

## Dental Policy

<b>Published</b>	<b>July 2020</b>
<b>Review Date</b>	<b>January 2022</b>
<b>Sources</b>	<p>Education and Care Services National Regulations, December 2019</p> <p>Education and Care Services National Law, February 2018</p> <p>Guide to the Education and Care Services National Law and the Education and Care Services National Regulations, October 2017</p> <p>Guide to the National Quality Framework, January 2020</p> <p>NSW Department of Health, "NSW Little Smiles Dental Health Resource Package", 2010</p>

### Aim:

To promote good dental health behaviour to help reduce the prevalence of dental caries (tooth decay) in all children, to facilitate the prevention and management of dental trauma (accidents) for all children in childcare settings and to raise the awareness of dental health and dental disease.

### Explanation:

Good oral health is vital to general wellbeing, and early childhood dental hygiene is a key factor in the development of healthy adult teeth. 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 tooth decay. 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.

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

### Responsibilities:

#### In relation to Co-ordination Unit Staff:

- Be aware of the requirements of the current Education and Care Services National Law,, Education and Care Services National Regulations and current National Quality Standards in regards to dental health
- Provide resources and/or Professional Development for Educators and families on dental health practices for children

#### In relation to Educators:

- Abide by their obligations under the current Education and Care Services National Law, Education and Care Services National Regulations and the current National Quality Standards in relation to dental health
- Develop and implement dental health promotion and educational programs in consultation with dental professionals
- Incorporate dental health education in the daily program using 'real' opportunities to discuss these issues with children. These discussions may be a part of mealtime routines, general hygiene routines, cooking activities, discussions about health and nutrition or discussions about home routines and lifestyles
- Provide appropriate and accurate dental health literature for children and families

- Encourage families to provide healthy and nutritious foods low in sugar for their children whilst in care
- Provide families with a Daily Dietary Recommendations Table from Nutrition Australia to assist families with preparing healthy meals for their children in care and at home
- Promote good oral hygiene and the prevention of tooth decay by:
  - Not putting babies to bed with bottles of milk, juice or sweet liquid
  - Discouraging flavoured milk, fruit juice, cordial or soft drinks from being consumed whilst in care
  - Discouraging sugary snacks or lollies from being consumed whilst in care
  - Not giving children dummies that have dipped in sweet substances
- Encourage families to only provide water and milk for their children to drink while in care
- Encourage children to drink water between meals
- Encourage the children to drink milk or water at mealtimes
- Provide water for children to drink and rinse their mouth after meals
- Children will be encouraged to drink from cups once they are able to
- Report any sign of dental health problems to families e.g. swelling gums, problems with chewing, accidents or injury to teeth or gums
- Encourage families to take their child for regular dental check-ups (once a year is best)

**In relation to Families:**

- Provide healthy, nutritious and low sugar meals and snacks for their child to consume while in care
- Provide water and plain milk only as drinks for their child to consume while in care
- Pack snacks that are age appropriate for their child
- Refer to the Daily Dietary Recommendations Table from Nutrition Australia for ideas on what to pack for your child each day that is healthy and nutritious

**In relation to Dental Trauma (Accidents):**

- Develop and implement strategies to protect children from falls and damaging their teeth; and manage bleeding of the mouth
- In the management of any dental trauma, the first aider needs to follow a logical sequence in order to estimate the extent of the injury and to make an accurate diagnosis

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

- 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
- 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 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 to make an appointment at a dental clinic as soon as possible.

**Continual Monitoring and Improvement:**

Continual improvement and monitoring will occur in the following ways:

- Incidental and planned consultation with families
- Co-ordination Unit Staff accessing current relevant information
- Co-ordination Unit Staff and Educators accessing current and relevant training
- Internal evaluation of incidences and the improvement of systems

**Policy Review**

Date Revised	Comments
January 2013	Added information for In Home Care
February 2014	Scheduled Policy Review – No changes made
August 2015	Scheduled Policy Review – No changes made
February 2017	Scheduled Policy Review – No changes made
May 2018	Updated Regulatory Sources
July 2020	Scheduled Policy Review – Removed In-Home Care References,