

Only Early Learning Centre



Dental Health Policy

Centre Policy Number 8

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Aim

Only Early Learning Centre aims to establish and reinforce good dental health practices for each child. The service will provide a learning environment that raises dental health awareness and supports the development of valuable life skills and habits for children and families. Conversations and information exchange on dental health will be encouraged to promote good dental hygiene practices and lifelong learning for children and their families. Only Education aims to facilitate the prevention and management of dental trauma in children and provide training for staff in dental first aid in consultation with public health dentists. The training will include, training staff to be able to identify the difference between deciduous (baby teeth) and permanent teeth, and to be skilled in dealing with a dental emergency and applying first aid for a dental injury.

Who is affected by this policy

Children
Educators
Staff
Management
Visitors
Families

Bottle Feeding:

Inappropriate use of infant bottles can increase the risk of “infant feeding caries”, a condition where the child’s front teeth appear brown or black and may even be decayed right down to the gum level. This condition is caused by prolonged and frequent exposure of teeth to liquids that contain sugars, especially fruit juice, soft drinks and cordial. The following guidelines will be followed when using baby bottles at the service:

- All bottle feeding will be done under adult supervision- when the child has had enough the nursing bottle will be taken away.
- Children will not be left in the cot with a bottle.
- Bottles will only be used for breast milk, formula, milk or water (not fruit juice, soft drink or cordial).

Teething:

- Signs of teething include increased dribbling, the child may be choosy about foods, the gums may appear red and there may be a slight rise in temperature.
- Educators may try to provide temporary relief to the child by providing something cold to bite on such as a teething ring or dummy.
- Gently clean babies’ gums and teeth with a clean damp cloth or cotton gauze to remove plaque and milk.

Children's Programs:

- Arrangements will be made for dental health professionals to visit the service to talk with children, educators, and families about dental health.
- The service systematically incorporates information on dental health practices into the children's program, including tooth brushing, 'tooth friendly' snacks, and going to the dentist.
- The service will encourage healthy eating habits, and drinking water to quench thirst.
- Educators will role model good dental health practices.
- The service will provide information to families on dental health principles relating to different age groups of children, as recommended by recognised health and dental health authorities. Wherever possible this information will be provided in families' home languages.
- Report to the family any sign of tooth caries (decay), any accident, injury or suspected injury to teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing.
- The service will be aware of dental first aid.

First Aid for a knocked out or chipped tooth – Young Children

First Aid for a knocked out or chipped tooth in a younger child is as follows:

- Manage as an emergency, inform the parents/family and complete an injury report form.
- Do not reinsert the tooth back into the socket (avulsed deciduous teeth are not usually placed back-as they may fuse to the socket and can damage permanent teeth).
- Briefly and gently rinse the tooth or tooth fragments in clean milk or clean water to remove blood and place in a clean container or wrap in cling wrap to give to the parent or dentist.
- Seek dental advice as soon as possible and ensure staff or the parent takes the tooth/tooth fragments to the dentist with the child.

First Aid for a knocked out or chipped permanent tooth – Older Children

First Aid for a knocked out or chipped permanent tooth in an older child or adult is as follows:

- Manage as an emergency, inform the parents/family and complete an injury report form.
- Gently rinse the tooth fragments in clean milk or clean water for a few seconds to remove excess dirt and blood.
- Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.
- In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way around, in its original position, using the other teeth next to it as a guide).
- Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.
- If unable to reinsert the tooth, get the casualty to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or clean water. Place a firm pad of gauze over the socket and have the casualty bite gently on the gauze.

- Seek dental advice as soon as possible and ensure you or the family takes the child to the dentist with the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.
- If the tooth has been in contact with dirt or soil, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

The Approved Provider/Nominated Supervisor will ensure that this policy is maintained and implemented at all times.

Sources

Education and Care Services National Law Act 2010

167 Offence relating to protection of children from harm and hazards

Education and Care Services National Regulations 2011

73 Educational program

78 Food and beverages

National Quality Standards 2018

2.1 Each child's health is promoted

2.2 Healthy eating and physical activity are embedded in the program for children

Staying Healthy in Child Care Fifth Edition

Australian Dental Association www.ada.org.au Retrieved January 2018

Review

The policy will be reviewed annually. Review will be conducted by management, employees, parents and any interested parties.

Reviewed: 30th August 2018

By: Alex Jury

Approved By: Kelly Williams

Date for next review: August 2019