



Protocols for School-based Sealant,  
Toothbrushing and Fluoride Varnish Programs

Parts of this manual were adapted from  
Health Canada's Manitoba Region  
*Community-Based Dental Health Programs:  
Guidelines For Your Community,*  
The Northwestern Health Unit's  
*Preventive Programs and Procedures,*  
and Health Canada's *COHI Aide Training Manual*

## Preamble

The knowledge that oral health and general health, are intrinsically linked means that good oral health habits can help people live a longer, healthier life. Poor oral health can affect your ability to learn, self-confidence, growth and your mental or physical well-being.

This document will aim to provide guidance for operating community-based preventive programs and what is needed to implement them in new communities. These programs are designed to be run in schools and daycares by dental providers and trained personnel. The programs include a school based sealant program, daily toothbrushing program, and a fluoride varnish program. These programs provide an opportunity to improve the oral health of young children and to allow for good oral hygiene practices to become habits.

The success of these programs is dependent on community support, at all levels. Hamlet council members, community leaders, health and education administration, school staff, parents and the community health professionals must all agree to 'stand behind' the program to ensure its long-term success. Integral to this, is the role of the 'community volunteer' as they are responsible for the day-to-day running of the toothbrushing and/or the fluoride rinsing program and ensure that the program guidelines are followed.

***The mouth and face is a mirror of health and disease (U.S. Surgeon General's Report)***

## **Community Water Fluoridation**

The implementation of community water fluoridation is the first choice in the prevention of caries however it is beyond the scope of this document to provide guidance to this end. If chosen guidance can be found in the following ways:

- Centers for Disease Control and Prevention, Division of Oral Health.  
<http://www.cdc.gov/fluoridation/index.htm>.
- Office of the Chief Dental Officer (ocdo-bdc@hc-sc.gc.ca)

## **Purpose of the school-based sealant program**

This program provides a proven way to prevent pit and fissure decay in the permanent (adult) teeth of children. Fissure sealants are designed to be applied to newly-erupted first and second molars. This program is targeted towards the 2<sup>nd</sup> and 7<sup>th</sup> grades to ensure the majority of children will have these teeth present at the examination. This program can be run within a school or the community dental clinic (facilities permitting).

## **Purpose of the daily toothbrushing program**

This program provides a safe and effective way to reduce tooth decay and periodontal (gum) disease. By exposing young children to good oral hygiene practices the effects can be seen into adulthood. This program targets daycares and kindergarten through to grade 4 classes. Participants brush daily with the age appropriate amount of fluoridated toothpaste, under supervision. The benefit is topical in nature, from the fluoride touching the teeth.

## **Purpose of the fluoride varnish program**

This program provides a safe and effective way to reduce tooth decay. The program is designed for children in grades 1 to 4 (but can be expanded) with written consent required (parent/guardian) to participate. Participants have fluoride varnish applied to their teeth every 6-months by a trained para-professional. The benefit is topical in nature from the fluoride touching the teeth resulting in a stronger outer surface of the tooth that is more resistant to decay. Other ways fluoride provides topical benefits is through the use of toothpastes, fluoride gel applications or through the use of mouthrinses.

## **How to implement these programs in your community**

Your community dental provider will help with starting up the community preventive programs. If there is not a dental provider in your community, a representative of your regional dental unit (RDU) will be responsible for this.

### **Step 1 (Community Consultation)**

- The dental provider/RDU representative will organize a community meeting that includes all stakeholders.
- This meeting is to determine the community interest and commitment to the program.
- Stakeholders should include the Hamlet Council, representatives of the health and education boards, school staff (principals and teachers), health centre personnel, interested parents/caregivers etc.

### **Step 2 (Community Consent)**

- The program can only proceed if the community leaders are in agreement.
- Consent can be in the form of a health policy directive (from the Hamlet Council).

### **Step 3 (Selection of a community volunteer)**

- It is the responsibility of each community to select and recruit an interested person, willing to help oversee the program.
- This volunteer can be an existing health resource (from any health initiative) or they can be from another area (teacher, librarian, parent, older student etc).
- If volunteer retention is a problem multiple volunteers may be trained to prevent interruption to the preventive program.

## **Program Implementation**

### **Step 1 (Information session)**

- This session is for the school/daycare's staff and will be lead by the dental provider/ RDU representative.
- The RDU representative is to provide professional support if no permanent dental provider exists in the community.
- Allow time for a clear, concise presentation and questions.
- Topics to be discussed:
  - Prevalence of tooth decay
  - Role of fluoride (topically and systemically) in reducing decay.
  - Importance of good oral health practices including the benefits of the program you are starting
  - Roles and responsibilities of those involved (volunteer, principal, teachers, daycare staff)

- Safety guidelines and procedures for the program
- Procedure for program of choice (include location supplies, infection control etc)
- Monitoring and evaluation of the program (this is best achieved through the collection of baseline data regarding caries levels and determined time intervals during the program's existence)
- Support and guidance if needed

#### Step 2 (Volunteer training)

- Training is provided by local dental provider or RDU representative.
- The volunteer is to be made aware of:
  - Their role and responsibilities
  - Safety guidelines and procedures
  - Program implementation and procedures
  - Ordering of supplies
  - Confidentiality
  - Collection of consent and data
- Upon completion of training a certificate will be issued.
- The local dental provider/ RDU representative will accompany the volunteer on the first day of the program to provide additional support and guidance.
- If a new volunteer is chosen they must also complete the training module before participating in the program.

## **Roles and Responsibilities**

Long-term success depends on the support of many community members.

### *Volunteer*

- Largely responsible for maintaining enthusiasm in the program
- Ensuring supplies are up-to-date and stored properly
- Meet with school principal to determine 'school varnish days' (ideally Tues-Thurs to ensure maximum class attendance)
- Getting class lists and sending out consent and information to parents/caregivers
- Collecting and maintaining consent forms and data sheets
- Posting program guidelines in a visible area
- Posting participation list in a visible area
- Maintaining supplies (toothbrush holder, monitoring product expiry dates)
- Having safety guidelines and procedures easily accessible if needed
- Implementing, conducting and monitoring of the program
- Submitting all required forms in a timely manner

If the volunteer is a student (under 18 years) they must be assisted by the classroom teacher or a school staff member.

### *School Principal*

- As the program is largely administered by the school, the principal must play an active role in supporting both the program and the volunteer.
- Instruct maintenance staff to install any required materials and to provide a locked cabinet for storage.
- Support the community volunteer by mandating the teachers to carry out the programs.
- Informing the RDU of any changes in the volunteer position.
- Provide feedback to RDU about the program and the volunteer.
- Ensuring any new volunteers are properly trained before participating in the program.

### *Teacher*

- Plays integral role by allocating time in the schedule to complete the preventive program.
- Maintain cleanliness of supplies.
- Report any maintenance issues to the volunteer.
- Labelling of supplies.
- Conduct the preventive program in accordance to the procedures provided by the volunteer.
- Assist volunteer when needed.
- Provide feedback to the volunteer.

Teachers or school staff members must assist volunteers if they are students under the age of 18 yrs.

*Daycare staff*

- Plays integral role by allocating time in the schedule to complete the preventive program.
- Maintain cleanliness of toothbrush holders.
- Report any maintenance issues to the volunteer.
- Conduct the toothbrushing program in accordance to the procedures provided by the volunteer.
- Notifying the volunteer if supplies are required.
- Provide feedback to the volunteer.

*Local Dental Provider/RDU representative*

- Assist communities in planning and implementing the preventive programs.
- Meet with stakeholders to determine interest and support for the programs.
- Obtain community consent.
- Provide training and support for the community volunteer.
- Provide, in collaboration with the community volunteer, the information session(s) for all staff involved.
- Complete the dental provider/RDU representative checklist.

## Description of forms

It is up to the Regional Dental Units to design forms that fulfill their legal requirements however the following represents forms that can be integrated into your programs.

### **Form A** Dental Provider/RDU representative checklist

- To be used in the planning and implementation of the preventive programs.
- Once completed it must be faxed to the Regional Dental Health Specialist's Office.

### **Form B** Training Completion Certificate

- Provided to all community volunteers once the training module is completed.
- Issued once the above checklist is received at the Regional office.
- A copy to be kept by the volunteer, the school and the Regional office.

### **Form C** Community Volunteer Checklist

- To be used in the planning and implementation of the preventive programs.
- A copy is to be kept onsite with other documentation.

### **Form D** Consent Form

- Must be completed to participate in the preventive programs.
- To be maintained by the volunteer (by class) with all other relevant documentation.
- These forms are valid until the child completes grade 4 (withdrawal from the program requires written instructions from the parent/caregiver).
- At the beginning of each school year the class lists are to be matched with existing consent forms and all students without forms on file are to receive a new one (if electronic registration is available confirming consent to be done electronically).

### **Form E** Classroom daily toothbrushing and fluoride varnish participation list

- To be completed at the beginning of each school year (by class and consent).
- Must be updated if changes occur.
- To be posted in each classroom.
- Will aide in the completion of the annual report.

### **Form F** School monthly toothbrushing report

- To be completed by the community volunteer on a monthly basis.
- This form is to be faxed to the Regional Dental Office on December 1<sup>st</sup> and June 1<sup>st</sup> of every year the program runs.

### **Form G** Annual report of fluoride varnish program

- To be completed by the community volunteer.
- To be reviewed and signed off by the school principal.



- This form is to be faxed to the Regional Dental Office on June 1<sup>st</sup> of every year the program runs.
- Allows the Regional Dental Office to maintain records for program evaluation.
- Used to predict the demand of supplies for the upcoming year.

**Form H**            Toothpaste Usage Report

- To be completed by the community volunteer and signed off by the school principal/daycare manager.
- Used to predict the demand of supplies for the upcoming year.
- To be faxed to the Regional Dental Office on December 1<sup>st</sup> and June 1<sup>st</sup> of every year the program runs.
- Used in program evaluation.

**Form I**            Change in Volunteer Information

- To be completed by the school principal and faxed to the Regional Dental Office.
- Ensures all volunteers receive adequate training.
- In communities where turnover is a concern it may be best to train more than one volunteer (provides back-up).

**Form J**            Classroom checklist for varnish program

- Optional form.
- Allows the volunteer to ensure compliance with the program guidelines.
- Can be used by health and education administration (if program mandated).
- Provides clarity for the volunteer if large numbers of classes are participating in the program.

**Program Supplies**

Supplies will be sent from the Regional Dental Office prior to the start of each school year. The need for supplies will be determined from the ‘toothpaste usage report’ and the ‘annual report of the fluoride varnish program’.

Requests for additional supplies should be directed to the RDU.

**Supply List**

- All programs require:
  - Forms (consent, reports, etc.)
  - Vinyl gloves (small, medium, large)
  - Masks
- Toothbrushing program requires:
  - Toothbrush holders
  - Toothpaste and toothbrushes
  - Labels for brushes and holder

- Cleaning supplies (cleaner, paper towels, hand soap)
- Fluoride Varnish program requires:
  - Fluoride varnish packs (includes varnish, gauze or cotton rolls, napkins, garbage bags)

## **School Sealant Program (and optional varnish application)**

This is simply a framework that can be modified to meet the demands of your community and staffing availability (below is based on itinerant providers).

### *Two months prior to dental visit*

- Get school roster from principal or assigned staff member co-ordinating your visit.
- Letter and information sheet sent to all 2<sup>nd</sup> and 7<sup>th</sup> grade students and parents.
- Letter should mention that the screening and preventive treatment are free and part of larger programs to reduce dental decay in the community.
- Letters are to be returned to school co-ordinator (each class should be in a separate file with the class list).
- Contact dental companies (e.g. Colgate, Oral-B and others) to see if donated 'kits' can be provided.

### *One month prior to dental visit*

- Reminder to be sent to all students (in selected grades).
- Arrange transport of equipment, supplies to clinic or school where visit is taking place (may not be required).
- If screening and treatment is being completed outside of school then ensure transport arranged (if required).
- Confirm dates and times for the program to run.
- Confirm staffing (volunteers).

### *Seven to ten days prior to dental visit*

- Confirm number of children participating.
- Confirm supplies sufficient (not expired and equipment functions correctly).
- Create files (per your requirements) for those participating.
- Create 'take home' packs for students (if not provided by companies).

### *During dental visit*

- Children brought to clinic location (if in school in groups of 6, larger if clinic offsite).
- Child is brought to chair by admin officer (this person confirms name, address and consent present).
- Dental provider completes screening, sealant application (and varnish application if programs to be combined).
- Child dismissed with form (shows treatment provided and if required urgent care) and a 'take home kit'.

The application of sealants and varnish application can be done in a single visit. Ideally a return visit at least six months later should be performed. This recall visit will allow

another varnish application and retention of sealants can be confirmed. This can be paired with other programs/visits in the community.

Ideally the visiting team would be comprised of:

1. An assistant (for sterilization/clean-up and for administration [this can be done by a community volunteer]).
2. A provider (dental hygienist or dental therapist).

The 'take home kit' can be made up of

- Toothpaste, toothbrush;
- Floss;
- Education (culturally and language specific) pamphlets about healthy snacking, oral hygiene practices;
- Contact details to receive an appointment during the next dental visit.

This program assumes Department of Education approval and a regular dental visiting schedule.

## Daily Toothbrushing Program

This program allows for the development of good oral hygiene practices that will reduce tooth decay (cavities) and periodontal (gum) disease.

At the start of each school year the volunteer should complete the following:

### Step 1

- From class lists send each parent/caregiver a letter explaining that the school/daycare centre will be conducting the program. A consent form is required for participation in this program.

### Step 2

- Ensure the following forms are clearly displayed close to where the brushing will occur
  - Daily brushing procedures
  - Toothpaste Guidelines
  - How to brush
  - Hand washing steps

### Step 3

- Maintain consent forms in a file for each class.
- Create a brushing log for each group.

### Step 4

- Distribute toothbrushes, toothpaste to each group.
- Inspect toothbrush holder for damage or maintenance concerns.

### Step 5

- Fax the monthly toothpaste use form to the Regional Dental Office by December 1<sup>st</sup> and June 1<sup>st</sup> of each year.

## Program Reminders

### Toothpaste

- Toothpaste to be stored in a locked cabinet or on shelf not accessible to the children.
- The supply cabinet should be in a cool dry place.
- Staff to dispense rice grain amounts on to a clean paper towel at least 2 inches apart.
- Staff to press each child's toothbrush into the toothpaste.
- Hand toothbrush to the child whose name is on the toothbrush.
- Remind children not to swallow the toothpaste.

### Toothbrushing

- Brushing should occur at the same time each day (best if after a meal or snack).
- Each child should have their own labelled toothbrush. They are not allowed to share toothbrushes.
- ALWAYS supervise the children brushing and REMIND them not to swallow the toothpaste.
- Toothbrushing can be done anywhere there is a sink at the appropriate height available.
- After brushing their teeth, the children should rinse their brush and place on holder with their name.
- Sinks are to be cleaned after the program is finished for the day.
- If brushes become contaminated, replace immediately.
- Never store brushes in glasses of water.
- Replace toothbrushes every 3 to 4 months.

### Toothbrush Holders

- To be located in a safe place where children cannot reach or be pushed into (best if near the sink).
- Each hook should match a child in the class.
- Clean weekly with mild soap and water.
- If more than one holder required they should be placed side-by-side.
- If damaged, please call the Regional Dental Office for repairs or replacements.

## Daily Toothbrushing Procedures

Once a daily time has been selected, follow the steps below to ensure good brushing technique, infection control and to prevent injuries.

### Steps

1. Staff to get toothpaste and clean paper towel ready for dispensing the toothpaste.
2. Staff to wash their hands.
3. Children to wash their hands.
4. Children to get their labelled toothbrush from the toothbrush holder.
5. Dispense the adequate amount of toothpaste onto a clean paper towel.
6. Apply the toothpaste to each child's toothbrush from the paper towel.
7. Remind children about not swallowing the toothpaste and to touch all sides of their teeth.
8. Children to begin brushing (while staff recording the time).
9. Children to brush for two minutes (can use egg timer or play a song).
10. Allow children to spit out excess toothpaste in a staggered fashion.
11. Children to rinse their toothbrushes and replace them on the toothbrush holder.
12. Children to wash hands and return to their seats.
13. Staff to clean sink and wash their hands.

**Note:** Toothbrushing must always be supervised by an adult. Remember that children require further brushing by an adult, which is best when done at home before bed.

## Fluoride Varnish Program

This program allows us to provide a safe and effective preventive measure to prevent and reduce dental decay (cavities).

At the start of each school year the volunteer should complete the following:

### Step 1

- Check supplies and expiry dates.
- Order any item that is low in quantity or has expired.

### Step 2

- Get participating class lists.
- Match existing consent forms to each class.
- Send new consent forms to parents/caregivers of children without a current consent form.
- Send reminder to all parents/caregivers that oral health programs are re-commencing for the year.

### Step 3

- Meet with principal to determine 'school varnish days' (best if they are between Tues-Thurs to ensure maximum attendance).

### Step 4

- Ensure participating classrooms have the protocols clearly displayed.
- Discuss with teachers timing of varnish program.

### Step 5

- Complete the classroom participation form and post next to the protocols (all participants must have signed consent forms).

### Step 6

- Start the fluoride varnish program.

### Step 7

- Fax the annual report form to the Regional Dental Office by June 1<sup>st</sup> of each year.

Evidence has shown that fluoride varnish can be effectively delivered by trained para-professional staff or trained community volunteers. Varnish can be applied concurrently with the sealants and then re-applied 6-months later while reviewing the retention of the sealants.



## Fluoride Varnish Procedures

Fluoride varnish is to be applied every six months.

### Steps

1. Staff to confirm name and consent for child.
2. Ensure all supplies are ready for use.
3. Staff to wash their hands.
4. Position child to perform fluoride varnish application.
5. Staff to put on gloves and mask.
6. Dispense single drop of varnish from tube onto a single use mixing pad or stir and remove covering from the single dose fluoride varnish.
7. Use gauze to remove saliva (drool and spit) from child's mouth.
8. Apply thin layer of fluoride varnish to the outside (closest to lip) and inside (closest to tongue) sides of the child's teeth.
9. Allow child to sit up.
10. Remove and dispose of waste.
11. Staff to wash hands again after removing gloves and mask.
12. Provide home care instructions (verbally and written) to child.
13. Dismiss child and complete required documentation.
14. Clean station as per clinic's infection control procedures.

Home care instructions (given verbally) should include the following:

- No toothbrushing until the following morning.
- Soft foods and liquids can be consumed immediately after fluoride varnish is applied.
- No crunchy foods following the application of the fluoride varnish.
- If fluoride varnish is coloured remind that colour change is temporary and will be removed with toothbrushing the following day.

## **Appendix 1** Background Information for Community Meetings

This section is to provide brief talking points which should be further elaborated upon and developed into a formal presentation. Remember to 'speak to your target audience' who likely have little to no dental knowledge. Also you are trying to 'sell' these programs so be clear, concise and open to many questions. GOOD LUCK!

### **Why Prevention?**

- Oral health impacts all aspects of daily living and your general health.
- Dental decay (cavities) is 100% preventable.
- Evidence shows that preventive dental programs can drastically lower decay in children.
- Children who have dental pain have trouble concentrating in school and miss more school days.
- Instils good oral hygiene practices at a young age which are carried through to adulthood.
- The Inuit Oral Health Survey (IOHS) results show that 85% of 3-5 year olds have cavities and that out of their 20 baby teeth over 8 of them need treatment.
- 93% of 6-11 year olds have experienced cavities, compared to 57% in southern Canada.
- High levels of decay in children are costly and traumatic to treat (GA, fear).

### **Why Fluoride?**

- Proven to be useful in reducing dental decay (cavities) since 1950's.
- Safe and effective.
- Naturally occurring.

### **Why school-based sealant, daily toothbrushing and fluoride varnish Programs?**

- Evidence has shown them to be safe and effective.
- Well accepted by both children and staff.
- Easy to deliver.
- Low cost.
- Involves communities (volunteer).
- Good results in other communities (First Nations, USA, and Australia).
- Can be part of a larger prevention program or can work effectively as 'stand-alone' programs.
- Allows for the benefits to be directed towards vulnerable groups (children).
- Good starting point for overall prevention.
- Benefits last into adulthood.

Refer to *Community-Based Dental Health Programs: Options For Your Community* for evidence.