DENTAL HEALTH POLICY

Rationale

While overall dental health care remains a parental responsibility, conversations and information exchange on dental health should be encouraged to promote good dental health practices and lifelong learning for children and their families. Dental health will be included as part of everyday practice at our preschool, as dental health habits are established very early in life, and the preschool can reinforce these in positive ways through direct and indirect teaching, through the use of community resources and through routine times of the day.

Aim

In support of the belief that all aspects of the preschool’s program and routines should reflect a healthy approach to us and our bodies, educators aim to actively promote positive dental health principles and practices.

Implementation

- Parents will be responsible for ensuring that the Nutrition, Food, Beverages and Dietary Requirements Policy, which promotes healthy eating, is supported through the food the children bring to the centre.

- Educators supervising lunchtimes will be responsible for returning any inappropriate foods to the parent with a note explaining its return and providing suggestions for a substitute if required.

- Educators will ensure that water is available at all times for the children, and children will be encouraged to access their water bottles regularly. Conversations will take place with children about the reasons why water is good for teeth.

- All children will be encouraged to drink water from their water bottle at the end of their lunch and with their morning tea. The purpose of the lunchtime water is for assisting with the removal of food from between the teeth. The children will be made aware of the purpose of this drink.

- Children who required bottles will have them before they go to bed. Tooth decay can be reduced by allowing the child to finish the bottle before going to bed and not letting milk settle on teeth. Bottles will be removed before a child goes to bed.

Statutory Legislation and Considerations

- Education and Care Services National Regulations 2014: 77, 85, 86, 168

- Links to National Quality Standard: 2.1.1, 2.1.3, 2.2.1, 2.3.3, 7.3.5
• If any parent requires an exception to this policy, it will be discussed with the Director. Exemptions may be necessary for medical reasons or other health factors.

• Visits by dental health professionals will be arranged by educators as part of the program, annually. Families and children will be encouraged to attend these visits where correct brushing techniques and dental care will be discussed.

• Educators will provide informal and planned experiences and/or discussions during the year on the need for sound dental health.

• Wherever possible, educators will model appropriate dental health practices.

• Wherever possible, parents will have information provided on dental health.

• Educators will report to families any signs of:
  o Visible decay
  o Gum swelling
  o Infection of the mouth (gums are very red or bleeding)
  o Problems chewing, eating, swallowing
  o The child complaining about oral discomfort or pain
  o The child complaining about being woken up at night with a sore tooth

• In this case, families will be encouraged to take their child to a dental professional as soon as possible.

• Encourage all families to take their child for regular dental check-ups once a year.

Dental Trauma (accidents) Procedure:

First Aid for a Knocked Out or Chipped Tooth in a Child

In the management of any dental trauma, educators need to follow a logical sequence in order to estimate the extent of the injury and to make an accurate diagnosis.

| Step 1 | • Remain calm and try to find the tooth. A dental professional will want to see the tooth and/or the tooth fragment(s). It is important to know whether the tooth or tooth fragment(s) has been inhaled. |
|        | • Inhaled teeth are a medical emergency and the child MUST be taken immediately to the Emergency Department of a Hospital for a check-up and a possible chest x-ray. |

| Step 2 | • If it is a baby tooth, do not put it back in the socket because it will damage the underlying developing permanent (adult) tooth. Children aged 0-5 years of age are more likely to have baby teeth than permanent teeth. If there is any doubt about whether it is a baby tooth or an adult tooth, put the tooth in milk or saline and take the child to a dental clinic immediately. |
|        | • If a permanent tooth has been knocked out, place it in milk or saline immediately to avoid dehydrating and damaging the delicate cells on the root. Do not rinse or scrub dirt off the tooth. Do not allow the tooth to remain dry at any stage. |
|        | • Notify parents / carers of the incident. |
• Go to a dental clinic or the Emergency Department of a Hospital as soon as possible. Time is a critical factor in saving the tooth.

• Remember In the following weeks or months after the dental injury, if you notice any unusual red or swollen gums in a child’s mouth, or if the tooth changes colour, advise the parents/carers to make an appointment at a dental clinic as soon as possible.

ATTACHMENTS

• Attachment 1: Dental Trauma (accidents) Procedure poster for display

POLICY AVAILABILITY

The Dental Health Policy will be readily accessible to all educators, families and visitors, and ongoing feedback on this policy will be invited.

REVIEW

Management and educators will monitor and review the effectiveness of the Dental Health Policy regularly. Updated information will be incorporated as needed.

ACKNOWLEDGEMENTS

• Community Child Care Co-operative NSW Sample Policy
• Little Smiles (NSW Health) Sample Dental Policy for Childcare Settings

Policy prepared by: Trudy Magus
Date: March 2015
Policy ratified by Management Committee
Signed: Title: Date:
Signed: Title: Date:
Projected Review Date: March 2017
Recorded as: Dental Health Policy
(My Documents/Policies/Current and Updated Policies)
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