

# Standards for the Nova Scotia Fluoride Mouthrinse Program

Approved by the Fluoride Mouthrinse Steering committee

October 1, 2004

## **Table of Contents**

---

Introduction .....	3
Rationale for the Standards .....	4
Purpose of the Standards .....	5
Program Outcomes .....	6
Standards .....	7
Category: Access .....	8
Category: Consent .....	9
Category: Quality .....	10
Category: Public Health Dental Hygienists and Volunteers .....	11
Category: Community Support .....	12
References .....	13

## **Introduction**

---

Nova Scotia's Fluoride Mouthrinse Program is a school-based, supervised, weekly program using a concentrated fluoride mouthrinse solution. Fluoride from the mouthrinse solution is retained in dental plaque and saliva. Studies show that fluoride mouthrinse has reduced caries experience among school children by up to 30 per cent.<sup>i</sup> A Cochrane review of fluoride mouthrinsing supports the evidence regarding its effectiveness in preventing dental caries in children, particularly those at higher risk.<sup>ii</sup> A second Cochrane review shows that fluoride mouthrinse is similar in effectiveness to other topical fluorides.<sup>iii</sup> Children aged six years and over who use fluoride mouthrinse are not at risk for visually detectable changes in their teeth from ingesting fluoride (called enamel fluorosis).

In the past, there were a number of mouthrinse programs operating in varied ways across Nova Scotia. To address inconsistencies in the implementation of the program across Nova Scotia, an Ad Hoc Committee of the Public Health Health Enhancement Core Program Working Group was created to develop a standardized fluoride mouthrinse program. One of the outcomes of the work of the Ad Hoc Committee is a set of standards for Nova Scotia's provincial Fluoride Mouthrinse Program, outlined in this report.

The provincial Fluoride Mouthrinse Program is designed to offer a weekly fluoride mouthrinse to children in grades primary through six. The program is coordinated and supported by Public Health dental hygienists, and volunteers trained by the dental hygienists actually deliver the weekly program in the schools.

## **Rationale for the Standards**

---

The use of fluoride is the most important reason for the decline in the prevalence and severity of dental caries. Fluoride has been shown to be both safe and effective when it is used appropriately.<sup>1</sup> The risk for dental caries in all age groups is best reduced by frequent exposure to small amounts of fluoride each day. To receive this daily benefit, the United States Centers for Disease Control and Prevention recommend that people drink water with an optimal fluoride concentration and brush their teeth twice daily with fluoride toothpaste. People at high risk for dental caries often require additional fluoride. Fluoride mouthrinsing is one of the additional sources of fluoride that can help to reduce dental caries.

Although fluoride in its many forms has significantly reduced dental caries, the prevalence and severity are not evenly spread across the general population. Most of the disease is now concentrated among certain groups and individuals. Populations believed to be at increased risk for dental caries are those with low socio-economic status, low levels of parental education, low income, those who do not seek regular dental care and those without dental insurance or ready access to dental services.<sup>1,iv,v</sup>

Nova Scotia's Fluoride Mouthrinse Program provides weekly exposure to fluoride to children at the highest risk of developing dental caries with the aim of reducing their occurrence.

## Purpose of the Standards

---

The purpose of the standards in this document is to provide a framework to guide the implementation of the provincial Fluoride Mouthrinse Program. The standards provide a point of reference for assessing gaps and provide direction for implementation of services to address those gaps. In addition, the standards promote consistency in service delivery across the province, while at the same time allowing the flexibility needed to reflect the varying capacities and needs of communities and organizations across the province. Standards also provide a framework for accountability reporting by District Health Authorities as they work with community partners and the Department of Health to move toward meeting provincial standards that address current gaps.

For the purpose of this document, the Standards Council of Canada definition of a standard has been adopted:

*A standard is a document, established by consensus and approved by a recognized body, that provides, for common and repeated use, rules, guidelines or characteristics for activities or their results, aimed at the achievement of the optimum order in a given context. Standards should be based on the consolidated results of science, technology and experience, and aimed at the promotion of optimum community benefits.*

## **Program Outcomes**

---

The planned outcomes of the Fluoride Mouthrinse Program are to

1. Improve the overall health of elementary school-age children by enhancing their oral health.
2. Reduce the proportion of children with dental caries in their primary and permanent teeth.
3. Increase the proportion of children with the highest risk for dental caries who receive fluoride mouthrinse as a preventive dental service.
4. Increase community awareness about the importance of preventive dental services.

## **Standards**

---

The standards for the Fluoride Mouthrinse Program are divided into the following categories:

- Access
- Consent
- Quality
- Public Health Dental Hygienists and Volunteers
- Community Support

## **Category: Access**

### **Goal Statement**

1. Children who attend schools that are eligible to participate in the Fluoride Mouthrinse Program receive a fluoride mouthrinse weekly.

### **Standard Statements**

- 1.1. District Health Authorities have an identified mechanism for planning, allocation of resources and delivery of the Fluoride Mouthrinse Program based on the findings of the program evaluation and population health indicators as outlined in the provincial Fluoride Mouthrinse Program Manual.
- 1.2. District Health Authorities provide the Fluoride Mouthrinse Program to all schools on the eligible schools list provided by the Department of Health.

## **Category: Consent**

### **Goal Statement**

2. Parents or guardians of all children participating in the Fluoride Mouthrinse Program consent to their child's participation.

### **Standard Statements**

- 2.1. Public Health dental hygienists accountable for coordinating and supporting the Fluoride Mouthrinse Program:
  - 2.1.1. Obtain completed provincial Fluoride Mouthrinse Program consent forms from parents or guardians before allowing children to participate in the Fluoride Mouthrinse Program.
  - 2.1.2. Ensure that new consent forms are signed for all children participating in the program at the beginning of every school year.
  - 2.1.3. Retain signed consent forms in accordance with the District Health Authority Record Retention Schedule.

## **Category: Quality**

### **Goal Statement**

3. Children who attend schools that are eligible to participate in the Fluoride Mouthrinse Program participate in a Program that is standardized, safe and cost effective.

### **Standard Statements**

- 3.1. Public Health dental hygienists accountable for coordinating and supporting the Fluoride Mouthrinse Program ensure that the Program is being delivered in accordance with the Program Standards and the policies and procedure contained in the provincial Fluoride Mouthrinse Program Manual.
- 3.2. Public Health dental hygienists accountable for coordinating and supporting the Fluoride Mouthrinse Program and Program volunteers participate in the provincial evaluation in accordance with the evaluation framework approved by the Department of Health.

## **Category: Public Health Dental Hygienists and Volunteers**

### **Goal Statement**

4. Children who attend schools that are eligible to participate in the Fluoride Mouthrinse Program receive the Program from volunteers trained by Public Health dental hygienists.

### **Standard Statements**

#### *Public Health Dental Hygienists*

- 4.1. The Fluoride Mouthrinse Program is coordinated and supported by Public Health dental hygienists employed by the District Health Authority.
- 4.2. Public Health dental hygienists who are accountable for coordinating and supporting the Fluoride Mouthrinse Program:
  - 4.2.1. Recruit and screen volunteers in partnership with the school administration and according to DHA and school board policies.
  - 4.2.2. Train all new volunteers in accordance with the provincial Fluoride Mouthrinse Program Volunteer Information and Training Program Manual.
  - 4.2.3. Provide annual refresher training to all volunteers in accordance with the provincial Fluoride Mouthrinse Program Volunteer and Training Program Manual.
  - 4.2.4. Provide each volunteer with a copy of the provincial Fluoride Mouthrinse Program Volunteer Information and Training Program Manual.

#### *Volunteers*

- 4.3. Volunteers participating in the Fluoride Mouthrinse Program:
  - 4.3.1. Participate in an annual program training session provided by the public health dental hygienist.
  - 4.3.2. Follow the policies and procedures outlined in the provincial Fluoride Mouthrinse Program Volunteer Information and Training Program Manual.

## **Category: Community Support**

### **Goal Statement**

5. The Fluoride Mouthrinse Program is supported by the school administration, staff, volunteers and community health professionals in communities where the program is offered.

### **Standard Statements**

- 5.1. Public Health dental hygienists accountable for coordinating and supporting the Fluoride Mouthrinse Program:
  - 5.1.1. Annually communicate with the school administration and staff of participating schools to inform and update them about the Fluoride Mouthrinse Program.
  - 5.1.2. Annually communicate with health professionals in the communities of participating schools about the Fluoride Mouthrinse Program according to the provincial Fluoride Mouthrinse Program Manual.

## References

---

- <sup>i</sup> Centers for Disease Control and Prevention. Recommendations for using fluoride to prevent and control dental caries in the United States. MMWR Report. August 17, 2001 / 50(RR14); 1-42, page 1. [Cited 2003 Mar 23]. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>.
- <sup>ii</sup> Marinho VCC, Higgins JPT, Logan S, Sheiham A. Fluoride mouthrinses for preventing dental caries in children and adolescents (Cochrane Review). In: The Cochrane Library, Issue 3, 2003. Oxford: Update Software. Chichester, UK: John Wiley & Sons, Ltd.
- <sup>iii</sup> Marinho VCC, Higgins JPT, Sheiham A, Logan S. One topical fluoride (toothpastes, or mouthrinses, or gels, or varnishes) versus another for preventing dental caries in children and adolescents (Cochrane Review). In: The Cochrane Library, Issue 3, 2003. Oxford: Update Software. Chichester, UK: John Wiley & Sons, Ltd.
- <sup>iv</sup> United States Department of Health and Human Services. The Surgeon General's Report on Oral Health. [cited 2002 Nov 14] Available from URL: <http://www.nidcr.nih.gov/sgr/oralhealth.asp4>.
- <sup>v</sup> Lawrence, H, Leake, J. The U.S. Surgeon General's Report on Oral Health in America: A Canadian Perspective. J Can Dent Assoc 2001. 67: (10), page 587.