



Bangalow Community Children's Centre
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Dental Care Policy

Legislation:	Education and Care Services National Regulations 2011 Children (Education and Care Services National Law Application) Bill 2010
Reference:	National Quality Framework Resource Kit 2011 Centre Support www.centresupport.com.au Dr. D. Wilson, Chairman ADA Oral Health Education Committee 2002. NSW Health (2004) <i>Caring for babies teeth</i> Multi cultural communication. Dental Association Australia

Introduction

Bangalow Community Children's Centre believes that good dental care, following a healthy diet and drinking plenty of water will lessen decay, plaque and gum disease.

Goals

To actively seek to establish good dental health practices at this Service, and educate and encourage children and their families to implement good dental health practices at all times.

Practices

I. Tooth Brushing

- It is assumed that parents will take the responsibility to clean their children's teeth before and after attending the Service. Children need help brushing their teeth to 9 years old (Hunter Area Health Service).
- Parents are advised to wipe clean baby's teeth with a clean cloth and may begin brushing (without toothpaste) at 12 months
- If parents request that a child's teeth be cleaned at the Service, then:
 - toothbrushes should be of a type that is contained in a plastic cover and should be kept out of reach of other children. Toothbrushes will not be stored at the Service, to avoid any chance of cross-infection. Parents to collect at end of day and return for the next attendance day.
- The best method for cleaning a child's teeth is to stand behind the child who is facing in the same direction (away from the carer) placing the left hand gently under the chin and leaning over and brushing from the front.

II. Diet

- Families are encouraged not to provide foods that cause **slow release** of sugars into the mouth.

- Children should be encouraged to take foods and liquids that are friendly to the teeth including:
 - apples, carrot sticks, celery, bread etc.
 - cheese
 - Water
- Where cakes and sweets are taken, it is best to include around meal times and to avoid frequently sipping on sugary drinks, or snacking regularly on sugary foods. The important thing is the frequency of sugars entering the mouth.
- Children are to be encouraged to have water after food to remove and food debris from their mouth and will be encouraged to only have water between meals.
(According to Hunter Area Dental Service)
- Give milk in bottles as a source of food, not as a pacifier. Babies are not to be left sleeping with bottles in their mouth.
- Parents are encouraged to develop appropriate habits for preventing dental decay. Posters, pamphlets and information given in newsletters play an important role in this educative aspect of this policy.
- Pacifiers are given without any substances on them (only water if moistening is necessary).
- The Service will seek where available professionals to educate children and staff
- Staff will role model dental hygiene practices.

III. Dental Treatment

- Where possible, if children fall and injure their teeth, a consultation with a local dentist or clinic should occur immediately. The name and telephone number should be kept handy. Parents should be notified.
- Should a child lose a tooth in a fall, the tooth should be attempted to be replaced in the socket or hole where it came from. This is often impossible, so the tooth should be placed in milk and brought with the child to the dentist. Parents should be contacted first. Teeth that are knocked out should be replanted by a dentist within a half-hour (30 minutes).
- If a child loses a filling or a baby tooth, in general, no emergency consultation should be necessary unless there has been bad toothache in which case the parents should be advised.
- When children are cutting teeth, there can be soreness. Parents may be sought for permission to use a teething gel for pain relief.

National Regulations

77 Health, hygiene and safe food practices

NQF

2.1.3 Effective illness and injury management and hygiene practices are promoted and implemented.

EYLF

Outcome 3: Children have a strong sense of wellbeing

Children take increasing responsibility for their own health and physical wellbeing

Evaluation and Review

This policy will be reviewed on the date advised or earlier if the need arises.
Family and staff feedback will be considered in the review process. Changes in legislation, regulations, NQF and standards will be considered.
Any changes to this policy will be communicated to families and staff.

Bangalow Community Children's Centre

The **Dental Care Policy** has been read, understood and reviewed by:

[illegible]

Bangalow Community Children's Centre

Comments on Dental Care Policy

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