

Oral Care Policies and Practices in Daycares & Elementary Schools

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Dental Caries

Trends in Canada:

**Tooth decay among preschoolers
on the rise**

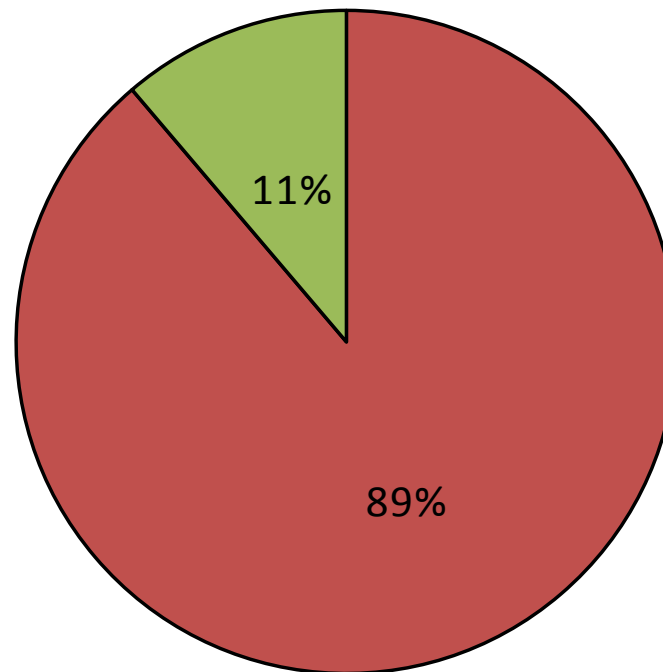
Study Rationale

Anecdotal evidence

- Supervision concerns
 - Transfer of germs
 - Lack of facilities
-
- No uniform oral hygiene policy in Ontario
 - No data on the prevalence of oral care policies/practices in educational institutions



Policy Prevalence for all Institutions



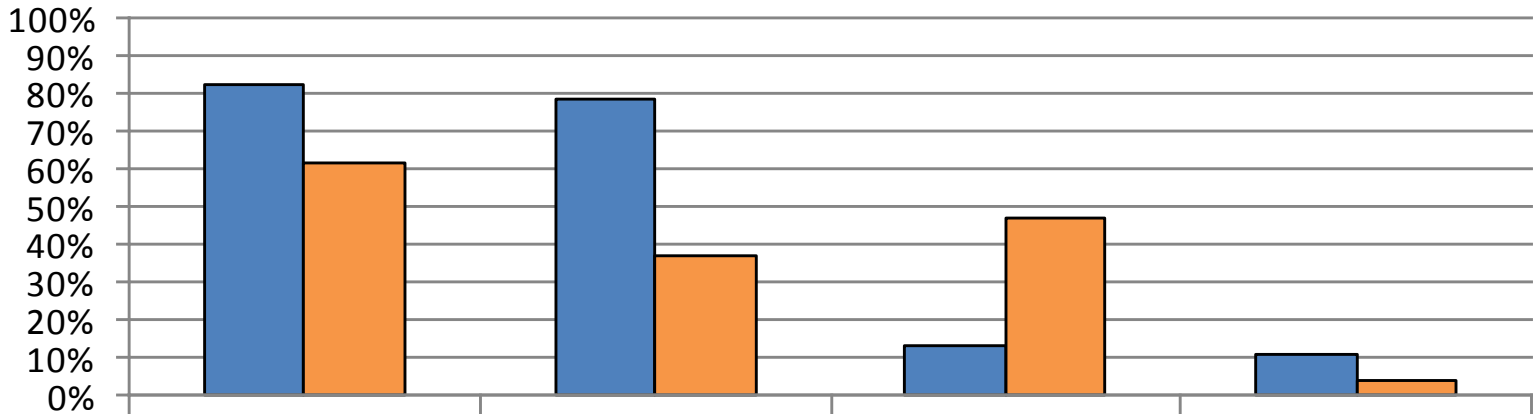
■ No Policy (436) ■ Policy (55)

N=491 Daycares + Primary schools

Reasons for not having an oral care policy

	Daycares	%	Elementary Schools	%
1	Health concerns	56%	Lack of facilities	57%
2	Lack of storage	42%	Lack of supervision	54%
3	Lack of facilities	22%	Lack of storage	53%
4	Not a concern	21%	Not a concern	40%
5	Recommended against	17%	Child safety	40%
6	Lack of supervision	13%	Health concerns	37%
7	Child safety	2%	Tampering of toothbrushes	26%
8			School vandalism	13%
9			Bullying & teasing	7%
10			Recommended against	1%

Allowances to Brush

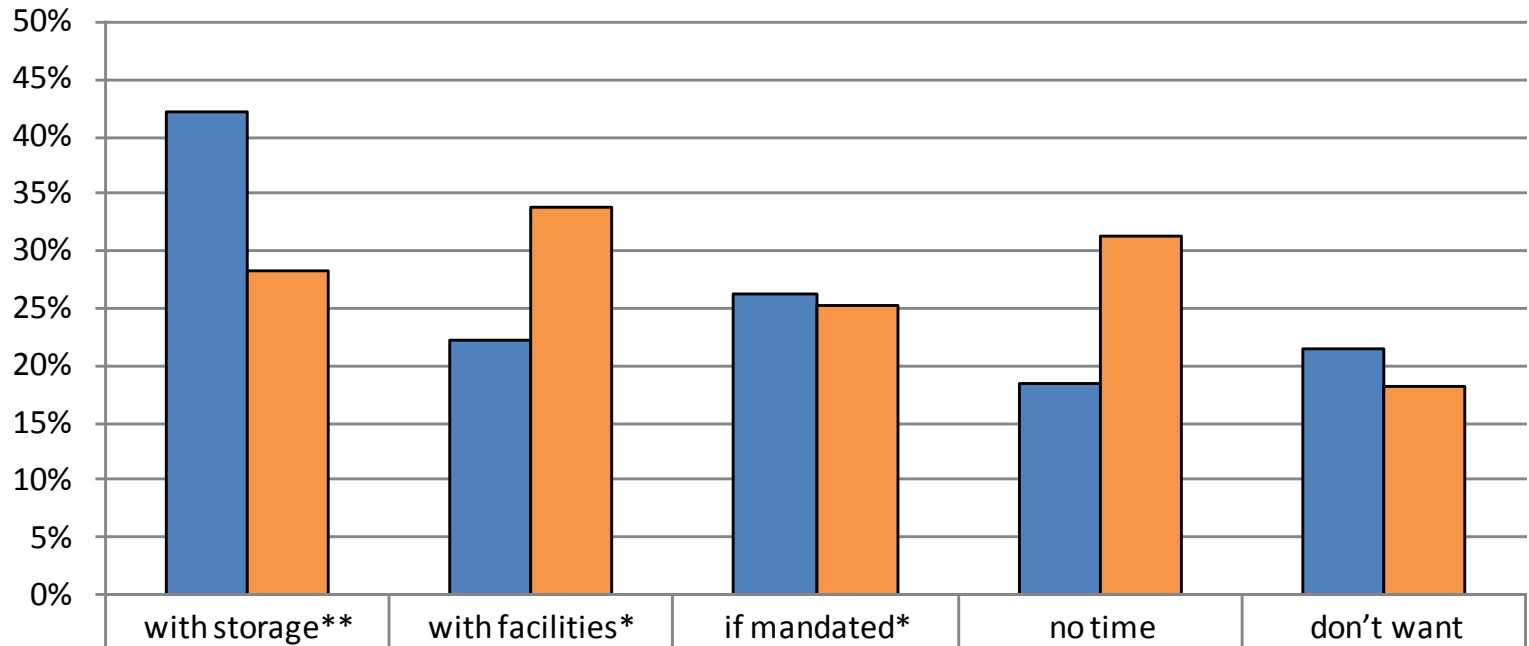


	medical / dental	special needs***	note***	no exceptions*
Daycare (206)	83%	79%	13%	11%
Elementary (230)	62%	37%	47%	3%

*0.05 Sig
 ***0.001 Sig

■ Daycare (206) ■ Elementary (230)

Feasibility of Policy



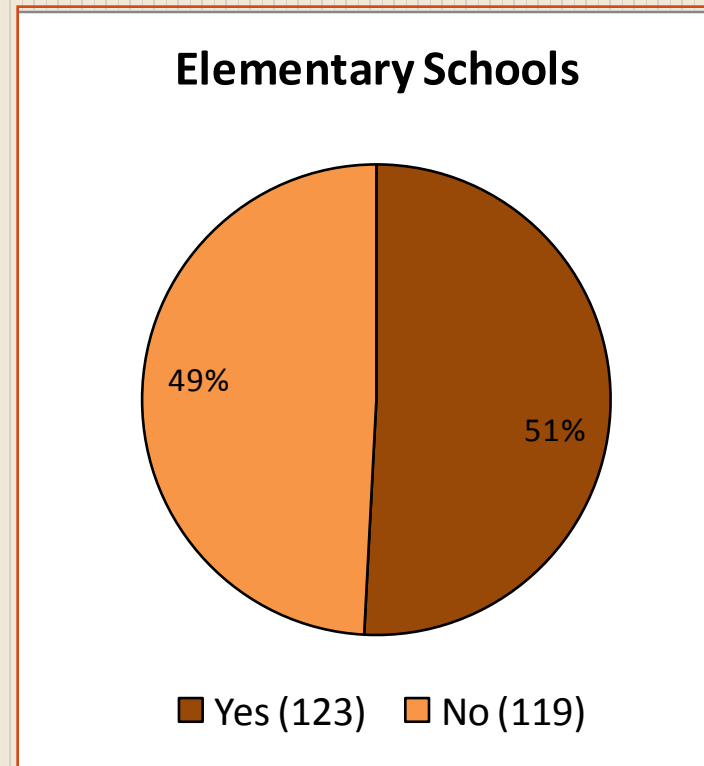
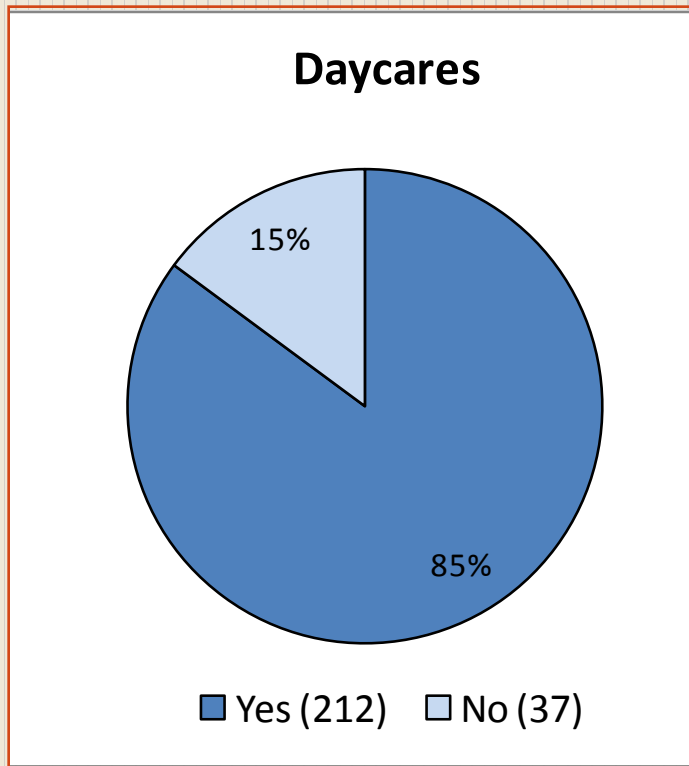
	with storage**	with facilities*	if mandated*	no time	don't want
Daycare (206)	42%	22%	26%	18%	21%
Elementary (230)	28%	34%	25%	31%	18%

■ Daycare (206)
 ■ Elementary (230)

*0.05 Sig
 **0.01 Sig

Availability of resources

- Daycares more likely to have sinks for toothbrushing
85% daycares vs. 51% elementary schools, $p < 0.001$



Analysis of qualitative responses



With policy

“I thought of it myself, I have been doing it for at least 10 years”

“It’s part of the routine and the children enjoy it”

“As part of our health and safety mandate”

No policy

“Used to brush years ago, but public health said that hygiene and communicable disease was an issue.”

- 50 commented that they used to brush (20%)
 - 24 stopped brushing because of Toronto public health

Analysis of qualitative responses



No policy

"We would definitely do it if public health made it more user friendly"

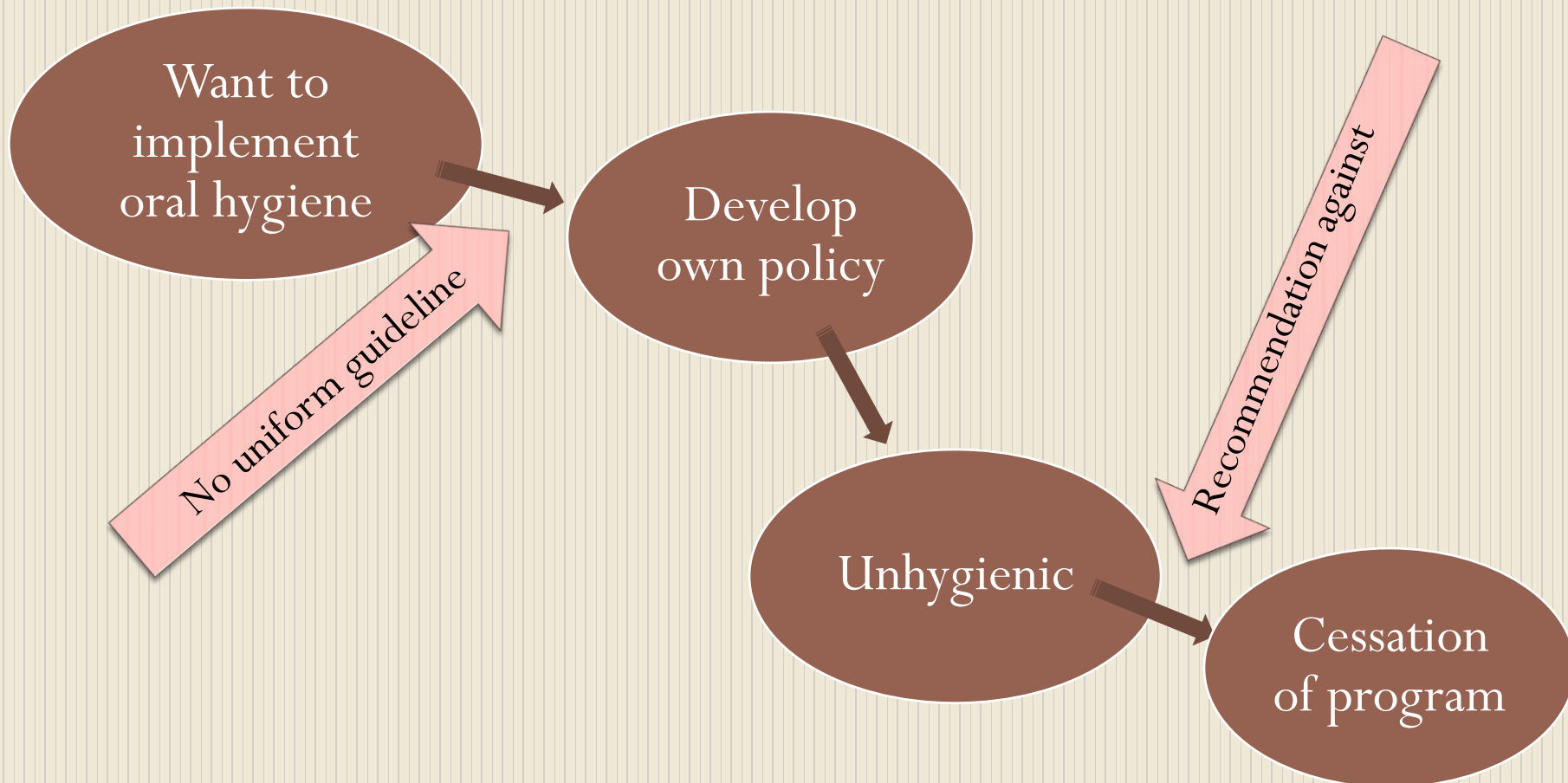
"If somebody came up with a feasible way of doing it in our centre we would try to do it"

"We provide a vegetable at the end of all meals to act as a toothbrush"

"There are no exceptions for tooth brushing. We are not allowed by public health (elementary)."

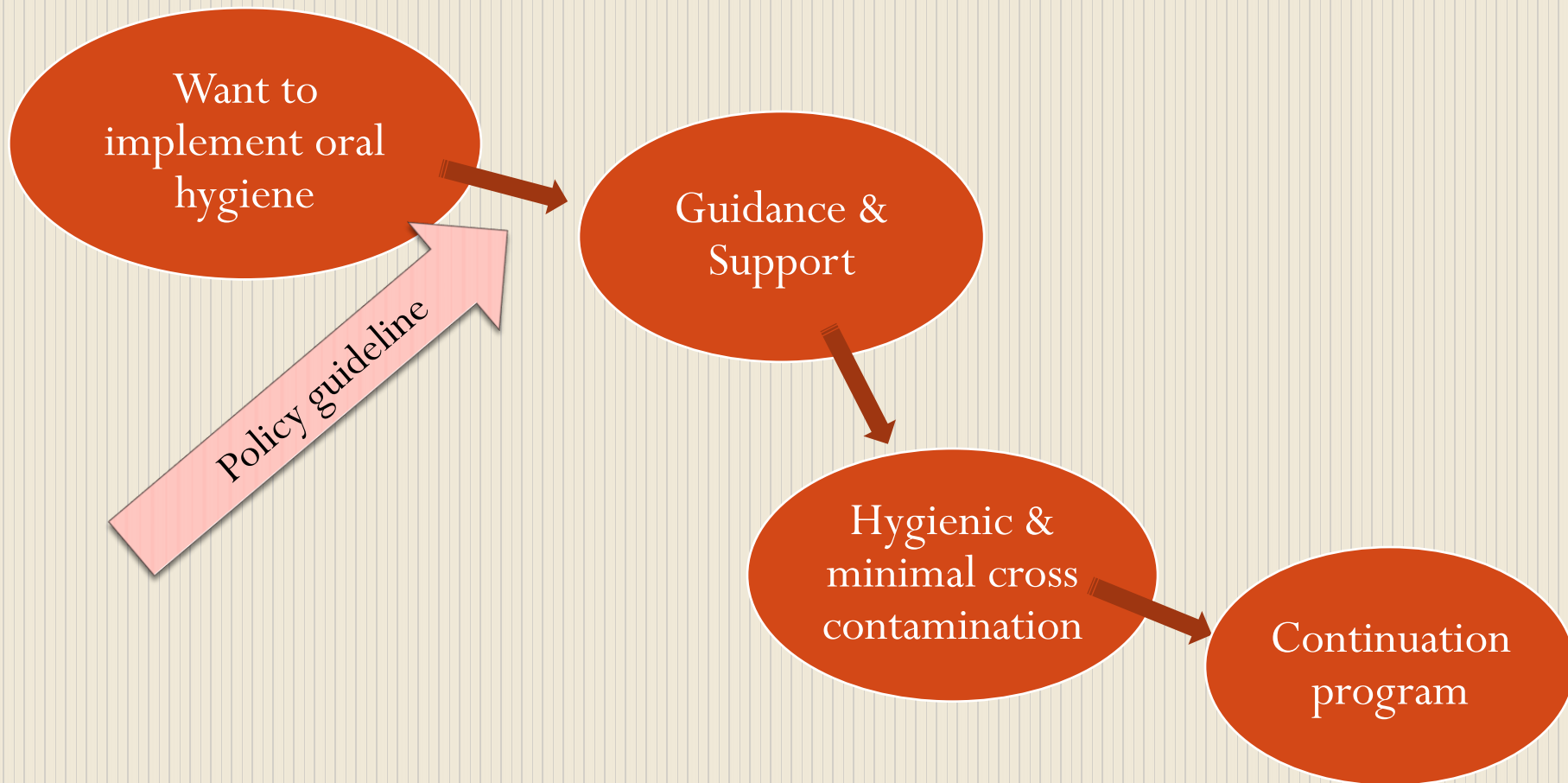
Present state of affairs

- Prevalence of policies
 - 50 daycares used to brush
 - No consistent policy direction



What is desirable:

- Prevalence of policies
 - Proposed:



Discussion

Daycares (0 -5)

- Disease rates on the rise
- Generally not screened
- Willing & enthusiastic
 1. Better facilities
 2. Smaller class sizes
 3. More supervision
 4. More flexible schedule
 5. Fewer administrative roadblocks

Discussion

- Need for an oral care policy
- Day Nurseries Act
 - Promote good oral hygiene
 - Regulation would minimize cross-contamination
 - Allow children to follow professional advice

(Gartsbein and Kulkarni 2007)

Suggested Policy & Guidelines

1. Various professionals should identify children at high risk for caries and recommend tooth brushing during school hours
2. All children should be **allowed** to brush while in day-care/school, especially those identified being at high-risk
3. All children should be encouraged to brush
4. Toothbrushing activities should be supervised by an adult, especially if toothpaste is used
5. Following toothbrushing, children should be encouraged to rinse with water using individual disposable cups

Suggested Policy & Guidelines

6. Toothbrushing should be practiced after meals and/or snacks, especially before children's naptime
7. All daycares should have appropriate sinks suitable for tooth brushing
8. Sinks should be sanitized before and after brushing activities
9. Toothbrushes should be individually stored with a child's belongings or
10. For toothbrushes stored within the day-care: Each toothbrush should be labelled with child's name, washed, and stored dry in a sanitary unit so as not to contact another to prevent cross-infection

Future directions

- Discussions with policy makers and stakeholders
- Develop age appropriate policies
- Implementation by providing appropriate facilities & support for policy implementation
- Accumulate evidence for its effectiveness

“Made in China”

“Made in Canada”



Thank you!