

West Virginia Fluoride Mouthrinse Project Instruction Manual

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



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Improving health, one smile at a time.
West Virginia Department of Health and Human Resources



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A version of this School-based Fluoride Mouthrinse Project Manual is available on the Oral Health Program's Website at www.dhhr.wv.gov/oralhealth for the user's convenience.

I. INTRODUCTION

History

The West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH), Oral Health Program (OHP) support school-based fluoride mouthrinse projects. The purpose of the Fluoride Mouthrinse Project (FMR) is to provide a safe and effective method of reducing dental decay in elementary school children. In recognizing and adhering to the latest evidence-based scientific literature, it was reported that the majority of tooth decay was being experienced by children who were at a 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} 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 food and germs that cause decay), West Virginia school children receive the most comprehensive protection against tooth decay.⁶

Benefits

After carefully considering the information from national studies and the results of the West Virginia Universal Pre-Kindergarten Surveillance, the OHP is pleased to offer the FMR to all schools. 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 Project is primarily for 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 OHP school-based FMR Project. School personnel and volunteers involved with the FMR Project must comply with the requirements detailed in this manual. The manual is available in electronic and hard copy formats from the WVDHHR, BPH, OMCFH, OHP.

Roles and Responsibilities

The FMR Project is 30 weeks long and participation is voluntary. Successful implementation will result when both the OHP and the participating school coordinate efforts and understand their respective responsibilities. Figure 1 outlines the roles and responsibilities of the OHP and the participating school.

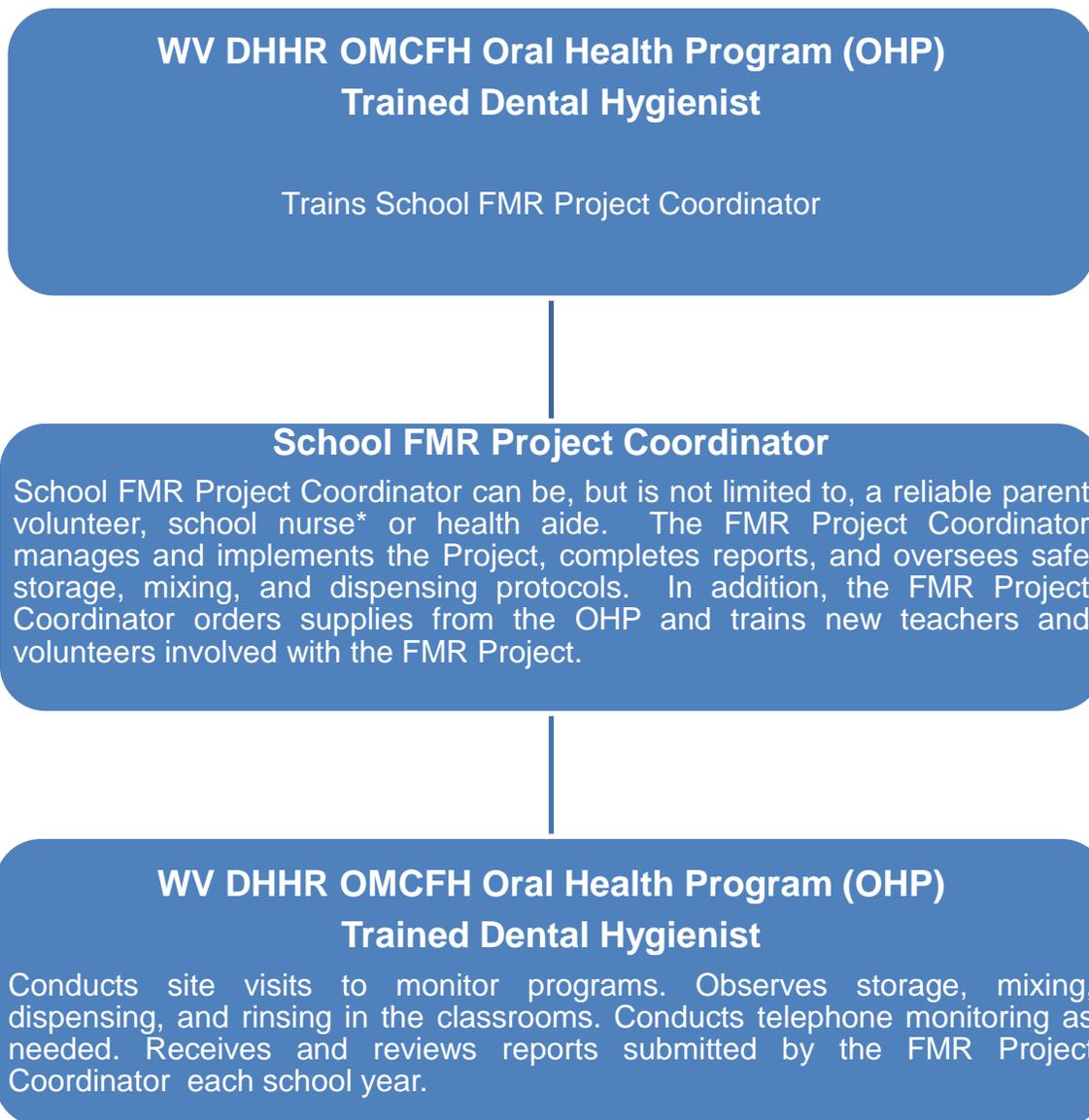
**FIGURE 1: FLUORIDE MOUTHRINSE PROJECT
ROLES AND RESPONSIBILITIES**

Fluoride Mouthrinse Project Operation

The FMR Project operates as follows: OHP staff, or a Dental Hygienist trained by OHP staff, train an FMR Project Coordinator at each school on the policies and procedures of the school-based FMR Project. The FMR Project Coordinator administers the mouthrinse project, completes the required paperwork, and identifies and trains new teachers, volunteers and other personnel on the proper procedures for implementing the Project. The teachers, volunteers or other school personnel who oversee the rinsing procedure in the classroom, train students in the proper rinsing procedure. OHP staff members conduct project monitoring or telephone calls to ensure the Project operates according to OHP guidelines (see **Figure 2: Fluoride Mouthrinse Project Operation**). Additional information on training and monitoring visits is presented in Section IV of this manual. The FMR is recommended for 30 weeks for optimal benefits.

Figure 2

Fluoride Mouthrinse Project Operation



**School nurse must have a standing order by a medical provider to coordinate the FMR Project as required by the WV-RN Practice Act.*

II. FLUORIDE MOUTHRINSE PROJECT ADMINISTRATION GUIDELINES

General *The Surgeon General's Report, "Oral Health In America", identified fluoride mouthrinse projects as an effective strategy to prevent dental caries. Experts recommend that projects target*

high-risk individuals and groups. Students receive the greatest benefit when they participate in the project over a long period of time (i.e., several years).

1. Supplies (plastic containers, pumps, napkins, cups, child-proof caps and fluoride packets) are sent to participating schools before the new calendar year. Quantities are based on the numbers provided 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 the OHP 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 OHP.
4. OHP staff is available to train FMR Project Coordinators in the administration of the FMR Project.

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 (3gm) 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 with water 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 Project.**]*

Method #1. The FMR Project Coordinator prepares the fluoride mouthrinse in a central location such as the nurse's clinic, teachers' lounge or 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.

Method #2. The FMR Project 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.

Method #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 FMR Project 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 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 cups and wipe their mouths with the napkin.
7. Instruct the students to gently insert the napkin into their cups to absorb the liquid and dispose of the cup by gently placing them 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, napkins, cups, child-proof caps and fluoride packets) are sent to participating schools before the new calendar year. Quantities are based on the numbers provided 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 the OHP 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 OHP.
4. Fluoride that will expire over the summer months should not be included in the supplies on hand when reporting the remaining inventory.
5. Consult your local authorities for proper disposal guidelines. Disposal must meet all federal, state, and local laws and regulations.

Safety Guidelines *FMR Project Coordinators are responsible for safe storage of fluoride packets and mouthrinse solution. In the many years of operation, there are no reports of any child ever ingesting toxic or unsafe levels of fluoride through participation in the OHP school-based FMR Project.*

1. The individual who is responsible for 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 3gm 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 West Virginia Poison Control Center immediately at 1-800-222-1222.
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 and included in Section VII.

III. FLUORIDE MOUTHRINSE PROJECT RECOMMENDATIONS FOR FMR PROJECT COORDINATORS AND TEACHERS

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 Project. ***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 with the FMR Project

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 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, Fluoride Mouthrinse 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 cups and wipe their mouths with the napkin.
- Instruct the students to gently insert the napkin into their cups to absorb the liquid and dispose of the cups by gently placing them in a trash can with a plastic liner.
- Forms to record each student’s participation from week to week are provided in this manual.

See FMR Project Forms, Classroom Treatment Record

See Attachment 4, Tips for Making Mouthrinsing Fun

Cleaning, Storage and Safety

- The FMR Project 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. The rinse 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. PROJECT IMPLEMENTATION AND SITE VISITS

Smooth operation of the FMR Project 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 Project is implemented. After training by an OHP Dental Hygienist and after reviewing the **FMR Project Administration Guidelines** (see Section II), forms and attachments in this manual, the FMR Project 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 Project 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 Project 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 OHP Dental Hygienist monitors implementation of the Project by reviewing school reporting forms, making telephone monitor calls and scheduling on-site visits to participating schools. These visits are conducted periodically to monitor Projects for quality assurance. An important aspect of the on-site visit is for the OHP Dental Hygienist to observe the mixing, storage and handling of fluoride. It is also helpful for the Dental Hygienist 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 OHP Dental Hygienist can assist the FMR Project Coordinator, teachers and volunteers with refining FMR implementation and ensuring safety as well as timely and accurate reporting. **See Fluoride Mouthrinse Project Monitoring Checklist.**

Any time a new FMR Project Coordinator is designated, the change should be reported to OHP. An OHP Dental Hygienist will work with the new FMR Project Coordinator to assist with the transition. The FMR Project Coordinator is responsible for training new staff and volunteers and keeping the OHP informed of any major Project changes. OHP is committed to partnering with school personnel to improve the dental health of school children who participate in the school-based fluoride mouthrinse project.

V. REFERENCES

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VI. FLUORIDE MOUTHRINSE PROJECT FORMS

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

Fluoride Mouthrinse Project Classroom Treatment Record

This form is **mandatory** and should be submitted to OHP upon the completion of the 30 week Project, prior to the end of the school year. It contains important contact and delivery information as well as data on student enrollment and participation. In addition, it provides the OHP Dental Hygienist

with scheduled dates and times for rinsing activities so that Project monitor visits can be arranged. This form reports changes in staffing and can be used to request additional training.

Permission Form

This **mandatory** form is required for student participation. Every student must obtain permission to participate in the FMR Project. Keep this form in the child’s education record. The permission slip is good only during the school year for which it is signed.

Classroom Record

This record may be used by the classroom teacher to track individual student participation and is NOT to be returned to the OHP.

Fluoride Mouthrinse Project Monitoring Checklist (used by OHP Dental Hygienist 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 project.



FLUORIDE MOUTHRINSE PROJECT CLASSROOM TREATMENT RECORD

TEACHER _____

COUNTY _____

GRADE _____

YEAR _____

SCHOOL _____

Check or initial the weeks your class participated. Date is optional.

Month	First Week	Second Week	Third Week	Fourth Week	Fifth Week
September					
October					
November					
December					
January					
February					
March					
April					
May					

Total number of students enrolled in your class this year _____

Total number of students enrolled in the Fluoride Mouthrinse Project this year _____



FLUORIDE MOUTHRINSE PERMISSION FORM

Dear Parents:

The _____ County Public School System, in cooperation with the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child and Family Health, Oral Health Program, is providing a school-based project to prevent tooth decay. Participation in the Project is open to children in grades Kindergarten through 6th in the county.

The Fluoride Mouthrinse Project will require your child to perform a weekly rinse with a 0.2% neutral sodium fluoride solution over 30 weeks. This procedure has been shown to reduce the

number of new cavities 35% when it is implemented regularly. The children rinse the solution around and between their teeth for 60 seconds during each rinse. This tooth decay prevention Project is being provided for your child's benefit this school term and will continue annually through the 6th grade with your consent needed each year.

Participation is voluntary and entirely without cost. You may withdraw your child from the Project at any time. This consent will be valid throughout this school year only. We encourage you to allow your child to participate in this valuable school preventive dental health project. On the form below, please indicate and sign whether or not your child may participate. Whatever your indicated desire, you are urged to continue the personal and professional dental hygiene recommended for your child by your dentist.

_____ I would like for my child to participate in the Fluoride Mouthrinse Project.

_____ I do not want my child to participate in the Fluoride Mouthrinse Project.

Name of Child _____ Age _____

Name of School _____ Grade _____

Name of Homeroom Teacher _____ Date _____

Signed _____

Signature of Parent or Legal Guardian

Permiso para la Campaña de Enjuague Bucal de Fluoruro

Estimados padres de familia:

El Condado de _____ del Sistema Escolar Público, en colaboración con el Departamento de Virginia Occidental de Salud y Recursos Humanos de la Dirección de Proyecto de Salud Pública de Odontología Infantil, ofrece una campaña escolar que trata la prevención de las caries dentales. La participación en la campaña está abierta a los niños de kindergarten a sexto grado en el condado.

La campaña de enjuague bucal de fluoruro requerirá que su hijo realice un enjuague semanal con un 0,2% de solución neutral de fluoruro de sodio. Se ha demostrado que este procedimiento reduce el número de nuevas cavidades a un 35% cuando se aplica regularmente. Los niños se enjuagan con la solución alrededor y entre los dientes durante 60 segundos por cada enjuague. Este Proyecto de prevención de las caries dentales se está ofreciendo para el beneficio de su hijo este año escolar y continuará hasta el sexto grado.

La participación es voluntaria y totalmente sin costo. Usted puede retirar a su hijo del Proyecto en cualquier momento. Le animamos para que permita que su hijo participe en este proyecto preventivo y valioso para la salud dental. Por favor indique y firme en el formato que esta debajo, si su hijo puede participar. Cualquiera que sea su deseo indíquelo, se le anima a continuar la higiene dental, personal y recomendada por su dentista para su hijo.

_____ Me gustaría que mi hijo participe en la campaña de enjuague de fluoruro.

_____ No quiero que mi hijo participe en la campaña de enjuague de fluoruro.

Nombre del niño _____ Edad _____

Nombre de la escuela _____ Grado _____

Nombre del Maestro Encargado _____ Fecha _____

Firmado _____

Firma del Padre o Tutor Legal

Fluoride Mouthrinse Project Monitoring Checklist

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
Total School Enrollment:
#Participating:
#Classrooms:
%Participating:

Grades participating this year:

Modifications/Comments for Students with Special Health Care Needs:

Classrooms/Students Observed: _____ / _____

Materials provided during visit:

Number of Consent forms needed for next year: _____

**Fluoride Mouthrinse Project
Monitoring Checklist, continued**

Site Preparation/Surface Cleanliness	Yes	No	N/A	Comments
Wash hands with disinfectant.				
1. Mixing Procedures				
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. Leftover rinse stored with cup on, out of reach				
b. Pump rinsed and allowed to completely air dry				
c. Empty jug rinsed/allowed to completely air dry				
4. Supplies	Yes	No	N/A	Comments
a. Fluoride packets stored in locked place				
b. Inventory <ul style="list-style-type: none"> • Consent forms • Pumps • Containers (check cleanliness) • Fluoride packets • Expired fluoride packets 				
c. Expired fluoride packets sent to OHP warehouse or otherwise disposed of properly	Yes	No	N/A	Comments
5. Other	Yes	No	N/A	Comments
a. School has a copy of the OHP FMR Manual				
b. Weekly Monitoring Record is completed				
c. Is there a current participation list/#per class?				
d. Have new students been offered the Project?				

General Comments/Recommendations:

VII. FLUORIDE MOUTHRINSE PROJECT ATTACHMENTS

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

Attachment 1-Procedural Options for Administering a FMR Project

This document can be used by the FMR Project 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 Project

The FMR Project 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 Project Coordinator or teacher who has students with special needs.

Attachment 4-Tips for Making Mouthrinsing Fun

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

Attachment 5- NaFrinse MSDS

Material Safety and Data Sheet

Attachment 1

**Procedural Options for Administering a Fluoride Mouthrinse Project
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. Cups, napkins and container of fluoride solution are carried to the classroom; fluoride rinse is pumped into cups at a designated area in the classroom.



3. 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.



4. The container is passed from room to room; solution is dispensed into the cups which are stored at a designated area in the classroom.



5. The nurse or parent volunteer brings the fluoride container to each classroom where the cups and napkins are stored.
6. 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.
7. 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.



8. 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 Project

In schools that are participating in the Fluoride Mouthrinse Project, 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 Projects. For example, students can.....



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

Attachment 3

Fluoride Mouthrinse Adaptations for Special Needs Students

The Fluoride Mouthrinse (FMR) Project, 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 they will know they're doing a good job if they can hear themselves swishing.
2. Children prefer a cold fluoride solution, so provide it chilled if possible.
3. Have the children watch the clock for one minute while rinsing. It will keep all their eyes in the same place.
4. 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.
5. Allow students to take turns watching the clock and giving signals.
6. Hang a chart in the classroom with the name of each child who participates in the Project. 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.
7. Have a poster contest, hall display, slogan contest or letter writing to parents, "What I have learned about fluoride."
8. Create writing experiences. Sipping, swishing and spitting are words that lend themselves to all types of prose and poetry.
9. Place signs over mirrors throughout the school - "Smile Here" or "The Smile Place."
10. Make fluoride rinsing a prelude to a dental health lesson.



SAFETY DATA SHEET
NAFRINSE SODIUM FLUORIDE POWDER

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1. IDENTIFICATION OF THE SUBSTANCE / PREPARATION AND OF THE COMPANY /UNDERTAKING

Product name: SODIUM FLUORIDE POWDER

Company name: Medical Products Laboratories, Inc.

9990 Global Road
Philadelphia,
PA
19115
USA
Tel: 215-677-2700
Fax: 215-677-7736
Emergency tel: 215-677-2700

2. COMPOSITION / INFORMATION ON INGREDIENTS

Hazardous ingredients: SODIUM FLUORIDE 1-10% EINECS:
231-667-8 CAS: 7681-49-4 [T] R25;
[-] R32; [Xi] R36/38

3. HAZARDS IDENTIFICATION

Main hazards: Contact with acids liberates very toxic gas.

4. FIRST AID MEASURES (SYMPTOMS)

Skin contact: There may be mild irritation at the site of contact.

Eye contact: There may be irritation and redness.

Ingestion: There may be irritation of the throat.

Inhalation: No symptoms.

4. FIRST AID MEASURES (ACTION)

Skin contact: Wash immediately with plenty of soap and water.

Eye contact: Bathe the eye with running water for 15 minutes.

Ingestion: Consult a doctor.

Inhalation: Consult a doctor.

5. FIRE-FIGHTING MEASURES

Extinguishing media: Suitable extinguishing media for the surrounding fire should be used. Use water spray to cool containers.

Exposure hazards: In combustion emits toxic fumes.

Protection of fire-fighters: Wear self-contained breathing apparatus. Wear protective clothing to prevent contact with skin and eyes.

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6. ACCIDENTAL RELEASE MEASURES

Personal precautions: Refer to section 8 of SDS for personal protection details. Turn leaking containers leak-side up to prevent the escape of liquid.

Environmental precautions: Do not discharge into drains or rivers. Contain the spillage using bunding.

Clean-up procedures: Absorb into dry earth or sand. Transfer to a closable, labeled salvage container for disposal by an appropriate method.

7. HANDLING AND STORAGE

Storage conditions: Store in cool, well ventilated area. Keep container tightly closed.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Respiratory protection: Respiratory protection not required.

Hand protection: Protective gloves.

Eye protection: Safety glasses. Ensure eye bath is to hand.

Skin protection: Protective clothing.

9. PHYSICAL AND CHEMICAL PROPERTIES

State: Solid

10. STABILITY AND REACTIVITY

Stability: Stable under normal conditions.

Conditions to avoid: Heat.

Materials to avoid: Strong oxidising agents. Strong acids.

Haz. decomp. products: In combustion emits toxic fumes.

11. TOXICOLOGICAL INFORMATION

Hazardous ingredients: SODIUM FLUORIDE
ORL MUS LD50 57 mg/kg
ORL RAT LD50 52 mg/kg
SCU RAT LD50 175 mg/kg

Routes of exposure: Refer to section 4 of SDS for routes of exposure and corresponding symptoms.

12. ECOLOGICAL INFORMATION

Mobility: Readily absorbed into soil.

Persistence and degradability: Biodegradable.

Bioaccumulative potential: No bioaccumulation potential.

Other adverse effects: Negligible ecotoxicity.

13. DISPOSAL CONSIDERATIONS

NB: The user's attention is drawn to the possible existence of regional or national regulations regarding disposal.

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14. TRANSPORT INFORMATION

ADR / RID

UN no: -

IMDG / IMO

IATA / ICAO

15. REGULATORY INFORMATION

Hazard symbols: No significant hazard.

Risk phrases: R32: Contact with acids liberates very toxic gas.

Safety phrases: S2: Keep out of the reach of children.

Precautionary phrases: Restricted to professional users.

Note: The regulatory information given above only indicates the principal regulations specifically applicable to the product described in the safety data sheet. The user's attention is drawn to the possible existence of additional provisions which complete these regulations. Refer to all applicable national, international and local regulations or provisions.

16. OTHER INFORMATION

Risk phrases used in s.2: R25: Toxic if swallowed.
R32: Contact with acids liberates very toxic gas.
R36/38: Irritating to eyes and skin.

Legal disclaimer: The above information is believed to be correct but does not purport to be all inclusive and shall be used only as a guide. This company shall not be held liable for any damage resulting from handling or from contact with the above product.