

Dental Policy

Published	July 2020
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Sources	<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 the Approved Provider & 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 National Quality Standards in regard 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 Education and Care Services National Law, Education and Care Services National Regulations and the 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

- Provide healthy and nutritious foods low in sugar for the 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 at home
- 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
- 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 checkups (once a year is best)

In relation to Families:

- Refer to the Daily Dietary Recommendations Table from Nutrition Australia for ideas on how to provide healthy and nutritious meals for your children at home and in their school lunchbox

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
- Approved Provider & Co-ordination Unit Staff accessing current relevant information
- Approved Provider, 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
February 2017	Scheduled Policy Review – No changes made
January 2019	Scheduled Policy Review – No changes made
July 2020	Scheduled Policy Review – Updated information for families