Ohio Department of Health
Bureau of Community Health Services &
Patient-Centered Primary Care
Oral Health Section

Fluoride Mouthrinse Program Manual
The Fluoride Mouthrinse (FMR) Program Manual provides information for school administrators and personnel, FMR coordinators and parents and includes program administration guidelines, policies and procedures, teacher recommendations and forms.
For the user’s convenience, there are links from the table of contents to the respective sections within the manual.

This revised August 2012 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/oral/oral1.aspx
# Fluoride Mouthrinse Program Manual

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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).\textsuperscript{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.\textsuperscript{4,5} Ohio’s statewide oral health surveys, conducted during the 1987-1988 and 1992-1993 school years, supported these national findings. By combining various 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.\textsuperscript{6}

Benefits
After carefully considering both the information from national studies and the results of the Ohio Oral Health Survey, the Bureau of Community Health Services 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 topi
cal (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\textsuperscript{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 in electronic and hard copy formats from the Ohio Department of Health, Bureau of Community Health Services, 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.
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 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.
**Fluoride Mouthrinse Program Operation**

**ODH Staff/ODH-Trained Dental Hygienist**
- Trains School FMR Coordinator

**School FMR Coordinator**
- [School Nurse, Health Aide, Secretary, Parent]
  - Oversee the FMR program, complete reports, obtain paper products, and oversee safe storage, mixing and dispensing protocols.
  - Trains new teachers and volunteers

**Volunteers** who implement the program
- Learn how to mix and dispense the rinse.
- They distribute the rinse to the teachers, complete the weekly monitoring record and ensure that supplies are properly stored after each weekly rinse.

**Teachers/Volunteers** who provide guidance to students who rinse weekly.
- Students are encouraged not to swallow the rinse.

**ODH Staff**
- Order supplies from the ODH Warehouse. Make site visits to monitor programs. Observe storage, mixing, dispensing and rinsing in the classrooms. Conduct telephone monitors as needed. Receive reports submitted by the school in the fall and spring of each school year.
  - Consult with School FMR Coordinator and monitor teachers, volunteer, and students
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 is to maintain a 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 the participants.

3. Designate a specific day and time for conducting the Fluoride Mouthrinse Program each week, and remain consistent with this schedule. Choose a day within the week to rinse, avoiding 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 in the administration of 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

Methods of Implementation Three methods of distribution are suggested. Select one or a variation that best meets the school’s needs. [Attachment 1: Procedural Options for Administering a FMR Program.]

1. The Coordinator prepares the fluoride mouthrinse in a central location, such as the nurse’s clinic, teachers’ lounge or the cafeteria. 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 accordingly.

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 should reinforce 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. Each student is given a cup with fluoride mouthrinse and one napkin.
2. The younger children may be instructed to blow their noses, if necessary, prior to rinsing to make sure nasal passages are clear. This will ensure that they can breathe through their noses 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. If a student consistently swallows the fluoride solution rather than emptying it into a cup, the child should discontinue rinsing at school. Notify the parents that the child is no longer rinsing.
6. After one minute, direct the students to carefully empty the rinse back into their cup and wipe their mouth with the napkin.
7. 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.

**Cleaning and Storage**

1. Packets of concentrated 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. Avoid placing the containers of fluoride rinse 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

1. Supplies (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.
2. 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.
3. 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.
4. Fluoride that will expire over the summer months should not be included in the supplies on hand when reporting the remaining inventory.
5. 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 paper cups and napkins for the FMR program.
6. Ship any expired fluoride packets to the ODH Warehouse:

Ohio Department of Health Warehouse
900 Freeway Drive North, Bldg. 8
Columbus, OH 43229
Attn: Ms. Phyllis Green

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 (fluoride) 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.
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. The Fluoride Mouthrinse (FMR) Program is most effective in schools where students are at high risk for dental caries. Therefore, the program is targeted primarily 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 your 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 weekly 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 noses before rinsing, if necessary, to make sure nasal passages are clear. This will ensure that they can breathe through their noses 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. The sound of each student rinsing should be audible.

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

Cleaning, Storage and Safety

The FMR Coordinator will oversee proper cleaning and storage of FMR equipment and supplies.

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.

Leftover rinse may be stored up to three weeks after it is mixed. This should be stored in a secure area that is inaccessible to students, at room temperature or in the refrigerator. Avoid placing the rinse in direct sunlight or excessive heat/cold.

The pump must be removed from the container of leftover rinse and the safety cap used for storage. Leftover rinse may change color slightly during storage, but does not indicate a loss of effectiveness.

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 must take responsibility for annual reporting requirements, which includes tracking rinse dates on the Weekly Monitoring Record. School staff and volunteers should understand the mouthrinsing procedures as well as the appropriate responses 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


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.

**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.

**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 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  
Bureau of Community Health Services & Patient-Centered Primary Care

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 clarify 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)

Form HEA 7622
Please complete the following for each eligible classroom (attach additional sheet if necessary).
Please list special education classrooms separately.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Teacher Name</th>
<th>Please check if teacher is new this school year</th>
<th># of students enrolled in classroom</th>
<th># of students participating in the Fluoride Mouthrinse Program</th>
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Total

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

Name of person completing report ___________________________ Title ___________________________ Date ___________________________

HEA 7622 (Rev. 3/08)
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.

<table>
<thead>
<tr>
<th>Month</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Comments</th>
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<tr>
<td>August</td>
<td>example</td>
<td>N/A</td>
<td>N/A</td>
<td>8/22/11</td>
<td>8/29/11</td>
<td>Classroom teacher monitors rinse. Began rinsing first week of school.</td>
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<td>N/A</td>
<td>N/A</td>
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<td>October</td>
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<td>November</td>
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<td>June</td>
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</table>

Please mail this completed form to your oral health consultant listed below by (date) _______.

☐ We will continue the Fluoride Mouthrinse Program in the 2012 – 2013 school year.

☐ We will not continue the Fluoride Mouthrinse Program in the 2012 – 2013 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, Bureau of Community Health Services & Patient-Centered Primary Care, Oral Health Consultant.

HEA 7616 (Rev. 3/08)
<table>
<thead>
<tr>
<th>Teacher</th>
<th>Grade</th>
<th>School</th>
<th>Date</th>
<th>From</th>
<th>To</th>
</tr>
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<tbody>
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<tr>
<th>Date</th>
<th>AUG</th>
<th>SEPT</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
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</table>

This information is helpful in monitoring students' participation in the Program. Completion of this form is voluntary.
Dear Parent,

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 Colleen Wulf, RDH, MPH, Oral Health Preventive Services Coordinator: Colleen.Wulf@odh.ohio.gov or 614.466.4180.

Sincerely,

Carrie L. Farquhar
Oral Health Section Administrator

Please complete and return this form to the school tomorrow.

☐ 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.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Teacher’s Name</th>
<th>School Name</th>
<th>Grade</th>
</tr>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
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<tbody>
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</table>

This consent form must be retained by the school.

HEA 4331 (Rev. 08/10)
# FLUORIDE MOUTHRIINSE PROGRAM
## Monitoring Checklist

Consultant’s Name: _________________________________ Date: ___________________

<table>
<thead>
<tr>
<th>School:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School District:</td>
<td>Rinse Day &amp; Time:</td>
</tr>
<tr>
<td>County:</td>
<td>1st Rinse this Year:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal:</td>
<td></td>
</tr>
<tr>
<td>Superintendent:</td>
<td></td>
</tr>
<tr>
<td>Secretary:</td>
<td></td>
</tr>
<tr>
<td>Nurse:</td>
<td></td>
</tr>
<tr>
<td>Coordinator:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Delivery Address: __________________________________________________________ |

Mailing Address: ____________________________________________________________ |

<table>
<thead>
<tr>
<th>ENROLLMENT</th>
<th>SPECIAL EDUCATION ENROLLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total School Enrollment:</td>
<td>Total Special Ed Enrollment:</td>
</tr>
<tr>
<td># Participating:</td>
<td># Participating:</td>
</tr>
<tr>
<td># Classrooms:</td>
<td># Classrooms:</td>
</tr>
<tr>
<td>% Participating:</td>
<td>% Participating</td>
</tr>
</tbody>
</table>

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: ________________________________ |

[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.]
### Site Preparation/Surface Cleanliness

| Wash hands with disinfectant soap and clean all work/dispensing surfaces with an approved disinfectant. |
|---|---|---|---|---|
| **Yes** | **No** | **N/A** | **Comments** |

### 1. Mixing Procedures

<table>
<thead>
<tr>
<th>Mixing Procedures</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Water filled to line indicated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. One packet fluoride added to water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Contents mixed with cap on jug</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Pump is primed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. Administering Procedures

<table>
<thead>
<tr>
<th>Administering Procedures</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Proper amount of rinse delivered into cup</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. One cup and napkin provided to each rinser</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Rinse is forcefully “swished”</td>
<td></td>
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<tr>
<td>d. Rinsing is timed for 60 seconds</td>
<td></td>
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<td></td>
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<tr>
<td>e. Rinse is emptied back into cups</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f. Napkins are used to absorb liquid</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>g. Cups are disposed of appropriately</td>
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<tr>
<td>h. Rinse is dispensed/distributed by adult or under adult supervision</td>
<td></td>
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</tbody>
</table>

### 3. Cleaning Procedures

<table>
<thead>
<tr>
<th>Cleaning Procedures</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fluoride packets stored in locked place</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Leftover rinse stored with cap on, out of reach</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c. Pump rinsed and allowed to completely air dry</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d. Empty jug rinsed/allowed to completely air dry</td>
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</tbody>
</table>

### 4. Supplies

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Consent forms</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Pumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Containers [check cleanliness]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fluoride packets</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>- Expired fluoride packets</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Expired fluoride packets sent to ODH warehouse or otherwise disposed of properly</td>
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### 5. Other

<table>
<thead>
<tr>
<th>Other</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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<tbody>
<tr>
<td>a. School has a copy of the ODH FMR Manual</td>
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<tr>
<td>b. Weekly Monitoring Record is completed</td>
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<tr>
<td>c. Is there a current participation list/# per class?</td>
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<tr>
<td>d. Have new students been offered the program?</td>
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**General Comments/Recommendations:**

________________________

________________________

________________________
VII. FLUORIDE MOUTHrinSE PROGRAM ATTACHeMENTS

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.
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
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.
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.
TIPS FOR MAKING MOUTH RINSING 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.
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 nonfluoridated communities. In 2011-12, about 26,000 students at 109 schools participated. With parental consent, children rinse with a 0.2 percent solution of neutral sodium fluoride for one minute each week.

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 mouthrinising at school is desirable because:

- Little time is required for the procedure; less than five minutes per week for an average class.
- Mouthrinising 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**

For further information please contact:

**Ohio Department of Health • Oral Health Section**

246 North High Street • Columbus, OH 43215 • 614-466-4180

BCHS@odh.ohio.gov

http://www.odh.ohio.gov/odhPrograms/ohs/oral/oral1.aspx
September 11, 2011

Janet Pierson, RDH, BS
School-based Oral Health Program Coordinator
Ohio Department of Health
Bureau of Community Health Services
Oral Health Section
246 North High Street
Columbus, Ohio 43215

Dear Ms. Pierson:

The following is the list of ingredients in the U.S. sodium fluoride powder packets. When the NaFrinse powder is mixed with water, it makes .2% sodium fluoride mouthrinse.

- Sodium Fluoride
- Saccharin Sodium
- Potassium Sorbate
- Citric acid
- Flavor
  - grape - red dye #33 and blue dye #1
  - bubble gum - red dye #33
  - root beer – red dye#40, yellow#5 and blue#1
  - mint – blue dye#1, yellow dye#5
  - orange – red dye#33, yellow dye#6
  - very berry – red dye#33

Unflavored fluoride packets:
- Sodium Fluoride, Saccharin Sodium, green dye which contains yellow dye #5 and blue dye #1

If you need additional information, please don’t hesitate to call me at 800/523-0191 extension 126.

Sincerely,

Gerry Beverley
Director of Public Health Sales
Acknowledgements

We appreciate the efforts and comments of the School-based Fluoride Mouthrinse Program Manual Advisory Committee:

Carrie Farquhar, RDH, BS, Oral Health Section Administrator
Colleen A. Wulf, RDH, MPH, Community Preventive Services Coordinator
Janet Pierson, RDH, BS, School-based Oral Health Program Coordinator
Denise Jacoby, RDH, BS, Oral Health Regional Supervisor
Tina Fulks, RDH, BA, Oral Health Consultant
Sandy Brado, RDH, BA, Oral Health Consultant
Susan Kiefer, RDH, BS, Oral Health Consultant
Barbara Carnahan, RDH, MS, Oral Health Information Specialist