

School Fluoride Program Training

Power Point

This Power Point presentation is useful for training the volunteers who are administering the fluoride to the children and is also available via email or online.

Questions? Please contact us at:

Oregon Health Authority/Oral Health Unit

Phone: 971-673-0339

Email: Oral.health@state.or.us

Website: <http://public.health.oregon.gov/PREVENTIONWELLNESS/ORALHEALTH/Pages/index.aspx>

OREGON HEALTH AUTHORITY: PUBLIC HEALTH DIVISION

Oral Health Unit

School Fluoride Program

Modules:

#1: Understanding the Need

#2: Choosing Tablets or Rinse

#3: Fluoride TABLET Program

#4: Fluoride RINSE Program



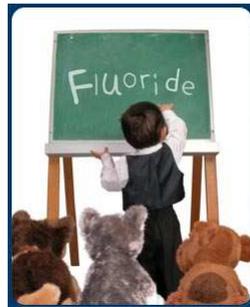
School Fluoride Program

Module #1: Understanding the Need



Objectives

- Trainee will understand the rationale for the fluoride program.
- Trainee will understand the proper dispensing of the fluoride tablets and/or fluoride rinse.
- The trainee will be able to train another person about concepts of the fluoride program and proper dispensing of the product.



Here we go!

The two most effective measures to prevent dental disease in a community are:

1. Community Water Fluoridation
2. School-based Dental Sealant Programs

- Fluoride is a mineral that exists naturally in nearly all water supplies. Research proves that at a certain level in drinking water, fluoride prevents tooth decay. This level is called the “optimal level.”
- The optimal level of fluoride is reached when a public water system either increases or lowers the level of fluoride.



The Centers for Disease Control (CDC) states:

“Frequent exposure to small amounts of fluoride each day” is the best way to reduce cavities in all ages” and recommends that “all people drink water with an optimal fluoride concentration...”



Water fluoridation remains the most **cost-effective** method of receiving fluoride and **benefits the greatest number of people...**

Water Fluoridation:

- Decreases cavities by 29 - 51% in children ages 4 -17.
- Saves per person per year: \$15.95 in small communities; \$18.62 in large communities.
- Reduces Medicaid dental costs by 50%.

(Association of State and Territorial Dental Directors, 2010)



- **Too little fluoride** means no protection against cavities.
- **Just the right amount of fluoride** protects against cavities, with no negative side effects.
- **Too much fluoride** can cause white spots on the teeth.
- **Extremely high levels of fluoride** can cause pitting of the teeth and brittle bones.*

(* There are areas in the world where the water naturally contains over 20 times the optimum level of fluoride. If that water is consumed over a lifetime, there may be negative side effects.)

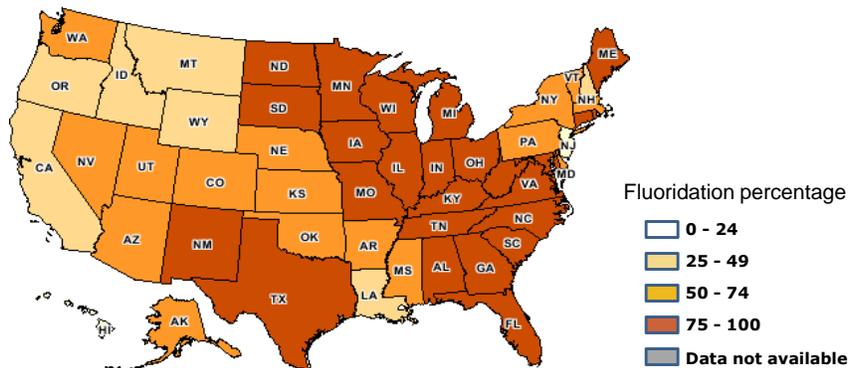
[National Academies of Science, P307](#)

http://books.nap.edu/openbook.php?record_id=5776&page=307

- The School Fluoride Program provides the optimum amount of fluoride with no side effects. Negative side effects only come from the incorrect dose.

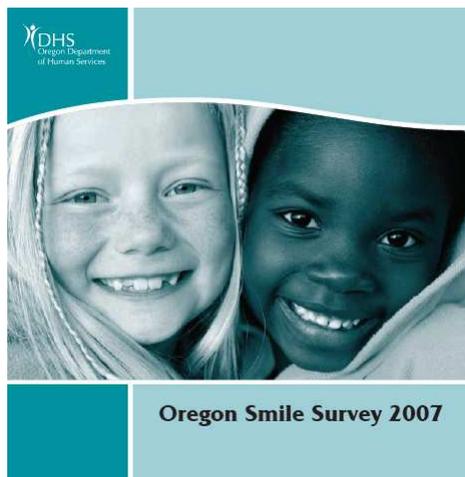
Why is the School Fluoride Program
so important in Oregon?

Oregon currently ranks 48 out of 50 states in access to fluoridated water. Only Hawaii and New Jersey rank lower.



- Only **27%** of Oregonians have access to fluoridated water, compared to **70%** of the rest of the U.S.

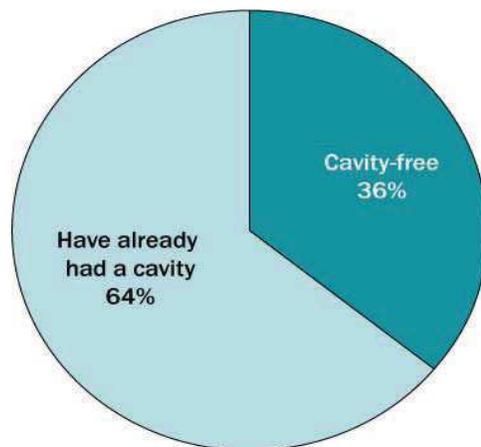
How are Oregon's children doing?



Available for download at: <http://www.oregon.gov/DHS/ph/oralhealth>

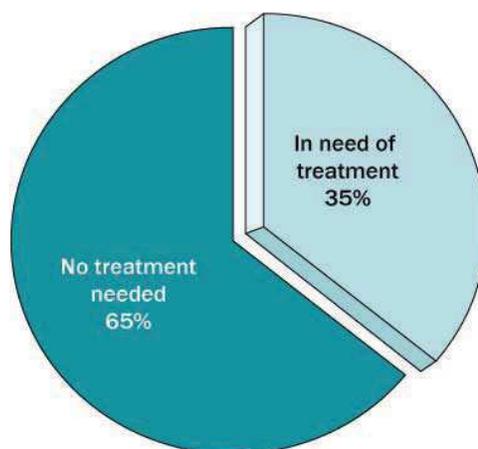
The Oregon Smile Survey was conducted by the Department of Human Services in 2007. Dental hygienists screened **1st – 3rd graders** in 85 Oregon elementary schools. The results were both discouraging and revealing...

2 out of 3 students already had a cavity.



Oregon Smile Survey 2007

1 out of 3 students had untreated cavities.

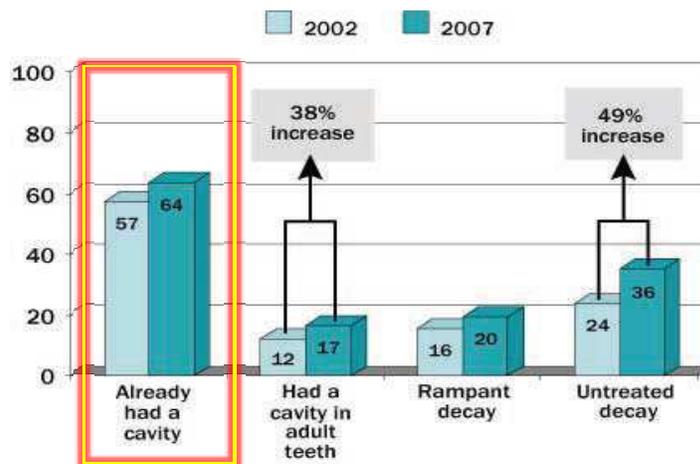


Oregon Smile Survey 2007

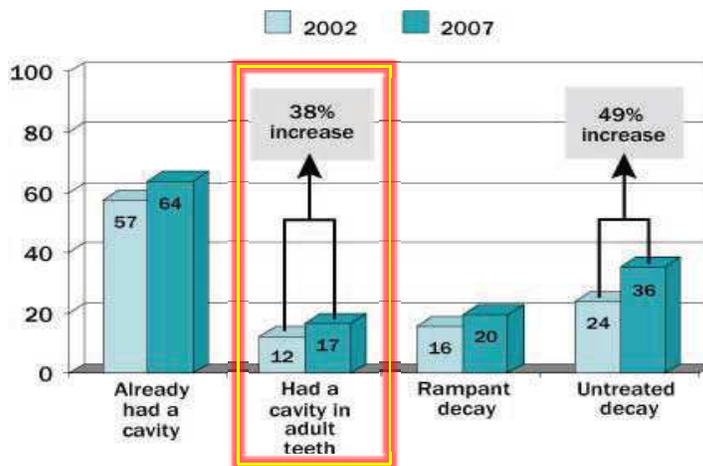
- In 5 years, every major measure of oral health among Oregon’s school children had worsened.
- Oregon ranks 25th – or seventh from the bottom, in percentage of children with untreated decay*.

*Compared with the 32 other states with comparable data

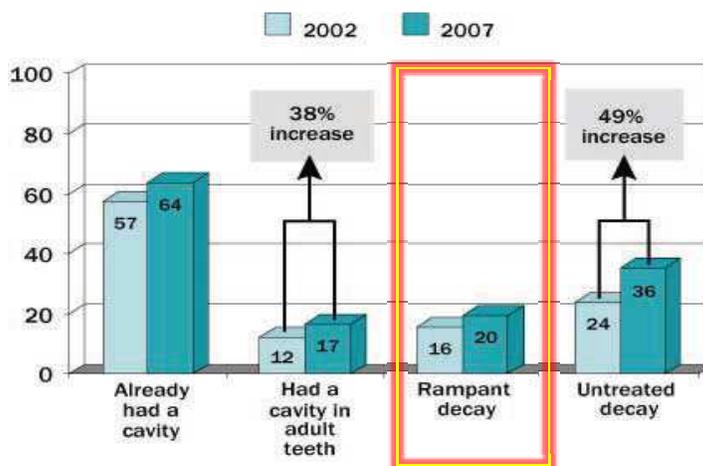
Compared to 2002, a greater percentage of students already had a cavity...



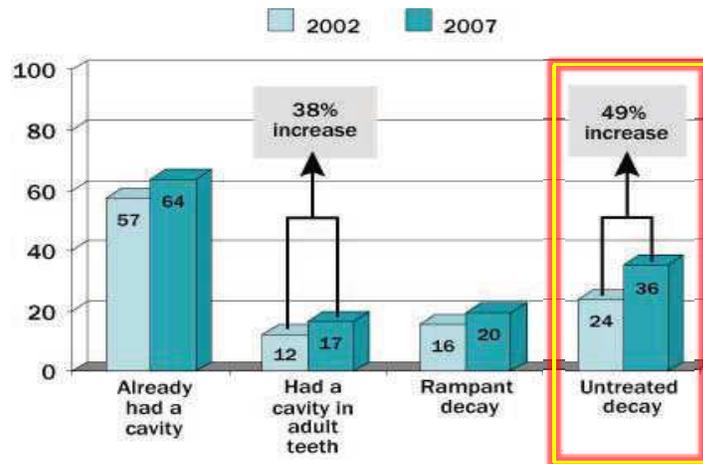
A greater percentage had a cavity in adult teeth...



More had rampant decay (cavities in 7 or more teeth)



And a greater percentage had untreated cavities –
a 49% increase!



The good news is...

Cavities are almost 100% preventable.

The State of Oregon currently provides 2 school-based oral health programs to improve children's oral health.

- **School Fluoride Program**
 - Schools are eligible if 30% of the students are eligible for Free & Reduced Lunch (FRL)
 - Prevents 20-35% of cavities

- **School Dental Sealant Program**
 - Schools are eligible if 50% of the students are eligible for FRL
 - Prevents 60-85% of cavities

To determine which School Fluoride Program
(**TABLETS** or **RINSE**) is best for your school,
please go to Module #2.....

or contact:

Oral Health Unit/Oregon Health Authority

971-673-0339

oral.health@state.or.us



OREGON HEALTH AUTHORITY: PUBLIC HEALTH DIVISION

Oral Health Unit

School Fluoride Program

Module #2:
Choosing Tablets or Rinse



TABLETS or RINSE?

The Oral Health Unit can help you choose...

Please contact us at:
971-673-0339
oral.health@state.or.us

Two ways to receive fluoride:

- Ingested or “Systemic” Fluoride – child should have only one source
- Topical Fluoride – child may have multiple sources

Ingested or “Systemic*” Fluoride

- Fluoridated water
- Fluoride tablets or drops
- School Fluoride TABLET Program

*(Parents should choose one source.)

Topical* Fluoride

- Fluoride applied at the dental office
- Fluoride toothpaste
- Fluoride rinse
- School Fluoride RINSE Program

*(Child may have multiple sources.)

School Fluoride TABLET Program (Systemic)

- Research shows “strong” results
- Administered DAILY
- Recommended for children who DO NOT have fluoridated water and/or DO NOT take fluoride tablets at home

School Fluoride RINSE Program (Topical)

- Research shows “sufficient” results
- Administered ONCE A WEEK
- Beneficial for children who already have a source of ingested fluoride

Question:

We live in an area that does NOT have fluoridated water. Which program should we choose?

The School Fluoride TABLET Program.

Question:

Our area has fluoridated water. Which program should we choose?

The School Fluoride RINSE Program.

Question:

My child takes fluoride tablets at home. Should he stop those tablets and participate in the School Fluoride Program?

Your child would benefit more from receiving the tablets 7 days a week. But be realistic. If you don't give your child the tablets every day, the school may implement a better regimen.

Question:

Our source of water is well water. We don't know the fluoride content. What should we do?

Everyone should know the fluoride content of their water source. Have your water tested before participating in a school program.

To properly administer the School Fluoride Program – *Protocol and Paperwork* - please go to these modules:

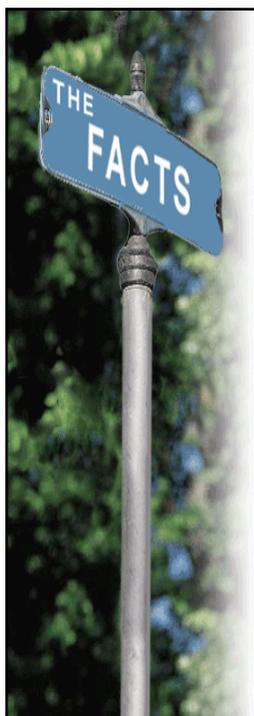
Module #3: Fluoride **TABLET** Program

or

Module #4: Fluoride **RINSE** Program

Module #3: Fluoride TABLET Program

- Introduction
- Getting Ready
- Administering the TABLETS
- **Emergency Treatment**
- Recording/Submitting Data



Fluoride TABLET Program

- Research shows “strong” anti-cavity results.
- Fluoride Tablets are given DAILY.
- Fluoride tablets are suitable for K-6 grade.
- Fluoride tablets are NOT suitable for children who:
 - Have a fluoridated water supply.
 - Have natural fluoride in well water.
 - Already take fluoride tablets at home.

To start the program...

Contact:

School Oral Health Programs Coordinator at:
971-673-0339
oral.health@state.or.us

Orders are placed in **May** for the next school year.
If you have questions, please contact us.

Getting ready...

- Prepare a storage area
 - The school stock of tablets should be stored in a locked area.
 - Tablet bottle in the classroom should always be kept out of the reach of children, preferably in a locked drawer.

Getting ready...

- ❑ Prepare the **DAILY** Fluoride Tablet Participation Record
 - **Roster is necessary for program integrity and continued funding**
 - Enter participants' names in left column
 - Place dates across the top
 - Check off spaces when fluoride is administered



Daily Fluoride Tablet Participation Record
(971) 673-0339

School Year _____ Grade _____ Class Enrollment _____
 School _____ Teacher _____

Participant	Date of each dose--														
1.															
2.															
3.															

Getting ready...

- ❑ Determine when to distribute tablets

No eating or drinking for 30 minutes after fluoride, so it's best to distribute fluoride:

- Right after breakfast
- Right after lunch
- Right after a snack



Eat, then Fluoride

Suggestion: Distribute the same time each day to establish a routine.

There are two kinds of tablets...

- ❑ Make sure you have the correct tablets for your classroom:
 - For Kinders = 1.1 mg tablets marked “Kindergarteners only”
 - For 1st - 6th graders = 2.21 mg tablets marked “1st - 6th graders”

Administering the Tablets

- ❑ Explain to the students the benefits of the fluoride and describe the protocol. For example, it is very important to have the tablets in the mouth for a full minute.
 - ✓ Instruct students (all together) to place the tablet in their mouth.
 - ✓ Chew for ½ minute (30 seconds).
 - ✓ Swish for ½ minute (30 seconds).
 - ✓ Swallow.
 - ✓ Remind students not to eat or drink for 30 minutes.
 - ✓ Record participation on the roster.
- NEVER double up on tablets if you miss a day.



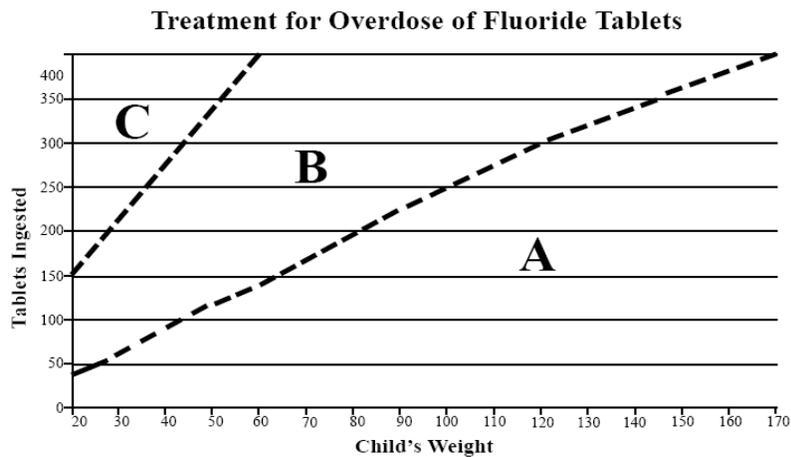
Helpful Suggestions

- ❖ Label sections of a container with the child's name, so only children with permission can participate. Place a tablet in each section. Limit contact with the tablets (use gloves or shake out of the bottle).
 - Glue small paper cups to heavy tag board
 - Use plastic ice cube trays
 - Use an egg carton

**Emergency Treatment for the
Overdose of Fluoride Tablets**

Everyone administering the fluoride tablets should know what to do in case a child swallows more than the recommended number of fluoride tablets.

This form and explanation is in your packet and a copy should be posted in the room.



For fewer than 5 tabs per 2.2 pounds of child's weight

- Call Poison Control (1-800-222-1222) with this info:
 - Tablet content (1.1 or 2.21mg Sodium Fluoride)
 - Number of tablets ingested, if known
 - Child's approximate weight
- Give 8 oz. of milk to relieve stomach upset
- Inform parent/guardian
- Observe for several hours
- Call School Fluoride Program (971-673-0339)

For more than 5 but less than 15 tabs per 2.2 lbs of child's weight

- Call Poison Control (1-800-222-1222) with this info:
 - Tablet content (1.1 or 2.21mg Sodium Fluoride)
 - Number of tablets ingested, if known
 - Child's approximate weight
- Inform parent/guardian
- Call School Fluoride Program (971-673-0339)

For 15 or more tabs per 2.2 lbs of child weight

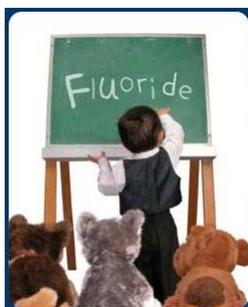
- Call 911 to take child to hospital emergency room
- Inform parent/guardian
- Call School Fluoride Program (971-673-0339)

Recording and submitting data

In February of every year....

The Oral Health Unit will send you an email requesting:

1. Your participation information for the current year (compile this information from your Participation Records)
2. Your fluoride order for next year.



Thank you for your attention and for your
commitment to improving the health
of Oregon children!

Questions?

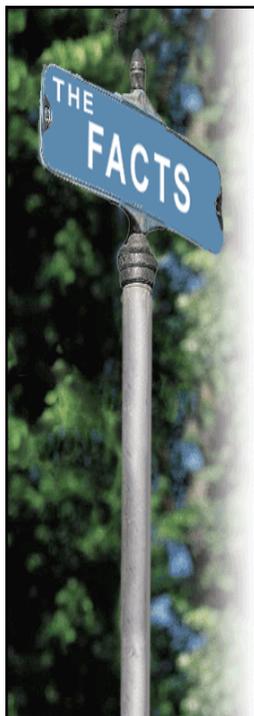
Please contact:

*Oral Health Unit
Oregon Health Authority
Phone: 971-673-0339
Fax: 971-673-0231
oral.health@state.or.us*



Module #4: Fluoride RINSE Program

- Introduction
- Getting Ready
- Administering the RINSE
- **Emergency Treatment**
- Recording/Submitting Data



Fluoride RINSE program

- Research shows “sufficient” anti-cavity results.
- Fluoride rinse is given ONCE A WEEK.
- Fluoride rinse is suitable for:
 - 1st - 6th graders
 - Children who have fluoridated water, naturally-occurring fluoride in well water, or have other sources of fluoride.
- Fluoride rinse is NOT suitable for:
 - Kindergarteners, who tend to swallow.

To start the program...

Contact:

School Oral Health Programs Coordinator at:
971-673-0339
oral.health@state.or.us

Orders are placed in **May** for the next school year.
If you have questions, please contact us.

Getting ready...

- Prepare a storage area...
 - The school stock of fluoride rinse packets should be stored in a locked area.
 - The dispensing jug in the classroom should always be kept out of the reach of children.

Getting ready...

- Purchase disposable cups (1-3 oz) and tissues.
- Prepare the WEEKLY Fluoride Rinse Participation Record
 - Roster is necessary for program integrity and continued funding.
 - Enter participants' names in left column
 - Place dates across the top
 - Check off spaces when fluoride is administered

Participant		Date of each session--											
1.													
2.													
3.													

Getting ready...

- Determine when to administer the rinse.
 - No eating or drinking for 30 minutes after fluoride, so it's best to rinse...*
- Right after breakfast
- Right after lunch
- Right after a snack



Suggestion: Rinse the same time each day to establish a routine.

Preparing the rinse...

- Wash your hands with soap and water.
- Rinse the jug & plunger with hot water.
- Put a little water into the bottom of the jug.
- Cut open 2 packets (2 grams per packet) of powder.
- Empty the powder into the jug.
- Shake (or swirl) well to mix.
- Fill the jug almost to the top with cold water, leaving room for the plunger.
- Insert plunger and tighten. Shake well until dissolved.
- Dispense one plunger-full into each cup.

NOTE: One full jug is 200 doses; Shelf life is 4 weeks.

Administering the rinse...

- Explain the benefits of the fluoride and describe the protocol. For example, it is very important to have the rinse in the mouth for a full minute and to NOT swallow.
- ✓ Instruct students (all together) to put the fluoride in their mouth.
- ✓ Swish for 1 minute (60 seconds).
- ✓ DO NOT swallow.
- ✓ Spit into cup, wipe lips, stuff tissue into cup.
- ✓ Discard in any waste receptacle.
- ✓ Remind students not to eat or drink for 30 minutes.
- ✓ Record participation on the roster.



Helpful Suggestions

- ❖ Have younger students practice with plain water.
- ❖ Prepare the cups the day before and have them ready in the classroom first thing in the morning (for use after breakfast).
- ❖ Dispense rinse into cups on a cart and wheel cart into or just outside the classroom. Plastic garbage bag is tied to cart for waste.
- ❖ Give the rinse to different grade levels on different days of the week (i.e. 2nd grade on Tuesdays, 3rd grade on Friday).
- ❖ Choose the same day of the week to rinse (e.g. Tuesday is Tooth Day).
- ❖ Have parents prepare the cups on rinse day and conduct the rinse.

Jug cleaning and storage

- Wash jugs with warm soapy water and thoroughly rinse. **NEVER** use any other cleaning solutions.
- Let jugs air dry until next use.
- Dispose of expired solution down drain with running water.

Emergency Treatment for the Overdose of Fluoride Rinse

Everyone administering the fluoride rinse
should know what to do in case a
child swallows more than the
recommended amount.

The “Emergency Treatment” form is in your packet and a copy should be posted in the room.

Treatment for ingestion of one plunge of RINSE:

DO NOTHING - One plunge of rinse contains 9.1 mg. of fluoride and this amount is not harmful. In rare cases, the child may feel slightly nauseous. You may give a serving of milk or ice cream to relieve nausea.

If amount is below one plunge per 4.4 lbs of child's weight (i.e. below 13 plunges for a 60 lb child):

- Give milk (calcium) to relieve stomach symptoms
- Call Poison Control Center (1-800-222-1222)
- Observe for a few hours
- Call School Fluoride Program (971-673-0339)

If uncertain of amount or if amount was more than one plunge per 4.4 lbs. of body weight:

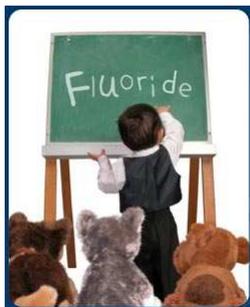
- Call Poison Control Center (1-800-222-1222)
- Induce vomiting immediately
- Give large volumes of milk
- Call School Fluoride Program (971-673-0339)

Recording and submitting data

In February of every year....

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