RO-ESSD/SGO-SGOD to ensure compliance with the policy. Similarly,

annual evaluation of the program shall be undertaken to determine the gaps, challenges, and best practices for a more effective approach.

X. REFERENCES

- A. “Bright Smiles, Bright Futures” Project with Colgate
- B. DepEd Memorandum No. 506, s. 2008 Zero Cavity Mission Project
- C. DepEd Order No. 28, s. 2018 Policy Guidelines on the Oplan *Kalusugan sa Department of Education* (OK sa DepEd)
- D. DepEd Order No. 13, s. 2017 DepEd Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices
- E. DepEd Order No. 10, s. 2016 Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program
- F. DepEd Order No. 65, s. 2009 Implementation of the Essential Health Care Program (EHCP) for the School Children
- G. DepEd Order No. 73, s. 2007 Promoting Oral Health in Public Elementary Schools
- H. OPLAN KALUSUGAN or “All in One Health Week” initiative

XI. SEPARABILITY CLAUSE

If for any reason, any portion or provision of this Order is declared unconstitutional, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

XII. REPEALING CLAUSE

All prior orders, rules and regulations, part or parts thereof, inconsistent with the provision of this Order, are hereby repealed or modified accordingly.

XIII. EFFECTIVITY

These guidelines shall take effect immediately upon issuance.