



Wisconsin Department of Health Services  
Division of Public Health  
Oral Health Program

# **School Based Fluoride Mouthrinse Manual**

A Guide and Training Manual for  
Mouthrinse Coordinators, Administrators,  
Teachers, and Volunteers

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## Table of Contents

<b>Rationale .....</b>	<b>1</b>
What is Fluoride? .....	1
Dental Fluorosis .....	1
Purpose for a Fluoride Mouthrinse Program .....	2
Why Incorporate a Fluoride Mouthrinse Program in the School? .....	2
Does Your School Need a Fluoride Mouthrinse Program? .....	2
<b>Program Planning .....</b>	<b>3</b>
What are the Basics of Classroom Rinsing? .....	3
Program Support .....	3
Initial Information Session .....	3
<b>Staff .....</b>	<b>3</b>
Fluoride Mouthrinse Program Coordinator for the School .....	3
Volunteers .....	4
<b>Training Requirements .....</b>	<b>4</b>
Training Session for the Fluoride Mouthrinse Program .....	4
Statement by the Commissioner of Food and Drugs Regarding School Based Use of Fluoride Preparations .....	5
<b>Forms and Reports .....</b>	<b>6</b>
<b>Supplies .....</b>	<b>7</b>
Where to Get Supplies .....	7
Comparison of Premixed Individual Doses and Powder Mix .....	7
<b>Implementation .....</b>	<b>8</b>
Classroom Rinsing .....	8
Instructions for Administration of Individual Premixed Unit Doses .....	8
Instructions for Preparation and Administration of Fluoride Mouthrinse – Powder .....	9
Practice Session .....	10
Distributing Fluoride Mouthrinse to the Classroom .....	10
Getting Started .....	11
Record Keeping by the Teacher .....	11
<b>Safety .....</b>	<b>12</b>
Safety Procedures .....	12
Accidental Ingestion .....	13
Ingredients for the Premixed Unit Dose of Fluoride Mouthrinse .....	13
<b>Appendices .....</b>	<b>14</b>

## **Rationale**

### **What is Fluoride?**

Fluoride is a naturally occurring mineral that is found in the earth's crust. Fluoride has been proven to prevent, and even reverse, tooth decay by enhancing the remineralization of enamel that is under the attack of acid by decay-causing bacteria in dental plaque. Fluoride helps strengthen the enamel and helps improve its resistance to acid. According to the Centers for Disease Control and Prevention, frequent exposure to small amounts of fluoride each day will best reduce the risk for tooth decay in all age groups.

The application of fluoride to the outer surfaces of the teeth is a topical application and is considered one of the best ways to get fluoride to teeth. Since it is applied to erupted teeth, topical fluoride is not incorporated into the developing tooth structure rather it is temporarily incorporated into the outer tooth surface. As acids are formed in the mouth and begin to demineralize the enamel, the fluoride is released and becomes available to aid in the remineralization of the enamel. The use of a fluoridated mouthrinse is an example of topical fluoride. Topical fluoride applications such as toothpaste, mouthrinse, and professionally applied fluoride gels, foams and varnish often contain a high concentration of fluoride and should not be swallowed.

While almost all water naturally contains some fluoride, often times, it is not enough fluoride to provide dental benefits. Therefore, many communities choose to adjust the fluoride concentration in their water supply to a level that is optimal for reducing tooth decay and promoting good oral health. This practice is known as community water fluoridation. When fluoridated water is the main source of drinking water, a low concentration of fluoride is routinely introduced into the mouth. Some of this fluoride is taken up by dental plaque; some is transiently present in saliva, which serves as a reservoir for plaque fluoride; and some is loosely held on the enamel surfaces. Frequent consumption of fluoridated drinking water and beverages and food processed in fluoridated areas maintains the concentration of fluoride in the mouth.

### **Dental Fluorosis**

The proper amount of fluoride helps prevent and control dental caries. Dental fluorosis occurs when excessive amounts of fluoride are swallowed during tooth development. Fluorosis affects the outer layer of the tooth, which is the enamel, and can range from barely visible white speckling (mild fluorosis) to severe brown stains, surface pitting, and brittleness (severe fluorosis). In the U.S., it is very rare to see moderate or severe cases of dental fluorosis. It is important to understand that beyond age eight, teeth cannot form fluorosis. The anterior front teeth of most first graders are already fully developed by the time they begin the mouthrinse program and are not at risk of developing dental fluorosis.

The most effective approach to controlling the prevalence and severity of dental fluorosis, without jeopardizing the benefits of fluoride to oral health, is to be more responsible with over the counter dental products. For example, making sure that children are not using more than a

pea sized amount of toothpaste regularly when brushing and making sure they spit out all the toothpaste. Remember, topical fluoride products should not be swallowed. Because children under the age of six may not adequately control their swallow reflex, children in preschool and kindergarten should not participate in a school based fluoride mouthrinse program (FMP).

### **Purpose for a Fluoride Mouthrinse Program**

Dental decay is the most common chronic disease of childhood, more common than asthma. The appropriate use of fluorides is one of the best methods to prevent tooth decay. The purpose of a school based FMP is to provide a safe and effective method of reducing dental decay. Studies indicate a 20-30% reduction in the rate of caries for a school based FMP. This program is primarily for school children who are at high risk for dental caries. The FMP takes place in the classroom. Children rinse once a week for sixty seconds and then spit out the fluoride. The benefit to teeth from a fluoride rinse program is topical – the fluoride solution strengthens the outer layer of tooth enamel and the fluoride is not swallowed. The FMP is not intended to replace regular dental exams or the daily use of fluoride toothpaste. Children can safely use mouthrinse and continue to use toothpaste and drink fluoridated water on a daily basis.

### **Why Incorporate a Fluoride Mouthrinse Program in the School?**

School programs are successful because children attend school daily and therefore are accessible to weekly scheduled programs. Continuity of a program makes a school setting most appropriate for implementing prevention programs for school aged children. Implementation of health services directly in schools has become an important component of education, based on the premise that a healthy child, free of illness and disease, will be a more effective learner than a child in ill health. The oral health program assists schools in adopting alternative preventive measures for caries control. One measure is the school-based FMP. Weekly mouthrinsing with fluoride reduces caries by 20-30% in high risk children.

### **Does Your School Need a Fluoride Mouthrinse Program?**

Schools with many children at highest risk for dental decay are excellent candidates for a fluoride mouthrinse program. High risk populations can include communities that are not served by community water fluoridation, schools that have a large percent of the population served by well water, schools with a high free and reduced price meal program rate, etc.

## **Program Planning**

### **What are the Basics of Classroom Rinsing?**

In order for the school to provide an effective program with the greatest oral health benefits, all classrooms, except kindergarten, must participate in the program each week; teachers may not opt out of having their class participate. Kindergarten classes do not participate since children under six years of age may not have a fully developed swallowing reflex.

The time commitment needed for the classroom to rinse is about five minutes once per week. After rinsing for sixty seconds, the child should empty their mouthrinse into the cup, wipe their mouth with the provided napkin, place the napkin in the cup, and discard the cup in a plastic waste bag.

### **Program Support**

A critical step in starting a FMP is obtaining necessary local support. Community leaders in the school setting should be contacted to help start a program. Obtaining support from the school superintendent, school board, school principal, teachers, and school nurse are important for the success of the program. Ideally, obtain support from the local dental community, area physicians, and the local health department. A neighboring school district may already have a successful FMP that school administrators can model a new program after.

### **Initial Information Session**

Once the school administration approves the FMP, an information session for all staff (principals, teachers, aides, nurses, special education teachers, etc.) as well as parents needs to be scheduled. Your local public health department, in addition to the Wisconsin Department of Health Services Oral Health Program, can provide technical assistance in planning the information session. This meeting should allow adequate time to present clear information on FMP and to answer any questions. Topics that are usually covered in the presentation to a school beginning a FMP include a brief explanation of dental decay, the role of topical and systemic fluoride in reducing decay, and rationale for a fluoride mouthrinse program.

## **Staff**

### **Fluoride Mouthrinse Program Coordinator for the School**

The principal of the school should identify an individual that will be the designated FMP Coordinator for the school. This person will be responsible for the overall coordination of the program and the submission of reports. School nurses, teachers, or school staff may serve as coordinators. You may also look for a parent volunteer to serve as the coordinator. Persons affiliated with the medical and dental professions are often a good choice because of their interest in health education programs.

The FMP Coordinator will be responsible for carrying out the following responsibilities:

- Complete the Safety Assessment (*Appendix L*), have the principal sign off on the Safety Assessment, and retain the school's copy.
- Provide training to teachers, staff, and other volunteers and maintain training records.
- Work with the principal and teachers to identify a day each week that will be designated for completing the FMP.
- Develop a plan to distribute fluoride mouthrinse to the classrooms each week.
- Emphasize that each classroom must rinse each week. Work with teachers to assure that their classroom participates as required.
- Assure that fluoride mouthrinse is always stored in a locked, climate controlled area. The room temperature should not exceed 86 degrees Fahrenheit.
- Maintain fluoride mouthrinse inventory and place orders as needed.
- Help troubleshoot problems as needed.
- Be prepared to be available on a weekly basis throughout the school year to help as needed.
- Confirm that the fluoride mouthrinse is being done by all the teachers each week.
- Provide yearly review and training of the school staff involved with the FMP. Review the classroom procedures and provide a demonstration.
- Insure that the FMP Annual Information for Parents (*Appendix C*) is distributed via memo or school handbook.
- At the end of the school year, collect completed FMP Classroom Rosters (*Appendix J*) from teachers.
- Prepare the FMP Annual Report Form (*Appendix B*) for routing to the Wisconsin Oral Health Program.
- Contact the Wisconsin Oral Health Program as needed for technical assistance.

## **Volunteers**

Volunteers may be used to assist in your FMP. You may want to consider a volunteer rotation if you have trouble finding volunteers to commit on a weekly basis. All volunteers will require training, the Post Training Exam, and a signed Training Certification form on file. Some possibilities for volunteers might include: members of the PTO, dental professionals from the community, parents, grandparents, and high school career students.

## **Training Requirements**

### **Training Session for the Fluoride Mouthrinse Program**

Once the FMP is approved and the initial information session is held, a training session must be scheduled prior to administering the fluoride mouthrinse. The training should be provided by the designated FMP Coordinator. All teachers, staff, and other FMP volunteers must participate in

the training session. For further technical assistance, you may also contact your local public health department or the Wisconsin Oral Health Program.

The FMP Coordinator should provide the teachers, staff, and volunteers with a folder of information. Each folder should contain the following items:

- Fluoride Mouthrinse Misuse Protocol (*Appendix N*)
- Fluoride Mouthrinse Consumption Amounts (*Appendix O*)
- Blank Permission Forms (annual or permanent) (*Appendix D & E*)
- Fluoride Mouthrinse Program Classroom Roster (*Appendix J*)
- Fluoride Mouthrinse Program Teacher Checklist (*Appendix H*)

The following topics will need to be included in the FMP training session:

- Give the prevalence of dental decay in the state – use any local data available.
- Explain the role of topical and systemic fluorides in reducing decay.
- Review the FMP – history, rationale, etc.
- Emphasize that each classroom must rinse each week.
- Review funding, personnel and supplies required for a FMP.
- Distribute samples of all paperwork. Discuss how they should be handled.
- Explain distribution of parent consent forms.
- Provide instructions for the mouthrinsing procedure in the classroom and demonstrate.
- Review safety procedures.
- Review contact information of the FMP Coordinator for the school as well as the WI Department of Health Services Oral Health Program.
- Explain the availability of technical assistance.
- Thank everyone for their time and support of the FMP.

Following the training, each person should take the Post Training Exam and sign the Training Certification. A signed certification form for each teacher, staff, and volunteer participating in the program should be on file with the FMP Coordinator. All FMP volunteers must participate in an annual review of the procedures led by the FMP Coordinator.

### **Statement by the Commissioner of Food and Drugs Regarding School Based Use of Fluoride Preparations**

The preparations and dietary supplements of fluoride are safe and effective in reducing the incidence of dental caries when used in accordance with accepted methods. It is acceptable for fluoride mouthrinse and dietary supplements of fluoride to be dispensed and used in the schools by school children, if their use is supervised adequately. “It is the opinion of the Dental Drug Products Advisory Committee that appropriate personnel for the supervision of these procedures include dental auxiliaries, nurses, teachers, aides, and volunteers if they have been instructed and given in-service training by professional personnel (a dentist, dental hygienist, or physician) in

the following procedures: proper and secure storage, correct dosage, distribution methods, and supervision of the preventive treatment procedures.”

## Forms and Reports

Examples of these forms can be found for your convenience in the appendix of this manual. You can make as many copies as you need for your program.

- Changes in FMP Coordinator – The Wisconsin Oral Health Program requests schools to report any changes in the school coordinator. With this information, the Wisconsin Oral Health Program can better communicate and offer technical assistance to school coordinators. Any new coordinators need to complete the proper training.
- Annual Report Form – The Wisconsin Oral Health Program requests that each school complete a short annual report indicating the number of children participating. This annual report will allow the Wisconsin Oral Health Program to maintain records of schools participating in a FMP. This report should be completed by the schools FMP Coordinator after collecting the FMP Classroom Roster from each classroom at the end of the school year.
- Annual Information for Parents – When programs are using permanent consent forms, this serves as a yearly reminder to parents that their child is participating in the FMP. It is important to send this information out on an annual basis.
- Information and Consent Forms – Parental permission is required for each participating child, and a signed form will become part of the student’s permanent record. School districts can decide if parental permission is ongoing year after year (permanent) or if new permission slips are required for each school year (annual).
- Coordinator Checklist for Permission Forms – This checklist offers a highlight of program administration and can be used as a guide by the FMP Coordinator.
- Teacher Checklist for FMP – A copy can be provided to each classroom teacher to serve as a guide for the weekly rinsing program.
- Classroom Participation – This form should be completed by the FMP Coordinator and kept as a reference. This information can be used each week to aide in distribution of the correct amount of unit doses to each classroom.
- Classroom Roster – Each classroom will keep a mouthrinse record indicating an annual list of the children with parental permission participating in the FMP. This form can also assist a substitute teacher with the implementation of FMP. In addition, the information recorded will assist the coordinator of the FMP in filling out the annual report.
- Safety Assessment – The Wisconsin Oral Health Program requests schools complete this form to ensure that schools are examining current safety procedures by reviewing the basic standards of the fluoride mouthrinse operation at your school. This form should be reviewed every three years or earlier if there is a change of principal or other key personnel.
- Safety Procedures – Provide a copy to each classroom. The teacher should keep this with her classroom roster as a reference in the case of an accidental ingestion.

- Misuse Protocol – This provides instruction to follow in case a child swallows the fluoride mouthrinse. A copy should be posted in each classroom.
- Consumption Amounts – This provides a quick reference guide as well as an education tool for parents should a child accidental swallow some of the mouthrinse. It is recommended that the FMP Coordinator keep a copy of this to reference as need. It is not necessary to keep this in each classroom.
- Post Training Exam – It is important that all those who have some responsibility with the FMP receive adequate training. The FMP Coordinator is responsible for providing a training workshop. When participants have completed the training, they should take the Post Training Exam. Upon completion of the training and exam, the Training Certification form should be signed and kept in the training files.
- Training Certification – This form should be completed by each teacher, staff member, or volunteer who will participate in the administration of the FMP. These forms should be kept on file with the FMP Coordinator.

## Supplies

### Where to Get Supplies

Medical Products Laboratories  
 9999 Global Road  
 Philadelphia, PA 19115  
 Phone: 800-523-0191      Fax: 215-677-7736

### Comparison of Premixed Individual Doses and Powder Mix

As you prepare for your fluoride mouthrinse program, you will need to decide what formulation of rinse you are going to use. You can choose between individual premixed doses or a powder mix. Below is information on each that you can use to help your decision process.

Premixed Unit Dose – Each unit dose consists of a cup, which contains either 5 mL or 10 mL of a premixed 0.2% sodium fluoride solution. The smaller cups contain the same percentage of fluoride, but the volume is smaller for smaller mouths and body weight. Typically, the smaller cups would only need to be used for some first grade students.

#### Advantages:

1. Time is saved by eliminating the need to mix fluoride powder with water and pumping the rinse from a jug into individual cups.
2. Teacher acceptance increases and volunteer morale is improved.
3. Waste of unused solution is eliminated.
4. Multiple flavors available.

#### Disadvantages:

1. Cost is slightly higher at approximately \$3.00 per child per school year.
2. More storage space is needed.

3. Six month shelf life of the product requires receiving the years supply in either two or three shipments.
4. Younger children may require assistance opening the premixed individual dosage cups

**Powder Mix** – This system of providing fluoride mouthrinse requires that the sodium fluoride powder is mixed with water in a jug according to manufacturer’s directions. After the powder is mixed, the solution is pumped into individual cups using a calibrated pump. The powder mix is packaged in kits which contain supplies for 75 children and includes sodium fluoride packets, polyethylene jug/container, one dispense pump, plastic cups, paper napkins and trash bags. The kits are available with either a 5 mL pump or a 10 mL pump. The pump dispenses the amount specified with one stroke of the pump.

**Advantages:**

1. Cost is approximately \$1.00 per child per school year.
2. Long shelf life of the packets of sodium fluoride powder allow for annual shipments.
3. Little storage space is required.
4. Multiple flavors available.

**Disadvantages:**

1. Lengthy preparation time to mix the solution.
2. Time needed to dispense the solution into individual cups.
3. Limited shelf life of mixed solution (three weeks) could lead to increased waste if unused solution must be discarded.

## **Implementation**

### **Classroom Rinsing**

Participating children must have signed parental permission forms on file at the school. Each teacher keeps a Classroom Roster of participating students. Establish a rinsing routine for the classroom. Designate a day of the week and time for rinsing. It is recommended that the fluoride program be conducted at least 30 minutes prior to eating.

Adults also benefit from topical fluoride and teachers are encouraged to rinse with their students. By rinsing with the students, teachers will be a good role model while improving their own dental health.

### **Instructions for Administration of Individual Premixed Unit Doses**

Each unit dose consists of a cup, which contains a premixed sodium fluoride solution together with a napkin to wipe the mouth. Each participant receives one cup and one napkin.

- Remove the lid from the cup. Some students may need help.
- Empty the contents of the cup into the mouth and swish thoroughly for one minute.
- Remind students to rinse gently; facial muscles become tired very quickly with vigorous rinsing.

- Have students close their eyes or look at the classroom clock while rinsing to avoid distraction.
- Students should be instructed not to look at each other to avoid giggling.
- Instruct the children not to swallow.
- Rinse for one minute. Because it is essential that the children rinse for one minute, it is important that the students start and finish rinsing together.
- Teachers can incorporate mini dental health education segments during the time that students are rinsing.
- Hold cup against the mouth. Slowly and quietly spit solution back into the cup.
- Wipe the mouth with the napkin. Then place the napkin slowly into the cup to absorb the solution. The used cups and napkins are discarded into a plastic waste bag.
- Instruct children not to eat or drink for 30 minutes after mouthrinsing.
- Monitor expiration dates. Do not use rinse that has expired.

### **Instructions for Preparation and Administration of Fluoride Mouthrinse – Powder**

Each kit contains fluoride powder packet, empty container, dispenser pump, napkins, plastic cups, trash bags, and ties. Read carefully the manufacturer’s instructions. Following the instructions will assure the correct and safe preparation of the sodium fluoride mouthrinse. The powder should never be dispensed in its concentrated form. The powder must always be mixed with the appropriate amount of water before a child is permitted to “swish and spit”. The fluoride mouthrinse solution should always be mixed in the plastic container that comes with the fluoride mouthrinse kit, as mixing or stirring in containers made of other material can cause the solution to become alkaline rather than remain neutral. When mixed to the exact proportion, the sodium fluoride powder and water will yield a 0.2% neutral fluoride rinse. The solution must be measured carefully and the solution mixed thoroughly. Once the powder is mixed with water, the solution is then dispensed into individual cups to be distributed to the participants.

- Open the fluoride powder packet and empty the contents into the provided container.
- Fill container with lukewarm potable tap water to designated mark on the container.
- Replace the cap securely and shake container vigorously to dissolve all the powder thoroughly.
- Write the date the solution was mixed directly onto the container.
- Remove the cap and insert the pump; tighten pump cap.
- Prime the pump by pushing the plunger up and down a few times until the solution flows freely. Discard this fluoride rinse immediately as it is not an accurately measured amount.
- The pump will now dispense the correct amount of solution for each student.
- Pump the specified amount of 0.2% solution into a cup. The recommended amount dispensed is 10 ml equivalent or 2 teaspoons for grades 1-6
- Give the filled cup and napkin to each participant.
- Give one cup and one napkin to each student.

- All students should start rinsing at the same time to ensure that students have the rinse in their mouth for the correct amount of time.
- Empty the contents of the cup into the mouth and swish thoroughly for one minute.
- Remind students to rinse gently; facial muscles become tired very quickly with vigorous rinsing.
- Have students close their eyes or look at the classroom clock while rinsing to avoid distraction.
- Students should be instructed not to look at each other to avoid giggling.
- Instruct children not to swallow.
- Teachers can incorporate mini dental health education segments during the time that students are rinsing.
- Hold cup against the mouth. Slowly and quietly spit the solution back into the cup.
- Wipe the mouth with the napkin. Then place the napkin slowly into the cup to absorb the solution. The used cups and napkins are discarded into a plastic waste bag.
- Instruct children not to eat or drink for 30 minutes after mouthrinsing.
- Unused solution may be stored for future use. To store, unscrew the pump and replace it with the child-proof cap accompanying the container. This will provide additional safety when the container is unattended.
- The solution need not be refrigerated when stored.
- Discard unused solution after three weeks.
- For safety, store unused solution in cool locked area away from children.

### **Practice Session**

Prior to implementing the fluoride program, there should be a practice session, using plain water, to orient students to the proper procedures and to identify program management problems (timing, classroom distribution procedures, students unable to properly swish and spit, etc.). The solution must reach all surfaces of the teeth to achieve maximum effectiveness. This is accomplished by puffing the cheeks and lips rhythmically. The best time to teach this technique is when practicing with water. Repeat the practice session if necessary.

### **Distributing Fluoride Mouthrinse to the Classroom**

A method for getting the fluoride mouthrinse from the locked storage area to the classroom each week will need to be developed. There are multiple methods that can be used and you'll need to find a system that works best for your program.

- Trays and push carts have been used successfully in some schools for distributing fluoride to classrooms.
- The coordinator could develop a partnership with school volunteers and/or teacher assistants and oversee the prepackaging of bags or boxes for classrooms. Classroom bags prepared ahead of time could be distributed by grade level by the assistants on the day of rinse. The fluoride and napkins could be placed in the plastic trash bag that is provided

for each classroom. Simply write on the bag with a magic marker the number of doses in bag and teacher's name.

- All bags could be prepared with a set number of doses (example 25). This may work for schools when the majority of students are participating. The teacher would need to promptly return unused doses. Teachers could be informed by email or written note at the beginning of the school year to return unused doses each week to the coordinator unless teacher can keep unused doses in a locked, climate controlled area.
- Prepared bags could be placed in teacher mailboxes on rinse day.
- Teachers or assistants could go by a designated area on the day of rinsing to pick up materials made available by the coordinator; a check off list could be initialed by the teacher.
- For schools with morning weekly faculty meetings, fluoride mouthrinse could be distributed at that time.

### **Getting Started**

After each participating student has a cup containing fluoride solution and a paper napkin, the trained adult designated as the monitor will remind the students not to swallow the solution, that they should swish the solution between their teeth, and that they should continue swishing until a signal is given to stop.

All participants empty the contents of the cups into their mouths at the same time. The one minute timing begins at this point. The monitor should watch for children who have little cheek and lip movement. A child may occasionally resort to shaking his or her head back and forth rather than using a cheek and lip motion. The monitor should correct these inappropriate actions.

During this time, the monitor can discuss the importance of brushing, diet, etc. to enhance oral health education.

When 60 seconds has elapsed, the students should be directed to empty the solution back into the cup, blot their lips as needed with the napkin, and gently stuff the napkin into the paper cup to absorb the liquid. The cups are then placed into a plastic waste bag for proper disposal.

Participation is recorded on the FMP Classroom Roster.

### **Record Keeping by the Teacher**

Teachers should post the Classroom Roster and mark it weekly after the rinsing session. If a new student joins the classroom, the teacher should send a permission form home to the parents. At the end of the school year, the teacher should send the completed Classroom Roster to the FMP Coordinator.

## **Safety**

### **Safety Procedures**

It is essential that safety be emphasized at all times.

Each school must have a completed Safety Assessment signed by the principal.

The individual who will be responsible for the fluoride shipments must be sure the fluoride is kept in a cool locked storage area away from children. The mouthrinse can freeze and not be damaged; however, excessively high temperatures will cause evaporation.

Teachers should not keep doses of the fluoride in their classrooms unless it is under lock and key.

Each teacher and/or handler of the fluoride mouthrinse should have a copy of the Misuse Protocol. Teachers may choose to post the Misuse Protocol next to the FMP Classroom Roster as a safety reminder.

New FMP Coordinators, volunteers, and staff need to be trained before working with the fluoride mouthrinse program. Yearly review of the policies and procedures should also be done.

Any student volunteers are required to be under the direct supervision of a responsible trained adult volunteer, teacher, or coordinator at all times. If using powder packets, students are not allowed to mix the fluoride solution.

Observe the expiration date printed on the outside of the case of fluoride. The expiration date is also printed on the individual unit doses and powder packets. Example: "June 11" means the fluoride needs to be used by the end of June 2011. Expired fluoride mouthrinse will need to be disposed by draining the liquid from the cups and disposing the cup in a closed trash bag.

Each child receives only one cup of fluoride each week.

Discard any opened premixed fluoride cups after the last student/class rinses.

The ability to control the swallowing reflex is not fully developed in very young children. Studies indicate that children aged 3-5 years might swallow substantial amounts of fluoride mouthrinse. Therefore, children in kindergarten are not to participate in the FMP.

Any child with an uncontrolled swallowing reflex should not participate in the FMP. At the beginning of the school year, have students practice "swishing" with water. Observe how well the children follow directions to rinse and spit water into the cups. Students should be able to demonstrate the ability to swish with water for one minute without swallowing before they begin with any fluoride mouthrinse.

Swallowing the single cup of mouthrinse is not harmful to the child. See Fluoride Mouthrinse Consumption Amounts sheet for more information on consuming potentially dangerous amounts.

## Accidental Ingestion

You may wish to provide this sheet to individuals who have specific questions on the amount of fluoride mouthrinse that could cause harm.

Accidental ingestion of fluoride by children usually does not present a serious risk if the amount of fluoride ingested is less than 5mg/Kg of body weight. If there were a problem of toxicity, it usually would be apparent within an hour. The symptoms are an upset stomach, nausea, vomiting, diarrhea, and abdominal cramps. Due to rapid onset of symptoms, please call the Wisconsin Poison Center as soon as possible.

If a student is suspected of swallowing at one time, MORE than the recommended daily dose:

- Try to determine, if possible, the type of fluoride, the amount of fluoride ingested, the child's approximate weight, and the length of time since ingestion.
- Call Wisconsin Poison Center at 1-800-222-1222
- Follow instructions from Poison Center.
- If the Poison Center is not available by phone, proceed as follows:
  - Administer one glass of milk.
  - Do not induce vomiting.
  - If milk or other dairy products are unavailable or if the child is lactose intolerant, administer antacids or a glass of water.
  - Contact parents and take child to the indicated source of health care.
  - If parents cannot be reached, take child to local emergency provider.

In every case, the FMP Coordinator should be notified.

## Ingredients for the Premixed Unit Dose of Fluoride Mouthrinse

- Sodium Fluoride
- Saccharin Sodium
- Potassium Sorbate
- Purified Water
- Flavor
- Citric Acid
- The colors are:
  - Berry Berry flavor – red dye #33
  - Bubble Gum flavor – red dye #33
  - Grape flavor – red dye #33, blue dye #1
  - Mint flavor – blue dye #1, yellow dye #5
  - Root beer flavor – red dye #40, yellow dye #5, blue dye #1
  - Orange flavor – red dye #33, yellow dye #6

If additional information is needed, please call the manufacturer.

## Appendices

- A. Changes in FMP Coordinator Information
- B. Fluoride Mouthrinse Program - Annual Report Form
- C. Fluoride Mouthrinse Program - Annual Information for Parents
- D. Fluoride Mouthrinse Program - Information and Consent (Permanent Permission)
- E. Fluoride Mouthrinse Program - Information and Consent (Annual Permission)
- F. Fluoride Mouthrinse Program - Coordinator Checklist (Permanent Permission)
- G. Fluoride Mouthrinse Program - Coordinator Checklist (Annual Permission)
- H. Fluoride Mouthrinse Program - Teacher Checklist
- I. Fluoride Mouthrinse Program - Classroom Participation
- J. Fluoride Mouthrinse Program - Classroom Roster
- K. Fluoride Mouthrinse - Instructions for Completing the Safety Assessment
- L. Fluoride Mouthrinse - Safety Assessment
- M. Fluoride Mouthrinse - Safety Procedures
- N. Fluoride Mouthrinse - Misuse Protocol
- O. Fluoride Mouthrinse - Consumption Amounts
- P. Fluoride Mouthrinse Program - Post Training Exam
- Q. Fluoride Mouthrinse Program - Training Certification

**DEPARTMENT OF HEALTH SERVICES**  
Division of Public Health  
F-00573 (02/2012)

**STATE OF WISCONSIN**  
Bureau of Community Health Promotion  
(608) 267-0531

**CHANGES IN FMP COORDINATOR INFORMATION**

If there should be a change in the FMP Coordinator for your school, please fill out this form and return to the Oral Health Program - Fluoridation Program Coordinator at the Wisconsin Department of Health Services. The form can be faxed to 608-266-8925 or mailed to:

Wisconsin Department of Health Services  
Oral Health Program  
Attn: Robbyn Kuester, RDH - Fluoridation Program Coordinator  
1 West Wilson Street - Room 233  
Madison, WI 53703

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Phone Number \_\_\_\_\_

Name of new FMP Coordinator \_\_\_\_\_

Changes, comments, or concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**DEPARTMENT OF HEALTH SERVICES**  
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F-00572 (02/2012)

**STATE OF WISCONSIN**  
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(608) 267-0531

**FLUORIDE MOUTHRINSE PROGRAM - ANNUAL REPORT**

**Complete form at end of school year and mail to:**  
Oral Health Program  
Attn: Robbyn Kuester, RDH  
PO Box 2659  
Madison, WI 53701

Date \_\_\_\_\_

School Name \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

If this report is for more than one school please list all of the schools participating in the fluoride mouthrinse program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Enrollment per Grade

Total Number of Participants per Grade Rinsing

Grade 1 \_\_\_\_\_

\_\_\_\_\_

Grade 2 \_\_\_\_\_

\_\_\_\_\_

Grade 3 \_\_\_\_\_

\_\_\_\_\_

Grade 4 \_\_\_\_\_

\_\_\_\_\_

Grade 5 \_\_\_\_\_

\_\_\_\_\_

Grade 6 \_\_\_\_\_

\_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

## Fluoride Mouthrinse Program - Annual Information for Parents

The fluoride mouthrinse program offered at school will continue this year. The use of fluoride is one of the best ways to prevent cavities.

Your child may safely rinse with fluoride even if he or she is getting fluoride from other sources. If you have any questions or concerns about your child participating, you are encouraged to discuss this with your child's dentist.

The permission form you signed when your child entered school will be kept in your child's permanent record. Your child will rinse once each week if you have given permission. If you want to change the permission form, please send a signed written note to school asking for a change. With your help and support, your child will have better oral health.

If you have any questions about this program, please call

\_\_\_\_\_ at \_\_\_\_\_.

# Fluoride Mouthrinse Program - Information and Consent

## Permanent Permission

Dear Parent:

Together, we are trying to help your child enjoy good dental health. Unfortunately, many school age children have tooth decay, which causes poor health, pain, and loss of time from school. The cost of treating dental disease is high. The use of fluoride is one way to prevent tooth decay.

We are inviting students to participate in a school fluoride mouthrinse program to help reduce dental decay. Under supervision and with your permission, your child will rinse once a week with a 0.2% neutral sodium fluoride mouthrinse solution. The solution is not swallowed. There are no known adverse effects associated with this procedure. We are offering this program at no charge to you, to help your child have healthy teeth.

Fluoride mouthrinse is a topical application of fluoride that helps strengthen the outside surfaces of the teeth. This fluoride mouthrinse program is not meant as a substitute for any other fluoride your child may be getting. The benefits of the fluoride mouthrinse program are in addition to benefits received from drinking fluoridated water, fluoride toothpaste, and receiving fluoride applications in the dental office. This program will help improve the dental health of your child, although it will not take the place of regular dental check-ups and proper tooth care at home. Please check with your child's dentist if you have questions about your child participating in the fluoride mouthrinse program.

Please fill out the form below and return to your child's teacher tomorrow. Your child can participate in this program only if you give your permission by signing and returning this permission slip. If you have any questions about this program, please call

\_\_\_\_\_ at \_\_\_\_\_.

### Permanent Permission for Fluoride Mouthrinse

\_\_\_\_\_ YES, I want my child to participate in this weekly dental program until he or she ages out of the program. I understand that I may withdraw this permission at any time by notifying the school office in writing.

\_\_\_\_\_ NO, I do not want my child to participate in this dental program.

\_\_\_\_\_  
Name of Child (First and Last)

\_\_\_\_\_  
Child's Age

\_\_\_\_\_  
Name of Teacher

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Attn: Fluoride Program Coordinator - This form should be filed with the student's permanent records and kept until he or she ages out of the program.

# Fluoride Mouthrinse Program - Information and Consent

## Annual Permission

Dear Parent:

Together, we are trying to help your child enjoy good dental health. Unfortunately, many school age children have tooth decay, which causes poor health, pain, and loss of time from school. The cost of treating dental disease is high. The use of fluoride is one way to prevent tooth decay.

We are inviting students to participate in a school fluoride mouthrinse program to help reduce dental decay. Under supervision and with your permission, your child will rinse once a week with a 0.2% neutral sodium fluoride mouthrinse solution. The solution is not swallowed. There are no known adverse effects associated with this procedure. We are offering this program at no charge to you, to help your child have healthy teeth.

Fluoride mouthrinse is a topical application of fluoride that helps strengthen the outside surfaces of the teeth. This fluoride mouthrinse program is not meant as a substitute for any other fluoride your child may be getting. The benefits of the fluoride mouthrinse program are in addition to benefits received from drinking fluoridated water, fluoride toothpaste, and receiving fluoride applications in the dental office. This program will help improve the dental health of your child, although it will not take the place of regular dental check-ups and proper tooth care at home. Please check with your child's dentist if you have questions about your child participating in the fluoride mouthrinse program.

Please fill out the form below and return to your child's teacher tomorrow. Your child can participate in this program only if you give your permission by signing and returning this permission slip. If you have any questions about this program, please call

\_\_\_\_\_ at \_\_\_\_\_.

### Annual Permission for Fluoride Mouthrinse

\_\_\_\_\_ YES, I want my child to participate in this weekly dental program until the end of the school year. I understand that I may withdraw this permission at any time by notifying the school office in writing.

\_\_\_\_\_ NO, I do not want my child to participate in this dental program.

\_\_\_\_\_  
Name of Child (First and Last)

\_\_\_\_\_  
Child's Age

\_\_\_\_\_  
Name of Teacher

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Attn: FMP Coordinator - This form should be filed with the student's permanent records until the end of the school year.

## **Fluoride Mouthrinse Program - Coordinator Checklist**

### **Permanent Permission**

#### Preliminary Steps

1. Check student cumulative folders for signed permanent permission forms.
2. For students with no existing signed permission form, provide opportunity for parents to complete a form.
3. Prepare Fluoride Mouthrinse Classroom Roster with names of students who have affirmative permission forms signed by parents or guardians. Do not record names of students who do not have permission. Keep Fluoride Mouthrinse Classroom Roster in classroom.
4. A separate list for non-participating students may be used for reference purposes. However, to avoid confusion, the non-participating list should never be kept in the classroom. The FMP Coordinator should keep this list in their files only.
5. File all returned permanent permission forms in students' cumulative folders.

#### Rinsing Steps

1. Schedule a weekly time for rinsing, preferably the same day and time each week.
2. Acquire single dose cups for each student who has parental consent to participate.
3. Instruct students to rinse for one minute.
4. Do not swallow.
5. Have students empty the solution from their mouth into the cup.
6. Ask students to wipe their mouths with the napkin provided.
7. Have students place the napkin in the cup to absorb used fluoride.
8. Ask students to dispose of the cup in the proper trash receptacle.
9. Allow 30 minutes before eating and drinking.

Review the Fluoride Mouthrinse Misuse Protocol.

Do not keep doses of fluoride in the classroom unless they are under lock and key.

Contact your school Fluoride Mouthrinse Program Coordinator if you have questions.

## **Fluoride Mouthrinse Program - Coordinator Checklist**

### **Annual Permission**

#### Preliminary Steps

1. Collect permission forms.
2. Prepare Fluoride Mouthrinse Classroom Roster with names of students who have affirmative permission forms signed by parents or guardians. Do not record names of students who do not have permission. Keep Fluoride Mouthrinse Classroom Roster in each classroom.
3. A separate list for non-participating students may be used for reference purposes. However, to avoid confusion, the non-participating list should never be kept in the classroom. The FMP Coordinator should keep this list in their files only.
4. Hold annual permission forms in classroom files. Discard annual permission forms at the close of the school year.

#### Rinsing Steps

1. Schedule a weekly time for rinsing, preferably the same day and time each week.
2. Acquire single dose cups for each student who has parental consent to participate.
3. Instruct students to rinse for one minute.
4. Do not swallow.
5. Have students empty the solution from their mouth into the cup.
6. Ask students to wipe their mouth with the napkin provided.
7. Have students place the napkin in the cup to absorb used fluoride.
8. Ask students to dispose of the cup in a proper trash receptacle.
9. Allow thirty minutes before eating and drinking.

Review the Fluoride Mouthrinse Misuse Protocol.

Do not keep doses of fluoride in the classroom unless they are under lock and key.

Contact your school Fluoride Mouthrinse Program Coordinator if you have questions.

## **Fluoride Mouthrinse Program - Teacher Checklist**

### Preliminary Steps

1. Send any permission slips received to the FMP Coordinator.
2. Review FMP Classroom Roster to identify participating students.
3. Schedule a weekly time for rinsing, preferably the same day and time each week.
4. Consider providing a mini dental lesson while the students are rinsing.
5. Obtain the amount of single dose cups that you need for the weekly rinsing session.

### Rinsing Steps

1. Review instructions with children as needed.
2. Assist any students that need help removing the foil lid (if using single dose premixed fluoride rinse).
3. Instruct students to rinse for one minute.
4. Do not swallow.
5. Have students empty the solution from their mouth into the cup.
6. Ask students to wipe their mouth with the napkin provided.
7. Have students place the napkin in the cup to absorb used fluoride.
8. Ask students to dispose of the cup in a proper trash receptacle.
9. Allow 30 minutes before eating and drinking.
10. Return any unused rinse to the locked storage area

Contact your school Fluoride Mouthrinse Program Coordinator if you have questions.



## Fluoride Mouthrinse Program - Classroom Roster

Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
 County \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Children Participating in Program (signed consent received)

1.	19.
2.	20.
3.	21.
4.	22.
5.	23.
6.	24.
7.	25.
8.	26.
9.	27.
10.	28.
11.	29.
12.	30.
13.	31.
14.	32.
15.	33.
16.	34.
17.	35.
18.	36.

Circle the day of the week the class rinses:    M    T    W    TH    F

**Enter the date each week the date your class rinsed:**

September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____

**Retain until the end of the year and return to the fluoride mouthrinse program coordinator at your school for the annual report.**

## INSTRUCTIONS FOR COMPLETING THE FLUORIDE MOUTHRINSE SAFETY ASSESSMENT

### **Purpose**

To examine current safety procedures by reviewing the basic standards of the fluoride mouthrinse operation in a school.

### **Preparation**

This tool is to be used by the school principal and fluoride mouthrinse program coordinator. It should be reviewed every three years or earlier if there is a change of principal or other key personnel.

### **Instructions**

1. Distribute the safety assessment to the principal of the school.
2. Emphasize that safety is important and that reasonable and appropriate safeguards must be taken to ensure safety.
3. The principal and the fluoride mouthrinse program coordinator at the school should complete the safety assessment tool, send the original to the Wisconsin Department of Health Services Oral Health Program, and retain a copy at the school.

Wisconsin Oral Health Program  
Attn: Robbyn Kuester, RDH - Fluoridation Program Coordinator  
1 West Wilson Street - Room 233  
Madison, WI 53703

4. The Wisconsin Oral Health Program will maintain records for each school participating in the school fluoride mouthrinse program.

This form may be destroyed after three years or earlier if there is a change of principal or other key personnel and a new form has been completed.

**FLUORIDE MOUTHRINSE - SAFETY ASSESSMENT**

1. Name of School \_\_\_\_\_

2. Name of Principal \_\_\_\_\_

3. Name of the FMP Coordinator \_\_\_\_\_

4. Coordinator Contact Information

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone Number Email address

5. Where are the fluoride mouthrinse supplies stored? Indicate specific location in the school.  
(Reminder: All fluoride mouthrinse must be kept in a locked, climate controlled storage area  
away from children.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are all school personnel knowledgeable of the Fluoride Mouthrinse Misuse Protocol?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Has everyone directly involved with administering the fluoride mouthrinse received training,  
taken the Post Training Exam, and signed the Training Certification?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
**SIGNATURE** - Principal

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**SIGNATURE** - Fluoride Mouthrinse Program Coordinator

\_\_\_\_\_  
Date Signed

Please return this form to: Wisconsin Oral Health Program  
Attn: Robbyn Kuester, RDH - Fluoridation Program Coordinator  
1 West Wilson Street - Room 233  
Madison, WI 53703

## Fluoride Mouthrinse - Safety Procedures

Accidental ingestion of fluoride by children usually does not present a serious risk if the amount of fluoride ingested is less than 5mg/Kg of body weight. If there were a problem with toxicity, it usually would be apparent within an hour. The symptoms are an upset stomach, nausea, vomiting, diarrhea, and abdominal cramps. Due to rapid onset of symptoms, please call Wisconsin Poison Center as soon as possible.

If a student is suspected of swallowing at one time, MORE than the recommended daily dose:

1. Try to determine the type of fluoride, the amount of fluoride ingested, the child's approximate weight, and the length of time since ingestion.
2. Call Wisconsin Poison Center (1-800-222-1222). Follow instructions from the Poison Center
3. IF the Wisconsin Poison Center is not available by phone, proceed as follows:
  - a. Administer one glass of milk.
  - b. Do not induce vomiting.
  - c. If milk or dairy products are unavailable or if the child is lactose intolerant, administer antacids or a glass of water
  - d. Contact parents and take the child to indicated source of health care
  - e. If parents cannot be reached, take child to local emergency provider.
4. In every case, notify your FMP Coordinator.

Fluoride Mouthrinse Program Coordinator contact information (*fill in name of FMP Coordinator designated for your school here*):

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Wisconsin Department of Health Services  
Oral Health Program  
Attn: Robbyn Kuester, RDH - Fluoridation Program Coordinator  
608-266-0876  
[robbyn.kuester@wisconsin.gov](mailto:robbyn.kuester@wisconsin.gov)

## Fluoride Mouthrinse - Misuse Protocol

Accidental ingestion of fluoride by children usually does not present a serious risk if the amount of fluoride ingested is less than 5mg/Kg of body weight. If there were a problem with toxicity, it usually would be apparent within an hour. The symptoms are an upset stomach, nausea, vomiting, diarrhea, and abdominal cramps. Due to rapid onset of symptoms, please call Wisconsin Poison Center as soon as possible.

If child swallows dispersed amount of mouthrinse in a single-dose cup:

1. Do not panic – this amount will not hurt the child.
2. In rare cases the child may feel slightly nauseous. The child may have a serving of milk or ice cream to relieve the nausea.
3. Document the date and amount swallowed.
4. Notify the FMP Coordinator.
5. Have the child practice with water prior to administering the next scheduled dose. Depending on the situation, this may need to be done for a couple of weeks prior to resuming the fluoride mouthrinse. The student needs to be able to demonstrate the ability to swish without swallowing prior to resuming the FMP.

If a student is suspected of swallowing at one time, MORE than the recommended daily dose:

1. Immediately notify your FMP Coordinator.
2. Try to determine the type of fluoride, the amount of fluoride ingested, the child's approximate weight, and the length of time since ingestion.
3. Call Wisconsin Poison Center (1-800-222-1222). Follow instructions from the Poison Center.
4. If the Wisconsin Poison Center is not available by phone, proceed as follows:
  - a. Administer one glass of milk.
  - b. Do not induce vomiting.
  - c. If milk or dairy products are unavailable or if the child is lactose intolerant, administer antacids or a glass of water.
  - d. Contact parents and take the child to indicated source of health care.
  - e. If parents cannot be reached, take child to local emergency provider.

Fluoride Mouthrinse Program Coordinator contact information (*fill in name and contact information of FMP Coordinator designated for your school here*):

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## Fluoride Mouthrinse - Consumption Amounts

Use this information to address questions concerning the number of cups of premixed fluoride mouthrinse a child can safely swallow. Please remember, if a child swallows their individual dose of mouthrinse, no action is required.

A child can safely consume fluoride amounts at or below:

**Safely Tolerated Dose (STD\*) – 3.6 mg F/lb**

If untreated, a child will die after consuming fluoride amounts at or above:

**Certain Lethal Dose (CLD\*) – 14.4 mg F/lb**

Each premeasured cup of fluoride mouthrinse contains 10 mg of fluoride.

Use the following table to determine the STD and/or the CLD of a child:

Age	Average Weight*	STD*	Mid-point	CLD*
5 yrs	40 lbs	14 cups	36 cups	58 cups
6 yrs	45 lbs	16 cups	41 cups	65 cups
7 yrs	50 lbs	18 cups	45 cups	72 cups
8 yrs	55 lbs	20 cups	50 cups	80 cups
9 yrs	60 lbs	22 cups	54 cups	86 cups
10 yrs	70 lbs	25 cups	64 cups	101 cups
11 yrs	80 lbs	29 cups	72 cups	115 cups
12 yrs	90 lbs	32 cups	81 cups	130 cups

\* These are conservative numbers

The following formulae were used to develop this table:

Child's weight in pounds x mg F/lb = mg F

$$\frac{\text{Mg F}}{10 \text{ mg F/cup}} = \text{number of cups}$$

Wisconsin Poison Center Telephone Number 1-800-222-1222

\* Information obtained from North Carolina Department of Health Services "School Based Weekly Fluoride Mouthrinse Manual" August 2008

## Fluoride Mouthrinse Program - Post Training Exam

To demonstrate your understanding of the school fluoride mouthrinse program, answer the following questions. Circle the letter corresponding to your answer:

1. The weekly sodium fluoride mouthrinse solution is: (*choose two*)
  - a. a systemic fluoride, meant to be swallowed
  - b. a topical fluoride, placed directly on the teeth
  - c. made available to developing teeth because it is swallowed
  - d. temporarily incorporated into the outer tooth surface
2. A weekly sodium fluoride mouthrinse can benefit:
  - a. children drinking fluoridated water
  - b. children brushing daily with a fluoride toothpaste
  - c. children currently not using fluoride products
  - d. all of the above
3. The sodium fluoride rinse is recommended for:
  - a. preschool aged children
  - b. children 6 years and older
  - c. all children regardless of age
  - d. adults only
4. Mixed sodium fluoride rinse must be:
  - a. kept refrigerated to prolong the shelf life
  - b. stored in the provided polyethylene jug that is capped with a child-proof lid
  - c. used within 6 months
  - d. all of the above
5. Mixed sodium fluoride, sodium fluoride packets, and single dose fluoride cups:
  - a. may be stored in any dry storage area
  - b. may be stored in the classroom out of reach of students
  - c. must be stored in a locked storage area
  - d. none of the above
6. A napkin is given to each child so:
  - a. they can wipe their hands before rinsing
  - b. they can wipe their mouth after rinsing
  - c. to absorb the liquid in the cup after rinsing
  - d. both b and c
  - e. all of the above
7. A child may participate in the fluoride mouthrinse program only if:
  - a. the parent has given verbal permission
  - b. a signed parent permission form is on file
  - c. a timer with a minute hand is available

- d. the teacher thinks they need it
8. What records must be kept to monitor the fluoride mouthrinse program?
    - a. a parental consent or permission slip
    - b. a classroom roster
    - c. a signed FMP Training Certification for each volunteer
    - d. safety assessment
    - e. all of the above
  9. Time the rinse for a full:
    - a. 30 seconds
    - b. 60 seconds
    - c. 90 seconds
    - d. none of the above
  10. If possible, the children should not eat or drink after rinsing, for:
    - a. 30 minutes
    - b. 60 minutes
    - c. 90 minutes
    - d. 3 hours
  11. Once the timed rinse is over, instruct the students to:
    - a. return the solution to their cups
    - b. orderly file past a sink to discard the solution
    - c. swallow the rinse
    - d. any of the above, depending on what works best for the classroom teacher
  12. If a child accidentally swallows the weekly portion of rinse:
    - a. call poison center
    - b. there should be no adverse reaction.
    - c. have the child practice with a water rinse until he/she demonstrates the ability to rinse
    - d. b and c
    - e. all of the above
  13. In the unlikely event of an extreme overdose:
    - a. determine the amount of fluoride ingested
    - b. call poison center
    - c. contact parents
    - d. notify FMP Coordinator
    - e. all of the above
  14. When distributing the rinse, each participant:
    - a. should receive a pre-filled cup or unit dose and napkin
    - b. should be instructed to start and stop rinsing with a timed group
    - c. should be instructed not to eat or drink for half an hour if possible
    - d. should be reminded not to swallow the rinse
    - e. all of the above

15. Students may help:
  - a. mix the rinse
  - b. dispense the rinse
  - c. supervise the rinse
  - d. all of the above
  - e. none of the above, all volunteers must be trained adults.
16. A total dental health preventive program includes:
  - a. fluoride obtained from fluoridated water, tablets, or drops
  - b. topical fluoride applications from toothpastes, mouthrinse, or professionally applied fluoride gels
  - c. daily brushing and flossing
  - d. regular dental exams
  - e. placement of sealants on the permanent molars
  - f. all of the above
17. The students should rinse:
  - a. once a year
  - b. once a month
  - c. once a week
  - d. whenever the teacher has time in the class schedule
18. If a teacher or support staff needs technical assistance, they should:
  - a. ask the students if they know the answer
  - b. call poison center
  - c. contact the FMP Coordinator for the school
  - d. stop doing the weekly mouthrinse
19. After all students have rinsed, extra single unit doses of fluoride:
  - a. should be thrown away
  - b. must be returned to locked storage
  - c. can be sent home with the children
  - d. should be kept in the teachers desk
20. The teacher knows which students participate in the weekly mouthrinse by:
  - a. asking the students
  - b. having all students participate
  - c. reviewing the Classroom Roster
  - d. trying to remember who didn't rinse last week
21. Prior to administering any fluoride mouthrinse to the students, all teachers, staff, and volunteers:
  - a. must rinse with fluoride mouthrinse
  - b. must be trained
  - c. must take this exam
  - d. must sign the FMP Training Certification form
  - e. all of the above
  - f. b, c, and d

## Fluoride Mouthrinse Program - Training Certification

I, \_\_\_\_\_, certify that I have received the training needed to participate in the weekly fluoride mouthrinse program at \_\_\_\_\_ (name of school). I understand the material covered including: proper technique for storing the fluoride mouthrinse materials and the guidelines for distributing and supervising the rinse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fluoride Mouthrinse Program Coordinator Signature

\_\_\_\_\_  
Date

FMP Coordinator – Keep in your records and update at the beginning of each school year.

Contact Information:

Wisconsin Department of Health Services  
Division of Public Health  
Oral Health Program  
1 West Wilson Street - Room 233  
Madison, WI 53703  
608-266-0876

Robbyn Kuester, RDH  
Sealant and Fluoridation Program Coordinator  
[robbyn.kuester@wisconsin.gov](mailto:robbyn.kuester@wisconsin.gov)

P-00309 (02/2012)