Steps to a Successful Oral Health Screening Event

* Determine the goal for the event, anticipating the public need
* Create a timeline for the event
* Determine a date and location
* Delegate activities to team members
* Obtain consent to use public space if needed, and see if you need liability insurance
* All Screeners must be licensed in the state where the OCS is taking place
* Make sure there is a licensing agreement signed and on file in the Central Office for Section use of the ACP logo for all fliers and advertisements for the event.
* Determineif you want sponsors/partners for the event, perhaps stores, foundations, organizations, universities, suppliers in your area
* Create event flyers
* Create public service announcements, press release and calendar listing
* Identify local television, newspaper and radio contacts to send information to
* Create banners to identify event: registration, exam, etc.
* Identify and calibrate “screeners”
* Identify “wranglers” to assist directing the public or answer questions
* Identify media/communication experts who can assist you on site
* Be prepared to be interviewed by media if they attend
* Obtain appropriate and supportive patient informational brochures or pamphlets
* Obtain a clinical mobile van, tents, and chairs if needed
* Obtain expendable examination supplies from local dental supplier, such as:
* Head lamps‐battery operated
* 2 x 2 Gauze
* Disposable mouth mirrors
* Tongue blades
* Antiseptic lotion
* Nitrile Gloves (non‐latex) medium to large size
* Face Masks
* Facial Tissues
* Waste Receptacles
* Prepare patient agreement, examination and referral forms (attached)
* Create a list of health care providers/institutions that will accept referrals
* Create a means to publically recognize contributors with banners, poster‐boards, etc.
* Create buttons or stickers for individuals screened
* Have adequate chairs and/or refreshments for individuals waiting for screening
* Follow‐up with a letter of thanks for all of those involved

Oral Cancer Screening Consent Form

I consent to an evaluation of my head, face, neck, upper torso and oral cavity for unusual skin or mucosal changes that might be associated with a disease process. I understand that this evaluation is only a screening. I will be informed verbally if areas of concern are noted. I will then assume the responsibility to contact my physician or dentist for a complete evaluation, diagnosis and treatment as needed.

Name (Please print)   
  
Signature

Date

**Examination Form**

APPEARANCE

Color

* Red Color
* White Color
* Red/White Color
* Normal overlying mucosa

Surface

* Cobblestone texture
* Ulceration
* Smooth

PALPATION

* Firm
* Soft
* Moveable
* Causes bleeding

DIMENSION

* Surface dimension
* Depth dimension

EXTRAORAL FINDINGS

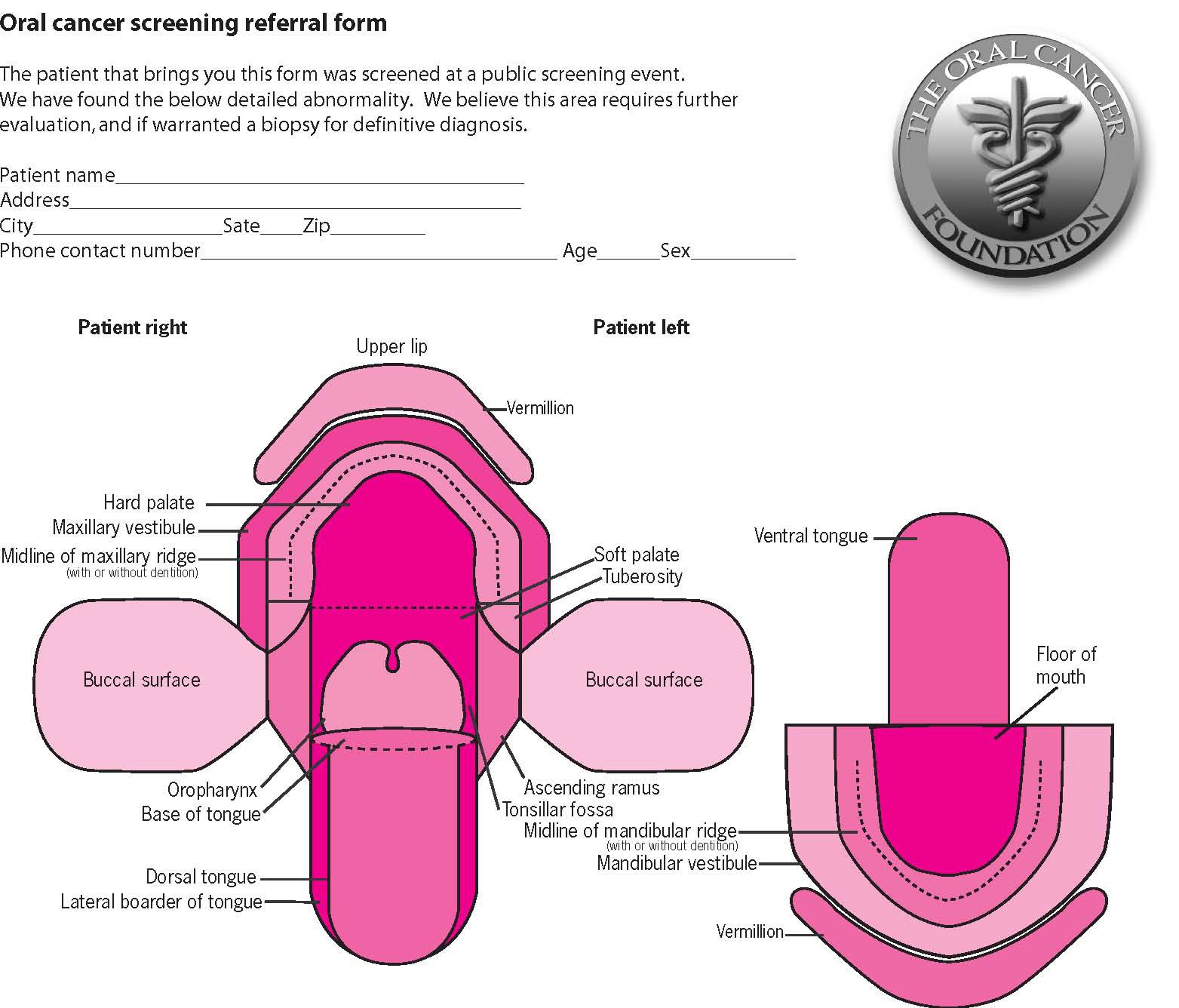
* Neck mass
* Location of neck mass
* Size of neck mass

SIGNS AND SYMTOMS and HOW LONG HAS EACH BEEN PRESENT

* Sore throat
* Earache
* Painful swallowing in throat
* Pain at lesion site
* Occasional bleeding at the site
* Awareness of the lesion
* Any change in the lesion

HISTORY

* Smoking
* Alcohol
* Previous lesion in the area with a past diagnosis of \_\_\_\_\_\_\_\_\_\_\_\_\_



Description of suspect tissue/area:

Examiner: Printed Name:

Contact Information: