



Ohio Department of Health Oral Health Program

Fluoride Mouthrinse Program Manual

The Fluoride Mouthrinse (FMR) Program Manual provides information for school administrators, personnel, FMR coordinators and parents and includes program administration guidelines, policies and procedures, teacher recommendations and forms.



Ohio
Department of Health

For the user's convenience, there are links from the table of contents to the respective sections within the manual.

This revised 2016 version of the Ohio Department of Health's School-based Fluoride Mouthrinse Program Manual will not be printed for distribution. However, the up-to-date version of the manual will be available on the ODH Web site at <http://www.odh.ohio.gov/odhprograms/ohs/oralhealth.aspx>



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I. INTRODUCTION

History

The Ohio Department of Health (ODH) supports a school-based Fluoride Mouthrinse (FMR) program which has been provided to students in some Ohio schools since the 1980-1981 school year. The purpose of the FMR program is to provide a safe and effective method of reducing dental decay in elementary school children. In the early years of the program, the ODH approach was to maximize the number of students and schools that participated in the program. However, national studies conducted during the mid-late 1980's reported that the majority of tooth decay was being experienced by children who were at higher risk for dental caries (risk factors include sub-optimal exposure to fluoride, low income, Medicaid eligibility, poor diet).^{1, 2, 3} It was also noted that patterns of decay were beginning to change from the smooth surfaces of teeth to the pits and fissures of the teeth.^{4, 5} Ohio's statewide oral health surveys, conducted during the 1987-1988 and 1992-1993 school years, supported these national findings. By combining decay preventive measures, such as fluoride mouthrinse, which is most effective on the smooth surfaces of the teeth, and dental sealants (plastic coatings painted onto pits and fissures of the back teeth to seal out the food and germs that cause decay), Ohio school children can receive the most comprehensive protection against tooth decay.⁶

Benefits

After carefully considering both the information from national studies and the results of the Ohio Oral Health Survey, the Ohio Department of Health decided to target the FMR program based on a specific criterion. Today, schools are eligible to participate in the FMR program if the majority of the children attending the school do not receive optimal levels of fluoride in their drinking water. Students' teeth will receive a *topical* (meaning the fluoride will not be swallowed) benefit from the fluoride mouthrinse, resulting in strengthening of the outer layer of tooth enamel. This program is primarily for elementary school students in grades K-6. A systematic review of the research on fluoride mouthrinses concluded that one in two children with high levels of tooth decay will have less decay by using fluoride mouthrinses in school-based programs.⁷

Purpose of Manual

This manual provides school personnel and volunteers with the procedures and requirements for administering and implementing the Ohio Department of Health's (ODH) school-based FMR program. School personnel and volunteers involved with the FMR program must comply with the requirements detailed in this document. The manual is available electronically from the Ohio Department of Health, Oral Health Program.

Authority for the School-Based Fluoride Mouthrinse Program

In Ohio, the authority for schools to administer fluoride mouthrinse programs is contained in [Ohio Revised Code 3701.136](#), (A) through (E). This statute provides schools with the authority to implement the ODH-sponsored school-based fluoride mouthrinse program without being noncompliant with Section 3313.713 of the Ohio Revised Code, which outlines requirements that must be met for school personnel to administer medications to students at school.

Roles and Responsibilities

Participation in the FMR program is voluntary. Successful implementation will result when both the Ohio Department of Health and the participating school coordinate efforts and understand their respective responsibilities. **Figure 1** outlines the roles and responsibilities of the Department of Health and the participating school.

FIGURE 1: Fluoride Mouthrinse Program Roles and Responsibilities

ODH Role

- **Set policies** related to administering the school-based FMR program based on the current scientific evidence:
 1. Develop the criteria for school eligibility.
 2. Assure the FMR program is administered in the most cost-effective, efficient and beneficial manner.
 3. Monitor individual schools for administering the program in compliance with the policies developed.
- **Conduct trainings** for FMR Coordinators. Provide ongoing technical assistance to school personnel.
- **Provide specific supplies** needed to administer the program: consent forms for new students, fluoride mouthrinse packets, pumps, containers and classroom records for rinsing are provided at no direct charge to the schools or students.
- **Monitor the FMR program** by means of on-site visits, telephone calls and program reports.

Participating School Responsibilities

- **Designate an FMR Coordinator** to administer the program.

FMR Coordinator responsibilities:

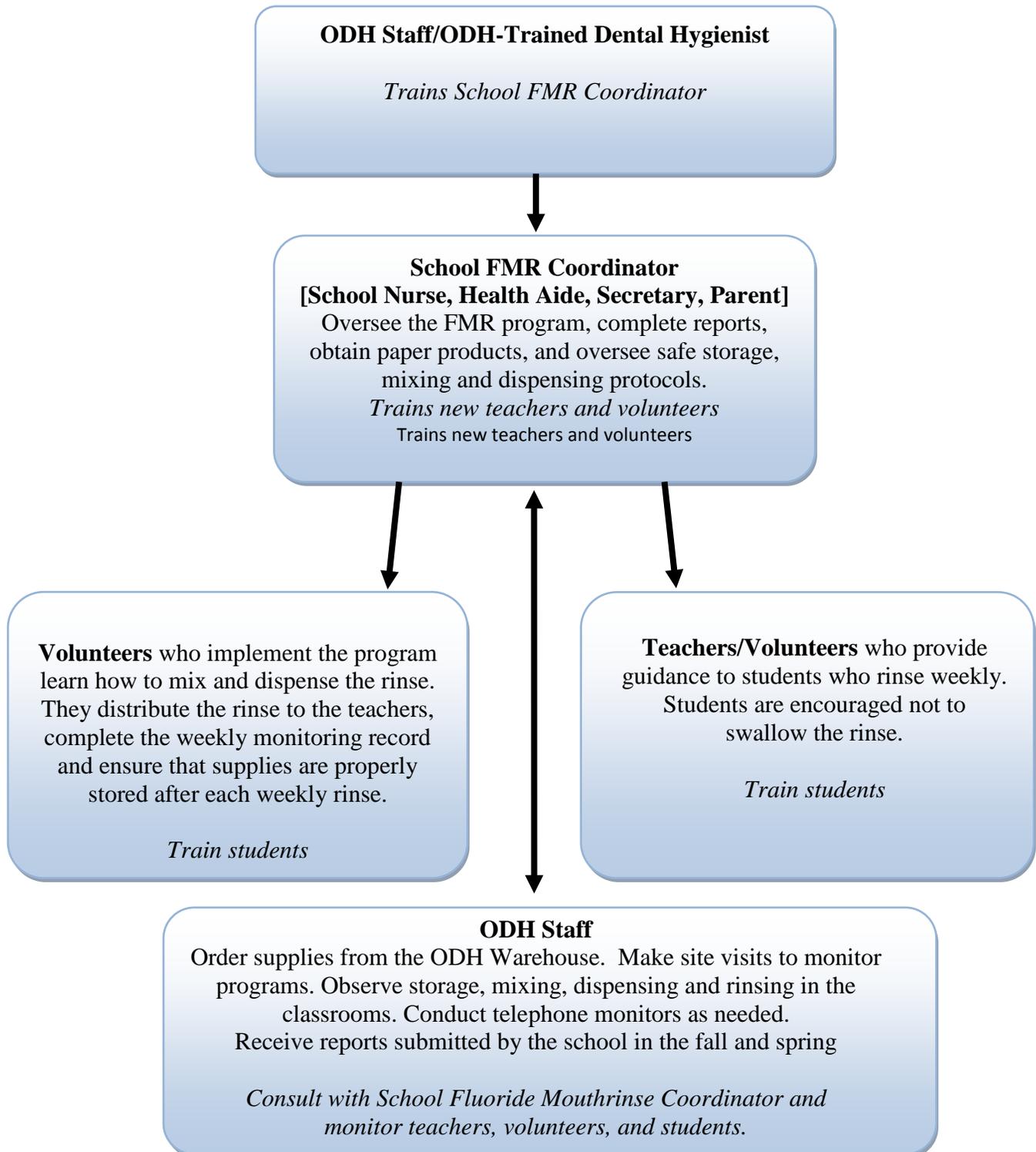
- **Train school personnel** or parent volunteers to implement the program.
- **Obtain parental consent** for participation in the FMR program.
- **Ensure children participate** within the guidelines developed by the ODH.
- **Provide the cups and napkins** for the program.
- **Complete all ODH-required paperwork and submit reports by deadlines.**

Fluoride Mouthrinse Program Operation

The FMR program operates as follows: ODH staff, or a dental hygienist trained by ODH staff, train an FMR Coordinator at each school on the policies and procedures of the school-based fluoride mouthrinse program. The FMR Program Coordinator administers the mouthrinse program, completes the required paperwork, and identifies and trains new teachers, volunteers and other personnel on the proper procedures for implementing the program. The teachers, volunteers or other school personnel who oversee the rinsing procedure in the classroom train students in the proper rinsing procedure. ODH staff members make program monitor visits or telephone calls to ensure the program operates according to ODH guidelines (see **Figure 2: Fluoride Mouthrinse Program Operation**). More information on training and monitoring visits is presented in

Section IV. Program Implementation and Site Visits, page 10 of this manual. **The School-Based Fluoride Mouthrinse (FMR) Program At-A-Glance** (see **Attachment 5**) provides details about the program and how to contact the ODH Oral Health Consultant for participating schools. This fact sheet may also be obtained from your Oral Health Consultant.

Figure 2
Fluoride Mouthrinse Program Operation



II. FLUORIDE MOUTHRINSE PROGRAM ADMINISTRATION GUIDELINES

General *The Surgeon General's Report, [Oral Health In America](#), identified fluoride mouthrinse (FMR) programs as an effective strategy to prevent dental caries. Experts recommend that programs target high-risk individuals and groups. Students receive the greatest benefit when they participate in the program over a long period of time (i.e., several years).*

1. A consent form, signed by each student's parent or guardian, must be obtained before the student may participate in the program. The Ohio Department of Health (ODH) provides the consent forms for new students. **One signed consent form grants permission for the student to participate in the program for the duration of the student's enrollment in that school.** Signed consent forms should be filed in the child's school or health record.
2. Every teacher maintains current list of participants in their classroom. A copy of the list should be provided to the school's FMR Coordinator and kept in the area where the rinse is prepared for distribution. The Coordinator should be notified of any changes in the list of participants.
3. Designate a specific day and time for conducting the weekly Fluoride Mouthrinse Program and be consistent with this schedule. Avoid Monday and Friday when holidays and absenteeism tend to occur more frequently. Choose a time when the students will not eat or drink soon after the rinsing procedure. Many schools conduct the rinse immediately after school begins in the morning. Teachers may record class participation using the **Classroom Participation Record**. ([see HEA 7620 Classroom Record](#))
4. ODH staff is available to train FMR Coordinators to administer the FMR program, in accordance with [Ohio Revised Code 3701.136](#).

Mixing Procedures *Fluoride mouthrinse must be mixed by an adult.*

1. Make sure the plastic container, cap and pump are dry, clean and free of residue.
2. Select one packet of sodium fluoride (3 gm) and gently squeeze the packet to break up any hardened powder. If clumps remain, use a small amount of warm water in the container to dissolve them.
3. Fill the container to the line indicated (1½ quarts or 1,500 ml).
4. Cut a corner of the fluoride packet and carefully pour contents into the water to avoid inhalation of the fine powder.
5. Replace the cap securely on the container and mix the contents thoroughly by gently shaking the container until all the powder is dissolved, about 30-60 seconds.
6. Remove the cap and insert the pump into the container and tighten. Prime the pump by pushing the plunger up and down a few times until the rinse flows freely and uniformly.
7. Once the pump is primed, one full stroke of the pump delivers the proper amount of rinse (10 ml or 2 teaspoons) into the cup.
8. One container will deliver approximately 120 to 130 applications

Distributing the Mouthrinse *Three methods of distribution are suggested. Select one or a variation that best meets the school's needs. [Attachment 1: [Procedural Options for Administering an FMR Program](#).]*

1. The Coordinator prepares the fluoride mouthrinse in a central location, such as the nurse's clinic, teachers' lounge or the cafeteria. Hand washing and work surface cleanliness should be maintained during the preparation and distribution. The proper amount of rinse is dispensed into the appropriate

number of cups for each classroom and placed on a tray, accompanied by the same number of paper napkins. The trays are delivered to each classroom.

2. The Coordinator prepares several containers of fluoride mouthrinse and distributes them throughout the school building in secure areas supervised by adults. The containers may be shared among classrooms. Cups and napkins are stored in the classrooms; the teacher dispenses rinse into the appropriate number of cups for the class after receiving the filled rinse container some time during rinsing day.
3. Students congregate in a central location such as a gym or cafeteria to receive a napkin and cup of mouthrinse. The group rinses all at once. This works best in a smaller school, which still permits adequate monitoring of the procedure by the Coordinator and teachers.

Rinsing Procedure *Prior to rinsing, the teacher reinforces the benefits of fluoride mouthrinse and the proper way to “swish.” A practice session with plain water may be helpful at the beginning of each year, especially with younger students.*

1. Give each student a cup with fluoride mouthrinse and one napkin.
2. Instruct the younger children to blow their nose, if necessary, prior to rinsing to make sure nasal passages are clear. This will ensure that they can breathe through their nose while rinsing.
3. Time the rinsing for one minute. Signal students when to empty the entire contents of the cup into their mouths. Remind students to forcefully strain the rinse between their teeth, with their lips tightly closed. Watch for students with little cheek and lip movement or those who merely shake their heads back and forth rather than “swishing” the liquid. The sound of each student rinsing should be audible.
4. Remind students not to swallow. The fluoride rinse is only effective if it stays in contact with the teeth.
5. Direct the students to carefully empty the rinse back into their cup and wipe their mouth with their napkin after one minute.
6. Instruct students to gently insert the napkin into their cup to absorb the liquid and dispose of the cup by gently placing it in a trash can with a plastic liner.
7. Discontinue the rinse if a student consistently swallows the fluoride solution rather than emptying it into their cup. Notify the parents that the child is no longer rinsing.

Cleaning and Storage

1. Packets of concentrated sodium fluoride (NaF) powder must be kept in a locked, climate controlled location. **Only adults are to handle the fluoride packets.**
2. Leftover rinse may be stored up to three weeks after it is mixed. It should be stored in an area inaccessible to students. It may be refrigerated, but can be stored at room temperature. The pump must be removed from the container of leftover rinse and the safety cap used for storage. Rinse the pump and allow it to air dry before the next use.
3. The containers of fluoride rinse should not be placed in direct sunlight or excessive heat/cold. Note: It is possible that the leftover rinse will change color slightly during storage. This does not indicate a loss of effectiveness. Before the next use, shake the capped container gently for 10 seconds to remix the contents.
4. After the container is empty, rinse the pump and container with warm water and allow them to thoroughly air dry. Use the safety cap to store an empty, dry container rather than storing it with the pump inside.

Supplies

Supplies (consent forms for new students, plastic containers, pumps, child-proof caps and fluoride packets) are sent to participating schools in August and September. Quantities are based on the remaining supplies on hand from the previous school year. Use fluoride packets with the earliest expiration dates first.

1. If you anticipate running out of supplies before the end of the school year, please contact your ODH Oral Health Consultant to request additional items.
2. To avoid overestimating or running short of supplies, it is important to accurately report the supply inventory on the **Weekly Monitoring Record** submitted each spring to the ODH Oral Health Consultant.
3. Fluoride that will expire over the summer months should not be included in the supplies on hand when reporting the remaining inventory.
4. Many schools use their paper product supplier or contact local dental professionals, regional dental or dental hygiene associations, local businesses or service groups to obtain assistance in purchasing cups and napkins for the FMR program.
5. Any expired fluoride packets should be shipped to the ODH Warehouse:

Ohio Department of Health Warehouse
900 Freeway Drive North, Bldg. 8
Columbus, OH 43229
Attn: Oral Health Program

Safety Guidelines *FMR coordinators are responsible for safe storage of fluoride packets and mouthrinse solution. In over 30 years of operation no child has ever ingested toxic or unsafe levels of fluoride through participation in the ODH school-based FMR program.*

1. The individual who will be receiving the fluoride shipments must **store packets of concentrated NaF powder in a locked, climate-controlled storage area.**
2. If a student accidentally swallows his/her portion of the weekly mouthrinse solution, this amount is not harmful. One 10 ml dose = 0.55 mg of fluoride per kg of body weight for a 40 pound child. Toxic dose is 5.0 -10.0 mg/kg.
3. The 3 gm NaF packets come in tear-proof packaging. In the unlikely event of a student accidentally swallowing concentrated powdered sodium fluoride from a packet, call the local Poison Control Center immediately.
4. A Material Safety Data Sheet (MSDS) for sodium fluoride rinse and sodium fluoride powder, manufactured by Medical Products Laboratories, Inc., Philadelphia, PA, is available from your ODH Oral Health Consultant, upon request.



III. FLUORIDE MOUTHRINSE PROGRAM RECOMMENDATIONS FOR TEACHERS

Dental caries (tooth decay) ranks among the most prevalent childhood diseases in the United States today. Tooth decay begins in early childhood and can continue throughout adulthood. Fluoride is a scientifically proven cavity fighter.^{8,9} The Fluoride Mouthrinse (FMR) Program is most effective in schools where students are at high risk for dental caries. Therefore, the program is offered to schools in areas without enough fluoride in the water and to schools for children with special health care needs. The program is voluntary and parental consent is required.

Keys to Success

- ❖ Establish an environment where students have a positive attitude about rinsing and maintain that environment in the classroom throughout the school year.
- ❖ Plan to rinse the same time/day each week.
- ❖ Reward students by asking them to help with some small step in the procedure, such as passing out napkins, setting a timer or being the leader for the rinse that week.
- ❖ Rinse along with the students to reinforce your support of the program. Adults benefit from topical fluorides too!
- ❖ Take the time each week to stress a positive behavior, action or strategy that helps prevent tooth decay.



[See Attachment 2, Options for Student Involvement](#)

Rinsing Process

- ❖ A practice session with plain water may be helpful at the beginning of each year, especially with younger students.
- ❖ Remind the students that the rinse is effective only if it stays in contact with the teeth. Watch for students with little cheek and lip movement, or those who merely shake their heads back and forth rather than “swishing” the liquid.
- ❖ Children may be instructed to blow their nose before rinsing, if necessary, to make sure nasal passages are clear. This will ensure that they can breathe through their nose while rinsing.
- ❖ The sound of each student rinsing should be audible. Can you hear them rinse? Use an analogy to describe the sound, e.g. a washing machine.
- ❖ If a student consistently swallows the fluoride solution rather than emptying it back into the cup, the student should discontinue rinsing. The parents should be notified that the child is no longer rinsing.

[See Attachment 3, Adaptations for Special Needs Students](#)

Rinsing Procedure

Prior to each rinsing session, the teacher should reinforce the benefits of the fluoride mouthrinse and the proper way to rinse.

- ❖ Each student is given a cup with fluoride mouthrinse and one napkin.
- ❖ Students should empty the entire contents of the cup into their mouth when signaled. Remind students to forcefully strain the rinse between their teeth with their lips tightly closed.
- ❖ Remind the students that the rinse should not be swallowed. Listen for the sound of swishing.
- ❖ Time the rinsing for one minute. After one minute, direct the students to carefully empty the rinse back into their cup and wipe their mouth with the napkin.
- ❖ Instruct the students to gently insert the napkin into their cup to absorb the liquid and dispose of the cup by gently placing it in a trash can with a plastic liner.
- ❖ Forms to record each student's participation from week to week can be provided by the ODH Oral Health Consultant at the school's request.

[See FMR Program Forms, HEA 7620 Classroom Record](#)

[See Attachment 4, Tips for Making Mouthrinsing Fun](#)

Storage and Safety

- ❖ A teacher should not store fluoride packets/solution in their classroom unless it is under lock and key. A teacher may store cups and napkins in the classroom.
- ❖ If a student accidentally swallows his/her portion of the weekly mouthrinse solution, this amount is not harmful. One 10ml dose = 0.55 mg of fluoride per kg of body weight for a 40 pound child. The toxic dose is 5.0 – 10.0 mg/kg.



IV. PROGRAM IMPLEMENTATION AND SITE VISITS

Smooth operation of the FMR program results with clear understanding of the roles and responsibilities of the participants, appropriate training at each level, consistent reporting and the provision of technical assistance as the program is implemented. After training by ODH staff or a dental hygienist trained by ODH staff, and after reviewing the **FMR Program Administration Guidelines** (see Section II), forms and attachments in this manual, the FMR Coordinator should be prepared to devise a plan of implementation and train school personnel and volunteers. Typically, teachers are responsible for administering the rinsing procedure in the classroom. They can be given pertinent information on the rinsing process and procedures, as well as keys to success found in **Recommendations for Teachers** in Section III of this manual. In addition, teachers should be supplied with copies of the attachments in this manual that encourage student participation, allow for adaptations for special needs students and offer tips for making weekly fluoride mouthrinsing fun. The FMR Coordinator may work with staff and volunteers to select variations in administering the rinse depending on school size, number of classrooms that participate and staffing levels. [See Attachment 1: Procedural Options](#). The FMR Coordinator is responsible for annual reporting, which includes tracking rinse dates on the [Weekly Monitoring Record](#). School staff and volunteers should understand the FMR procedures as well as the appropriate response when students are unable to participate.

The Oral Health Consultants monitor implementation of the program by reviewing school reporting forms, making telephone monitor calls and scheduling on-site visits to participating schools. These visits are conducted periodically to monitor programs for quality assurance. An important aspect of the on-site visit is for the Consultant to observe the mixing, storage and handling of fluoride. It is also helpful for the Consultant conducting the visit to observe the students rinsing in the classroom. Monitor calls, On-site monitor visits and Technical Assistance calls provide an excellent opportunity to encourage school personnel and answer questions. The ODH Consultant can assist the FMR Coordinator, teachers and volunteers with refining FMR implementation and ensuring safety, as well as timely and accurate reporting. [See Fluoride Mouthrinse Program Monitoring Checklist](#).

Any time a new FMR Coordinator is designated, the change should be reported to ODH. An Oral Health Consultant will work with the new FMR Coordinator to assist with the transition. The FMR Coordinator is responsible for training new staff and volunteers and keeping the Ohio Department of Health informed of any major program changes. ODH is committed to partnering with school personnel to improve the dental health of schoolchildren who participate in the school-based fluoride mouthrinse program.



V. REFERENCES

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VI. FLUORIDE MOUTHRINSE PROGRAM FORMS

There are several forms that are used to report student participation, school contact information and inventory of FMR program supplies. Timely submission of reports will assist in ordering supplies and tracking participation for state and federal reporting.

Consent Form (HEA 4331)

This **mandatory** form is required for student participation. Every student must obtain permission to participate in the FMR program. Keep this form in the child's school record. The permission slip is good for as long as your child is enrolled in the school.

Fluoride Mouthrinse Program Report (HEA 7622)

This two-sided form is **mandatory** and is usually submitted to ODH in the fall. It contains important contact and delivery information as well as data on student enrollment and participation. In addition, it provides the Oral Health Consultant with scheduled dates and times for rinsing activities so that program monitor visits can be arranged. This form reports changes in staffing and can be used to request additional training.

Weekly Monitoring Record (HEA 7616)

This form is used by the school to report the actual rinse dates throughout the school year. The table format allows the FMR Coordinator to document the mouthrinse activity by day, week and month from August to June. This **mandatory** form is submitted at the end of the school year and indicates whether mouthrinsing will continue or discontinue.

Classroom Record (HEA 7620)

This record may be used by the classroom teacher to track individual student participation. It is **optional**.

Fluoride Mouthrinse Program Monitoring Checklist (used by ODH Oral Health Consultant only)

This form is used when conducting a scheduled monitoring visit. It provides a helpful checklist of important procedures to follow when implementing a school-based fluoride mouthrinse program.



FLUORIDE MOUTHRINSE PROGRAM REPORT (20__ – 20__)

Please complete BOTH sides and return this form before _____ to:

Oral Health Consultant
Ohio Department of Health – Oral Health Program

School _____ School District _____ County _____

Superintendent's Name _____ Phone _____

Principal's Name _____ Phone _____

Secretary's Name _____ E-Mail: _____

School Nurse's Name _____ Phone: _____

Nurse's Day(s) at school _____ E-Mail: _____

Fluoride Mouthrinse Coordinator _____ E-Mail: _____

Who mixes the fluoride mouthrinse? _____ Title: _____

School Mailing Address:

Street _____ City _____ Zip _____

Delivery Address: (if different from mailing address)

Street _____ City _____ Zip _____

Date of first rinse _____

Please circle scheduled rinse day(s): Mon. Tues. Wed. Thurs. Fri.

Scheduled rinse times (please specify time): _____ a.m. _____ p.m.

Please indicate if you need any of the following and the quantity required:

- Consent forms Containers Pumps Safety caps Fluoride packets
(For new students)

What is the total enrollment in your school? _____
(Do not include preschool classes)

(SEE REVERSE)

FLUORIDE MOUTHRINSE PROGRAM REPORT (School year 20__ - 20__) (side 2, continued)

Please complete the following for each eligible classroom (attach additional sheet if necessary).

Please list special education classrooms separately.

	Grade	Teacher Name	Please check <input type="checkbox"/> if teacher is new this school year	# of students enrolled in classroom	# of students participating in the Fluoride Mouthrinse Program
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
			Total		

Do you feel additional training in the Fluoride Mouthrinse program would be beneficial? Yes No

Comments _____

Name of person completing report _____ Title _____

HEA 7622 (Rev. 2/16) Date _____

Fluoride Mouthrinse Program Weekly Monitoring Record (School year 20__ - 20__)

School _____ District _____ County _____

Fluoride Mouthrinse Coordinator _____ Date of first rinse _____

Please record the actual rinse date for each week.

Month	Week 1	Week 2	Week 3	Week 4	Week 5	Comments
August	<i>example</i>	<i>N/A</i>	<i>N/A</i>	<i>8/20/15</i>	<i>8/27/15</i>	Classroom teacher monitors rinse. Began rinsing first week of school.
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						

Please mail this completed form to your Oral Health Consultant listed below by (date) _____.

We will continue the Fluoride Mouthrinse Program in the 2016 – 2017 school year.

We will not continue the Fluoride Mouthrinse Program in the 2016 – 2017 school year.

Please inventory the supplies on hand for each of the following items:

___ # Consent forms ___ # Containers ___ # Pumps ___ # Safety caps

___ # Fluoride packets, expiration date(s) _____

Return form to your Ohio Department of Health, Oral Health Consultant.

Ohio Department of Health

School Fluoride Mouthrinse Program

Dear Parent,

Please complete and return this form to the school tomorrow.

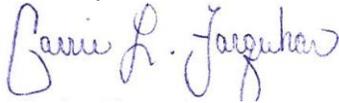
In cooperation with the Ohio Department of Health (ODH), your school is offering a supervised fluoride mouthrinse program. This program provides an effective measure to prevent tooth decay. Children who participate in the program are closely supervised while they swish with two teaspoons of a .2% sodium fluoride rinse. The rinse is swished in the mouth for one minute and then emptied into a cup that is thrown away. The mouthrinse is provided once a week throughout the school year.

The fluoride mouthrinse program works well with other decay preventive measures such as fluoride toothpaste, professionally applied fluoride treatments and dental sealants (plastic coatings painted onto back teeth to seal out the food and germs that cause decay). Together, fluorides and sealants offer the best protection against tooth decay.

The fluoride mouthrinse program does not take the place of good home care, a proper diet and regular dental visits. Participation in the fluoride mouthrinse program is voluntary. Your consent will allow for your child to participate in the fluoride mouthrinse program (which is administered in accordance with the Ohio Revised Code section 3701.136) as long as your child attends this school unless you specify otherwise on this form. You may withdraw your consent for participation at any time.

If you have questions about the fluoride mouthrinse program, please contact Shannon Cole, RDH, BS, School-based Oral Health Coordinator: Shannon.Cole@odh.ohio.gov or 614.466.4180.

Sincerely,



Carrie L. Farquhar
Oral Health Program Administrator

I give consent for my child to participate in the Fluoride Mouthrinse Program and understand that the mouthrinse (two teaspoons of a .2% sodium fluoride rinse) will be offered once a week for each week the school is in session.

I do not give consent for my child to participate in the Fluoride Mouthrinse Program.

Child's Name Last	First	Middle	Age
Address Street	City	State	Phone
Teacher's Name	School Name	Grade	
Parent/Guardian Signature	Date		

This consent form must be retained by the school.

FLUORIDE MOUTHRINSE PROGRAM Monitoring Checklist

Oral Health

Consultant's Name: _____ **Date:** _____

School:	Phone:
School District:	Rinse Day & Time:
County:	1st Rinse this Year:

NAME	COMMENTS
Principal:	
Superintendent:	
Secretary:	
Nurse:	
Coordinator:	
Other:	

Delivery Address: _____

Mailing Address: _____

ENROLLMENT	SPECIAL EDUCATION ENROLLMENT
Total School Enrollment:	Total Special Ed Enrollment:
# Participating:	# Participating:
# Classrooms:	# Classrooms:
% Participating:	% Participating

Grades participating this year: _____

Types of Special Education classes participating this year: _____

Modifications/Comments for Special Needs students: _____

Classrooms/Students Observed: Regular _____ / _____ Special Ed _____ / _____

Materials provided during visit: _____

Number of Consent Forms needed for next year:

_____ [O[ODH provides the consent forms for new students. One signed consent form grants permission for the student to participate in the program for the duration of the student's enrollment in that school.]

Monitoring Checklist, Page 2

Site Preparation/Surface Cleanliness	Yes	No	N/A	Comments
Hands are washed; work area/dispensing surfaces are clean.				
1. Mixing Procedures	Yes	No	N/A	Comments
a. Water filled to line indicated				
b. One packet fluoride added to water				
c. Contents mixed with cap on jug				
d. Pump is primed				
2. Administering Procedures	Yes	No	N/A	Comments
a. Proper amount of rinse delivered into cup				
b. One cup and napkin provided to each rinser				
c. Rinse is forcefully "swished"				
d. Rinsing is timed for 60 seconds				
e. Rinse is emptied back into cups				
f. Napkins are used to absorb liquid				
g. Cups are disposed of appropriately				
h. Rinse is dispensed/distributed by adult or under adult supervision				
3. Cleaning Procedures	Yes	No	N/A	Comments
a. Fluoride packets stored in locked place				
b. Leftover rinse stored with cap on, out of reach				
c. Pump rinsed and allowed to completely air dry				
d. Empty jug rinsed/allowed to completely air dry				
4. Supplies – Inventory	Quantity			Comments
a. Consent forms				
b. Containers (check for cleanliness)				
c. Pumps				
d. Fluoride packets				
5. Other	Yes	No	N/A	Comments
a. School has a copy of the ODH FMR Manual				
b. Weekly Monitoring Record is completed				
c. There is a current participation list/# per class				
d. New students have been offered the program				
e. Expired fluoride packets sent to ODH warehouse or otherwise disposed of properly				

General Comments/Recommendations: _____



VII. FLUORIDE MOUTHRINSE PROGRAM ATTACHMENTS

There are several attachments that will be useful in implementing the FMR program.

Attachment 1

Procedural Options for Administering a Fluoride Mouthrinse Program

This document can be used by the FMR Coordinator to provide options that are available for dispensing and distributing the mouthrinse solution. Use these suggestions to implement weekly mouthrinsing in a way that is most convenient for your school. The options you use will depend on the floor plan of your building, the number of classrooms, the time of day that mouthrinsing is scheduled and the volunteers available.

Attachment 2

Options for Student Involvement with a Fluoride Mouthrinse Program

The FMR Coordinator or teacher can use these ideas to help with the distribution of the rinse and to improve student involvement.

Attachment 3

Fluoride Mouthrinse Adaptations for Special Needs Students

The suggestions presented will assist the FMR Coordinator or teacher who has students with special needs.

Attachment 4

Tips for Making Mouthrinsing Fun

The FMR Coordinator or teacher can utilize these great ideas for the classroom to make the weekly program more enjoyable for the students.

Attachment 5

FMR At-A-Glance

A colorful handout that describes the benefits of mouthrinsing and provides ODH contact information.

Attachment 6

Contents of Fluoride Mouthrinse

Can be used to answer questions from parents about flavoring and dyes used in the mouthrinse.

Attachment 1

**PROCEDURAL OPTIONS FOR ADMINISTERING
A FLUORIDE MOUTHRINSE PROGRAM**

After the fluoride mouthrinse has been prepared...

1. The cups (each with 10ml of fluoride solution) and napkins are placed on trays and delivered to each classroom.



2. A teacher, parent volunteer or responsible student picks up trays of filled cups and napkins from a central location, takes them to the classroom and returns the empty tray after the rinsing activity.



3. Cups, napkins and a container of fluoride solution are carried to the classroom; fluoride rinse is pumped into cups at a designated area in the classroom.



4. A cart with fluoride rinse supplies is wheeled down the hall and the solution is pumped into the appropriate number of cups prior to entering each classroom.



5. The container is passed from room to room; solution is dispensed into the cups which are stored in the classroom. The class that empties the container returns it to a central area where the container is cleaned and filled again by the FMR Coordinator.



PROCEDURAL OPTIONS FOR ADMINISTERING A FLUORIDE MOUTHRINSE (FMR) PROGRAM

6. The nurse or parent volunteer brings the fluoride container to each classroom where the cups and napkins are stored.



7. Trays of cups and napkins are prepared early on rinse day and stored in a safe, sanitary manner until the rinsing procedure can be supervised.



8. Each class comes to a central area (cafeteria, library, gym) to rinse at a designated time; for example, before or after recess, during classroom change or before or after a specific class.



9. The students rinse after entering the building in the morning, before going to their classroom.



Attachment 2

**OPTIONS FOR STUDENT INVOLVEMENT
WITH A FLUORIDE MOUTHRINSE PROGRAM**



In schools that are participating in the Fluoride Mouthrinse Program, older students can be assigned to help with distribution of the mouthrinse. These tasks can be a transfer and reinforcement of skills learned in other programs. For example, students can:



Count the number of cups and napkins needed for each classroom and place them on a tray.



Pump the solution into the cups (after it is mixed by an adult).



Use trays to carry the solution to the classroom.



Practice cooperation if working in a group.



Practice social skills when delivering the supplies.



Revise classroom participation rosters as student numbers change.



Reinforce the need for hand washing and cleanliness.

FLUORIDE MOUTHRINSE ADAPTATIONS FOR SPECIAL NEEDS STUDENTS



The Fluoride Mouthrinse (FMR) Program, with slight modifications, can be used successfully by children with special health care needs.

If the student is not able to rinse for 60 seconds, have the student:



Rinse a little longer each week, gradually working up to 60 seconds.



Practice with water on non-rinse days.



Rinse two or three times with less solution, in separate cups,
for a total of 60 seconds.

The solution should not be swallowed routinely. If a student consistently swallows the fluoride solution, the student should discontinue rinsing. The parent should be notified that the child is no longer rinsing.

Attachment 4



TIPS FOR MAKING MOUTHRINSING FUN

1. Tell the children the fluoride mouthrinsing procedure is similar to swishing flavored gelatin between their teeth. All kids do that, don't they? Be quick, though, to point out the fluoride will help their teeth, whereas the flavored gelatin will harm their teeth with its sugar content.
2. Tell the children they will know that they are doing a good job if they can hear themselves swishing.
3. Children prefer a cold fluoride solution; so provide it chilled if possible.
4. Have the children watch the clock for one minute while rinsing. It will keep all their eyes in the same place.
5. Take this golden opportunity. Rinsing for one minute is a long time. This "silent period" may be a good time to make the day's announcements.
6. Allow students to take turns watching the clock and giving signals.
7. Hang a chart in the classroom with the name of each child who participates in the program. Add a star for each week that the child rinses. A reward at the end of the year for never missing a session may be a tooth care kit, dental poster, badge, comic book or dental health certificate.
8. Have a contest with another classroom to see who can have the most students participating, or the most who never miss a rinsing session.
9. Have a poster contest, hall display, slogan contest or letter writing to parents, "What I have learned about fluoride."
10. Create writing experiences. Sipping, swishing and spitting are words that lend themselves to all types of prose and poetry.
11. Place signs over mirrors throughout the school - "Smile Here" or "The Smile Place."
12. Make fluoride rinsing a prelude to a dental health unit.

at-a-glance

2016

Ohio Department of Health

School-based Fluoride Mouthrinse (FMR) Program



Tooth decay is the most widespread, chronic childhood disease and often requires extensive and costly repair. The use of fluorides, both ingested and applied directly to the teeth, helps prevent tooth decay. The Ohio Department of Health (ODH) sponsors a school-based fluoride mouthrinse program, targeted to elementary schools in non-fluoridated communities. In 2014-15, about 21,000 students at 104 schools participated. With parental consent, children rinse with a 0.2 percent solution of neutral sodium fluoride for one minute each week.



Scan to learn more about the School-based Fluoride Mouthrinse Program.

The procedure is as simple as 1- 2 -3:



1. The mouthrinse is prepared and placed in disposable cups.



2. Under adult supervision, the students rinse for one minute.



3. The rinse is returned to the cup for proper disposal.

The FMR Program Coordinator at each school oversees the mixing and distribution of the rinse to classrooms and maintains records of student participation. Teachers generally supervise the rinsing. ODH dental hygienists make periodic contacts and visits to schools to answer questions, observe the rinsing activity and train new coordinators.

Weekly mouthrinsing at school is desirable because:

- Little time is required for the procedure; less than five minutes per week for an average class.
- Mouthrinsing is easy for schoolchildren of all ages and learning abilities.
- Non-dental personnel can easily supervise the activity, e.g., a parent, teacher, school nurse or secretary.
- The procedure is well-accepted by students, school staff and parents.
- The program is completely compatible with other dental disease prevention programs at school (e.g., dental sealant programs) or at home.
- Studies show the mouthrinse is effective even when plaque is on the teeth.
- FMR supplies provided by ODH cost approximately 25 cents per child per year.

Fluoride, in combination with dental sealants, is the most effective way to prevent tooth decay. It is recommended that:

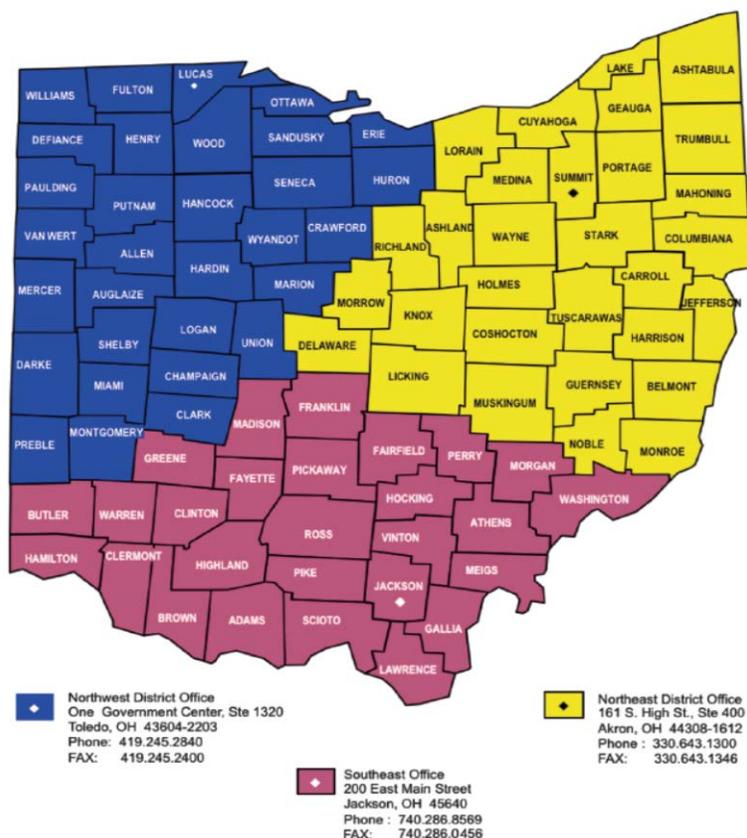
- Children drink fluoridated water and brush regularly with fluoride toothpaste.
- Children who are at high risk for tooth decay should follow a fluoride rinse program and/or receive a topical fluoride treatment at their dentist's office as needed.

Ohio organizations that recognize the benefits of fluoride mouthrinse:

- Ohio Dental Association
- Ohio Dental Hygienists' Association
- Ohio Department of Education
- Ohio Association of School Nurses
- Ohio Parent Teacher Association

For more information about the FMR program in your area, contact the nearest Oral Health regional office below.

The Ohio Department of Health Oral Health Regional Offices



CONTENTS OF FLUORIDE MOUTHRINSE



Medical Products Laboratories, Inc.

9990 Global Road • Philadelphia, PA 19115-1083 • 215.677.2700 • www.mplusa.com

NaFrinse® 3g Bubble Gum	NaFrinse® 3g Grape	NaFrinse® 3g Mint	NaFrinse® 3g Very Berry
Sodium Fluoride	Sodium Fluoride	Sodium Fluoride	Sodium Fluoride
Potassium Sorbate	Potassium Sorbate	Potassium Sorbate	Potassium Sorbate
Citric Acid	Citric Acid	Citric Acid	Citric Acid
Saccharin Sodium	Saccharin Sodium	Saccharin Sodium	Saccharin Sodium
Natural & Artificial Flavor	Artificial Flavor	Natural Flavor	Artificial Flavor
D & C Red Dye #33	D & C Red Dye #33	FD & C Yellow #5	D & C Red Dye #33
	FD & C Blue Dye #1	FD & C Blue Dye #1	

Acknowledgements

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