

Policy on School Absences for Dental Appointments

Latest Revision

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Purpose

The American Academy of Pediatric Dentistry recognizes dental care is medically necessary and that poor oral health can negatively affect overall quality of life including a child's ability to learn. This policy is intended to assist public health and education administrators in developing informed policies on school absence for dental appointments and support parents in seeking medically necessary care for their children.

Methods

This policy was developed by the Council on Clinical Affairs, adopted in 2010¹, and last revised in 2015². For this revision, literature searches of PubMed®/MEDLINE and Google Scholar databases were conducted using the terms: school absences for dental appointments, excused school absences, missed school days, state school absence policies, and department of education. PubMed®/MEDLINE limits were within the last 20 years, human, English, meta-analysis, and systematic reviews. Papers for review were chosen from this list and from references within selected articles. When data did not appear sufficient or were inconclusive, statements were based on expert and/or consensus opinion by experienced researchers and clinicians.

Background

Oral health is integral to general health.^{3(pg60)} Many systemic diseases and conditions have oral manifestations.^{3(pg46)} These oral manifestations may be the initial sign of clinical disease and indicate the need for further assessment.^{4(pg7)} Oral conditions can interfere with eating and adequate nutritional intake, speaking, self-esteem, daily activities, and quality of life.^{4(pp2,10,15,147),5} Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain.^{4(pg95)} Restoring the form and function of the dentition and correcting facial disfigurement or dysfunction are integral to improving oral health-related quality of life. The public's lack of awareness of the importance of oral health is a major barrier to dental care.^{4(pg19)} Unrecognized disease and postponed care result in exacerbated problems, which lead to more extensive and costly treatment needs.⁶

The Centers for Disease Control and Prevention recognizes, "The academic success of America's youth is strongly linked with their health, and is one way to predict adult health

outcomes."⁷ Children and adolescents with poorer oral health status are more likely to experience oral pain, miss school, and perform poorly in school compared with their counterparts with better oral health status.^{8,9} Children with dental pain may be irritable, withdrawn, or unable to concentrate. Pain can affect test performance as well as school attendance.^{4(pg2),9,10} Left untreated, the pain and infection caused by tooth decay can lead to problems in eating, speaking, and learning.¹¹

The social impact of oral disease in children is substantial. The number of school hours lost each year because of dental-related illness exceeds 51 million.^{4(pg2)} On average, children and adolescents with oral health problems are absent one school day per year more than other children or adolescents.^{11,12} When oral health is maintained and children suffer less dental-related pain, their learning and school attendance improve.¹³

According to the 2000 United States Surgeon General, "a national public health plan for oral health does not exist"^{4(pg12)}, and this continues to be the case today. This corresponds with the fact that there is no national policy on excused absences from school for dental appointments. Some states (e.g., California, Pennsylvania, Washington) have specific laws excusing students for dental appointments.¹⁴⁻¹⁶ Other state laws are more general and recognize absences due to doctor's appointments or illness.¹⁷⁻²⁰

State laws and local school district regulations are not mutually consistent with respect to policies for dental appointment-related school absences. A uniform public policy which recognizes the negative impact on academic performance due to chronic absence caused by poor oral health could reduce access barriers and encourage school-aged children and adolescents to receive regular dental care. Furthermore, a supportive school absence policy for dental care may reduce access barriers and encourage school-age patients to attend oral health care services.

Policy statement

Recognizing that oral health is integral to general health and that oral conditions may interfere with a child's school performance, the American Academy of Pediatric Dentistry supports state law or school policy that allows the absence for the provision of oral health care delivery, including that of diagnostic, preventive, restorative, orthodontic, surgical, endodontic, and emergency health services. The American Academy of

Pediatric Dentistry encourages parents, education administrators, and dental professionals to work together to ensure that children receive oral health care while minimizing school absences.

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