

FLUORIDE MOUTHRINSE PROGRAM MANUAL



*Michigan Department
of Community Health*



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July 2010

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Michigan Department of Community Health

Oral Health Program

School Fluoride Mouthrinse Program

Revised August 2009

Purpose for a School Fluoride Mouthrinse Program

The purpose of the school fluoride mouthrinse program (FMP) is to provide a safe and effective preventive method of reducing dental decay. This program is primarily for elementary school children grades K-6 who do not have access to optimal levels of fluoride in community water. The FMP takes place in the classroom. Children in grades 1-6 rinse once a week for 60 seconds, kindergarten children rinse once a week for 30 seconds. The benefit to teeth from a fluoride rinse program is **topical** – the fluoride solution strengthens the outer layer of tooth enamel and the fluoride is not swallowed. Other examples of topically applied fluoride are toothpastes and fluoride treatments in the dental office. The FMP is not intended to replace regular dental exams or the use of fluoride toothpaste on a daily basis.

Does Your School Need a Fluoride Mouthrinse Program?

Community water fluoridation is the adjustment of the natural level of the fluoride in the drinking water system to the level recommended for optimum dental health. The recommended optimum level in Michigan is between 0.9 and 1.2 parts per million. The fluoride mouthrinse program is not intended for communities receiving optimal water fluoridation. It also is not intended for school systems with their own drinking water system that has optimal fluoride levels. To determine if your community receives fluoride in the community water system, or to test individual systems, follow the directions on page 13 of this manual. For further assistance, contact the MDCH Oral Health Program.

Program Support

A critical step in starting a FMP is obtaining necessary local support. The first step should be to determine if children receive fluoride in the community water system or with the school's individual system. This can be determined by following the directions on page 13 of this manual. If children do not receive community water fluoridation, community leaders in the school setting should be contacted to help start a program. Obtaining support from the school superintendent, school board, school principal, teachers, and school nurse are important for the success of the program. Ideally obtain support from the local dental community and area physicians. A neighboring school district may already have a successful FMP and school administrators can compare ideas.

Information Session

Once the school administration approves the FMP, an information session for principals, teachers and parents needs to be scheduled. The Oral Health Program with the Michigan Department of Community Health (MDCH) can provide technical assistance. Allow adequate time to present clear information on the coordination of a FMP and to answer any questions. The following topics are usually included in the presentation to a school beginning a FMP.

- prevalence of dental decay in the community
- role of topical and systemic fluorides in reducing decay for children
- funding, personnel and supplies required for a FMP
- distribution of parent permission forms
- instructions for the mouthrinsing procedure in the classroom

Training for the Fluoride Mouthrinse Program

The Michigan Department of Community Health, Oral Health Program can offer training and technical assistance for teachers, nurses, parents, aides, or others who will be responsible for coordinating the FMP and/or administering fluoride. For technical assistance, please contact MDCH Oral Health Program at the contact information listed at the end of this manual.

Forms and Reports

Included in the training book:

- 1) **Parental permission** – Parental permission is required for each participating child, and a signed form will become part of the student's permanent record. A sample form is provided at the end of this manual for your use. School districts can decide if parental permission is ongoing year after year or if new permission slips are required for each school year.
- 2) **Classroom record** – Each classroom will keep a mouthrinse record indicating an annual list of the children with parental permission participating in the FMP. This form can also assist a substitute teacher with the implementation of FMP, and the information recorded will assist the coordinator of the FMP in filling out the annual report.
- 3) **Annual Report Form** – MDCH requests that each school complete a short annual report indicating the number of children participating and a short questionnaire. This annual report will allow MDCH to maintain records of schools participating in a FMP.
- 4) **Changes in School Coordinator** – MDCH requests schools to report any changes in the school coordinator, questions, or concerns. With this information, MDCH Oral Health Program can better communicate and offer technical assistance to school coordinators.

Where to get Supplies: (As other sources become available, schools will be notified)

Medical Products Laboratories
9999 Global Road

Philadelphia, PA 19115

800-523-0191

Fax: 215-677-7736

Individual pre-mix unit doses or a powder mix is available.

Comparison of premixed individual doses and powder mix

Each **Unit Dose** consists of a cup, which contains 10 mL (20 mg. Sodium Fluoride) of a premixed 0.2% sodium fluoride solution together with a napkin to wipe the mouth. Cups containing 5mL (10 mg. Sodium Fluoride) of premixed 0.2% sodium fluoride solution are also available for children in kindergarten and first grade if needed. The 5 mL cups contain the same percentage of sodium fluoride 0.2%, but the volume is smaller for smaller mouths and body weight. The cups are formed entirely of pharmaceutical grade plastic. Cost per child per school year is approximately \$ 3.00 per child.

The **Powder Mix** is packaged in kits, which contain supplies for 75 children including one pump and one container. The kits are available with either a 5 mL pump or a 10 mL pump. The pumps dispense the amount specified (5 mL or 10 mL) with one stroke of the pump. Each kit includes, Sodium Fluoride packets, polyethylene jug, one dispense pump, plastic cups, paper napkins, trash bags and ties. Cost per child per school year is approximately \$1.00 per child.

- Both the powder and premixed fluoride come in several flavors: grape, bubble gum, root beer, apple, mint, and unflavored.
- Premixed doses eliminate the process of mixing the fluoride powder with water and pumping the solution from the jug into the individual cups, which saves time.
- With the premixed, there is no waste, as there is no unused solution to be discarded, the unused powder mix solution is kept in the jug and stored in a cool locked storage area away from children. The contents of the jug are discarded after three weeks.
- Younger children may require assistance opening the premixed individual dosage cups.
- If storage space is a problem, the packets take less space for storage.

Instructions for administration of individual pre-mixed unit doses:

Each Unit Dose consists of a cup, which contains 10 mL of a PREMIXED sodium fluoride solution (20 mg Sodium Fluoride) in a 0.2% solution together with a napkin to wipe the mouth. Cups containing 5 mL of a sodium fluoride solution (10mg Sodium Fluoride) in a 0.2% solution are also available for kindergarten and first grade children if needed. Each participant receives one cup and one napkin.

- Remove the lid from the cup.
- Empty the contents of the cup into the mouth and swish thoroughly for one minute for children in grades 1-6, and 30 seconds for children in Kindergarten. **INSTRUCT THE CHILDREN NOT TO SWALLOW.** Swallowing fluoride can lead to upset stomachs and fluorosis (permanent staining of teeth).
- **HOLD CUP AGAINST THE MOUTH.** Slowly spit solution back into the cup.
- Wipe the mouth with the napkin; then place the napkin slowly into the cup to absorb the solution. The used cups and napkins are discarded into a plastic waste bag.
- Instruct children not to eat or drink for 30 minutes after mouthrinsing.
- Monitor expiration dates; do not use rinse that has expired.

Instructions for Fluoride Mouthrinse Program-Powder:

- Open the fluoride packet and empty contents into the container.
- Fill container with potable tap water to designated mark.
- Using the 10 mL pump for grades 1-6 and the 5mL pump for K eject specified amount of 0.2% solution into a cup by a stroke of the pump, and give the filled cup and a napkin to the participant.
- Empty the contents of the cup into the mouth, and swish for one minute for children in grades 1-6, and 30 seconds for children in kindergarten. **INSTRUCT CHILDREN NOT TO SWALLOW.** Swallowing fluoride can lead to upset stomachs and fluorosis (permanent staining of teeth).
- **HOLD CUP AGAINST THE MOUTH.** Slowly spit the solution back into the cup.

- Wipe the mouth with the napkin, and then place it in the cup to absorb the excess solution. The used cups and napkins are discarded into a plastic waste bag.
- Instruct children not to eat or drink for 30 minutes after mouthrinsing.
- Discard unused solution after three weeks. For safety, store unused solution in cool locked area away from children.

Michigan Department of Community Health Oral Health Program

Safety Procedures for the Fluoride Mouthrinse Program

- New school fluoride coordinators need training before fluoride mouthrinse program is implemented.
- Observe the month/year expiration date printed on the outside of the case of fluoride. The expiration date is also printed on the individual unit doses and powder packets. Example: “June 09” means the fluoride needs to be used by the end of June 2009.
- All fluoride must be stored in a cool locked storage area away from children.
- Each child receives only one cup of fluoride.
- Discard any opened fluoride cups after the last class rinses.
- Have kindergarten and first grade children practice “swishing” with water at the beginning of the school year. Observe how well the children follow directions to rinse and spit water into the cup. If a child were to swallow the contents of a cup, adverse reactions could include an upset stomach or a risk of fluorosis (permanent staining of teeth); however, accidental ingestion of the amount given to the children is unlikely to cause any adverse reaction.
- Expired fluoride mouthrinse will need to be disposed by draining the liquid from the cups and disposing of the cup in a closed trash bag.

Please post the following instructions in an appropriate area in your school that is accessible to those concerned.

Safety Procedures for School Fluoride Mouthrinse Programs

NOTE: Accidental ingestion of fluoride by children usually does not present a serious risk if the amount of fluoride ingested is **less than 5mg/Kg of body weight**. If there were a problem with toxicity, it usually would be apparent within an hour. The symptoms are an upset stomach, nausea, vomiting, diarrhea, and abdominal cramps. Due to rapid onset of symptoms, please call Michigan Poison Control Center as soon as possible.

IF A STUDENT IS SUSPECTED OF SWALLOWING AT ONE TIME, **MORE**
THAN THE RECOMMENDED DAILY DOSE:

- 1) Try to determine if possible, type and amount of fluoride ingested the child's approximate weight, and the length of time since ingestion.
- 2) **CALL: MICHIGAN POISON CONTROL CENTER 1-800-222-1222**
Follow instructions from Poison Control Center
- 3) **IF THE MICHIGAN POISON CONTROL CENTER IS NOT AVAILABLE BY PHONE,**
PROCEED AS FOLLOWS:
 - a. **Administer one Glass of Milk. DO NOT INDUCE VOMITING.**
 - b. If milk or other dairy products are unavailable or if the child is lactose intolerant, administer antacids or a glass of water.
 - c. Contact parents and take child to indicated source of health care.
 - d. If parents cannot be reached, take child to local emergency provider.
- 4) In every case, NOTIFY YOUR LOCAL DENTAL PROGRAM DIRECTOR and/or Michigan Oral Health Coordinator.

(Local Dental Program Director)

Telephone Number

and/or

Susan Deming, RDH, RDA, B.S. 517-373-3624
Education/Fluoridation Coordinator

**Michigan Department of Community Health
Oral Health Program**

Classroom Fluoride Mouthrinsing Record

Teacher _____ Grade _____

County _____ School _____ Year _____

Children Participating in Program (signed consent received)

Child's Name	AGE	Child's Name	AGE
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

Circle the day of the week the class rinses: M T W TH F

Enter each week the date your class rinsed:

September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____

Retain until the end of the year and return to the fluoride mouthrinse coordinator at your school for the annual report to be sent to MDCH

Coordinator's Name: _____

Please give any comments or suggestions of the back of this form.

Annual Report

Weekly Fluoride Mouthrinse Program

School Name _____ Date _____

City _____ County _____

Principal: _____ Telephone: _____

E-MAIL: _____

	K	1 st	2 nd	3 rd	4 th	5 th	6 th	Spec.Ed	Total
Total Enrolled/grade									
Number Children Rinsing/grade									

1. Has parental permission been obtained for each child participating? YES NO

2. Are records kept of weekly participants? YES NO

3. Is the fluoride stored in a locked area? YES NO

4. Does your school have a copy of the "Weekly Fluoride Mouthrinse Manual"? YES NO

5. How often are the children reminded of the following?

Not to swallow the solution Weekly Monthly Other

Not to put anything in their mouths for 30 minutes after rinsing Weekly Monthly Other

6. How many weeks during the school year is the rinsing conducted? Weeks: _____

7. How is your program funded?

Parents pay Local Health Department Grant Other _____

8. Do you plan to fund the program in the same way next year? YES NO

If no, please explain: _____

9. Who is responsible for the following (i.e., School Nurse, Teacher, Volunteer, Parent, ect.)

Mixing the solution _____

Dispensing the solution: _____

Supervising the rinsing procedure: _____

10. Additional Comments: (If your school no longer participates please make note here)

Please send completed form to the Michigan Department of Community Health
 Division of Family and Community Health, Oral Health Program
 201 Townsend P.O. Box 30195 Lansing, MI 48909
 Fax: (517) 335-8697

Michigan Department of Community Health

Changes in School/Coordinator Information School Fluoride Mouthrinse Program

If there should be any changes such as the Coordinator for your school, any questions or concerns please fill out this form and return to Susan Deming, Education/Fluoridation Coordinator for the State of Michigan. The form can be faxed to 517-335-8697 or mailed to:

Michigan Department of Community Health Oral Health Program
Susan Deming, RDH, RDA, B.S.
Education/Fluoridation Coordinator
P.O. Box 30195
Lansing, MI 48909
517 373-3624
demings@michigan.gov

Name of School (s)	Address/Phone Number	Local Contact/ Coordinator
<hr/>		
<hr/>		
<hr/>		

Other Changes, comments, or concerns:

Fluoride Mouthrinse Program Information and Consent

Dear Parent:

Together, we are trying to help your child enjoy good dental health. Unfortunately, many school age children have tooth decay, which causes poor health, pain and loss of time from school. The cost of treating dental disease is high. Because your community or school water system does not contain optimal levels of fluoride to reduce tooth decay this program is recommended by the Michigan Department of Community Health

Topical application of fluoride is one way to help reduce the amount of tooth decay. This means fluoride is applied directly to the **outside** of the teeth to strengthen the outside surfaces. One method of topical application is for children to rinse with a fluoride solution **once a week for one minute**. Fluoride mouthrinse has been tested, and is safe and effective in preventing tooth decay.

Other examples of topical application of fluoride are from fluoridated community water, toothpastes and fluoride treatments in the dental office. Please check with your child's dentist if you have questions about him/her participating in the fluoride mouthrinse program.

Fill out the form below indicating your decision about the participation of your child in the fluoride mouthrinse program during the school year. Please return the form promptly to your child's teacher. Please enclose a small fee of \$_____ to cover the cost of the fluoride mouthrinse program for one child through the school year.

Permission for Fluoride Mouthrinse Program

_____ Yes, I want my child to participate in this preventive dental program.
I understand I can withdraw my child from participation in the program at any time by notifying the school in writing.

_____ No, I do not want my child to participate in this preventive dental program.

Signature of Parent or Guardian _____ Date _____

Name of Child _____ Age _____
(last) (first) (initial)

Name of School _____

Please file this form with the student's permanent school record.

Determining if Community or School System Water is Optimally Fluoridated

My Water's Fluoride: <http://apps.nccd.cdc.gov/MWF/Index.asp>

Search by State, County, then water system.

If your school has an individual system then the local public health department needs contacting or a drinking water test must be done.

For a sample bottle test kit contact:

Drinking Water Laboratories
Michigan Dept. of Environmental Quality
3350 N. Martin Luther King Jr. Blvd
Room 104
P.O. Box 30270
Lansing, MI 48909
517 335-8184

The MDCH- Oral Health Program has kits available too.

If there are further questions, Susan Deming, MDCH Oral Health Program can be reached at:

Phone: 517 373-3624

Fax: 517 335-8697

e-mail: demings@michigan.gov

Checklist for Planning and Implementing a Weekly Fluoride Mouthrinse Program

_____ Gain support from school and local community.

School Superintendents
School Board
School Principals
School Nurse
School Teachers
Local Health Clinics
Local Dentists
Parents

_____ Determine staffing for the program (Coordinator)

_____ Determine funding for the program

_____ Distribute letter and consent forms to parents.

_____ Collect consent forms and fee if charged.

_____ Prepare class lists of children indicating parental consent.

_____ Order supplies

_____ Provide training for individual(s) supervising the weekly rinses

_____ Begin weekly rinses; record information on the Classroom Mouthrinse Form

_____ Continue with rinses throughout the school year.

_____ Submit classroom mouthrinse form to school Fluoride Mouthrinse Coordinator.

_____ Coordinator compiles annual report and sends to:

Michigan Department of Community Health
Oral Health Program
P.O. Box 30195
Lansing, MI 48909

Any questions or concerns contact Susan Deming MDCH- Oral Health by phone 517-373-3624, or by email at demings@michigan.gov