



### **Intent Statement**

Oral health is a component of health and should be addressed as early as possible. The child care setting is an optimal place to teach, practice and nurture positive oral health skills.

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### **Practice and Procedures**

Caregivers/teachers will promote the habit of regular tooth brushing with children.

- All children with teeth should brush or have their teeth brushed at least once during the hours the children are in child care.
  1. An ideal time to brush teeth is after children eat.
  2. Tooth brushing ability varies by age. Preschool children most likely will require assistance.
  3. The caregiver/teacher will either brush the child's teeth or supervise as the child brushes his/her own teeth.
  4. When children require assistance with brushing, caregivers/teachers should wash their hands thoroughly between brushings for each child. Caregivers/teachers should use standard precautions by wearing disposable gloves when assisting such children with brushing their teeth, since contact with a child's oral fluids is anticipated.
- Each child should have a personally labeled, age-appropriate toothbrush.
  1. Toothbrushes should not be shared or borrowed.
  2. After use, toothbrushes should be stored on a clean surface with the bristle end of the toothbrush up to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface.
  3. Racks and devices used to hold toothbrushes for storage should be labeled and disinfected as needed.
  4. The toothbrushes should be replaced at least every three to four months or sooner if the bristles become frayed.
  5. When a toothbrush becomes contaminated through contact with another brush or use by more than one child, it should be discarded and replaced with a new one.
  6. It is also important to change toothbrushes after the child has had a cold, the flu, a mouth infection or a sore throat because germs can hide in toothbrush bristles and lead to re-infection. Even if the child has not been sick, fungus and bacteria can develop in the bristles of the toothbrush — another reason to change the toothbrush regularly.
- Each child should have his/her own labeled toothpaste tube, if toothpaste is used.
  1. If toothpaste from a single tube is shared among the children, it should be dispensed onto a clean piece of paper or paper cup for each child rather than directly on the toothbrush.

2. Children under two years of age should have only a rice-grain sized amount of fluoride toothpaste on the brush when brushing.
  3. Children over two years of age should use a pea-sized amount of fluoride toothpaste.
  4. Children should attempt to spit out excess toothpaste after brushing.
- Children can use an individually labeled or disposable cup of water to brush their teeth.
    1. Each child can use a cup of water for tooth brushing instead of brushing at the sink.
    2. The child should wet the brush in the cup, brush and then spit excess toothpaste into the cup.
  - The children can also rinse with water and spit out after a snack or a meal if their teeth have already been brushed earlier.

Caregivers/teachers can promote oral health for children in other ways:

- Sippy cups and bottles will be used at mealtimes during the day and not at naptime.

### **Sippy Cups**

To help parents reduce the risk of cavities in children, the American Academy of Pediatric Dentistry offers parents the following guidelines on using sippy cups properly:

- Wean children from a bottle by the child's first birthday.
- Instead of sippy cups, caregivers/teachers should use smaller cups and fill halfway or less to prevent spills as children learn to use a cup. If sippy cups are used, it should only be for a very short transition period.
- Unless being used at mealtime, the sippy cup should only be filled with water. Frequent drinking of any other liquid, even if diluted, from a bottle or no-spill training cup should be avoided.
- Sippy cups should not be used at naptime or bedtime unless they only have water in them.
- Pacifiers should not be coated in any sweet solution. Pacifier use outside of a crib in rooms and programs where there are mobile infants or toddlers is not recommended.
- Promote of healthy foods per the USDA's Child and Adult Care Food Program, including not offering sweetened food products and sugary drinks.
- Report early tooth decay, when identified.
- Plan age-appropriate oral health education activities.

The child care facility will have on file the following:

- Information about the fluoride content of water in the facility
- Contact information for each child's dentist
- Resource list for children without a dentist
- A plan for dental emergencies

## **Injuries**

Injuries to teeth of young children may have serious and long-term effects. Most dental injuries occur in children between the ages of 1-2 years. Several types of dental accidents need immediate attention. They include:

- Knocked out teeth
- Chipped or loosened teeth
- Teeth pushed through gums
- Toothache
- Tissue injuries
- Broken or dislocated jaw

In all cases:

- Keep the person calm and quiet
- If blood is involved, wear gloves, if possible
- Time is of the essence - to avoid complications and/or tooth loss, transport the person to a dentist as soon as possible.

Actions to take:

- If the tooth is a primary tooth, it may not need repositioning depending on whether the repositioning might damage the incoming permanent tooth. Permanent teeth need to be reinserted into their sockets **within two hours**; otherwise their roots will start to dissolve and permanent damage can occur.
- The tooth that was knocked out should be brought to the dentist in either water or milk. **Don't try to wipe, rub or otherwise clean off any tissue/debris from the tooth. In the case of chipped teeth, teeth pushed through the gums or toothache, the child should be seen by a dentist for immediate attention.**
- When injuries occur such as soft tissue tears, tongue laceration and puncture wounds, the immediate stoppage of bleeding is essential to prevent infection and promote healing. In case of broken or dislocated jaw, the child should be taken to the emergency room ***immediately***.

## **Applicable**

This policy applies to all staff, substitute staff, parents/guardians and volunteers in the child care setting.

## **Communication**

This policy will be reviewed with parents upon application and a copy will be included in the parent handbook. This policy will be reviewed with staff at orientation and annual staff training.

## **References**

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education 2011. *Caring*

*for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>

Kentucky Child Care Health Consultation Program <http://www.kentuckycchc.org>

**Reviewed by:**

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Director/Owner

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Board Member

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CCHC/Health Professional

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Staff Member/Teacher

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Parent/Guardian

**Effective Date/Review Date**

This policy is effective immediately. It will be reviewed yearly by the center director.