



DENTAL AND ORAL HYGIENE PROCEDURE

Policy Hierarchy link	Children (Education and Care Services National Law Application) Act 2010 Education and Care Services National Regulations 2011		
Responsible Officer	Vice-President, University Services		
Contact Officer	General Manager – j.carlisle@unsw.edu.au 9385 1708		
Superseded Documents			
File Number	Contact the Records & Archives Office .		
Associated Documents			
Version	Authorised by	Approval Date	Effective Date
2.0	Early Years Management	2 December 2014	2 January 2015

1. Purpose and Scope

Tooth decay can be a very common disease in early childhood. Early loss of baby teeth may cause drifting and crowding of the secondary teeth. The development of strong, healthy teeth is important as it may affect speech and language development and overall health.

We aim to promote good dental and oral hygiene habits in children, families and staff; to reduce the incidence of dental caries (tooth decay) in children's teeth and to facilitate the prevention and management of dental trauma in children.

2. Definitions

3. Procedure

3.1 Preventing Tooth Decay

3.1.1 Oral Hygiene

- Children should brush their teeth twice daily however hygienically storing toothbrushes is difficult within an early childhood service. For this reason children will not brush their teeth, or have their teeth brushed by staff, whilst at the Centre.
- Children will be encouraged to have a drink of water and to 'swish and swallow' before rest time (after their lunch) to promote good oral hygiene.
- Young children will be offered a drink of water after having their milk before their sleep where possible.
- Information about dental hygiene will be shared with families and children through provision of such things as educative pamphlets, information in newsletters, visits to the UNSW dental clinic and children's books and activities.

3.1.2 Healthy Eating Habits

- The centres will serve healthy meals and snacks at regular intervals.
- Menus will be prepared by the Cook and reviewed by the Nominated Supervisor with input from families. Menus will comply with the necessary guidelines as set down in 'Caring for Children –Birth to 5 years'. (Healthy Kids publication).
- Sugary foods such as jams and honey will be limited in use.
- Water will be available for drinking throughout the day.
- Milk will be offered at both morning and afternoon tea.
- Water will be offered at lunch.
- Cheese will be offered regularly as part of a meal, or snack, as this reduces the harmful effects of sugar and salivary acids on teeth.

3.1.3 Bottles

- A drinking cup should be introduced during the child's first year and babies weaned from bottle drinking around 12 months of age.
- A bottle fed child (over 12 months) may be drinking too much milk which may affect the appetite, possibly stopping them from eating a variety of healthy foods.
- Bottles should only contain milk or formula (as part of a meal), or water between meals.
- Staff will sit with a child whilst they are drinking from a bottle, removing the bottle after each feed. A child who falls asleep with a bottle is at greater risk of tooth decay.
- Children in the habit of taking their bottle to bed will be discouraged from this once they are settled and able to cope. Bottles will not be taken into the sleep room once the child is settled.
- Bottle fed children will be offered water before going to sleep, if age appropriate.
- Under no circumstances will medication be added to a child's bottle.

3.1.4 Dummies and Comforters

These may be offered at sleep/rest times until a child is settled into the Centre. Prolonged use of dummies or finger/thumb sucking (beyond 3-4 years) may cause distortion to the teeth and bones that support the teeth.

3.2 Dental Trauma

In the event of a dental injury, staff will treat the child in accordance with current First Aid recommendations.

A parent, or emergency contact, of the injured child will be contacted and informed of the injury immediately.

3.3 First Aid Procedure for a knocked out or chipped tooth

- Remain calm. Attempt to find the tooth or tooth fragment(s). It is important to know whether the tooth or tooth fragment(s) has been inhaled.
- Inhaled teeth are considered a medical emergency and the child **MUST** be taken immediately to Casualty at the Sydney Children's Hospital for a check-up and possible chest x-ray.

- A baby tooth will not be placed back in the socket because of possible damage to the underlying developing permanent (adult) tooth.
- If a permanent (adult) 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 dry. If in doubt about whether it is a baby or adult tooth, treat it as an adult tooth.
- The child's family will be notified and, if required, an ambulance will be called.

4. Review & History

5. Acknowledgements

NSW Little Smiles, Dental Health Resource Package for Childcare Professional, NSW Department of Health, 2010.

<http://www.health.nsw.gov.au/oralhealth/Publications/nsw-little-smiles.pdf>

(Accessed November 2014)

Caring for Children-Birth to 5 years 5th edition (Food, Nutrition and Learning Experiences). A practical guide to offering the best nutrition possible for children aged from birth to five years, whilst in care.

<http://www.healthykids.nsw.gov.au/teachers-childcare/food-and-nutrition/publications.aspx>

(Accessed November 2014)

Appendix A: History

The authorisation and amendment history for this document must be listed in the following table. Refer to information about [Version Control](#) on the Policy website.

Version	Authorised by	Approval Date	Effective Date	Sections modified
1.0	Vice President, University Services	11 November 2013	11 November 2013	
2.0	Early Years Management	2 December 2014	2 January 2015	