

7.8 (e) Hygiene Practices – Oral Health Policy

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Reviewed by: Child Care Team

This policy relates to	
National Quality Standards Early Childhood Education & Care	2.1 Health, 2.1.1 Well being and comfort, 2.1.2 Health practices and procedures

Purpose

Educators are encouraged to promote good oral hygiene awareness in children and assist in reducing the incidence of dental cavities in children.

Policy

Although children’s first teeth, ‘milk teeth’ will be replaced later by permanent teeth, they should still be cared for as they maintain the correct position in the mouth for later teeth. Ongoing care is needed with children’s permanent teeth.

Regular coating of the teeth with foods or drinks by sucking from bottles containing fruit juice or sweet drinks (e.g. cordial, soft drink and flavoured milk) or sucking on dummies dipped in sugar syrups, such as honey can cause early childhood cavities.

It is recommended that children not be given bottles to go to bed with as this speeds up the decay process. Educators are encouraged to have face to face interactions when bottle feeding infants. If an infant can bottle feed themselves, this must be fully supervised and the bottle removed immediately after the child stops drinking. This also applies to regular sucking (except for meal times) on bottles throughout the day that contain milk. Should an infant require something to drink, unsweetened water is recommended.

It is recommended that infants start drinking from a cup at 8 months as this reduces the time that decay-producing sugars are in contact with the teeth.

Pacifiers such as a dummy or the child’s thumb have not been identified as affecting children’s teeth while the child is under the age of three. However, these practices should be discouraged in children over three years old as they can push the front teeth forward.

Care must be taken to ensure cross-infection does not occur through inappropriate storage of toothbrushes. The membranes of gums in young children are very fragile and easily broken when brushing their teeth, which means that both blood, and saliva can contaminate brushes.

Infants

Infants do not have the bacteria (germs) in their mouth that can cause dental decay or holes in their teeth. However, infants can pick up disease in their mouth through any person kissing baby, tasting or blowing on food, or putting the bottle or dummy in their mouth before giving it to the baby. People in close contact with infants should have no active dental disease.

Teething can cause significant discomfort in infants and temporary feeding disruptions. It does not, however, cause illness. Often signs of illness may be confused with teething, although some children are prone to temperatures, flushed cheeks and a change in their behaviour while teething. Offering something cold and firm (teething rings) to bite on may help ease the pain. Teething rings are not to be shared, and must be cleaned according to manufacturer instructions.

The use of a small toothbrush with soft bristles from when the first tooth appears is recommended. Bacteria (germs) in the baby's mouth use sugars to produce acid that attacks the immature enamel easily.

Cleaning of Teeth

The tooth brushing experience is a good time to talk about the importance of caring for teeth, and eating healthy food. If tooth brushing is not possible, children can be encouraged to swill their mouths with water, and to learn about the importance of caring for teeth at the same time.

Procedure

- (1) Starting at the back on one side, brush along the outside of the top, then the bottom teeth. Use a circular motion, brushing towards the front;
- (2) Brush the front teeth, top then bottom, again with a circular motion. This cleans the spaces between the teeth;
- (3) Brush the second side as the first side was done. Always brush towards the front;
- (4) The chewing surfaces of the molars are particularly at risk from decay so they must be thoroughly cleaned;
- (5) Finally, clean the inner surfaces of the incisors (front teeth), with a straight, flicking action from the gums to the top edges of the teeth;
- (6) The excess toothpaste can be spat out but do not rinse the mouth or have a drink. The fluoride will help strengthen the teeth against the attack of acid.

It is usual for children to need help cleaning their teeth until they are 8 years old.

Relevant Legislation

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
National Quality Framework

Key Resources

Healthy Teeth for Life Queensland Government Qld Health
<http://www.health.qld.gov.au/oralhealth/default.asp> (2006)
http://www.health.qld.gov.au/oralhealth/healthy_smile/babies.asp (2009)
Happy Teeth Happy Child Queensland Government Qld Health
http://www.health.qld.gov.au/oralhealth/promo_programs/happy_teeth.asp (2011)
http://www.health.qld.gov.au/oralhealth/promo_programs/happy_teeth_manual.asp
National Health and Medical Research Council: (2006)
Staying Healthy in Child Care Preventing Infectious Diseases in Child Care 5th
Australian Dental Association –
<http://www.ada.org.au/oralhealth/dentInfo.aspx>
Logan Beaudesert Family Day Care Tooth Brushing Program-Resource Kit
http://www.health.qld.gov.au/oralhealth/promo_programs/happy_teeth.asp
http://raisingchildren.net.au/articles/dental_care_preschoolers.html
Australian Government Department of Education and Training: *Child Care Service Handbook*
<https://www.education.gov.au/child-care-service-handbook>
Beaucare Family Day Care – Recommended Cleaning Schedule
(refer Appendix H: Safe Work Practice)