

Childcare and children's health

Health care information for childcare staff and families from the Centre for Community Child Health

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Healthy Teeth in Child Care

Good oral health is vital to general wellbeing and early childhood dental hygiene is a key factor in the development of healthy adult teeth. In Australia significant numbers of young children spend time in non-parental care. Child care providers have an important role to play in promoting and implementing good oral health practices.



Policies are vital to promote good dental hygiene behaviour in children, to reduce the incidence of dental caries and to facilitate the prevention and management of dental trauma in children. Service policies and procedures need to cover day to day practices that are workable for carers. Information and support should be readily available to families.

Oral Health of Australian Children

The oral health of Australian children is still of significant concern with 15 per cent of infants suffering dental decay. Dental health in children has improved in the last decade, however 50% of children aged 6 years still have caries. The most recent study of dental decay in young children indicated that approximately 84% of children aged 4 years enter their school years with clinically detectable untreated decay. The Australian Bureau of Statistics (ABS) 1995 data found that only 23% of 2 to 4 year old children had visited a dentist in the previous two years.

Risk factors associated with dental decay in preschool children can include, late starting of tooth brushing, low frequency of tooth brushing, frequent snacking, prolonged use of the feeding bottle, use of the dummy dipped in sweet substances, high/frequent sugar consumption and parental attitudes.

Oral Health Policies in Children's Services

Quality areas and principles in the Quality Assurance Systems for Long Day Care Centres and Family Day Care Schemes help to ensure that there are standards of good oral health care for children in care.

Services are encouraged to develop and implement oral health policies.

The policies need to encourage:

- **Carers** in child care services to implement oral health education programs for children in their care and to provide oral health information to the children's families.
- **Children** to participate in oral health education programs.
- **Parents** to participate in the development of an oral health program at the service and to be provided with information to support the implementation of good oral hygiene practices at home.

Getting started with oral health practices

To promote good dental and oral hygiene behaviour services should:

- Record on enrolment the name, address and phone number of each child's dentist and have a contact number for an after hours or emergency dentist or dental clinic.
- Report to the family any sign of tooth caries, any accident, injury or suspected injury to teeth and gums, gum swelling, infection of the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing.
- Develop policies and strategies in consultation with public health dental therapists, parents and staff.
- Provide appropriate dental and oral health education and health promotion programs (including oral health literature for children, families and staff in home languages).

Guidelines for oral hygiene and prevention of caries

To help reduce the incidence of caries in young children:

- Avoid the use of:
 - nursing bottles containing sweetened milk
 - fruit juices, cordials or soft drinks
 - using food as behavioural rewards
 - pacifiers dipped in sweet substances (eg. honey, jam)
 - nursing bottles as pacifiers or using a bottle containing anything other than water to help a child fall asleep.
- Offer water to drink in preference to carbonated drinks, flavoured milk and fruit juices.
- Limit the number of times snacks are offered each day. When snacks are offered use a varied selection of nutritious foods such as vegetables, cheese, yoghurt, fruit, plain pasta, and bread with spreads such as meat, cheese and vegetable extracts.
- For children who are old enough encourage them to rinse their mouth with water after each meal.

All services whether planning or not to implement a tooth brushing program should follow these guidelines for oral hygiene and prevention of caries.

Tooth brushing programs

For services that have the resources for implementing a tooth-brushing program for children while in care:

- Gently clean baby's gums and teeth with a clean damp face cloth or cotton gauze to remove plaque and milk.
- Be aware that some of the children may not brush their teeth at home. The introduction of a tooth-brushing program at the service is an opportunity for

children and families to learn about good oral health behaviour and develop oral/dental hygiene skills.

- Be aware that for a tooth-brushing program, children need to be around 2 years of age. Children need to be able to hold a toothbrush and be able to learn to spit and rinse, and not to swallow the toothpaste or mouth rinse.
- Use soft, small children's toothbrushes, low fluoride toothpaste (half concentration of adult fluoride toothpaste) and ensure children only use a pea-sized amount of toothpaste on their toothbrush.
- Supervise children's tooth brushing, or brush for them until they are able to manage the technique by themselves.
- Avoid using antiseptic mouthwashes for children unless prescribed by a doctor or dentist for a dental or oral condition, as they are potentially harmful if swallowed. Ensure only the child for whom it is prescribed uses the mouthwash and store and administer the mouthwash as a medication in accordance with the service's medication policy.
- Avoid cross-contamination from toothbrushes by:
 - Each child having their own toothbrush labelled with their name.
 - Storing toothbrushes in individual toothbrush holders, or on a rack that has a cover.
 - Ensuring children do not share or swap toothbrushes.
 - Washing toothbrushes at the end of the day and air-drying (or give the family the brush to take home to wash and bring a clean toothbrush the next day).

NB Young children should only brush their teeth twice a day.

Family and Child Tooth Brushing and Oral Hygiene Education Programs

All services can implement a Family and Child Tooth Brushing and Oral Hygiene Education Program by using a partnership approach between child carers, public health dental therapists and the children's families. Public health dental professionals can train carers and families in dental and oral hygiene. Services can provide information and develop learning activities for children and their families. Services should contact their local Health Promotion Units for information.

Dental Accidents

Services can facilitate the prevention and management of dental trauma in children by:

- Utilising strategies to prevent injuries in consultation with public health dental therapists and risk management staff.

- Facilitating training for carers in dental first aid. The training should include training to be able to identify the difference between deciduous (baby teeth) and permanent teeth, and to be skilled in dealing with a dental emergency and applying first aid for a dental injury.

First Aid for a knocked out or chipped deciduous (baby) tooth

If a child has a dental injury where the tooth is chipped or the whole tooth is knocked out:

- **Manage as an emergency**, inform the parents/family.
- **DO NOT reinsert the tooth** back into the socket (deciduous (baby) teeth are not usually placed back).
- **Gently rinse** the tooth or tooth fragments in milk to remove blood and place in a clean container or wrap in cling wrap to give to the parent or dentist.
- **Seek dental advice** as soon as possible and ensure that the tooth/tooth fragments are taken to the dentist with the child.
- **Complete an injury report form.**

First Aid for a knocked out or chipped permanent tooth

- **Gently rinse the tooth and tooth fragments in milk** for a few seconds to remove excess dirt and blood.
- **Handle the tooth by its crown** (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial (tissue) fragments on the root of the tooth, as these are needed for the tooth to take if replaced by the dentist.

- **Replace the tooth back in the socket** (be certain that the tooth is placed into the socket the correct way round – compare to the teeth next to it, the front surface usually convex outwards).
- **Seek dental advice as soon as possible** and ensure the family takes the child to the dentist with the tooth/tooth fragments **within 30 minutes**, as the root endothelial layer begins to deteriorate after 30 minutes.
- **If the tooth has been in contact with dirt or soil**, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

Good oral health practices are not difficult to achieve in child care services and provide a valuable and ongoing benefit to the children, carers and families. Working together with the children and their families to increase awareness of oral health issues develops relationships based on caring and self-awareness.

References:

Australian Dental Association Website
(www.ada.org.au)

Ismail A. I. (1998) Prevention of Early Childhood Caries. Community Dentistry and Oral Epidemiology: 26: (supplement1)

NSW Multicultural Health Communication Service website (www.mhcs.health.nsw.gov.au)

QIAS Principles: 7.1, 8.3

FDCQA Principle: 4.3

Carmel Betros

Statewide Co-ordinator

NSW Health Children's Services

Oral Health

SDN Hurstville was a pilot centre for the 'Healthy teeth in child care project' initiated by South East Sydney Area Health Service. A need for education on oral health was identified in our local community.

This formed the rationale for our centre policy. All Staff undertook training in oral health, to develop the knowledge needed to educate the children and families of the centre. Some of this knowledge gained was, when to start brushing teeth, tooth decay, dental emergencies and the importance of baby teeth.

The staff and families worked together to develop a draft oral health policy. The reactions of families were very positive. Some parents said that they were not aware of the importance of looking after their children's teeth because they were so young. Many of our families did not



have a family dentist (asked on enrolment form). They were also very surprised to hear that giving children bottles of milk as they go to sleep can cause decay. One parent upon enrolment said that she gives her child a bottle every night in her bed to help her to sleep and asked if this was alright. I was able to discuss this with her and give her some information on good oral health practices to take home. We include written information on oral health in the packs given to families when enrolling their child.

Our aims for the oral health policy focused on increasing the understanding of families and for oral health to be part of the daily routine and program in the centre. Once we developed our rationale and aims we began by writing down procedures for implementation. We wanted to start a tooth brushing routine with the children. At first this was a daunting task for the staff. Some thoughts were: How are we going to toilet the children, brush teeth, get ready for rest etc, with only a couple of staff? Where and how will we store the toothbrushes? As a group we sat down to discuss the possible options.

After our policy was completed we began tooth brushing. In both the 0-3 yrs room and the 3-5 yrs room, brushes and toothpaste are stored in individual cups either on a covered shelf or in individual containers. The children are given their cup and brush after their lunch. In the 3-5's room the staff apply a smear of toothpaste and encourage children to clean their teeth independently, as well as assisting them. In the 0-3's room the staff brush the children's teeth. Most children in this room do not use toothpaste, as they are not able to spit out. They are all given the opportunity to also have a turn of brushing their teeth independently. For babies, their teeth are cleaned with a damp cloth. The children enjoy doing their teeth. It is also an opportunity for 1:1 interaction between carer and child. We regularly talk with the children about the importance of cleaning their teeth and we often have fun by singing about it. Due to our transitional lunch routine, we do not have children lining up to do their teeth. It is a smooth process. As children finish their lunch they transition to doing their teeth. The cups and brushes get cleaned each day and aired dry.

While developing our oral health policy we also revised our menus and ensured we were offering non-decay causing food, such as vegetables, cheese, water/milk and foods which are tooth friendly and without sugar.

We have a visitor with expertise in oral health to speak with the children each year about healthy eating and teeth cleaning. The centre has also borrowed the dental kit from South East Sydney Health Service and we utilized these resources to assist us in educating the children. We implement an ongoing fundraiser, where the centre sells children's toothbrushes and toothpaste to families attending the centre.

From the time we first introduced our oral health policy we have seen dramatic improvements in the children's teeth. Children take pride in looking after their teeth, often commenting in the mirror 'look my teeth are clean'!

Ursula Druery

Centre Manager

SDN Hurstville Early Learning Centre

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Ms Cathy Archer

Contact Details

Tel: (03) 9345 6150

Fax: (03) 9345 5900

Email: catherine.archer@rch.org.au

Website: www.econnections.com.au