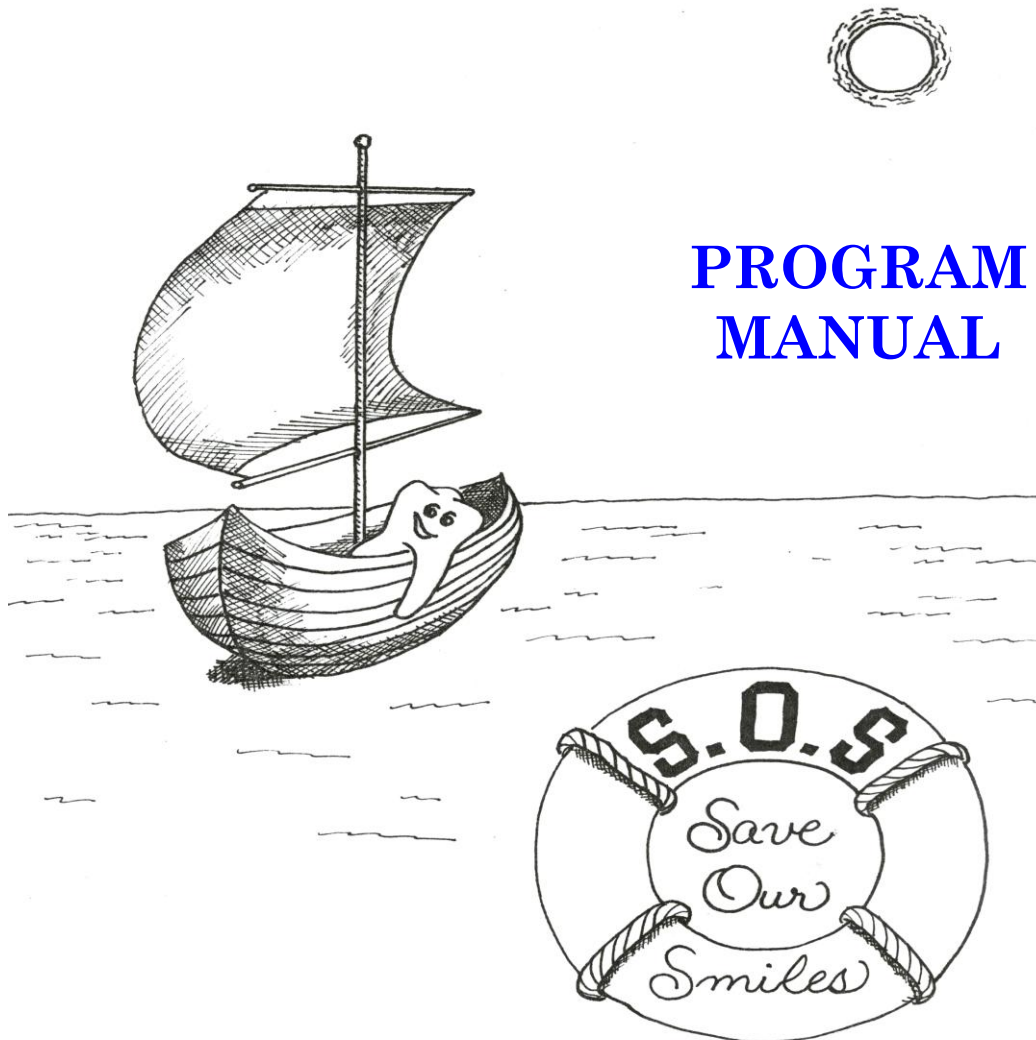


**“SAVE OUR SMILES”
FLUORIDE MOUTH RINSE PROGRAM
FOR
NEW JERSEY SCHOOLS**



New Jersey Department of Health & Senior Services
Division of Family Health Services
Children's Oral Health Program

March 2011

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Dear Fluoride Mouth Rinse Coordinator

When fluoride is used on a routine basis, it helps to prevent tooth decay (dental caries) which is the most common chronic disease among children.

Fluoride works by strengthening the weak areas of the teeth where cavities begin. It occurs naturally in water and in many different foods such as tea, fish and de-boned chicken. Tooth decay can lead to serious dental conditions that affect eating, speaking, and even learning! Each year, children miss more than 51 million hours of classroom learning time because of problems with their teeth, including dental pain.

Fluoride is also added to dental products such as toothpaste, gels, supplements, and mouth rinses. A school-based fluoride mouth rinse program can reduce tooth decay by one-third! New Jersey's voluntary fluoride mouth rinse program, "SAVE OUR SMILES" which began in 1981 has historically served more than 30,000 children each year.

School-based fluoride mouth rinse programs are endorsed by numerous national and state dental organizations, including the American Dental Association and the American School Health Association. New Jersey's program, "SAVE OUR SMILES" is a voluntary child-friendly fluoride mouth rinse program for students in grade one through grade six that can improve the oral health and quality of life for New Jersey's children! Thank you for your commitment to improving the oral health of New Jersey's school age children.

Happy Swishing!

Beverly Kupiec-Sce, Ph.D., R.N.

Children's Oral Health Program

New Jersey Department of Health and Senior Services

ADMINISTRATION

The Statewide fluoride mouth rinse program “**Save Our Smiles**” is coordinated and administered by agencies that receive grant awards from the New Jersey Department of Health and Senior Services. The agencies employ Registered Dental Hygienists who monitor school participation in the “**Save Our Smiles**” Fluoride Mouth Rinse Program. The Dental Hygienists and program staff provide consultation and technical assistance as well as in-service training to school personnel and volunteers who implement the fluoride mouth rinse program in the school setting.

The regional State funded agencies that are responsible for the administration of “**Save Our Smiles**” are as follows:

SOUTHERN REGIONAL PROGRAM

(Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer and Salem Counties)

Deborah Tracy, RDH, MAS, Coordinator
Southern Jersey Family Medical Centers, Inc.
238 East Broadway
Salem, NJ 08079
(856) 935-6203

CENTRAL REGIONAL PROGRAM

(Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Ocean, Somerset and Union Counties)

Liz Hartman, MPP, Coordinator
Central NJ Maternal & Child Health Consortium, Inc.
2 King Arthur Court, Suite B
North Brunswick, NJ 08902
(732) 937-5437

NORTHERN REGIONAL PROGRAM

(Morris, Passaic, Sussex, and Warren Counties)

Gail Bolte, RDH, MPH, Coordinator
Southern Jersey Family Medical Centers, Inc.
238 East Broadway
Salem, NJ 08079
(856) 935-6203 x 6451

PROGRAM PROCEDURE

The Program is simple to implement. Children are instructed and supervised in the mouth rinse procedure, resulting in a neat and orderly session. The paperwork is minimal! Prior to beginning the Program, obtain permission for students to participate in the Program. Record each student's name on the classroom record. Each week, mark the box on the classroom record that represents when the students participated in the mouth rinse program. The classroom records are maintained at the school according to State and local record retention requirements. The Fluoride Mouth Rinse Program is for students in grades one through six only, though it may be conducted in grades 7 - 8 under special circumstances.

Pre-K and Kindergarten students are not eligible for the mouth rinse program. The fluoride mouth rinse program should be conducted for 30-32 weeks throughout the school year.

“Save Our Smiles” PROGRAM PROTOCOL

- Designate a specific day of the week for the Program. This day should not be sporadically changed each week. Historically, the best days for Program administration are Tuesday, Wednesday, or Thursday due to lower rates of absenteeism.
- Students that have parent/guardian permission are to receive an orientation on the mouth rinsing procedure prior to the first rinsing session. This orientation may include practicing with plain water.
- One time per week, students rinse with 10 milliliters (approximately 2 teaspoonfuls) of a .2% neutral sodium fluoride solution. The students should swish the solution between the teeth for 1 (one) minute. It therefore requires less than 5 minutes of classroom time per week throughout the school year. Mouth rinsing should take place on the same day and time each week.
- The students empty the contents of the cup into their mouth. The 1 minute timing then begins. Students puff the cheeks and lips so the solution reaches all tooth surfaces.
- At the end of 1 minute, students empty the solution back into the cup, blot their lips with the napkin, and place the napkin into the cup to absorb the mouth rinse solution. Cups are then discarded into plastic waste bags.

Children often prefer a cold solution, so the solution may be chilled ahead of time, although refrigeration is not required. If the solution is delivered to the classrooms before school begins, the rinsing procedure can be done when pupils first arrive. Dispensing of the mouth rinse solution from a central site is the most efficient mechanism for preparation and distribution.

“Save Our Smiles”

FLUORIDE MOUTH RINSE COORDINATOR RESPONSIBILITIES

1. Contact the Regional Oral Health Coordinator to schedule an in-service training **if** this is the first year a school is participating or if the school has a new coordinator.
2. Conduct an annual in-service training that is mandatory for teachers and/or other personnel that coordinate the fluoride mouth rinse program.
3. This requirement may be satisfied by a training conducted by:
 - School nurse or physician, or
 - Regional Oral Health Program staff

Page 28 contains a Training Documentation form that should be signed and dated annually by teachers, or other personnel that coordinate the Program to document receipt of training.

4. Distribute permission slips to determine which students will participate.
5. Distribute fluoride mouth rinse solution every week.
6. Develop and ensure weekly maintenance of the classroom record.
7. Complete the coordinator’s record.
8. Collect and file classroom records at the end of the school year.
9. Complete and forward the initiation/tracking form (in October) and the monitoring form (in April) sent by the Regional Oral Health Program to the Regional Oral Health Coordinator.
10. Report any personnel changes related to the role of Fluoride Mouth Rinse Coordinator to the Regional Oral Health Coordinator.

NOTE: *At least three (3) consecutive grades must be included in the program. Grades 1-3 or grades 2-4 should be included for maximum dental protection. If the school is new to the program, it is acceptable to start with one grade level the first year and expand the program to include the next grade level the following year, and so on. **The goal is to have the entire school (grades 1-6) participate. Remember -- Pre-K and Kindergarten students are not eligible to participate.***

UNIT DOSE PROCEDURE

1. Remove the lid from the cup (if unit dose).
2. Empty the contents of the cup into the mouth and swish thoroughly for one minute.
3. Slowly spit the solution back into the cup.
4. Wipe the mouth with the napkin, and then place it in the cup to absorb the excess solution.
5. Discard the used cup and napkin into the plastic trash bag.

MIX AND PUMP PROCEDURE

1. Fill the plastic container to the line indicated (1,500 ml) with tap water.
2. Pour **one** (1) packet of powdered sodium fluoride (3 grams NaF) into the plastic container. Use of a paper funnel may be helpful.
3. Replace the cap or pump and mix the contents thoroughly by gently shaking the container until the powder is dissolved (approximately 30 seconds).
4. Insert the pump into the container and tighten. Prime the pump by pushing the plunger up and down a few times until the solution flows freely.
5. Once the pump has been primed, one full stroke of the pump will deliver the proper amount of solution into the cup.

All Students are to receive 1 pump of the fluoride mouth rinse solution

1 Pump of Fluoride Mouth Rinse Solution equals 10 ml.

6. The fluoride mouth rinse is ready to be dispensed into the appropriate number of cups for all participating students.
7. One filled container will dispense approximately 140 doses or enough mouth rinse solution for five (5) classrooms.

NOTE: It is possible that the mixed solution may change color at any time. This depends on the amount of chlorine in the water supply and has no effect whatsoever on the action of the fluoride mouth rinse itself.

FLUORIDE MOUTH RINSING PROCESS



1. Rinse and swish



2. Empty into cup



3. Wipe mouth



4. Put napkin in cup

FLUORIDE MOUTH RINSE ADMINISTRATION

If a child swallows the rinse solution during the rinsing exercise, the ingestion is absolutely harmless. A student who continually swallows the solution should rinse with water until it is demonstrated that he/she can rinse correctly. If not, remove the student from the program. If a child swallows the solution, milk can be given as the calcium binds with the fluoride and prevents stomach upset.

Before beginning the "Save Our Smiles" fluoride mouth rinse program, a practice session of the mouth rinsing procedure using plain water may be conducted. This is also a good time to instruct the students on the benefits of fluoride and other preventive oral health measures that promote good oral hygiene.

Follow the procedure below for each fluoride mouth rinsing session:

1. Give each participating student a cup containing the fluoride solution and one napkin.
2. Instruct students (especially younger children) to blow their noses, if needed, before rinsing begins to make sure nasal passages are clear. This is a simple way to make sure all students can breathe during rinsing.
3. If using unit dose, instruct students to pull the tab slowly with one hand and hold securely with the other hand when opening the lid. Instruct students to hold the cup against their mouth. All participating students will empty the contents of the cup into their mouth when directed by the fluoride mouth rinse coordinator (teacher, nurse, volunteer).
4. Remind students the fluoride solution is not to be swallowed, but should be vigorously swished between the teeth.
5. Observe students who have little cheek and lip movement. Some students may shake their heads back and forth rather than using a cheek and lip motion. These inappropriate actions should be corrected. Time the rinsing for one minute. The students should be swishing the solution in their mouths with the lips tightly closed and teeth together. (Lips and cheeks puff rhythmically if rinsing is done correctly.)
6. After one minute of rinsing, instruct students to empty the fluoride solution back into the cup and wipe their mouth with the napkin.
7. Instruct the students to put the napkin into the cup to absorb the liquid.
8. Dispose of the cups.
9. Mark the appropriate box for the day the students rinsed on the classroom record.

STORAGE, CLEANING and DISPOSAL

Unit Dose Method: The supply of fluoride should be stored in a locked and secure place at normal room temperature.

Mix and Pump Method: The supply of fluoride powder packets should be stored in a locked and secure place. Packets should be stored at normal room temperature and will keep for a couple years. The box of fluoride packets is marked with an expiration date (as is each individual packet). Notify your Regional Dental Health Coordinator regarding disposal of expired fluoride.

Mixed solution does not require refrigeration. If there is any solution remaining on the rinse day, it can be stored for the next week; however, it is not necessary to store small leftover quantities from week to week.

To store leftover fluoride solution, remove the pump from the container and replace with the child-proof cap. Avoid direct sunlight and excessive heat and/or cold. The mixed fluoride solution has a shelf life of three (3) weeks.

The pump can be cleaned by pumping warm soapy water, followed by clear water, through it. Dry and store in a clean area for use the next week. Do not store in an airtight container. (Some mouth rinse coordinators prefer to clean the pumps and containers using their home dishwashers. This is also an acceptable method of cleaning.)

If a ***new*** pump fails to function properly, please do NOT discard. Notify your Regional Dental Health Coordinator for a replacement. If a used pump fails, you may discard it.

TIPS FOR MAKING MOUTH RINSING FUN AND EASY

- Teachers and coordinators are encouraged to rinse with the students. The fluoride rinse helps their teeth, too.
- Tell the children that they will know they are doing a good job if they can hear themselves swishing. They should sound like a classroom full of washing machines.
- If possible, provide a cold fluoride solution. Most children prefer rinsing with a cold solution. The solution may be mixed the night before and stored in the refrigerator overnight.
- Instruct the children to watch the clock for the one-minute rinsing time. This keeps all eyes in the same place and helps to avoid giggling.
- Allow students to take turns watching the clock and giving start and stop signals.
- Appoint student monitors for distributing cups and napkins and picking up used cups.
- Have a contest between rows of students for neatness or to see which group swishes loudest.
- Have 60 second games, puzzles, and/or music.
- Have special guests (parents, principal, local dentists) observe rinse day.
- Make a special calendar for keeping track of rinse days.
- Have students make comic posters of themselves doing the rinse.
- Award a “Certificate of Participation” to students in the program.
- Have the Principal announce over the intercom “Today is Fluoride Mouth Rinse Day” and announce an oral health tip for the week.
- In the absence of trays, consider the use of a top loading box for storage and delivery of the fluoride mouth rinse solution.

FLUORIDE QUESTIONS & ANSWERS

What is the most effective method(s) to make teeth less susceptible to decay?

Fluoride is the most effective method of decay prevention. Fluoride benefits are secured through systemic and topical methods. Systemic fluoride is swallowed, such as in drinking fluoridated water. Topical fluorides, such as fluoride found in toothpaste and mouth rinses, are not. Topical and systemic fluorides can be used alone or in combination.

- Systemic fluoride is ingested, passed through the bloodstream, and deposited in the tooth enamel during development and maturation. Water fluoridation and prescribed supplements of drops or tablets are sources of systemic fluoride. Since the fluoride is incorporated into the developing enamel structure, the benefits are permanent.
- Topical fluorides are applied directly to the tooth surface allowing the fluoride to diffuse between the enamel crystals. Like systemic fluoride, this process makes the enamel surface more resistant to decay. Professional fluoride treatments, toothpastes containing fluoride and fluoride mouth rinses are examples of topical fluorides. Because the fluoride is only incorporated into the surface enamel, the benefits are temporary, requiring regular repeat applications to obtain the maximum benefits.

What statistics show that the fluoride mouth rinse works?

National studies have shown a 20-50% (30% on average) reduction in decay for mouth rinse participants. These studies are based on participation during a nine-month school year.

How does the fluoride mouth rinse work?

Fluoride helps to prevent demineralization and to enhance remineralization in a number of ways. The rate at which an acid solution dissolves tooth enamel is decreased by fluoride.

What if the fluoride solution is swallowed?

Although the 0.2% sodium fluoride mouth rinse is a topical application not intended for swallowing, there would be no adverse effects should the solution be ingested.

Does the fluoride cause any allergic reactions?

No. The concentration of fluoride used for oral health purposes produces no allergic reactions. There may, however, be allergies to flavoring (see page 30).

Can you get too much fluoride through this fluoride mouth rinsing program?

No. Children who participate in school-based fluoride mouth rinse programs are beyond the age for developing dental fluorosis. Fluoride mouth rinses do not appear to be a major factor contributing to the risk of fluorosis.

Does the fluoride have an effect on adults?

Yes. Adults receive the same type of protection against tooth decay as children. Studies indicate that fluoride changes the bacteria present in plaque. Periodontal disease, the major cause of tooth loss in adults, is initiated and aggravated by the bacterial action in plaque. Research suggests that fluoride may be responsible for enzyme inhibition and bacterial colony suppression.

What about fluoride rinsing in the summer months?

Fluoride mouth rinsing can be continued during the summer months. Over-the-counter fluoride mouth rinses accepted by the American Dental Association and Council on Dental Therapeutics are available without a prescription for daily home use.

Are systemic supplements recommended for a child who participates in fluoride mouth rinsing and lives in a non-fluoridated community?

Yes. Fluoride supplements are prescribed for children living in areas containing less than the optimal amount of fluoride in the water supply. A physician or dentist may write a fluoride prescription appropriate for the child.

What is the difference between over-the-counter fluoride mouth rinse products and the school fluoride mouth rinse program?

The .2% neutral sodium fluoride solution used in the weekly fluoride mouth rinse program is similar to over the counter fluoride preparations. However, the over-the-counter fluoride mouth rinse preparations are .05% solutions that must be used on a daily, instead of a weekly basis, for effectiveness.

When will I receive my fluoride mouth rinse supplies?

Supplies are shipped for arrival to schools by the end of the third week of September. If the annual shipment has not arrived at the school by the end of September, please be sure to contact the school janitor, building maintenance supervisor, or school office receptionists/secretaries. It frequently happens that the fluoride mouth rinse supplies have been received by the school and signed for by school personnel other than the fluoride mouth rinse program coordinator. Should this **NOT** be the case, please contact your Regional Oral Health Coordinator, who will then request a tracer to locate the missing supplies.

How can I describe fluoride to young children?

When children ask about fluoride, the following statements are easy for children to understand:

- Fluoride is a special mineral that our bodies use to make our teeth strong.
- When our teeth are strong, it's harder for plaque to make cavities.

EMERGENCY TREATMENT

The school based fluoride mouth rinse program is designed to be safe and effective. If a child swallows the fluoride **solution** during the rinse session, no adverse reaction will occur.

Such ingestion is harmless.

Treat the fluoride packets as with any medication. The packets are tear resistant to prevent accidental swallowing of the fluoride powder.

In the event that **undiluted powder** is ingested, follow the emergency treatment instructions printed on the box, individual packets, and inside this manual.

EMERGENCY TREATMENT IF CONCENTRATED (UNDILUTED) FLUORIDE POWDER IS SWALLOWED*

- Induce vomiting immediately, using one (1) tablespoon of IPECAC with 8 oz. of water or administer large quantities of milk (1-2 glasses).
- Take child promptly to nearest hospital emergency room.

*As per the New Jersey Poison Control Information and Education System

***New Jersey Poison Control Center, (800) 764-7661.**

RECORDKEEPING

PERMISSION FORM

The student permission form must be completed for all new students at the beginning of the school year. The signed permission form from the parent/guardian must be received at the school prior to the beginning of the mouth rinse program.

1. Distribute the appropriate number of permission forms to each classroom.

Tip: Send the fluoride mouth rinse consent form with other forms in the packet that is sent home at the start of the school year.

2. Record the name of the students who will participate in the fluoride mouth rinse program on the classroom record.
3. File the permission form in each student's school or health record. The original signed permission slip (kept on file) remains valid as long as the child remains in the school district.
4. When the program has been implemented, it is not necessary to obtain permission annually, as long as the original signed permission form is kept on file. New students must obtain permission to participate in the fluoride mouth rinse program.
5. If a parent/guardian requests that the child discontinues the program, a letter from the parent/guardian stating that the child will no longer participate is required. This note should be kept in the student's school or health record.
6. A child who continues to swallow the fluoride solution should be removed from the program, and the parent/guardian notified that the child will no longer participate and the reasons.

CLASSROOM RECORD

1. At the beginning of the school year, collect the signed permission forms and record the name of the students who will be participating in the program on the classroom record. It is acceptable to record the “NOs” at the bottom of the classroom record.
2. Each week, mark the box representing that week on the classroom record. This keeps paperwork to a minimum.
3. At the completion of the school year, collect the classroom records and retain them according to State record retention requirements. In most schools, the school nurse collects and stores these forms.

Tip: Place the classroom record form in a top loading sheet protector. This can be affixed to the top of a storage box or placed on the teacher’s bulletin board for weekly use.

COORDINATOR’S RECORD

Complete this form and retain it in the central fluoride mouth rinse file. Be sure the completed form is easily accessible, because the Regional Oral Health Coordinator will contact you by mail, telephone, or personal visit, for participation information.

TRAINING DOCUMENTATION

This form must be signed by personnel that administer the FMR on an annual basis.

It is suggested that Page 11 of this manual (FMR Administration) be distributed to all involved with the program.

*TIP: As part of training, you may want to view two videos “The Fluoride Program Description” and the “Fluoride Program Facilitator Orientation” videos located on the Medical Products website at:
www.medicalproductslaboratories.com/public-health/fluoride-rinse-program.html.*

NOTE: Two additional forms are required and completed one time per year. The forms are returned to, and maintained by, the Regional Oral Health Coordinator.

- **Initiation/Tracking Form/Postcard** is mailed to each participating school at the beginning of the school year.

- ***Annual School Fluoride Mouth Rinse Program Report Form*** is mailed and distributed toward the end of the school year and contains participation and ordering information for the following school year's fluoride supplies.

RESPONSIBILITIES TIMELINE

Late September	Supplies are received by the school.
October 1	Permission slips have been collected and weekly rinsing has begun.
Mid-October	The initiation form is sent back to the Regional Oral Health Coordinator documenting program initiation and receipt of supplies.
October – June	Weekly rinsing is performed and the rinse day is documented on the classroom record.
Mid-April:	The Annual School Fluoride Mouth Rinse Program Report form is completed and returned to the Regional Oral Health Coordinator.

Centers for Disease Control Position on Management of Waste Generated by Fluoride Mouth Rinse Programs in Schools and Institutions

Division of Oral Health
National Center for Prevention Services
Centers for Disease Control and Prevention
Atlanta, GA 30333

This document was developed in response to several requests for clarification on the management of waste generated by fluoride mouth rinse programs in schools and institutions.

The following measures are suggested:

1. Gloves need not be worn during the collection of waste generated by the fluoride mouth rinse program (i.e., the used disposable cups and napkins) unless there is visible blood associated with these materials. Universal precautions do not apply to saliva, except during dental procedures, when contamination of saliva with blood is predictable (1). Procedures comprising a fluoride mouth rinse program can be interpreted as differing from those commonly identified as dental procedures (e.g., bleeding would not be anticipated from rinsing fluoride solution in the mouth, sharp instruments would not be used). Universal precautions, therefore, would not be essential for a fluoride mouth rinse program.

2. Special precautions for the collection of waste generated from the fluoride mouth rinse program may not be

necessary. Identifying wastes for which special precautions are indicated is largely a matter of judgment about

the relative risk of disease transmission. CDC defines infectious waste as microbiological waste (e.g., cultures and stocks), blood and blood products, pathological waste, and sharps (2). Waste generated by most fluoride mouth rinse programs would not be expected to include microbiological waste, blood or blood products, pathological waste, or sharps. Thus, under most circumstances, the collection of this waste does not require special precautions.

It is important to recognize that national or state laws, rules, and regulations may take precedence over these CDC recommendations.

If simple hygienic measures are used, fluoride mouth rinse programs can be administered without incurring additional costs for gloves or special waste containers.

References

1. Centers for Disease Control Update: universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings. *MMWR* 1988; 37(24):377-82, 377-88.

2. Centers for Disease Control. Recommendations for prevention of HIV transmission in health-care settings. *MMWR* 1987;36(25):377-82, 387-88.

STATEMENT BY THE COMMISSIONER OF FOOD AND DRUG ADMINISTRATION REGARDING SCHOOL BASED USE OF FLUORIDE PREPARATIONS

The preparations and dietary supplements of fluoride are safe and effective in reducing the incidence of dental caries when used in accordance with accepted methods. It is acceptable for fluoride mouth rinses and dietary supplements of fluoride to be dispensed and used in the schools by school children, if their use is supervised adequately. *"It is the opinion of the Dental Drug Products Advisory Committee that appropriate personnel for the supervision of these procedures include dental auxiliaries, nurses, teachers, aides and volunteers if they have been instructed and given in-service training by professional personnel (a dentist, dental hygienist, or physician) in the following procedures: proper and secure storage, correct dosage, distribution methods, and supervision of the preventive treatment procedures."*

Association of State and Territorial Dental Directors (ASTDD) Policy Statement:

ASTDD supports the use of fluoride mouth rinse programs in schools for children age 6 and older when exposure to optimal systemic and topical fluorides is low, the population of children are at high risk for tooth decay, and there is demonstrated support by school personnel.

CERTIFICATE OF PARTICIPATION

AWARDED TO _____

"Save Our Smiles"

**Fluoride
Mouth Rinse
Program**

"Save Our Smiles" Fluoride Mouthrinse Coordinator

Date



New Jersey Department of Health and Senior Services
Children's Oral Health Program

**“SAVE OUR SMILES”
FLUORIDE MOUTH RINSE PROGRAM**

Parent/Guardian Permission Slip

Date: _____

Dear Parent or Guardian:

The New Jersey Department of Health and Senior Services administers a voluntary fluoride mouth rinse (FMR) program for students in the school setting. The _____ School participates in the FMR program.

This simple method of fluoride mouth rinsing has been demonstrated to be safe and effective in controlling tooth decay (an average of 30% fewer cavities). The school nurse, teachers or other trained volunteers will assist with the program.

Under supervision in the school setting, participating students rinse their mouths with a .2% neutral sodium fluoride solution once each week. The solution is not swallowed and is not harmful if accidentally swallowed. This program is very important to the oral health of your child and is compatible with dental disease prevention measures that your family may use. There is no cost to you for your child to participate.

Your child can participate in this program **ONLY** if you sign and return the bottom half of this letter. You are free to withdraw your consent for participation at any time; however, we encourage you to allow your child to participate in this valuable activity. This permission will remain valid as long as your child remains in the school district. This preventive program does not take the place of proper dental care at home and regular dental visits.

Please return the completed form to your child’s teacher by _____.

Sincerely,



YES _____ I want my child to participate in the voluntary fluoride mouth rinsing program.
(I understand that I can withdraw my child from participating in the fluoride mouth rinse program by notifying the school in writing.)

NO _____ I DO NOT want my child to participate in the voluntary fluoride mouth rinsing program.

Parent or Guardian _____

Date _____

Child’s Name _____

Age _____

Teacher _____

Grade _____

“SALVEMOS NUESTRAS SONRISAS”
PROGRAMA DE ENJUAGUE BUCAL CON FLUORURO

Permiso De Los Padres

Fecha: _____

Queridos Padres:

El Departamento de Salud de Nueva Jersey y el Servicio de Ancianos administrara voluntariamente un programa de enjuague y fluoruro para estudiantes en la escuela. La escuela _____ participa en el programa de fluoruro.

Este metodo simple de enjuague dental de fluoruro ha sido muy eficaz en controlar las caries dentales (un promedio de 30% menos caries).

Bajo la supervision de un maestro, enfermera o un padre/madre voluntario, los estudiantes se ejuagaran la boca en la escuela con una solucion neutral de sodiofluoruro de 0.2%, por un minuto una vez por semana. Esta solucion no es tragado, y no es danino si es tragado accidentalmente. Este permiso sigue siendo valido mientras su hijo/a permanezca en el distrito escolar. Este programa es muy importante para la salud dental de su hijo\hija y es compatible con cualquier otro metodo de prevencion de caries que su familia tal vez use. Este programa se lo brindan a sus hijos sin gasto a usted.

Su hijo\hija participara en este programa **solo** si usted firma esta carta y la envia a la escuela. Usted puede retirar su permiso en cualquier momento. Nosotros recommendamos que usted deje que su hijo\hija participe en este programa. Este programa de prevencion no reemplaza el cuidado dental en la casa y chequeo s con el dentista.

Por favor envie esta carta al maestro de su hijo\hija para el _____ .

Attentamente,



FAVOR DE CORTAR Y ENVIAR A LA ESCUELA

SI _____ Si deseo que mi hijo\hija participe en el programa voluntario de fluoruro. Yo entiendo que yo puedo sacar de participar a mi hijo(a) de el programa de enjuague de boca floride a cualquier momento siempre y cuando notifique en escrito a la escuela.

NO _____ No deseo que mi hijo\hija participe en el programa de fluoruro.

GUARDIAN _____

FECHA _____

NOMBRE DE HIJO\HIJA _____

EDAD _____

MAESTRO _____

GRADO _____

New Jersey Department of Health and Senior Services
 'Save Our Smiles' Fluoride Mouth Rinse Program
Teacher's Classroom Record



Teacher _____

School _____

School Year _____ Grade _____

Rinse Day M T W Th F

Check appropriate box
 when mouthrinsing is
 completed each week.

Month	Week				
	1	2	3	4	5
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					

Children Participating in Program*
(signed consent forms received)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

Children Not Participating in the Program

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

** If a child discontinues the program, asterisk his/her name and note the date they discontinued.*

At the end of the school year, please return this form to the School Nurse. This form should be kept on file according to the school's record retention policy.

New Jersey Department of Health and Senior Services
“Save Our Smiles” Fluoride Mouth Rinse Program
Application



(Each school must apply individually.)

School	County	
Address		
City	State	Zip Code
Principal’s telephone	Coordinator’s telephone	

CONDITIONS AND POLICIES OF PROGRAM PARTICIPATION

1. The Superintendent, Principal and designated Program Coordinator must sign the agreement.
2. The school must provide all data that are requested on the application.
3. By the fourth year of the program, all classrooms in grades one through 4 will be participating in the fluoride mouth rinse program. A phase-in approach may be used for initial implementation with additional grades added each year.
4. The starting date will be no later than the first week of October. The stop date will be no earlier than the first week of June.
5. The fluoride powder and/or supplies must be stored in a secure, locked area.
6. Retention of the classroom records must be according to the local and New Jersey Department of Education Record Retention policies.
7. The coordinator will be trained in the preparing and dispensing of the fluoride mouth rinse solution, storage of the fluoride supplies and in the record keeping procedures.
8. The Coordinator’s Record and Classroom Records will be available and completed for review by the Regional Oral Health Coordinator. The yearly Initiation Form and Annual Report will be completed and returned to the Regional Oral Health Coordinator in a timely manner.
9. Parental/guardian permission is required for all children participating in the program.
10. If a school decides not to participate after a rinse kit order has been placed, ***the school will assume responsibility for shipping costs associated with fluoride mouth rinse kit return.***

Applicant certifies that all data supplied in this application are true and correct and further understands and agrees that participation in the Fluoride Mouth Rinse Program shall be subject to the above conditions and policies issued by the New Jersey Department of Health and Senior Services.

Superintendent _____ Signature _____ Date _____

Principal _____ Signature _____ Date _____

Coordinator _____ Signature _____ Date _____

New Jersey Department of Health and Senior Services
“Save Our Smiles” Fluoride Mouth Rinse Program
Application



Number of participating classrooms and students:

Class	# of Classrooms	Total # of students
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		

Please circle (one) desired flavor:

BUBBLEGUM GRAPE MINT ORANGE VERY BERRY

Please return to your Regional Oral Health Coordinator, listed below.

SOUTHERN REGIONAL PROGRAM

(Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Morris, Passaic, Salem, Sussex and Warren Counties)

Deborah Tracy, RDH, MAS, Coordinator
 Southern Jersey Family Medical Centers, Inc.
 238 East Broadway
 Salem, NJ 08079
 (856) 935-6203, fax (856) 935-6233

CENTRAL REGIONAL PROGRAM

(Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Ocean, Somerset and Union Counties)

Liz Hartman, MPP, Coordinator
 Central NJ Maternal & Child Health Consortium, Inc.
 2 King Arthur Court, Suite B
 North Brunswick, NJ 08902
 (732) 937-5437, fax (732) 937-5540



**“Save Our Smiles” Fluoride Mouth Rinse Program
Training Documentation**

School Name:

School Year:

Name (please print)	Signature	Date	Occupation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

My signature above indicates a nurse has trained me in FMR administration and I am aware I can contact the school nurse at the following number at any time with questions I may have regarding FMR administration.

School Nurse / Phone Number

Date

STATEMENT BY THE COMMISSIONER OF FOOD AND DRUGS REGARDING SCHOOL BASED USE OF FLUORIDE PREPARATIONS
The preparations and dietary supplements of fluoride are safe and effective in reducing the incidence of dental caries when used in accordance with accepted methods. It is acceptable for fluoride mouth rinses and dietary supplements of fluoride to be dispensed and used in the schools by school children, if their use is supervised adequately. *“It is the opinion of the Dental Drug Products Advisory Committee that appropriate personnel for the supervision of these procedures include dental auxiliaries, nurses, teachers, aides and volunteers if they have been instructed and given in-service training by professional personnel (a dentist, dental hygienist, or physician) in the following procedures: proper and secure storage, correct dosage, distribution methods, and supervision of the preventive treatment procedures.”*

Fluoride Mouth Rinse Flavors and Dyes

Flavors

The fluoride mouth rinse program comes in a variety of delicious flavors, including bubblegum, grape, mint, orange, and very berry. These flavors are subject to change.

<u>Flavor</u>	<u>Dyes</u>
BUBBLEGUM	RED DYE #33
GRAPE	RED DYE #33 BLUE DYE #1
MINT	BLUE DYE #1 YELLOW DYE #5
ORANGE	RED DYE #33 YELLOW DYE #6
VERY BERRY	RED DYE #33
APPLE	YELLOW DYES #6 AND #5 BLUE DYE #1
CHOCOLATE	RED DYE #40 BLUE DYE #1 YELLOW DYE #5
ROOT BEER	NATURAL BROWN COLOR RED DYE #40 YELLOW #5 BLUE #1

Allergies

While the chocolate rinse formulation does not contain chocolate, the ingredients may include the cocoa nut, which is known to cause a possible reaction in those individuals that may be sensitive to chocolate.

If there is a known allergy to apples, do not use the apple flavored fluoride.

If there is a known allergy to berries, do not use the berry flavored fluoride.

Individuals with Diabetes

For diabetic patients, there is a trace amount of carbohydrate that is found in all flavors of fluoride mouth rinse.

“Oral Health Tip of the Week”

- ☺ Healthy teeth and gums are important to help us eat the foods we love. Teeth bite, tear, and chew food. To keep your teeth healthy, brush them for two minutes twice each day with a soft bristled toothbrush. Be sure to use a toothpaste with fluoride in it!
- ☺ Healthy teeth and gums help you speak clearly. Many letters of the alphabet cannot be sounded without the help of teeth (try saying "healthy teeth"). It's important to see a dentist twice a year to keep your teeth healthy and strong.
- ☺ Clean, healthy teeth help keep the rest of your body healthy, too. When you're brushing your teeth, make sure to spend a full two minutes each time so that you can clean all of the surfaces of your teeth, especially in the very back of your mouth.
- ☺ Did you know some foods and drinks can be bad for your teeth? Don't eat sugary foods (like candy) or other foods that can stick to your teeth (like potato chips or pretzels) in between meals. Instead, try eating an apple, banana, or carrot. Drink milk instead of soda. Brushing your teeth after eating a snack is a great way to keep your teeth and gums healthy.
- ☺ Did you know that a cavity is a hole in your tooth? It is caused by germs in your mouth called plaque. Brushing your teeth before you come to school and before you go to sleep at night removes plaque from your mouth and protects your teeth from cavities.
- ☺ Clean, healthy teeth help you look good and they contribute to total body health and well-being. To keep your teeth healthy, floss one time each day. Flossing removes the germs called plaque from in between your teeth so you won't get cavities there. If you don't know how to floss, ask your dentist or another adult to show you how.
- ☺ To keep your teeth healthy, choose healthy snacks, and have fewer snacks or drinks that are sugary or sticky. If you do eat something sugary or sticky, have it as part of lunch or dinner instead of as a snack.
- ☺ Did you know that the way you brush your teeth is important? When you brush your teeth, make sure you don't push down too hard with your toothbrush because it can hurt your teeth and gums. Spend at least two full minutes brushing your teeth so you can make sure to get to every part of your mouth.
- ☺ Did you know that the plaque bacteria that causes cavities sticks to more than just your teeth? To keep your teeth healthy, don't forget to brush your tongue after you're done brushing to remove plaque germs and freshen your breath!
- ☺ Did you know that the hard outside layer of your teeth is called the enamel? It is the hardest substance in our body, even harder than bone. Fluoride toothpaste, fluoride mouth rinse and regular brushing and flossing all help keep your enamel strong so it can keep protecting your teeth.
- ☺ Sealants are plastic coatings that help prevent cavities. They are applied by your dentist to the chewing surfaces of the back teeth. Sealants act as a barrier between plaque and the enamel of your teeth.
- ☺ Be sure to wear a mouthguard when playing sports to help protect your teeth and jaw from injury.
- ☺ You should get a new toothbrush when your toothbrush bristles are bent and worn out, usually every 3-4 months.