

FLUORIDE VARNISH PROGRAM

ORAL HEALTH AIDE TRAINING MANUAL

Northern Oral Health Working Group



NHS

Northern Health Strategy



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This Fluoride Varnish Program Oral Health Aide Training Manual was adapted from the "Generation of Healthy Smiles COHI Aide Training Manual" with permission from Health Canada.



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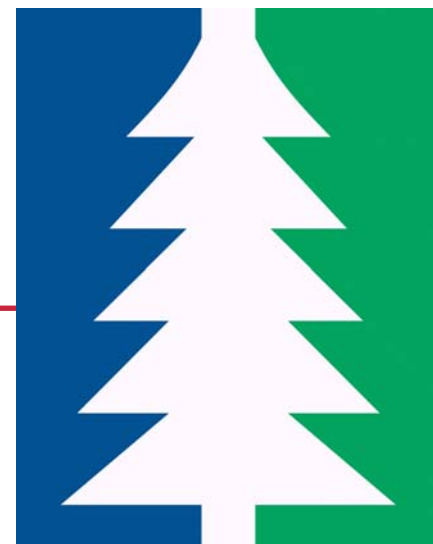
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COMPETENCY 1



Knowledge of the

Fluoride Varnish Program



Competency 1: Knowledge of the Fluoride Varnish Program

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Competency 1: Knowledge of the Fluoride Varnish Program

1.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- ☐ explain what Fluoride Varnish is for
- ☐ explain why Fluoride Varnish was developed
- ☐ identify the groups of people the Fluoride Varnish Program was created for
- ☐ recognize the goals of the Fluoride Varnish Program
- ☐ name the three services provided by the Fluoride Varnish Program
- ☐ identify the two services an Oral Health Aide is allowed to perform



1.2 Background

a. What is the Fluoride Varnish Program?

The Fluoride Varnish Program is a dental initiative designed to prevent and control tooth decay in young children living in Northern Saskatchewan. It can set the stage for a lifetime of healthy teeth.

b. Who is Eligible to receive Fluoride Varnish Applications?

Fluoride Varnish is aimed at:

- children aged 0 - 7 years

c. Why Were These Groups Chosen?

The children were chosen because:

- children living in Northern Saskatchewan have high rates of early childhood tooth decay (ECTD)
- rotten teeth are painful for children
- too many children under the age of six need to have dental surgery in a hospital and have general anaesthetic (be put to sleep) to have their teeth fixed
- having general anaesthesia can be dangerous and may increase overall medical risks
- by the age of three, some children have been hospitalized many times to have their teeth fixed





d. Goals

- teach parents and caregivers how to prevent dental diseases for themselves and their children
- prevent tooth decay in babies and young children and to avoid the need for extensive dental treatment
- introduce babies and young children to dentistry that is successful, painless and fun

Key Message

**TOOTH DECAY IS PREVENTABLE AND
YOU CAN DO SOMETHING ABOUT IT!**



Key Message

**HEALTHY TEETH AS A CHILD LEADS
TO HEALTHY TEETH AS AN ADULT!**



1.3 Fluoride Varnish Program Services

Note: Fluoride Varnish is only provided to eligible children when a signed permission form is received. (see Competency 4)

a. What are the Fluoride Varnish Program Services?

- i. Oral Health Screenings
- ii. Fluoride Varnish Applications*
- iii. One-on-One Oral Health Information Sessions*

*Can be provided by an Oral Health Aide (as well as Dental Professionals)



Photo courtesy of Burnt Church First Nation



i. Oral Health Screening (for all eligible children aged 0–7 years)

During an Oral Health Screening, a Dental Professional checks a child's teeth for signs of tooth decay and decides which Oral Health services the child needs.

An oral health screening can be done by the:

- Dental Therapist
- Dental Hygienist
- Dentist

The Dental Professional follows the Screening Protocol, Infection Control Protocol and fills out the required documents.



Photo courtesy of Winnipeg Regional Health Authority



ii. Fluoride Varnish Applications (for children aged 6 months to 7 years)

Fluoride varnish is a safe substance that is painted on all the visible surfaces of the teeth. Fluoride varnish applications protect and strengthen the teeth, making it more difficult for tooth decay to begin.

Fluoride varnish applications can be applied by the:

- Trained Oral Health Aide
- Dental Therapist
- Dental Hygienist
- Dentist
- Trained Community Professional, such as a Community Health Representative (CHR) or a nurse

The Oral Health Aide, Dental Professional or Community Professional follows the Fluoride Varnish Application Protocol, Infection Control Protocol and fills out the required documents.



Photo courtesy Burnt Church First Nation



iii. One-on-One Oral Health Information Sessions

(for parents and caregivers of children aged 0–7 years)

An oral health information session is provided to parents, caregivers and expectant parents. In the session, the parents, caregivers and expectant parents learn how to care for their own teeth as well as their children's teeth.

Oral health information sessions can be given by the:

- Trained Oral Health Aide (One-on-One)
- Dental Therapist
- Dental Hygienist
- Dentist

The Oral Health Aide, Dental Professional or Community Professional follows the Infection Control Protocol and fills out the required documents.



Photo courtesy of Burnt Church First Nation



b. Who Can Provide Fluoride Varnish Program Services?

- Trained Oral Health Aide
- Dental Therapist
- Dental Hygienist
- Dentist
- Trained Community Professionals, such as a Community Health Representative (CHR), dental assistant or a nurse

Note: There may be other licensed dental providers who can provide Fluoride Varnish Program Services, depending on where you live.

c. Where Can Fluoride Varnish Program Services Be Delivered In the Community?

- nursing stations
- health centres
- HEADSTART
- schools
- daycare centres
- community centres
- health clinics/facilities
- immunization clinics
- clients' homes
- health fairs
- dental clinics



1.4 Overview of the Fluoride Varnish Program Protocols

a. What are the Fluoride Varnish Program Protocols?

Role of the Oral Health Aide in the Delivery of Oral Health:

- i. Prevention and Promotion Activities Protocol
- ii. Oral Health Screening Protocol
- iii. Infection Control Protocol
- iv. Fluoride Varnish Application Protocol

b. Why do we need Protocols?

- i. to ensure the safety of our clients
- ii. to provide guidance to the Oral Health Aide and other Dental Professionals
- iii. to provide standardization and effectiveness
- iv. for liability purposes

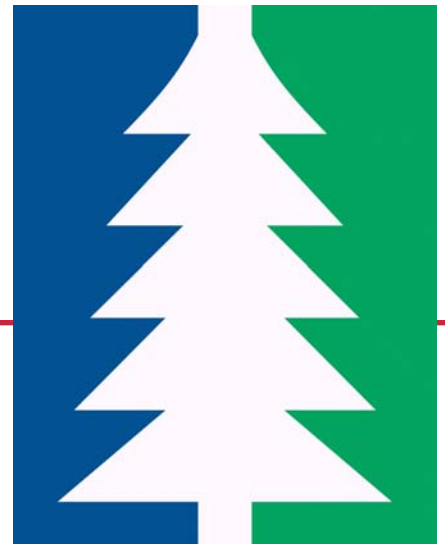


Photo courtesy of Burnt Church First Nation



Notes

COMPETENCY 2



Basic

Oral Health
Care and
Dental
Knowledge



Competency 2: Basic Oral Health Care and Dental Knowledge

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Competency 2: Basic Oral Health Care and Dental Knowledge

2.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- ☐ explain why healthy teeth are important
- ☐ explain what a healthy mouth looks like
- ☐ identify when baby teeth appear
- ☐ identify some signs of tooth decay
- ☐ identify mouth sores and where they can be found
- ☐ identify some differences between baby teeth and adult teeth
- ☐ understand how bacteria is transmitted from a parent/caregiver to an infant/child
- ☐ identify ways parents and caregivers can take care of their own mouths to avoid passing bacteria, that causes tooth decay, to their infant/child
- ☐ recognize some signs of Early Childhood Tooth Decay (ECTD)
- ☐ explain to parents/caregivers how they can prevent tooth decay on their own
- ☐ explain to parent/caregiver the importance of early dental visits
- ☐ identify some healthy foods for infants, toddlers and children
- ☐ explain when and how to quit the baby bottle habit
- ☐ explain how to choose a proper drinking cup for a toddler
- ☐ identify differences between good and bad soothers
- ☐ recognize signs of teething and how to treat the infant



2.2 Healthy Teeth and Gums

a. Why Are Healthy Teeth Important in Babies and Young Children?

- the baby (primary) teeth hold the space in the mouth until the adult (permanent) teeth are ready to come in
- the baby (primary) teeth help develop normal facial structure
- to help make it easier to chew food properly
- to help when the child is learning to speak
- to help build self esteem
- to improve overall health

Note: When children are in school they concentrate and learn better when they don't have the pain caused by tooth decay.

b. Why Are Healthy Teeth and Gums Important In Adults (especially Pregnant Women)?

- make it easier to chew food properly
- make it easier to speak
- help build self esteem
- improve overall health
- help decrease the risk of heart disease and diabetes
- decrease a pregnant woman's risk of delivering low-weight premature babies

Key Message

IT IS IMPORTANT TO KEEP YOUR TEETH HEALTHY TO AVOID THE
PAIN AND SUFFERING CAUSED BY TOOTH DECAY.





2.3 Normal Structures

a. The Mouth

Structure of the Mouth

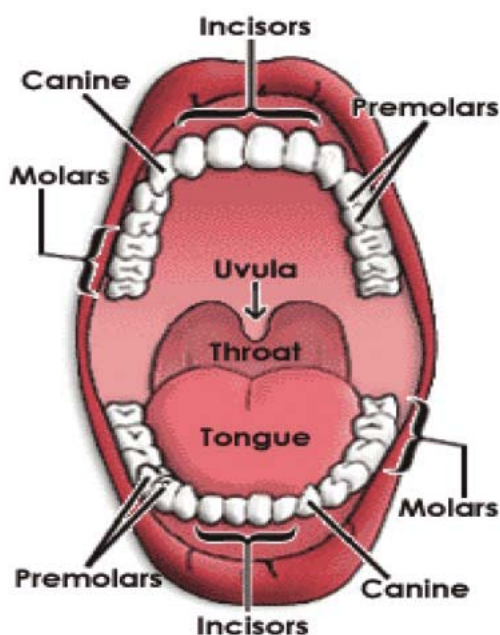


Diagram courtesy of State of Georgia Human Resources

What does a healthy mouth look like?

i. Gums Should Be Pink



Photo courtesy of Robyn Keller, California DHS

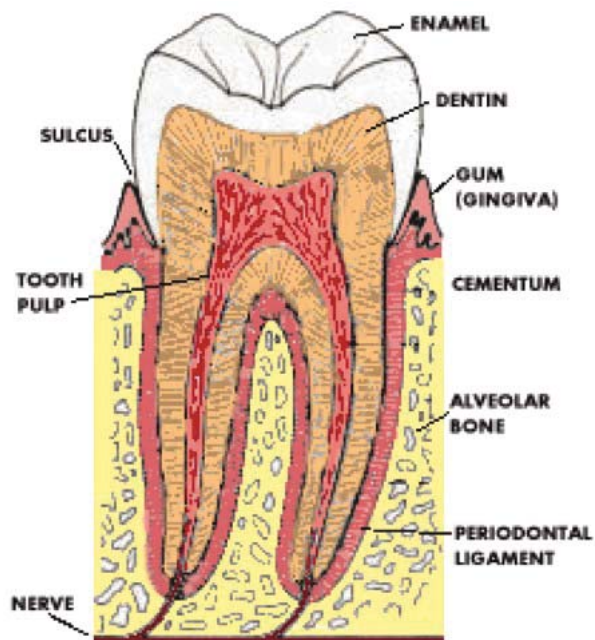


Photo courtesy of Robyn Keller, California DHS



b. The Teeth

Structure of A Tooth



i. What Are The Different Kinds Of Teeth?

- Primary (baby) teeth
- Permanent (adult) teeth



(1) Primary (Baby) Teeth

- start to form during the sixth week of pregnancy
- are the first set of teeth to appear in the mouth
- the first tooth usually comes in between six and nine months of age
- a full set of 20 primary teeth should be present in the mouth by the time the child is three years old
- some baby teeth stay in the mouth until the child is an adult

Note: Baby teeth come in at different times.

Eruption of Primary Teeth

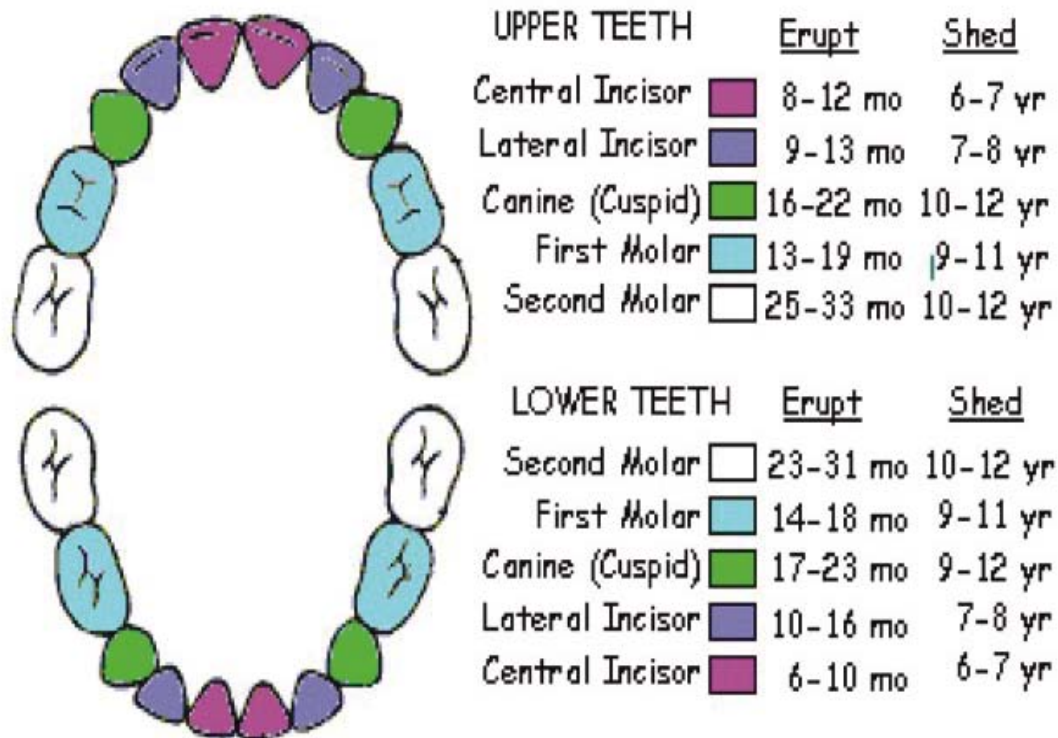


Diagram courtesy of Robyn Keller, California DHS



(2) Permanent (Adult) Teeth

- permanent teeth start to form during the sixteenth week of pregnancy
- a child's permanent teeth begin to come into the mouth at about age six, loosening the primary teeth and forcing them to fall out
- the first permanent molar, which appears at the back of the mouth, comes in at about age six (it is not a primary tooth)
- an adult's mouth has up to 32 permanent teeth
- permanent teeth are created to last a lifetime

Eruption of Permanent Teeth

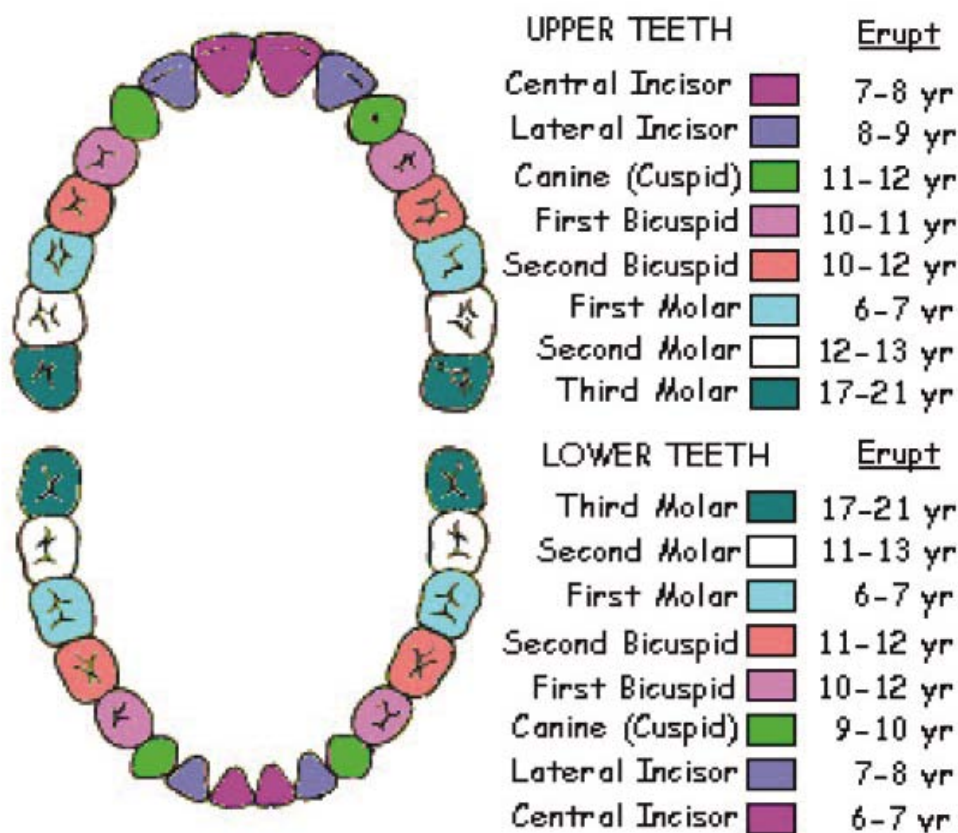


Diagram courtesy of Robyn Keller, California DHS



ii. What Do The Teeth Do?

Incisors

- cutting teeth that work like scissors to bite off pieces of food

Cuspids (Canines)

- pointed teeth that work like a fork to tear food into small pieces

Bicuspids (premolars)

- pointed surfaces that work like a nutcracker to crush food

Molars

- strong, broad surfaces that work like a mortar and pestle to grind food



2.4 Recognizing Abnormalities

a. What Does An Unhealthy Mouth Look Like?

i. Mouth Sores

What do mouth sores look like?

- white spots
- red spots
- bleeding areas
- elevated or caved-in shapes



Photo courtesy of Robyn Keller, California DHS

ii. Where In the Mouth Can Sores be Found?

- gums
- inside of the cheeks
- tongue
- lips
- roof of the mouth



Note: See Competency 3, Section 3 to learn how to check for mouth sores.



b. What Does An Unhealthy Tooth Look Like?

Some signs of tooth decay that can be found on teeth and do not wipe or brush off are:

- white spots
- white lines
- brown spots
- brown holes
- black spots

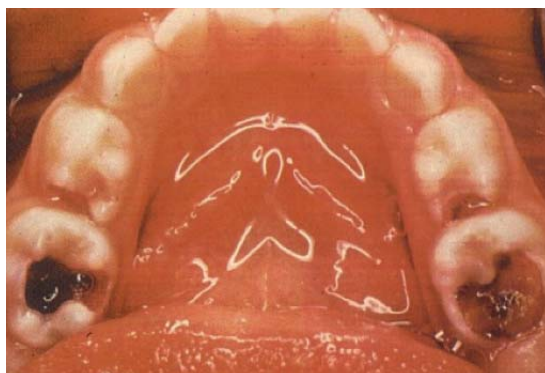


Photo courtesy of Robyn Keller, California DHS



Photo courtesy of Robyn Keller, California DHS



2.5 Tooth Decay

Tooth decay is an infectious disease that can be easily passed from one person to another. For tooth decay to develop, the following must be present:

- teeth
- sugar: a sweet substance found in foods
- bacteria: Streptococcus Mutans, the bacteria responsible for tooth decay, is found mainly in dental plaque*
- time: the longer you wait to brush your teeth after eating sugary foods, the higher the risk of developing tooth decay
- frequency: the more often you have sugary foods in your mouth, the higher the risk of developing tooth decay**

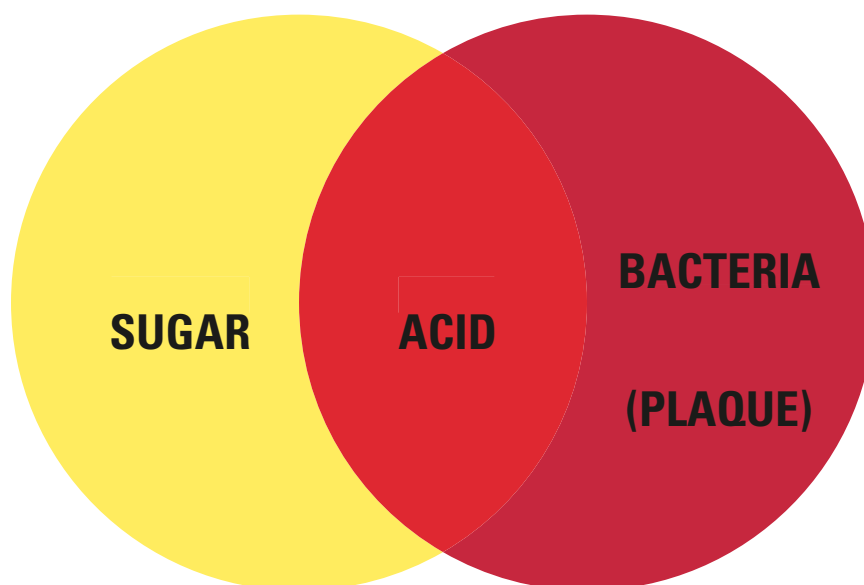
* Plaque is a sticky coating that forms on teeth. It is made up of bacteria, including Streptococcus Mutans. When bacteria mix with sugar from foods we eat or drink, the bacteria produce an acid which attacks the surface of the tooth.

** If you have 3 chocolate bars, it is best FOR YOUR TEETH if you eat them all at once rather than eating them at different times. If you eat them all at once, your risk of developing tooth decay will decrease because you will only experience one acid attack rather than three. (We all know that chocolate bars are not the healthiest snacks.)

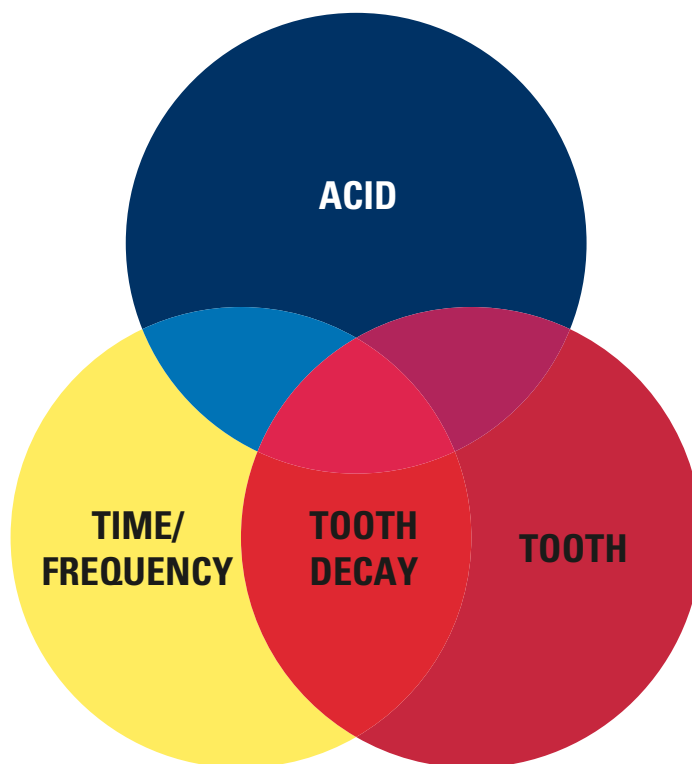


White sugar is not the only sweetener that causes tooth decay. Other forms of sugar are:

- lactose
- glucose
- fructose
- corn syrup
- honey



SUGAR + BACTERIA = ACID



ACID + TIME/FREQUENCY + TOOTH = TOOTH DECAY

Key Message

TOOTH DECAY CAN BE EXTREMELY PAINFUL!



Photo courtesy of Robyn Keller, California DHS



2.6 Transmission of Tooth Decay

a. How Is Bacteria Transmitted To the Baby or Child?*

Parents and caregivers can unknowingly transmit bacteria which causes tooth decay to babies and children when they:

- test the temperature of the liquid in the baby bottle by tasting it
- share forks and spoons with their children
- clean a pacifier or a bottle nipple with their mouths and give it back to the baby or child
- blow on the baby's food to cool it down
- chew the food before giving it to the baby



Photos courtesy of Sioux Valley Dakota Nation

* All of these behaviours are fine, as long as the parent/caregiver's mouth is clean and healthy.



Babies and children can unknowingly transmit bacteria which causes tooth decay when they:

- put their fingers in their parent/caregiver's mouth and then back into their own mouth
- share forks and spoons
- drink from someone else's cup or bottle
- share toothbrushes
- store their toothbrush in an area where it may touch other toothbrushes



Photo courtesy of Eel Ground First Nation

Key Message

AS A PARENT/CAREGIVER, YOU NEED TO MAKE SURE YOUR MOUTH IS CLEAN AND HEALTHY SO YOU DON'T PASS ON BACTERIA THAT MAY CAUSE TOOTH DECAY TO YOUR CHILD.



2.7 Early Childhood Tooth Decay

a. What Is Early Childhood Tooth Decay (ECTD)?

ECTD describes a very common infectious dental disease that affects baby teeth of very young children. ECTD is a serious health concern within many communities in Northern Saskatchewan.

ECTD can cause:

- pain
- infection
- eating difficulties
- speech problems
- poor self esteem as a result of teasing

ECTD starts with the early transmission of bacteria to the baby or infant.

b. Stages of ECTD



Photo Courtesy of Janet Gray



Photo Courtesy of Janet Gray



Photo Courtesy of Janet Gray

c. What Puts the Baby or Toddler at Risk for ECTD?

- not cleaning their teeth regularly
- putting the baby to bed with a baby bottle or sippy cup with anything other than water
- dipping pacifiers in sweeteners such as sugar, corn syrup or honey
- eating a lot of foods that are high in sugar (candy, cookies, cake)
- drinking pop or juice



d. Parents and Caregivers Must Keep Their Own Mouth Healthy

Because:

- adults may have a high concentration of bacteria that causes tooth decay in their mouths
- bacteria can be transferred from parents/caregivers to babies/children through saliva (spit)
- parents, caregivers or siblings who have had tooth decay in the past 12 months have a greater chance of spreading the bacteria

e. Suggestions for Parent/Caregiver to Reduce the Amount of Bacteria In Their Mouth

- encourage parents/caregivers, especially pregnant women, to regularly visit the dental professional
- emphasize the importance of keeping their mouth free from tooth decay and the need for existing cavities to be fixed
- encourage the whole family to brush, floss and clean their mouths regularly



2.8 A Story About Tooth Decay and Transmission

Shawlee and her Mom Visit the Dental Professional

Shawlee, a one-year-old toddler, and her mother visit the dental professional. The dental professional tells her mother that Shawlee has four cavities.

Dental Professional: “Once we fix Shawlee’s teeth, it will be very important to clean her teeth properly. You need to clean your teeth too because the bacteria that causes tooth decay goes from your mouth to hers and we want to stop bad bacteria from getting into her mouth. This could lead to more cavities and pain.”

Mom: “Why do you need to fix her teeth? They’re going to fall out anyway!”

Dental Professional: “Baby teeth are important because they help the adult teeth to come in properly. Also, Shawlee needs her baby teeth so she can chew food properly and not get tummy aches. Besides, tooth decay hurts!”

Mom: “So, how can I help keep Shawlee’s mouth clean?”

Dental Professional: “Remember, if there’s less bacteria in your mouth, it won’t be transferred into Shawlee’s mouth when you:

- kiss her,
- chew or blow on her food,
- clean her soother with your mouth, or
- share a spoon.”

Mom: “How can I reduce the amount of bacteria in my mouth?”

Dental Professional: “All you have to do is keep your mouth healthy by brushing, flossing, and taking care of any cavities that you may have.”

Mom: “Are you saying that if I don’t have cavities in my mouth, Shawlee might not have any?”

Dental Professional: “Yes. But, you will also have to clean Shawlee’s teeth properly. Then, everyone at home needs to brush and floss their teeth and visit the dental professional regularly. Shawlee shouldn’t have any more cavities after we fix the ones we found today.”

Mom: “I never knew this. Thanks for your advice. No one ever told me that it is important for me to look after my own teeth and mouth so that Shawlee doesn’t get cavities.”



2.9 Prevention of Tooth Decay

a. Personal Oral Care

Appropriate oral hygiene practices for parents, caregivers, babies and children

i. Brushing:

Guidelines on Preventive Dental Care/Fluorides

(Recommended by Medical Service Branch, Health Canada October 25th, 1996)

Note: A child must know how to spit before using toothpaste, which is usually between the age of three to six.

Age of Child	Regimen	Means of Delivery
0–3 years	Brush without toothpaste or clean with a cloth twice a day.	Parent/caregiver at home
3–6 years	Brush with a pea-sized amount of fluoridated toothpaste twice a day.	Parent/caregiver at home or school brush-ins
6 +	Brush with a pea-sized amount of fluoridated toothpaste twice a day. Weekly fluoride rinse.	At home or school brush-ins. School Program



Photo courtesy of Eel Ground First Nation



Photo courtesy of Eel Ground First Nation



How To Brush Teeth Properly

- using a soft toothbrush, place bristles at an angle where the gums and teeth meet
- gently wiggle the toothbrush back and forth on each tooth
- brush all surfaces of the teeth:
 - inside
 - outside
 - chewing surfaces
- brush the tongue (the top of the tongue is rough and may hold food particles.)



Note: An easy way to check if teeth are clean is to run the tongue over each tooth from the chewing surface to the gum line. Clean teeth should feel very smooth; any rough or fuzzy areas means plaque is present.

Key Message

**BRUSH IN THE MORNING AND NIGHT TO
PREVENT TOOTH DECAY AND GUM DISEASE.
ALWAYS BRUSH BEFORE GOING TO BED.**



Brushing A Child/Toddler/Infant's Teeth

- lay the child down on the floor or couch, with his/her head on your lap
- as you brush their teeth, ask the child to move their head as you brush different sections of their mouth
- as the child gets older, allow him/her to practice and check for spots they may have missed afterwards

What Makes A Good Toothbrush?

- soft bristles
- lots of bristles
- size of the head of the toothbrush should be appropriate to the individual's mouth
- a handle that is easy to hold

How To Look After Toothbrushes:

- rinse toothbrush with hot water, if possible, after each use to remove leftover toothpaste
- store toothbrush standing up
- when the bristles become frayed or worn, replace with a new toothbrush (about every three months)
- replace toothbrushes following an illness (such as a cold or flu)
- do not store toothbrushes where they touch other toothbrushes
- never store toothbrushes in a cup filled with water
- store toothbrushes where they can air-dry

Note: Parents or caregivers of young children should brush their children's teeth until they are able to do it properly (usually by age eight or nine).

Note: Toothbrush covers do not allow the bristles to dry between uses. Bacteria will grow on the toothbrush.

Good



Bad



Photos courtesy of Health Canada



ii. Flossing:

What Is Dental Floss?

- a strong, thread-like string, usually made of nylon fibres, that can be:
 - waxed or unwaxed
 - flavoured or unflavoured

Why Do We Need Dental Floss?

- to remove plaque and food stuck between our teeth where the toothbrush can't reach

When Should We Use Dental Floss?

- at least once a day
- before or after brushing
- after eating
- when food is caught between our teeth

Who Needs To Floss?

- everybody with teeth!

Note: Parents and caregivers of young children should floss their child's teeth until they are able to do it properly (usually by age eight or nine).



Photo courtesy of Eel Ground First Nation



How Do We Floss?

- Cut a piece of dental floss from fingertip to elbow.
- Wind most of the floss around one middle finger and the rest around the other middle finger. (This way, dirty floss can be replaced with clean floss by winding and unwinding floss from one middle finger to the other.)
- Tightly hold 2–3 cm (1 inch) of floss between the thumb and index finger.
- Using the thumb and index finger, gently ease the floss between two teeth.
- Once through, wrap the floss around the tooth, forming a 'C' shape.
- Carefully ease the floss between the gum and tooth until you feel resistance.
- Move the floss up and down on the side of one tooth, and then move the floss to the side of the tooth beside it and repeat.
- Move from one tooth to the next using a clean section of floss each time.
- Gently clean between each tooth – don't forget to floss behind each back tooth.
- Always floss in one direction, cleaning each tooth in every space. Start at the back tooth on one side of the mouth and work around to the last tooth on the opposite side (bottom and top).

Note: Flossing takes practice!

Note: Once you are good at it, flossing will take only a few minutes a day.





iii. Use of A Cloth for Babies and Toddlers

A soft clean cloth can be used to wipe a baby's gums and front teeth after feedings. It can be used until the baby's back teeth (molars) come in. You can then use a baby's toothbrush to clean their teeth.



Photo courtesy of Sioux Valley Dakota Nation



Photo courtesy of Eel Ground First Nation



iv. Basic Healthy Eating Habits

Why Is It Important To Eat Well?

- prevent tooth decay
- live longer
- control weight
- prevent illness



Photo courtesy of Burnt Church First Nation

Key Message

**WHEN THERE IS NO DECAY-CAUSING ACID
IN THE MOUTH, THERE IS NO TOOTH DECAY!**



Good Food Choices

Refer to the Canada Food Guides for healthy food groups.
(see Appendix)

Healthy Eating Tips

- choose healthy snacks such as fruits and vegetables
- have regular eating times
- eat healthy meals made up of foods from the Northern Store or Canada food guides (see Appendix)
- reduce sugar and foods that contain added sugar
- avoid snacks and foods that are sticky

Why Is It Important To Eat Healthy Food While Pregnant?

- during pregnancy the baby gets his or her vitamins from the mother; so it is important that the mother chooses healthy foods
- during the fifth or sixth week of pregnancy, the baby teeth are starting to form, while the adult teeth start to form in the 16th or 20th week

Poor Food Choices

- chocolate bars
- cakes, pies, cookies
- doughnuts
- candy
- ketchup, mustard, relish (full of sugar)
- sticky snacks, such as fruit roll-ups, licorice, gummy worms
- sugary snacks, such as sugar-coated candy, suckers, chewing gum with sugar
- pop, sugary juices, Kool Aid, Tang, popsicles
- chips



b. Professional Services

i. Fluoride Varnish Application

What is Fluoride Varnish?

Fluoride varnish is a safe substance that is painted on all the visible surfaces of the teeth to protect against tooth decay. Fluoride varnish strengthens the teeth, making it more difficult for tooth decay to begin.

Why Do We Need Fluoride Varnish Applications?

Fluoride varnish gets into the outer layer of the tooth to make it stronger. Because the tooth is stronger, it is harder for the decay-causing acid to attack the tooth and cause tooth decay.

Fluoride varnish applications have been proven to prevent tooth decay.

Fluoride varnish can be applied by the:

- Trained Oral Health Aide
- Dental Hygienist
- Dental Therapist
- Dentist
- Trained Community Professional, such as a CHR

The Dental Professional, Oral Health Aide or Trained Community Professional follows the Fluoride Varnish Protocol and fills out the required documents.

Note: Please refer to the protocol section (Tab 7) the Fluoride Varnish Application Protocol.



How Often Is Fluoride Varnish Applied?

A dental professional who performs the oral screening will decide how many fluoride varnish applications are needed based on the child's needs.

(1) If A Child Does Not Have Tooth Decay:

- one fluoride varnish application every four months will be needed as a preventive measure (total of 3 each year)

(2) If A Child Has Tooth Decay:

- three fluoride varnish applications within 14 days will be needed to help slow down the tooth decay process, followed by one fluoride varnish application every four months as a preventive measure (total of 5 each year)

(3) Maintenance

- child will be screened every year to assess the need for fluoride varnish applications

Note: People can receive fluoride in different ways:

- through fluoride treatments from a dental professional
- in drinking water
- in toothpaste
- through fluoride varnish applications



Photo courtesy of Sioux Valley Dakota Nation



2.10 Taking Care of Your Infant/Toddler's Teeth

a. Important Feeding Tips

i. Infants:

- BREASTFEED WHEN POSSIBLE
- breast milk, water and formula are the only liquids that should be in a baby bottle
- remove the nipple from the baby's mouth after he or she has finished feeding
- babies should never sleep with a baby bottle
- do not dip pacifiers in sweet foods like honey, corn syrup or sugar

Note: Children who are left alone with baby bottles could choke.

Note: Children who are left laying down with a baby bottle have a higher incidence of ear infections.



Photo courtesy of Sioux Valley Dakota Nation

ii. Toddlers:

- teach your child to use a cup by age one
- avoid sugary foods
- juice should not be used instead of milk at feeding times



iii. When and How to Quit the Baby Bottle Habit

- begin using a cup at about six months of age
- gradually give the baby more milk from the cup
- once your baby starts using a cup it should be used at every meal

iv. When Should The Baby Bottle Be Given Up Completely?

When the baby is:

- drinking two to four cups of milk every day
- eating three meals of food

v. Tips For Choosing The Proper Cup

- use a two-handled plastic cup that is easy to hold
- choose a cup without a lid
- give only small amounts of liquid in a cup
- do not use cups with built-in straws that require the child to suck, as they are very difficult to clean and may cause damage to a child's teeth if used often



Photo courtesy of Burnt Church First Nation



b. Pacifiers (Soothers)

A good pacifier:

- has an orthodontic seal of approval
- has a large hard shield with a flexible or hinged ring
- has a nipple that is soft enough to flatten out against the roof of the baby's mouth
- is the right size for the baby (pacifiers are sized by age)

Important Tips for Pacifier Use

Keep the pacifier CLEAN:

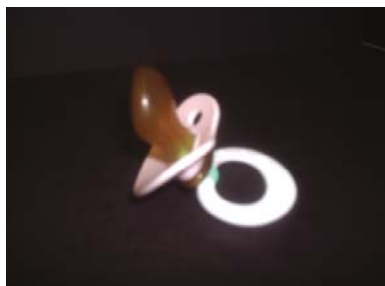
- for young babies, sterilize the pacifier as you would for baby bottles and nipples
- for older babies, wash with soap and warm water regularly and rinse thoroughly

CHECK and REPLACE the pacifier if the nipple has:

- changed in colour
- changed in texture (cracked, torn or feels sticky)
- has any cracks or tears (check by pulling on the nipple)

Note: Check the pacifier often if your baby is on medication. The baby's saliva may break down the rubber of the nipple faster than normal. Replace the pacifier once the baby has finished taking the medicine.

Good



Bad (broken)



Bad (dipping in sugar)



Photos courtesy of Health Canada



c. Teething

What Is Teething?

Teething is the time when a baby's teeth start to come in. Teething is different for each child and can be very unpleasant.

Note: Teething is a natural process, and some babies may not have any symptoms.

When Does Teething Begin?

- it could begin as early as three to six months of age

Note: Each child is unique and will start teething before or after three to six months of age. Some babies can even be born with teeth!

Signs of Teething

The baby:

- drools a lot (the drool should be cleaned from the child's face or neck so that it does not cause a rash)
- chews on fingers, toys and other objects
- may have red, swollen, sore gums
- may have rosy cheeks
- seems to be in a bad mood and cries often
- seems nervous and gets upset easily
- does not want to eat
- seems to have a cold
- has an upset stomach (gastrointestinal problems and diarrhea)
- has swelling inside the mouth where the teeth are going to break through
- wakes up during the night

Note: Fever, coughing, runny nose or diarrhea can all be signs of a serious illness. If your child shows any of these signs, consult your local health care provider and/or take your baby to a doctor.



Ways to Reduce Teething Discomfort

- let the child chew on a cold (not frozen) teething ring or a wet facecloth (the facecloth can be put in the fridge to cool it down before use)
- rub the gums with a facecloth, a clean finger or the back of a spoon

Note: There may be alternative methods of helping with teething pain in each community, such as chewing on a wooden ring (ring must be checked for splinters or breaks and can be difficult to clean).

What to Avoid:

- teething biscuits that may cause choking and tooth decay due to high sugar content
- gels that numb the throat, which may increase the risk of choking while feeding the baby
- teething rings tied around the baby's neck

Key Message

THE BEST COMFORT FOR YOUR
TEETHING BABY IS TENDER LOVING CARE



Photo courtesy of Eel Ground First Nation



2.11 A Story About Thumb and Finger Sucking

Cody's Story

Cody is a two-and-a-half year old toddler whose dad is concerned about her thumb sucking habit. He asks the dental professional if it is bad. Let's listen in on their conversation.

Dad: "Is it normal for my daughter to still suck her thumb at two-and-a-half, or should I be worried about it?"

Dental Professional: "No, she's still young and it's a natural sucking reflex that begins even before birth. It may be something that helps her calm herself down. I would just give her time and she'll grow out of it."

Dad: "When should I start to worry about her not growing out of this habit?"

Dental Professional: "Usually, you won't have to worry because most children stop the habit on their own. If, by the age of four, Cody is still sucking her thumb it may affect the way her top and bottom teeth meet. This may cause her to have a little trouble chewing her food properly and her teeth may also be crooked. If she is still sucking her thumb at that age, then we can have another look at her."

Dad: "Thank you so much for your help. Now I know I don't need to worry yet."

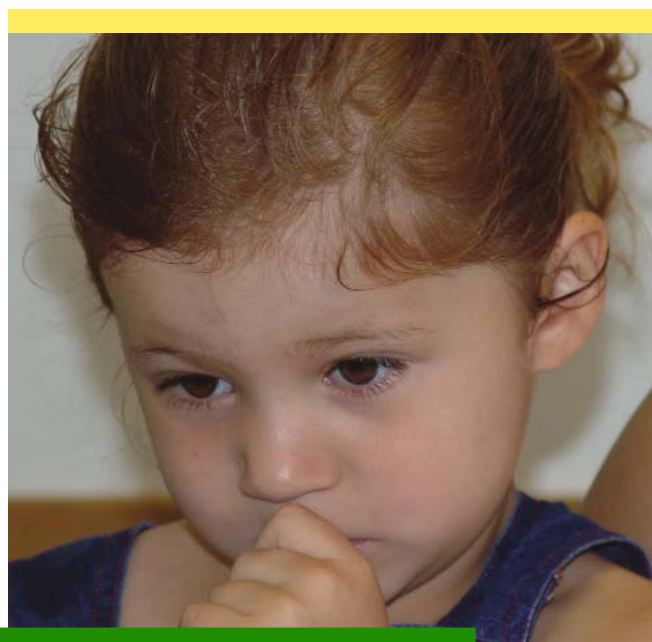


Photo courtesy of Eel Ground First Nation



Notes



Notes

COMPETENCY 3



Delivery

of
Fluoride
Varnish
Program
Services



Competency 3: Delivery of Fluoride Varnish Program Services

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Competency 3: Delivery of Fluoride Varnish Program Services

3.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- ☐ identify locations where Fluoride Varnish Program Services can be delivered
- ☐ recognize potential hazards in a workplace setting
- ☐ understand the differences between each positioning technique and feel comfortable delivering all of them
- ☐ explain the Infection Control Protocol and the importance of following it when delivering Fluoride Varnish Program Services
- ☐ know when the use of a face mask may be necessary
- ☐ know how to “Lift the Lip”
- ☐ identify who can “Lift the Lip”
- ☐ assist the dental professional in performing an Oral Health Screening
- ☐ complete the appropriate steps in setting up for a Fluoride Varnish Application
- ☐ identify the necessary supplies to complete a Fluoride Varnish Application
- ☐ perform a Fluoride Varnish Application
- ☐ provide the parent/caregiver with proper follow-up instructions
- ☐ recognize your role in each of the Fluoride Varnish Program services
- ☐ recognize the appropriate documentation



3.2 Delivery of Fluoride Varnish Program Services

Note: Review the client's permission form for any concerns you may have regarding the child's medical history, such as a cleft palate.

a. Preparing the Room for Fluoride Varnish Program Services

Ensure that:

- the facility or room is easy to access
- the area is safe and clean and anything that could injure the child has been removed
- the person in charge has agreed to have the session or service
- there is an area or room where the parents or caregivers can wait with their child
- someone, such as a teacher's aide, will be available to help if needed
- the area is free from as much distraction as possible
- the Infection Control Protocol is followed

b. Delivering Fluoride Varnish Program Services:

- explain how you will be positioning the child
- encourage the parent or caregiver to be present, if possible, while you are with the child
- tell them what you are doing before and during the service and remind them it is not a painful procedure
- tell the parent/caregiver what they can do to help
- let the parent/caregiver know that it is normal if the child cries or fusses when something is put in their mouth
- make sure the Infection Control Protocol is followed

Note: See Competency 5 to learn how to handle challenging situations and client concerns.



Photo courtesy of Burnt Church First Nation



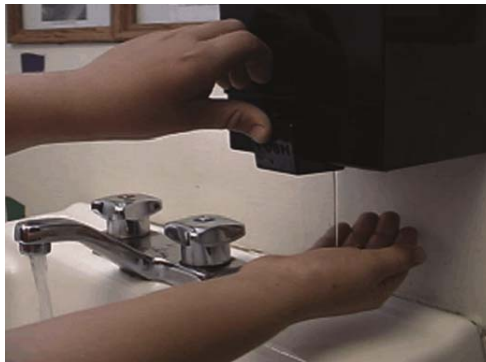
c. Infection Control Protocol

- clean work area
- wash hands (refer to the Infection Control Protocol)
- use gloves when in contact with a child's mouth (during fluoride varnish applications and tooth brushing instruction)

Use a Mask if:

- the child or Oral Health Aide is sick
- the child or Oral Health Aide has an open wound or cold sore on the mouth, face or lips
- the Oral Health Aide feels that their own health could be compromised
- change dental supplies after each child
- dispose of contaminated materials

Note: It is important to follow the Infection Control Protocol so that the transmission of bacteria is not passed on from the Oral Health Aide to the child, or vice versa. By keeping the area clean, washing hands, wearing gloves and throwing away the used materials, you are minimizing the risk of transmission.





3.3 Appropriate Methods of Delivering Fluoride Varnish Program Services

a. Positioning Techniques

i. Knee-to-Knee

- position the child in the parent or caregiver's lap, facing the parent or caregiver
- sit with your knees touching the knees of the parent/caregiver
- lower the child's head onto your lap
- gently open the child's mouth



Photo courtesy of Sioux Valley Dakota Nation

ii. Use of Floor Mats

- lay the child on the mat and kneel beside the child to provide service



Photo courtesy of Eel Ground First Nation

iii. A Dental Chair

- sit the child in the dental chair to perform the service



Photo courtesy of Winnipeg Regional Health Authority



b. 'Lift the Lip' Technique

'Lift the Lip' is an easy technique that can be used by the Oral Health Aide and parent/caregiver to check the child's teeth and mouth. Using 'Lift the Lip', the mouth can be checked for plaque and tooth decay. It can also be used to apply fluoride varnish and to brush teeth.

Parents and caregivers should be taught the 'Lift the Lip' technique so they can check the child's teeth and gums before or after brushing and flossing. When the parent or caregiver looks in the mouth, they get to know what their child's mouth looks like. They will notice changes earlier and the child will get used to having someone checking their mouth and teeth.

i. Who Can 'Lift the Lip'?

- parent
- caregiver
- Oral Health Aide
- all dental professionals
- community professional, such as a HeadStart worker
- trained community person, such as a Community Health Representative (CHR)

ii. How to 'Lift the Lip'

- gently lift the baby or toddler's upper lip and check the top teeth
- check the teeth at the gum line for white lines or brown spots
- check the gums for redness or swelling
- gently pull the lower lip down and check the bottom teeth
- have clean gauze nearby to dry and clean the teeth when checking for tooth decay



Photo courtesy of Sioux Valley Dakota Nation



Photo courtesy of Sioux Valley Dakota Nation



c. What Should I Do If Abnormalities Are Found?

Tell:

- the parent/caregiver
- dental professional if mouth sores or signs of decay are found.

Show:

- parent/caregiver
- dental professional (if present)

Record:

- on the chart what you saw in the child's mouth
 - size
 - colour
 - location
- what you told the parent/caregiver
- whether the child was referred to the dental professional.

Three Possible Situations You May Find:

- **a mouth sore ...**
 - book an appointment for the child one week later. By this time, the child should have seen the dental professional. If the child has not seen the dental professional, check to see if the sores are still present. If they are not there, follow the Fluoride Varnish Application Protocol and Infection Control Protocol. If they are still present, the child must see the dental professional.
- **sign of tooth decay ...**
 - apply fluoride varnish by following the Fluoride Varnish Application Protocol, Infection Control Protocol and guidelines from your dental professional and refer the client to the dental professional for assessment.
- **no sign of tooth decay ...**
 - apply fluoride varnish by following the Fluoride Varnish Application Protocol, Infection Control Protocol and guidelines from your dental professional.



What Do I Say To The Parent/Caregiver After Seeing The Child?

Oral Health Aide (to Parent/Caregiver): “Have you noticed this area? I would like the dental professional to have a look at this. They will be available on: (date/time). Would you be able to bring (child’s name) to this appointment?”

Key Message

WHEN IN THE MOUTH AND IN DOUBT, GET OUT!



3.4 Fluoride Varnish Application

a. What Must Be Done Before A Fluoride Varnish Is Applied?

- permission form and medical history are current and signed by the parent or caregiver
- parent/caregiver and child feel comfortable and relaxed
- supplies are layed out and ready for fluoride varnish application
- teeth are prepared to have fluoride varnish applied
- Infection Control Protocol is followed

Practice makes perfect. While you are learning how to perform a Fluoride Varnish Application, watch the dental professional to learn the proper technique. Review the fluoride varnish application steps, the materials used, the Fluoride Varnish Application Protocol and the Infection Control Protocol.

Caution:

- Make sure that every new fluoride varnish shipment is checked for changes in the manufacturer's product insert (directions) with regard to contraindications and dosages. These can change without notice and must be properly followed.
- Make sure the treatment is explained so the parent or caregiver understands what to do and leaves with written follow-up instructions.
- Make sure the Infection Control Protocol is followed.



b. What Supplies Are Needed for Applying Fluoride Varnish?

- fluoride varnish (in a tube or single unit dosage)
- sticky note pad (or use the top portion of your glove)
- applicator brush
- 2" x 2" gauze
- cool drinking water in a drinking cup
- bib
- gloves
- mask (if needed)
- garbage bag used to dispose of materials

Possible Items to be Pre-Packaged for Fluoride Varnish Applications

- single unit dosage of fluoride varnish application, including applicator brush
- sticky note pad sheet
- 2" x 2" gauzes
- 1 pair of gloves
- 1 bib
- 1 mask, if needed
- small paper cup
- follow-up instruction sheet for parents

Note: You may choose to prepare individual packages of the materials needed for a single fluoride varnish application ahead of time so they are ready when needed.

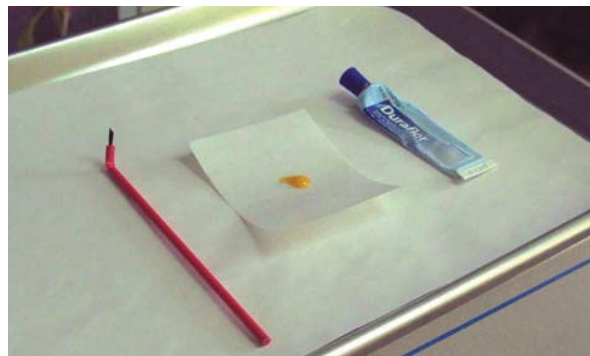


Photo courtesy of Bruce Hildebrand



c. Steps That Must Be Followed for Each Child When Applying Fluoride Varnish:

1. Clear and clean your work area to make it safe for the child and treatment.
2. Wash your hands according to the Infection Control Protocol.
3. Set out the supplies you will be using. Pour some drinking water into a cup to give to the child after treatment.
4. Position the child using the appropriate technique. (i.e.: knee-to-knee technique)
5. Put gloves on your hands.
6. Squeeze 1 drop of varnish onto the sticky note pad or top portion of your glove. If you are using the single unit dosage, gently peel off the foil.
7. Use the 2"x 2" gauze to wipe any saliva (spit or drool) from the child's teeth, as well as you can.
8. Dip your brush into the drop of varnish or uncap the single dose applicator brush.
9. Paint a thin coating of varnish on the outside, inside and all surfaces of the teeth you can reach.
10. Help the child sit up. Let the parent or caregiver give the child a drink of water.
11. Make sure all waste is removed from the work area such as:
 - gloves
 - mask (if it was used)
 - application brush and packaging
 - napkin or bib
 - gauze
 - sticky note paper
 - drinking cup



12. Dispose of waste properly.
13. Wash hands according to the Infection Control Protocol.
14. Fill out required documents.
15. Provide parent/caregiver with proper follow-up instructions:
(please ensure the follow-up instructions match the manufacturer's directions)
 - child must not brush his or her teeth for at least four to six hours following the application
 - child can eat soft foods and drink immediately after the fluoride varnish application, but should avoid crunchy foods for the rest of the day
 - give a post-treatment instruction sheet to the parent or caregiver before they leave, with a contact name and phone number
 - discuss with the parent/caregiver when the child should have their next fluoride varnish application



3.5 Oral Health Information Sessions

An oral health information session is provided to parents, caregivers and expectant parents. In the session, the parents, caregivers and expectant parents learn how to care for their own teeth as well as their children's teeth. Observe your dental professional while he/she provides sessions. The more you watch, the more comfortable you will feel when presenting on your own. You may be asked to help the dental professional in group sessions.

Note: Oral health information sessions are provided each time a Fluoride Varnish is delivered and is not recorded separately. Please refer to the protocols.



Notes



Notes

COMPETENCY 4



Organizational

and
Communication
Skills



Competency 4: Organizational and Communication Skills

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Competency 4: Organizational and Communication Skills

4.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- ☐ identify appropriate vs. inappropriate language for you and the parent/caregiver/child
- ☐ identify appropriate vs. inappropriate behaviour for you and the parent/caregiver/child
- ☐ recognize what it means to “look professional”
- ☐ identify good interviewing skills and the importance of using them
- ☐ feel comfortable and confident when you meet the parent/caregiver for the first time
- ☐ establish good relationships with the parents and caregivers
- ☐ complete forms properly
- ☐ understand the importance of maintaining the client’s confidentiality and security
- ☐ identify the different forms and when each one should be completed
- ☐ book appointments for children to receive Fluoride Varnish Program Services
- ☐ identify different ways to confirm the appointment with parents/caregivers
- ☐ identify different scheduling tips to make sure schedules do not overlap
- ☐ identify your role when it comes to ordering supplies
- ☐ identify when it may be appropriate to perform home visits



4.2 Communicating Effectively with the Client

a. What is Appropriate Language?

- use language that is suitable to the age of the client and easy for them to understand
- when possible, speak in the language of the parent or caregiver's choice
- do not swear
- avoid offensive tones

Communication is not only what you say but how you say it. Other things that send messages are:

- how you look at the parents and caregivers, especially if they are an elder
- the language you use
- your tone
- how you dress
- how your clothes look
- body language
- facial expressions

Note: Another important aspect of communication is listening to the client. More on this topic will be discussed in Competency 5.

b. What is Appropriate Behaviour?

- being polite
- discussing any issues or concerns with the appropriate person – DO NOT GOSSIP
- accepting what the parents or caregivers decide (do not judge their decisions)
- offering encouragement
- being attentive and willing to listen to the parents or caregivers
- being welcoming and professional
- looking professional
- being friendly
- keeping interactions with client and families confined to Fluoride Varnish-related activities

c. What is Unacceptable Behaviour From the Parent or Caregiver?

- swearing
- using offensive tones

Note: Beware of aggressive behaviour and dominating physical presence. This is not acceptable behaviour from anyone. See Competency 5 to learn how to handle difficult situations.



d. What Does It Mean to “Look Professional?”

- promote good oral health care within yourself
- have clean nails (no coloured nail polish)
- have clean hair
- have long hair pulled back so that it doesn't interfere with treatment
- wear clean and tidy clothes and shoes
- wear clothes suitable for providing service on mats or while leaning over a child (no clothes that dangle or wide sleeves)



Photo courtesy of Burnt Church First Nation



4.3 Demonstrating Effective Client/Family Interviewing Skills

a. What Are Good Interviewing Skills?

- using plain, simple language
- using the client's own language, if possible
- being a good listener
- asking open-ended questions such as:
 - "When did you notice the brown spots on your child's teeth?"
 - "How important is it for you to care for your child's teeth?"
- expressing empathy and letting the client know that you share their concerns
- avoiding judgement
- trying not to interrupt

b. Why Are Good Interviewing Skills Important?

- to let the family feel comfortable and ask questions so they can make the best choices for themselves and their children
- to let the client's family freely express themselves

c. What Do You Do When You Meet the Parents or Caregivers?

- introduce yourself to the client and family
- welcome the client and family to the setting
- be pleasant and professional
- ask questions regarding:
 - the parent/caregiver's teeth
 - what the parent/caregiver wants for their child's teeth in the future
- listen to the parent/caregiver
- respond to primary concerns of the parent/caregiver:
 - provide them with relevant information
 - explain the services that can be provided for the child's toothaches and oral health
 - explain the gentle nature of the application of Fluoride Varnish



4.4 Establishing Ongoing Relationships with the Clients and Families

Why Is It Important to Maintain Good Relationships With the Clients and Their Families?

- the family will be more likely to show up for follow-up appointments if they have all the information they need and feel that the Oral Health Aide has a genuine interest in their participation
- the Oral Health Aide will be able to relay information to the parent or caregiver about oral health prevention
- to develop confidence and trust in the parent/caregiver/child - Oral Health Aide relationship
- to create a friendly, caring and trusting environment where the parent, caregiver and child feel valued and important



Photo courtesy of Burnt Church First Nation



4.5 Maintaining and Submitting CONFIDENTIAL, Comprehensive, Timely and Legible Oral Health Care Records

Note: Forms will be explained by the dental professional as per community protocol.

a. Why Do Forms Have To Be Completed?

- there is a legal requirement
- maintain a treatment record for safety reasons
- for program planning and management purposes

b. How Should Forms Be Completed?

- print clearly using block capital letters or numbers
- use blue or black ink only
- ensure all mandatory fields are appropriately completed
- provide accurate information
- review any form the parent/caregiver may have filled by themselves (i.e.: Permission Form)
- if corrections are needed, draw a line through the incorrect information, replace with the correct information, and initial

Note: Do not use liquid paper or white out.

i. Confidentiality

All information gathered by the Oral Health Aide and dental professional concerning the client is strictly confidential and must not be shared with anyone.

ii. Security

All completed forms must be kept in a dry, safe and secure area.

c. When Do the Forms Need To Be Submitted?

Refer to your Supervisor or the dental professional to determine when forms need to be submitted. Forms are submitted as per community protocol.



4.6 Organizing and Maintaining Scheduling for Service Delivery (includes booking appointments)

- Create a monthly, weekly or daily schedule to help keep you organized and avoid booking two appointments for the same time.
- A schedule allows you to keep track of special activities that may be going on in your community and helps you coordinate appointments with the dental professional, the school, parents, caregivers and other groups and organizations you are working with.
- Your schedule can be used to let people know when and where to contact you.
- A copy of your schedule should be given in advance to the dental professional and others you work with.
- If you work part-time, choose the best days to provide the maximum benefit.

a. Booking Appointments

Make sure that parents or caregivers are contacted to confirm:

- appointments for themselves or their child
- screenings with the dental professional

Announcing Events

Make sure parent/caregiver are notified of dates and locations of upcoming events such as:

- school clinics
- HeadStart clinics
- daycare clinics
- immunization and well-baby clinics
- prenatal classes with a dental professional

The most difficult days to book appointments and to contact parents and caregivers are:

- Mondays and Fridays
- the day monthly cheques arrive
- Community event days (i.e. fairs)



b. How Do I Make Sure the Child Will Show Up for Their Appointment?

- phone and speak with the parent or caregiver the day before the scheduled appointment to remind them of their commitment
- make sure the parent or caregiver understands the importance of the follow-up appointment

c. Scheduling Tips

- before booking appointments, be aware of the dental professional's schedule for the day so that over-booking or conflicts do not occur
- work closely with the dental professional to make sure that enough time is planned for each visit



4.7 Identifying and Communicating, on a Timely Basis, the Need for Fluoride Varnish Program Supplies

a. What Is the Your Role In Terms of Ordering Supplies?

- work closely with the dental professional to make sure that supplies are available as needed
- the process of ordering supplies will vary (check with your dental professional to clarify roles and responsibilities of ordering)

b. Keeping Track of Your Fluoride Varnish Supplies

- keep a journal with a list of:
 - equipment and quantity of supplies in the office
 - supplies to be ordered by the dental professional

Note: Each community will have its own list of supplies available to be ordered as well as a protocol to follow.

Orders may not be filled immediately if the supplies are unavailable from either the supply office or the manufacturer.



4.8 Home Visits

Note: Home visits by the Oral Health Aide are made only when allowed by the community and region. The Oral Health Aide must be invited into the home by the parents or caregivers.



Photo courtesy of Eel Gound First Nation



4.9 Developing Relationships with Other Health Professionals

a. Relationships Are Important To:

- establish credibility in the community
- build community capacity
- have more clients referred
- develop and strengthen working partnerships
- prevent duplication of services within the community (i.e. HeadStart may give prenatal classes with dental health or nutrition components)

b. Relationships Are Developed By:

- being involved with other health professionals within the community
- participating at local events
- promoting oral health whenever possible

c. Relationships Can Be Developed With Staff At:

- nursing stations
- community centres
- daycare centres
- schools
- community organization facilities
- local radio and television stations
- newspaper and bulletins
- community fairs
- community meetings
- nutritionist's office
- preschool programs (i.e. HeadStart)



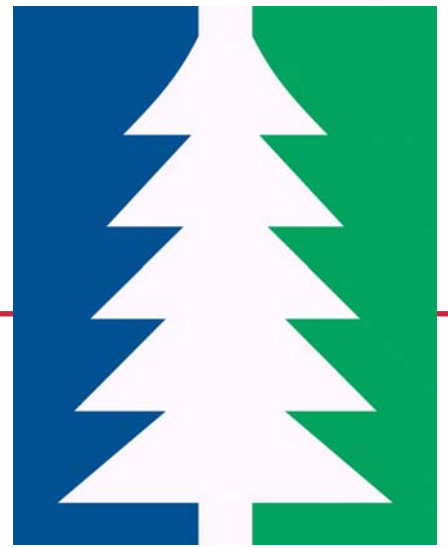


Notes



Notes

COMPETENCY 5



Professionalism

and
Community
Health



Competency 5: Professionalism and Community Health

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Competency 5: Professionalism and Community Health

5.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- ☐ identify ways you can show respect and consideration for the client and families
- ☐ identify ways you can show respect and consideration for the communities
- ☐ know how to deal with difficult situations that may arise
- ☐ identify ways you can show respect for dental professionals, other health care providers and partners
- ☐ recognize the importance of partnerships
- ☐ identify who can be your partners
- ☐ identify who can help get permission forms completed
- ☐ identify resources in your community and how they can be used
- ☐ recognize ways and places to promote the Fluoride Varnish Program within the community in an effective setting for community members to feel comfortable participating in the Fluoride Varnish Program services
- ☐ recognize that each community is unique and made up of a variety of individuals
- ☐ recognize ways you can show the client that you respect their decisions regarding treatment services
- ☐ recognize the importance of keeping all client information confidential
- ☐ recognize ways to make sure the client feels comfortable and relaxed when providing services to them



5.2 Professionalism

Note: See Competency 4 to review what it means to “look professional”.

a. Respect and Consideration for Clients and Families

Show respect by:

- listening to the client's concerns
- ensuring that all the clients' needs are met
- maintaining a positive attitude
- ensuring client confidentiality
- looking and behaving professionally

b. Respect and Consideration for Communities

- be aware that local sensitivities vary from one community to another

c. Dealing with Difficult Situations

- speak to the dental professional regarding any concerns you may have about a client
- depending on the circumstances, you may also wish to direct your concerns to:
 - a dental professional
 - a supervisor or employer
 - a nurse
 - HeadStart worker
 - a community centre worker
 - social services
 - school staff

Note: Recognize that you can not solve all problems and your training is related to the Fluoride Varnish Program. Remember that your educational background is oral health. Direct any concern or problem to the appropriate professional.



5.3 Respecting Dental Professionals, Other Health Care Professionals and Partners

Show respect by:

- supporting other health care professionals
- listening to other professionals' opinions
- maintaining a positive attitude



5.4 Working in Partnership with Other Stakeholders, Particularly in Community Settings

a. Why Build Partnerships?

- to increase awareness of the importance of oral health
- to develop good relationships with colleagues
- to increase awareness of Fluoride Varnish in the community
- to develop mutual respect among caregivers and educators in the community
- because partnerships are the basis of any initiative

b. Who Can Be Partners?

- Parents/Caregivers
- Parent Groups
- Dental Professionals
- Nurses
- School Counsellors
- Social Workers
- Speech-language pathologists
- Teachers
- Teacher's aides, receptionists
- Prenatal nutrition workers
- Nutritionists
- Health directors
- Health clinic staff
- Band office employees
- Daycare operators and staff
- Health/nursing station staff and Health authority staff

c. Who Can Help Distribute and Collect Fluoride Varnish Permission Forms?

- nurses at immunization clinics
- medical professionals at HeadStart
- daycare workers
- health station staff
- school staff, classroom teachers
- parenting group coordinators
- Community Health Representatives



d. What Are Resources and How Can You Use Them?

People, places and events are resources that can be used to help deliver the message of the importance of oral health. They may be your partners or people in the community who want to help the community. Each person will contribute in a different way and be a valuable asset to the group. The more people there are delivering the same message, the more people will be reached. Eventually other people will accept and promote the message themselves.

i. Resources In the Community

- preschool and screening programs
- immunization clinics
- schools
- HeadStart
- parenting groups
- Band Council
- family
- friends



e. How Do Community Members Hear About Available Clinics, Sessions and Programs?

- local radio programs
- local television stations
- band channels
- bingo nights
- newsletters
- posting signs (stores, band office)
- community papers
- health fairs
- school events
- school newsletters
- community dental professionals
- band councillors
- friends
- family members
- preschool and screening programs
- immunization clinics
- schools
- HeadStart
- parenting groups

The event can be a health fair where you can set up a display or information table. The place can be a store that will post the information on a 'fluoride varnish day'. Use creativity to find people, places and events to help deliver your message.



5.5 Respecting Diversity (race, religion, sexual orientation, disability, age, culture, gender)

It is important to:

- treat everyone with respect, including your peers, those you report to, the parent/caregiver and the child
- if something upsets you don't throw things, yell, scream or be verbally abusive
- be aware of and respect other people's feelings or sense of personal space
- be aware of and respect all differences, including racial, sexual, cultural, political beliefs, values, lifestyles and background
- listen carefully and observe those around you to become more aware of their needs, boundaries and differences
- don't assume other people will have the same values, standards or background as you do
- be sensitive to other people's religious beliefs, customs and cultural background

What Does Diversity Mean to You?

D **Disability; Differences; Dress; Dialect.**

I **Individuals; Intelligence; Interests; Integration.**

V **Values; Variety; Versatile; Views.**

E **Education; Ethnicity; Economic Status; Expectations.**

R **Race; Respect; Religion; Role; Rural vs. Urban.**

S **Style; Social Class; Similarities; Segregation.**

I **Income; Inclusive; Immigration; Ideas.**

T **Talents; Training; Thoughts; Teamwork.**

Y **Youthful; You; Yearning; Years.**

Photo courtesy of Burnt Church First Nation





5.6 Respecting Client's Choices

Power To Change

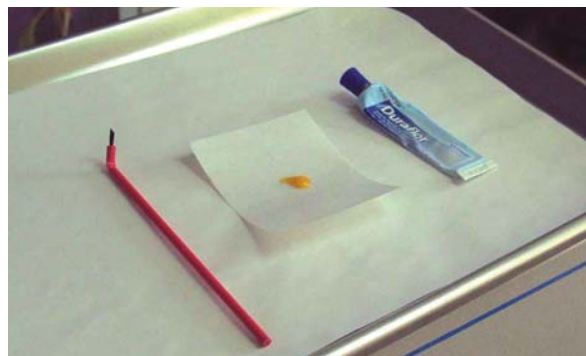
- make sure the parents or caregivers realize they can change their mind at any time concerning the child's dental care
- avoid judging the parent/caregiver and their decision





5.7 Maintaining Client's Confidentiality

- keep client records safe and private
- no matter what, do not talk about a client or their situation except with a dental professional while at work
- DO NOT GOSSIP





5.8 Striving to Improve the Client's Quality of Care

Do Everything You Can To Make Sure The Client Feels:

- comfortable
- valued
- important
- safe
- cared for
- relaxed
- content
- respected



Photo courtesy of Burnt Church First Nation

"The hard work of protecting baby teeth today can ensure a brighter future for children tomorrow. When a community works together to prevent this problem, they can accomplish a lot. Help protect baby teeth and let your child have the happiest smiles ever." © 2000 St. Theresa Point First Nations

Key Message

LET'S ALL AGREE TO DO THE BEST
WE CAN TO TAKE GOOD CARE OF OUR TEETH!





Notes

FLUORIDE VARNISH PROGRAM

SAMPLE--Oral Health Aide Sample Job Description--SAMPLE

Basic First Aid and Infant/Child CPR certification will be an asset, but not a prerequisite. In some Regions, a driver's licence may be required.

The Fluoride Varnish Program services to be provided by the Oral Health Aide are to:

- A. Act as the main link between the dental professional and the community
- B. Collect appropriately completed permission forms
- C. Ensure proper protocols are followed (i.e. Infection Control Protocol)
- D. Apply fluoride varnish
- E. Train the parents and caregivers in basic oral hygiene methods for themselves and children in their care, including the knee-to-knee technique

The Oral Health Aide provides services as directed by a Dental Therapist, Dental Hygienist or designated dental professional. Prior to provision of Fluoride Varnish Program services, the Oral Health Aide will be required to successfully complete the Fluoride Varnish Program Training. Competencies must be reviewed on an annual basis. (Contact your Fluoride Varnish Program Coordinator--position title may vary--to obtain current competency standards, process and required reporting forms.)

REPORTING REQUIREMENTS

As identified by participating agencies

ADMINISTRATION

The Oral Health Aide is responsible for:

- collecting and reviewing permission forms for Fluoride Varnish Program Services
- collecting verbal or written medical updates for children enrolled in the Fluoride Varnish Program
- completing and maintaining a record of delivered services for all children ages 0 – 7 years old
- maintaining records of parent(s)/caregiver(s) referred to community dental provider
- maintaining and updating the referral list for Fluoride Varnish Program records for continuity of services
- maintaining records in an appropriate and confidential manner
- maintaining inventory of Fluoride Varnish Program supplies
- maintaining records of distribution of materials (i.e. prenatal sessions, number of attendees)
- maintaining monthly record of activities
- follow Infection Control Protocol

PROGRAM MANAGEMENT

The Oral Health Aide will:

- schedule and deliver Fluoride Varnish Program Services in a timely manner
- arrange screenings for children aged 0 to 7 within the community
- assist in arranging presentations to individuals and groups such as daycare operators, caregivers, Headstart children and others as required within the criteria and parameter of the Fluoride Varnish Program.



FLUORIDE VARNISH PROGRAM

SAMPLE--Provision of Fluoride Varnish Program Services by a Dental Therapist--SAMPLE

The Fluoride Varnish Program services to be provided by a Dental Therapist are to:

- A. Ensure the collection of appropriately completed permission forms
- B. Conduct Oral Health Screenings
- C. Apply (or ensure the application of) fluoride varnish according to the Fluoride Varnish Program standards
- D. Collect, complete and submit data in a timely fashion
- E. Maintain appropriate records
- F. Train and provide direction to the Oral Health Aide (if applicable)
- G. Ensure proper protocols are followed (i.e. Infection Control Protocol)
- H. Refer client to appropriate services/treatment (if required)
- I. Train parent(s)/caregiver(s) in basic oral hygiene methods for themselves and children in their care, including the Knee-to-Knee technique

The Dental Therapist will provide services as encompassed in the Fluoride Varnish Program requirements and will provide direction to the community Oral Health Aide. Fluoride Varnish Program standards must be reviewed on an annual basis. (Contact your Fluoride Varnish Program Coordinator--position title may vary--to obtain current competency standards, process and required reporting forms.)

REPORTING REQUIREMENTS

As identified by participating agencies

ADMINISTRATION

The Dental Therapist is responsible for:

- collecting and reviewing permission forms for Fluoride Varnish Program Services
- completing and maintaining a record of delivered services for all children ages 0 – 7 years old
- maintaining records of parent(s)/caregiver(s) referred to community dental provider
- maintaining and updating the referral list for Fluoride Varnish Program records for continuity of services
- maintaining records in an appropriate and confidential manner
- ordering and maintaining inventory of Fluoride Varnish Program supplies
- maintaining records of distribution of materials (i.e. prenatal sessions, number of participants)
- maintaining monthly record of activities

PROGRAM MANAGEMENT

The Dental Therapist will:

- ensure scheduling and delivery of Fluoride Varnish Program services in a timely manner
- ensure screenings are scheduled and provided to children aged 0 to 7 within the community
- provide presentations to individuals and groups such as daycare operators, caregivers, Headstart children and others as required within the criteria and parameter of the Fluoride Varnish Program
- ensure proper protocols are followed



FLUORIDE VARNISH PROGRAM

SAMPLE--Provision of Fluoride Varnish Program Services by a Dental Hygienist--SAMPLE

The Fluoride Varnish Program services to be provided by a Dental Hygienist are to:

- A. Ensure the collection of appropriately completed permission forms
- B. Conduct Oral Health Screenings
- C. Apply (or ensure the application of) fluoride varnish according to the Fluoride Varnish Program standards
- D. Collect, complete and submit data in a timely fashion
- E. Maintain appropriate records
- F. Train and provide direction to the Oral Health Aide (if applicable)
- G. Ensure proper protocols are followed (i.e. Infection Control Protocol)
- H. Refer client to appropriate services/treatment (if required)
- I. Train parent(s)/caregiver(s) in basic oral hygiene methods for themselves and children in their care, including the Knee-to-Knee technique

The Dental Hygienist will provide services as encompassed in the Fluoride Varnish Program requirements and will provide direction to the Oral Health Aide. Fluoride Varnish Program standards must be reviewed on an annual basis. (Contact your Fluoride Varnish Program Coordinator--position title may vary--to obtain current competency standards, process and required reporting forms.)

REPORTING REQUIREMENTS

As identified by participating agencies

ADMINISTRATION

The Dental Hygienist is responsible for:

- collecting and reviewing permission forms for Fluoride Varnish Program Services
- completing and maintaining a record of delivered services for all children ages 0 – 7 years old
- maintaining records of parent(s)/caregiver(s) referred to community dental provider
- maintaining and updating the referral list for Fluoride Varnish Program records for continuity of services
- maintaining records in an appropriate and confidential manner
- ordering and maintaining inventory of Fluoride Varnish Program supplies
- maintaining records of distribution of materials (i.e. prenatal sessions, number of participants)
- maintaining monthly record of activities

PROGRAM MANAGEMENT

The Dental Hygienist will:

- ensure scheduling and delivery of Fluoride Varnish Program services in a timely manner
- ensure screenings are scheduled and provided to children aged 0 to 7 within the community
- provide presentations to individuals and groups such as daycare operators, caregivers, Headstart children and others as required within the criteria and parameter of the Fluoride Varnish Program
- ensure proper protocols are followed



FLUORIDE VARNISH PROGRAM

SAMPLE--Fluoride Varnish Program Coordinator Sample Job Description--SAMPLE

Fluoride Varnish Program Coordinator role description--position title may vary--:

- A. Fluoride Varnish Program administration
- B. Introductory training for Dental Therapist (DT)/Dental Hygienist (DH) (train the trainer) with two follow-ups within the following year
- C. Fluoride Varnish Program calibration – to standards at each level:
 - Coordination
 - Dental Therapist/Hygienist
 - Oral Health Aide
- D. Primary Fluoride Varnish Program contact for the communities
- E. Ensure submission of reports (accuracy and timeliness)
- F. Financial process coordination
- G. Ordering of materials, supply coordination and distribution
- H. Provide training for Oral Health Aide when no dental provider is available
- I. Ensure proper protocols are followed (i.e. Infection Control Protocol)
- J. Coordination of annual re-calibration to ensure all dental staff are practicing within the same clinical parameters.
- K. Partnership development within communities and complementary programs

NOTE:

The Regional Dental Officer remains responsible for overall dental program delivery and clinical direction and calibration.

FLUORIDE VARNISH PROGRAM

Role of Oral Health Aides in the Delivery of Oral Health Prevention and Promotion Activities Sample- March 2006

Purpose:	The purpose of this document is to outline the parameters for the use of trained Oral Health Aides for specific oral health prevention and promotion services defined within the Fluoride Varnish Program.
Definition:	An Oral Health Aide is defined as a non-dental professional from the community. This may include volunteers and employed individuals who have received special training for the delivery/provision of Fluoride Varnish Program services. Individuals may include the following: a community member, Community Health Representative (CHR), Nurse, or community dental health representative/worker (position title may vary).
Dental Professional:	The Oral Health Aide works in conjunction with, and under the direction and guidance of, a dental professional to deliver the specific components of the Fluoride Varnish Program. The services provided are defined in the Fluoride Varnish Training Manual.
Fluoride Varnish Program Services:	<p>The key Fluoride Varnish Program services eligible to be provided by the trained Oral Health Aide are:</p> <ul style="list-style-type: none">A. application of fluoride varnishB. training of parent/caregiver in basic oral hygiene methods for child including the K nee-to-Knee technique; andC. training of parent/caregiver in basic oral hygiene methods for themselves.
Risk Protection:	<p>To receive the benefit of risk protection, the following factors must be in effect:</p> <ul style="list-style-type: none">A. Coordinating agency must:<ul style="list-style-type: none">i. explain the use of Oral Health Aides by their agency;ii. define the scope of services to be provided;iii. provide training for the defined Fluoride Varnish Program services andiv. provide support materials andv. provide support, guidance and follow-up



- B. The Oral Health Aide must:
- i. successfully complete training;
 - ii. provide the Fluoride Varnish Program services within the parameters as defined by the coordinating agency in the respective protocol;
 - iii. successfully meet the standards of the Fluoride Varnish Program on an ongoing basis upon review of the Fluoride Varnish Program Coordinator (or their delegate) and
 - iv. maintain accurate, legible documentation as required.

FLUORIDE VARNISH PROGRAM

Infection Control Protocol March 2006

Objective:	To reduce the amount of bacteria and to create a clean environment, reducing the risk of infection for the client and the provider.		
Service Provider:	Oral Health Aide, and all other Oral Health providers		
Transmission:	Spreading of bacteria from one source to another by direct or indirect contact.		
Contamination sources:	Saliva, blood		
Prevention:	Four key elements:		
	A. Stay as healthy as possible		
	B. Antiseptic washing of hands		
	Agents to be used:	Antiseptic soap* and warm water or hand sanitizer** if warm water is not accessible	
	Purpose:	Reduce the amount of bacteria on the surface of the hands	
	Length:	45 to 60 seconds	
	When:	Before/after wearing the gloves Before/after an intra-oral intervention	
	How:	See pictures	



Prevention (cont'd)



C. Personal Barrier protection

Points to remember:

1. Healthy skin is the best protection.
2. Do not wear jewelry. It cannot be disinfected and it might pierce the gloves. The presence of bacteria is greater underneath the jewelry due to greater amount of humidity.
3. Keep your nails short and clean without any nail polish or the use of acrylic nails as it facilitates bacterial development.
4. Do not use water that's too hot while washing your hands as it affects the integrity of the skin.
5. Do not clean hands and nails with a brush as it can create micro-lesions in the skin.

D. Disposal of contaminated material

Once treatment is completed, all soiled contaminants such as the bib, the gloves, the varnish and the paintbrush must be put back in the "zip-lock" bag to be disposed in the bio-hazardous container at the Community Health Centre. Do not leave anything soiled on the premises.

*note: Antiseptic soap to be used must contain one of the following agents:

2 to 4% of chlorhexidine (CHX)
0.3 to 1% of triclosan
0.6% of parachlorometaxyleneol (PCMX)
60 to 70% of propanol

**note: hand sanitizer (antiseptic hand rub) to be used must contain the following agent:
60 to 95% of ethanol or isopropanol

FLUORIDE VARNISH PROGRAM

Fluoride Varnish Protocol – March 2006

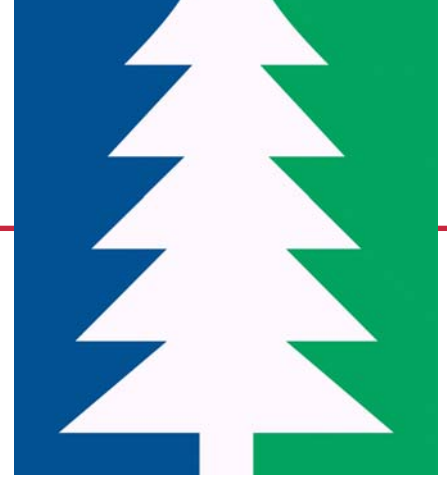
Target age groups:	0-7 years of age	
Children:	Signed Fluoride Varnish Permission Form in place Oral Health Screening completed	
Note:	The child may receive one fluoride varnish application by a Oral Health Aide prior to the completion of the Oral Health Screening. Subsequent fluoride varnish applications by the Oral Health Aide can not be provided until the Oral Health Screening has been completed.	
Service Provider:	Oral Health Aide Dental Hygienist Dental Therapist Any other individual trained in the application of Fluoride Varnish	
Basic procedure:	Apply Infection Control Protocol Fluoride varnish is applied to child's teeth Parent/caregiver/child receives oral hygiene instruction Parent/caregiver/child receives post service instruction Follow manufacturer's instruction	
NOTE:	For children aged 0-4 it is recommended that any evidence of decalcification/white spots/decay in the mouth be treated as caries present (see #2 below)	
Specific Regimen:		
1. Caries free:	4 applications:	Once every three (3) months
2. Caries present:	6 applications:	Initially, three (3) applications within a 14 day period and followed by one application every three (3) months
3. Maintenance:	4 applications:	Once every three (3) months.
Documentation:	Oral Health Aide, Dental Hygienist or Dental Therapist records service provided on the appropriate forms as designated by their employing agency.	
Reference:	Fluoride Varnish: Effectiveness, Patient Assessment, Protocols for Appropriate Use Steven K. Patterson, November, 2002	



FLUORIDE VARNISH PROGRAM

ORAL HEALTH Screening Protocol – March 2006

Target age groups:	6 months -7 years of age
Children:	Signed Oral Health Permission Form in place
Service Provider:	Dental Hygienist Dental Therapist Dentist
Basic procedure:	<p>Screening location is selected and screening is provided using a tongue depressor for retraction and light. Mirrors, explorers and x-rays are not used in the oral health screening process.</p> <ul style="list-style-type: none">• Apply Infection Control Protocol• Review health questions on Permission Form and decide if you will proceed• Identify and record number of def/DMF teeth• Identify the required fluoride varnish regimen• Determine if child needs referral for dental exam• Determine if the child needs a referral for urgent services• Provide oral hygiene instruction to parent/caregiver/child• Apply fluoride varnish following Fluoride Varnish Application Protocol• Direct/assign service delivery to community provider, if applicable• Refer to oral health professional for service provision, if applicable
NOTE:	<p>The child may receive one fluoride varnish application by a Oral Health Aide prior to the completion of the Oral Health Screening.</p> <p>Subsequent fluoride varnish applications by the Oral Health Aide can not be provided until the Oral Health Screening has been completed.</p>
Referral for treatment:	Children with extensive or unmanageable tooth decay or infections should be referred for care.
Documentation:	Dental Hygienist, Dental Therapist or Dentist ensures that: details of the screening are recorded legibly and accurately as per employing agencies requirements.



FORMS

Forms for the purpose of
reporting will be

determined based on

community protocol

(insert these forms here)



GLOSSARY

Fluoride Varnish Program Coordinator – any individual within an organization that is assigned to oversee all aspects of the Fluoride Varnish Program (they may not be the dental professional).

Bacteria – any group of microorganism normally present in the body, some of which can cause disease

Bicuspids – permanent teeth that are found near the middle of the jaw on each side and are used to crush food (also known as Premolars, see the Premolar definition)

Bristles – the part of the toothbrush that is used to brush one's teeth

Canines – the third tooth from the middle of the jaw; there are four canines in all that are pointed and help to tear food apart (also known as Cuspids or eye teeth)

Caries – the result of having rotten teeth, require professional dental treatment (also known as cavities, tooth decay or dental caries)

Cavities – holes in the teeth as a result of having rotten teeth, require professional dental treatment (also known as Caries or Tooth Decay)

Fluoride Varnish Program Forms – forms related to Fluoride Varnish Program that must be completed following each visit with a client to keep a record of services provided and client history. Reporting is determined and forms are distributed as per community protocol.

Oral Health Screening – the process of a dental professional checking a child's teeth for tooth decay

Community Capacity – the resources, skills, commitment and strengths within a community to address problems, carry out tasks (such as administration of projects/initiatives) and react to opportunities





Confidentiality – the act of keeping all records private and not sharing personal client information with anyone outside the dental field (it is only appropriate to share with other dental professionals when the information is related to the client's medical/dental health and the client gives their consent to the provider)

Contaminated Materials – any materials or supplies that have come in contact with another person's bodily fluids (saliva, blood)

Contraindications – situations or conditions when a service or treatment should not be done. For example: Applying fluoride varnish is contraindicated when a child is vomiting.

Cuspids – the third tooth from the middle of the jaw; there are four canines in all that are pointed and help to tear food apart (also known as Canines or eye teeth)

Decay-Causing Acid – a substance produced when bacteria in the mouth consume sugar – the substance is an acid that can cause tooth decay

Dental Floss – a waxed or unwaxed piece of nylon string that is inserted between the teeth and moved up and down to remove plaque and food particles that a toothbrush can not reach

Dental Professional – an individual who has completed a formal training program at a university, college or school of dentistry and is recognized by a regulatory body as having completed the appropriate training in the dental field (ie: dentist, dental therapist, dental hygienist)

Dispose – to get rid of; throw out

Diversity – differences between people such as age, gender or race

Dosage – the recommended amount of a medicinal ingredient one can use safely, without experiencing harmful side effects

Early Childhood Tooth Decay (ECTD) – a very common infectious dental disease that affects baby teeth of very young children and causes pain, infection, difficulty eating, speech problems and poor self esteem (result of teasing)

Elevated – an area that is raised, a bump





Eligible – individuals who can be part of the Fluoride Varnish Program and receive its services

Empathy – being able to put yourself in another person's shoes to experience what they are feeling

Eruption – the process of teeth appearing in the mouth

Food Particles – small pieces of food that get stuck in between and behind teeth that sometimes rot and contribute to tooth decay if not removed with dental floss or a toothbrush (may cause bad breath)

Fluoride Varnish – a safe substance that is painted on all the visible surfaces of the teeth to help strengthen them and protect against tooth decay

Fluoride Toothpaste – toothpaste that contains fluoride that helps strengthen teeth and protect against tooth decay in addition to cleaning them

Fructose – a type of sugar

General Anaesthesia – process of giving a strong medicinal drug to children and adults to put them to sleep while the doctor performs the necessary treatment

Glucose – a type of sugar

Gossip – the act of sharing an individual's personal information with anyone other than the individual themselves; talking about another person behind their back

Gum Disease – infection of the gums that may cause signs such as bleeding and swelling and symptoms such as pain

Healthy Gums – pink, clean gums

Healthy Teeth – clean, shiny teeth

Home Visit – an appointment made at the client's home with permission from the parent/caregiver (may vary according to community)

Incidence – how often something happens





Incisors – the four upper and lower front teeth that are used to cut foods

Infection Control – a way to follow a set of standards to reduce the chance for any sort of infection/bacteria from spreading or developing

Infectious – infecting with disease that is possibly transmitted through air or liquid such as saliva

Molars – upper and lower teeth in the back of the mouth that help to grind food

Mouth Sores – white spots, red spots, bleeding areas, elevated or caved-in shapes that are found on the gums, inside of cheeks, tongue, lips, floor of the mouth or roof of the mouth

Oral Health – general term relating to the state of health of the mouth, teeth, gums and other parts of the mouth

Oral Health Information Sessions – oral health education sessions provided by the Oral Health Aide or dental professional to the parent/caregiver to explain the importance of good oral health care for both parent/caregiver and child

Oral Hygiene – the act of taking care of one's teeth and mouth to make sure they are clean and healthy

Pacifier – an infant's soother or dummy

Partnerships – joining forces with other professionals, groups or interested individuals to help get the job done better and to reach different groups of people by appealing to their needs

Permanent Teeth – adult teeth

Plaque – a sticky coating that forms on teeth, gums and fillings which is the cause of cavities and gum disease

Poor Self Esteem – feelings of negativity about one's appearance, social class or character

Power to Change – the feeling of being respected when decisions are made that will affect the client's treatment; the ability to change decisions regarding treatment at any time without feeling disrespected



Premolars – teeth that are found near the middle of the jaw on each side and are used to crush food (also known as Bicuspids)

Prevention – stopping something before it happens; in terms of the Fluoride Varnish Program, this refers to stopping tooth decay and gum disease before it starts

Primary Teeth – baby teeth

Professionalism – being respectful, courteous, polite, clean and dressed well when meeting with clients

Professional Services – oral health care services that can only be provided by an Oral Health Aide or dental professional (i.e.: fluoride varnish applications, screenings)

Promotion – the act of creating a positive awareness of services and programs to community members and to create excitement within the people from the community to participate in activities, events, sessions and services

Protocol – an explanation of each procedure and how treatment should be performed to ensure standardized care is being provided in all communities across Northern Saskatchewan

Quality of Care – the level of care that is being received

Quench – to satisfy

Resources – people, books, teaching aids such as pamphlets, tooth model and videos that can be used within the community to help learn more about the subject being taught

Respect – being polite and understanding; acknowledging a person's experiences and views

Saliva – natural, colourless liquid produced in the mouth, spit

Standardization – the idea of creating one specific way to perform identical or similar methods of treatment to be delivered in every community across Northern Saskatchewan





Sterilize – kill all germs and bacteria

Streptococcus Mutans – bacteria that causes tooth decay

Teething – a natural process an infant goes through while the teeth are coming through the gums; may be painful for some infants

Tooth Decay – cavities; rotting teeth

Transmission – the passing of bacteria (may be good or bad) from one person to another

Verify – to make sure; confirm



ACRONYMS

CHR – Community Health Representative

ECTD – Early Childhood Tooth Decay

GA – General Anaesthesia

NHS – Northern Health Strategy

NOHWG – Northern Oral Health Working Group



Northern Health Strategy

Oral Health Aide
Training Manual

March 2006

Notes



Name of Oral Health Aide Candidate: _____

Fluoride Varnish Application Practical Evaluation											
#	Key Elements *A fluoride varnish application practical evaluation is considered successful when the Oral Health Aide has received a passing grade on all the elements marked with an asterisk (*).	Evaluation 1 Date: _____		Evaluation 2 Date: _____		Evaluation 3 Date: _____		Evaluation 4 Date: _____		Evaluation 5 Date: _____	
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)
1	*Keep environment clear and clean to ensure child's safety										
2	*Wash your hands according to the Infection Control Protocol										
3	Set out the supplies needed and pour water into a cup										
4	*Position child using an appropriate technique such as the knee-to-knee technique										
5	*Put your gloves on according to your dental professional's instructions										
6	Squeeze one drop of varnish on your glove or sticky note pad OR Gently peel off the cover of the single dose fluoride varnish unit										
7	Use a gauze to wipe off saliva										
8	Dip your brush into the varnish										
9	*Apply a thin coating of varnish on all accessible surfaces of all the teeth										
10	Help the child sit up and give him/her a drink of water										
11	*Remove your gloves according to the dental professional's instructions										
12	*Dispose of waste according to the Infection Control Protocol										
13	*Give post-op instructions to parent/caregiver according to Manufacturer's directions										
14	*Schedule necessary follow-up appointment(s)										
15	*Fill out the required documents										
Final Score:						PASS		FAIL			

Fluoride Varnish Application Practical Evaluation

After successfully completing the Oral Health Aide Training...

The Oral Health Aide must:

- observe a minimum of 3 fluoride varnishes performed on a child by a dental professional prior to their evaluation.
- successfully complete a minimum of 5 fluoride varnish applications on a child before performing the service unsupervised.

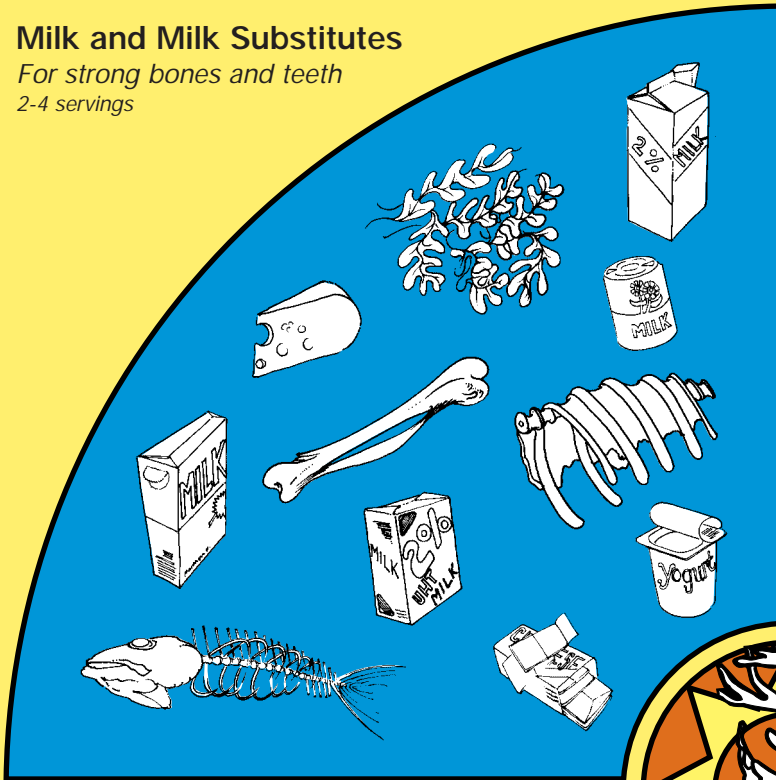
Observations on Evaluation #1:
Observations on Evaluation #2:
Observations on Evaluation #3:
Observations on Evaluation #4:
Observations on Evaluation #5:

NWT Food Guide

Eat foods from each group every day for health

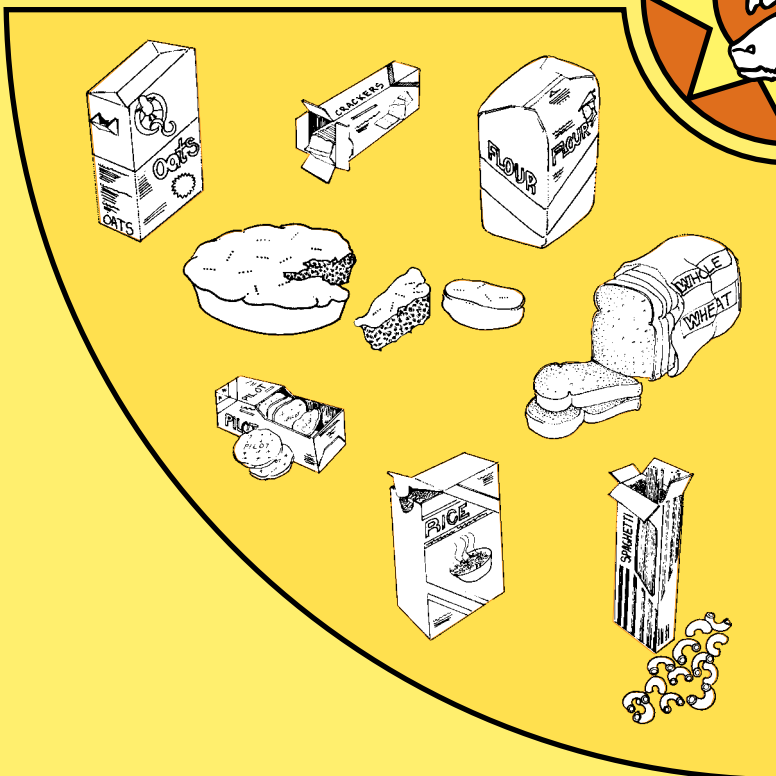
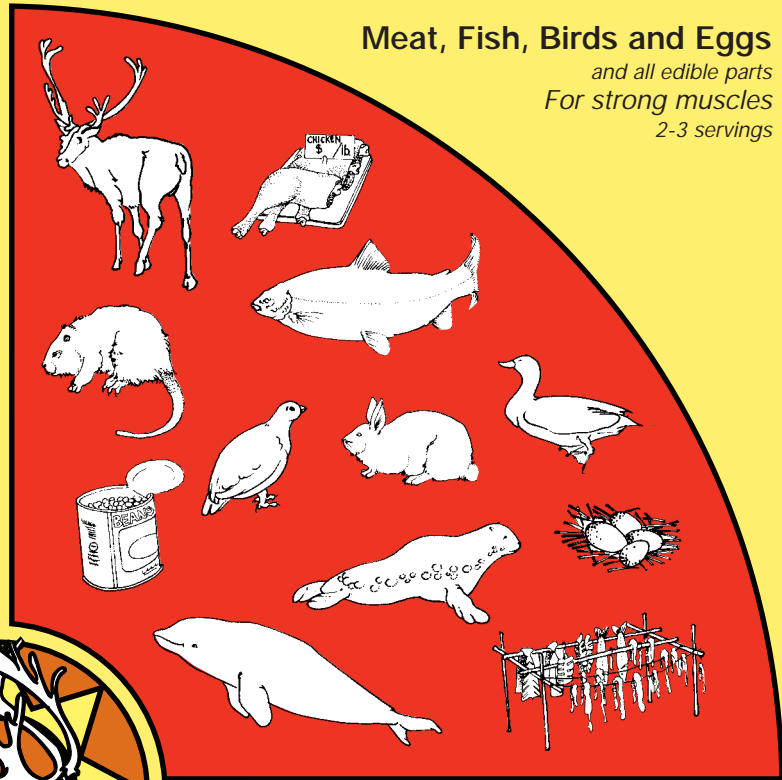
Milk and Milk Substitutes

*For strong bones and teeth
2-4 servings*



Meat, Fish, Birds and Eggs

*and all edible parts
For strong muscles
2-3 servings*



Bannock, Bread and Cereal

*For energy
5-12 servings*



Fruit and Vegetables

*For good eyes and skin and less infection
5-10 servings*



Northwest Territories Health and Social Services
Updated March 2005

NWT Food Guide

Eat a *VARIETY* of foods from each food group and drink plenty of water every day for health

Milk and Milk Substitutes

Children up to 11 years: 2-3 servings

Adolescents: 3-4 servings

Adults: 2 servings

Pregnant and Nursing Mothers: 3-4 servings

One serving could be:

Milk

- 1 cup (250 ml)
- whole, 2%, skim

Yoghurt

- 3/4 cup (175 ml)

Cheese

- 1 1/2 ounces (50 g)
- cheddar, processed cheese

Other calcium-rich foods to eat regularly:

- soft animal bones
- seaweed
- fish heads and bones



Meat, Fish, Birds and Eggs and all edible parts

2-3 servings every day

One serving could be:

Meat/Bird/Fish

- 2-3 ounces (50-100 g)
- caribou, duck, char, canned salmon, chicken

Dried Fish/Meat

- 1-2 ounces (30-60 g)

Organ Meat

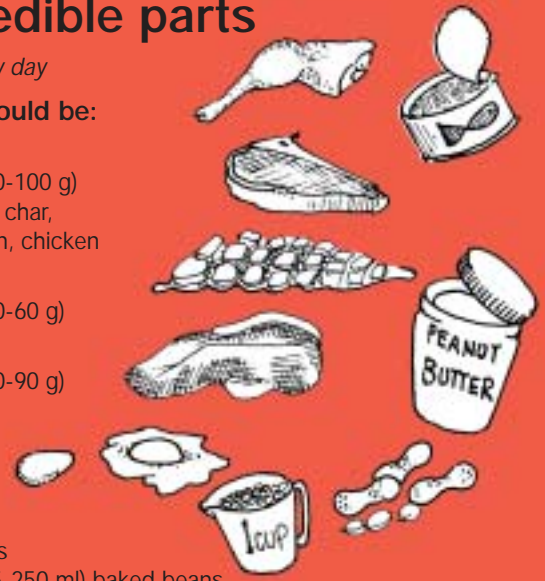
- 2-3 ounces (60-90 g)
- liver, heart

Eggs

- All eggs 1-2
- duck, chicken

Beans/Seeds/Nuts

- 1/2-1 cup (125-250 ml) baked beans
- 1/2 cup (125 ml) nuts and seeds
- 2 tablespoons (30 ml) peanut butter



Bannock, Bread and Cereal

5-12 servings every day

One serving could be:

Bannock

- 1 piece (37 g)

Bread

- 1 slice (30 g) whole wheat, white enriched

Cooked Macaroni/Noodles/Rice

- 1/2 cup (125 ml)

Cooked Cereal — 1/2-3/4 cup (125-175 ml)

- oatmeal

Unsweetened Ready to Eat Cereal

- 3/4-1 cup (175-250 ml)

High Fiber Wholegrain Cereal

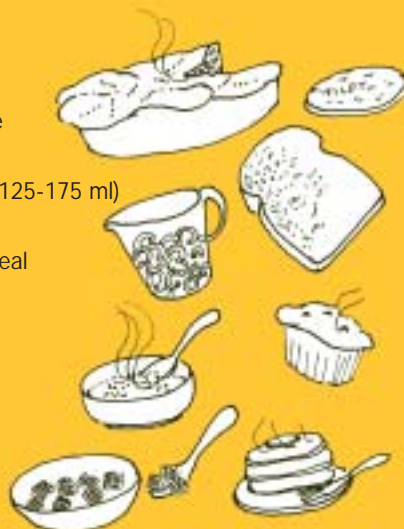
- 1/2-1 cup (125-250 ml)

Granola

- 1/3 cup (85 ml)

Other Foods to Eat for Energy:

- pilot biscuits/crackers
- pancakes
- muffins



Fruit and Vegetables

5-10 servings every day

One serving could be:

Berries/Wild Greens

- 1/2 cup (125 ml) cranberries, wild rhubarb

Fruit

- fresh, frozen, canned
- 1/2 cup (125 ml) apple, orange, banana

Vegetables

- fresh frozen, canned
- 1/2 cup (125 ml)
- carrots, peas, beans
- 1 medium potato
- 1 cup (250 ml) Salad

Juice

- unsweetened
- 1/2 cup (125 ml) orange, apple, tomato

Organ Meat

- 2-3 ounces (60-90 g) liver, heart

Animal Fats and Oils

- These traditional sources of vitamins and minerals can be used regularly, but not in large amounts; caribou, seal, muktuk



These are not real juice - they contain too much sugar.



REMEMBER:

To control weight, **BALANCE** food energy eaten with physical activity.
Try to **LIMIT** foods containing a lot of sugar, salt and fat.



Health
Canada

Santé
Canada

CANADA'S

Food Guide

TO HEALTHY EATING
FOR PEOPLE FOUR YEARS
AND OVER

Enjoy a variety
of foods from each
group every day.

Choose lower-
fat foods
more often.



Grain Products

Choose whole grain
and enriched
products more often.

Vegetables and Fruit

Choose dark green and
orange vegetables and
orange fruit more often.

Milk Products



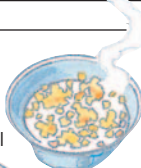
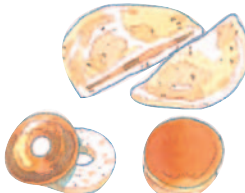
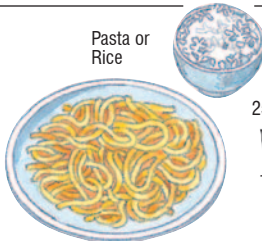














Choose lower-fat milk
products more often.

Meat and Alternatives

Choose leaner meats,
poultry and fish, as well
as dried peas, beans
and lentils more often.

Canada



<div>Grain Products</div> <div>5 – 12</div> <div>SERVINGS PER DAY</div>	<div>1 Serving</div> <div><div><div>1 Slice</div></div><div><div>Cold Cereal 30 g</div></div><div><div>Hot Cereal 175 mL 3/4 cup</div></div></div> <div>2 Servings</div> <div><div><div>1 Bagel, Pita or Bun</div></div><div><div>Pasta or Rice 250 mL 1 cup</div></div></div>
<div>Vegetables and Fruit</div> <div>5 – 10</div> <div>SERVINGS PER DAY</div>	<div>1 Serving</div> <div><div><div>1 Medium Size Vegetable or Fruit</div></div><div><div>Fresh, Frozen or Canned Vegetables or Fruit 125 mL 1/2 cup</div></div><div><div>Salad 250 mL 1 cup</div></div><div><div>Juice 125 mL 1/2 cup</div></div></div>
<div>Milk Products</div> <div>SERVINGS PER DAY</div> <div>Children 4–9 years: 2–3</div> <div>Youth 10–16 years: 3–4</div> <div>Adults: 2–4</div> <div>Pregnant and Breast-feeding Women 3–4</div>	<div>1 Serving</div> <div><div><div>250 mL 1 cup</div></div><div><div>Cheese 3"x1"x1" 50 g</div></div><div><div>2 Slices 50 g</div></div><div><div>175 g 3/4 cup</div></div></div>
<div>Meat and Alternatives</div> <div>2 – 3</div> <div>SERVINGS PER DAY</div>	<div>1 Serving</div> <div><div><div>Meat, Poultry or Fish 50-100 g</div></div><div><div>Fish 1/3-2/3 Can 50-100 g</div></div><div><div>Beans 125-250 mL</div></div><div><div>1-2 Eggs</div></div><div><div>100 g 1/3 cup</div></div><div><div>Peanut Butter 30 mL 2 tbsp</div></div></div>
<div>Other Foods</div> <div>Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or Calories, so use these foods in moderation.</div>	

Different People Need Different Amounts of Food

The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast-feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can go to the higher number. Most other people can choose servings somewhere in between.



Consult *Canada's Physical Activity Guide to Healthy Active Living* to help you build physical activity into your daily life.

Enjoy eating well, being active and feeling good about yourself. That's **VITALIT[®]**

Additional Resources

Useful Websites

CDC

<http://www.cdc.gov/>

Colgate

<http://www.colgate.com/app/Colgate/US/HomePage.cvsp>

Crest

<http://www.crest.com/>

*Dairy Farmers of Canada

<http://www2.dairyfarmers.org/engl/producers/index.asp>

*Dairy Foundation of Canada

<http://www.bcdf.org/>

Healthy Teeth

<http://healthyteeth.org/>

Kellogg's

<http://www.kelloggs.com/us/>

*National Center for Maternal and Child Health

<http://www.mchoralhealth.org/>

*National Clearinghouse

<http://www.guideline.gov/>

*Northwest Company

<http://www.northwest.ca/BackOffice/DesktopDefault.aspx?tabindex=5&tabid=10016>

*National Diabetes Information (US)

<http://www.diabetes.org/home.jsp>

National Institute of Health

<http://www.nih.gov/>

National Institutes of Nutrition

<http://www.ccfh.ca/>

Ontario Association of Public Health Dentistry

<http://www.oaphd.on.ca/>

* Compliments of Saskatchewan Region



Oral B

<http://www.oralb.com/learningcenter/teaching/>

Proctor and Gamble

<http://www.dentalcare.com/>

*Saskatchewan Institute for the Prevention of Handicaps

<http://www.preventioninstitute.sk.ca/>

*Smilemakers

http://www.smilemakers.com/Smilemakers/assets/html/s_dental.asp?mscssid=1B4EF720F6E747749943629AAEC6FA4F&Gift=false&GiftID=

*Texas Dental Health Program

http://www.tdh.state.tx.us/dental/dental_month_planner.htm

Tobacco Facts

<http://www.tobaccofacts.org/>

The Tooth Fairy

<http://www.toothfairy.org/>

* Compliments of Saskatchewan Region

