Oral Health Guide for Early Childhood Educators

Includes a series of 10 reproducible oral care fact sheets!
According to the U.S. Centers for Disease Control and Prevention, tooth decay (dental caries) is the most common chronic disease of childhood.1 But the good news is that it’s preventable! The earlier children begin practicing good oral health, the better – because as the U.S. Surgeon General has noted, a child is not truly healthy without good oral health.

- **Colgate Bright Smiles, Bright Futures**, the innovative classroom program that originally launched in 1991, focuses on caries (cavity) prevention. It helps teachers promote good oral health to students, building habits that will last a lifetime.
- **Bright Smiles, Bright Futures (BSBF)** fosters self-esteem and increases oral health literacy. It encourages children to care about themselves and take responsibility for their own oral health.

As a teacher, you have the opportunity to promote the importance of good oral health habits to both your students and their parents. This Bright Smiles for Children Oral Health Guide is the newest BSBF resource.

### Ideas for Using This Guide

*Bright Smiles for Children* provides the basic need-to-know oral health information that is important for children. It was developed in response to teacher requests for in-depth, straightforward information on children’s oral health.

The simple format and informative sections will assist you in teaching the topic and working with parents. You’ll find answers to common questions such as when a child should first go to the dentist, why baby teeth are important, and what to do in a dental emergency.

- For easy access, the pages have been set up in categories – one topic per page – in a simple, digest-style format. This format facilitates the sharing of information with families and other teachers.
- For example, one page covers Fluoride, another covers Toothbrushing, and so on. In this way, you can “extract” pages as standalone reproducibles or one-page news fliers to give to others, in whatever topical order works with your teaching plan.

Home is where a child learns first … and where your classroom efforts can be reinforced as children learn and practice oral health behaviors to help their smiles last a lifetime. With the information contained in Bright Smiles for Children, you and parents can promote the same key messages to children at school and at home.

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1 Source: [www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm](http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm)

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Healthy teeth and gums can last a lifetime when they are taken care of properly. That’s why it is so important for both teachers and parents to help children build good oral health habits at a young age.

4 KEY STEPS to Good Oral Health
These actions are important for a child to learn at an early age and continue to practice throughout their lives.

1. Brush thoroughly at least twice a day with fluoride toothpaste, especially after eating breakfast and before bedtime
2. Floss daily (parents should floss for children younger than age 8)
3. Limit the number of times you eat snacks each day
4. Visit the dentist regularly

Healthy ORAL STRUCTURES
(Teeth and Gums)
Healthy oral structures include firm gums and strong teeth. They are important for:

• Eating: Food is broken down by chewing; teeth also assist the chemicals in saliva to further break down food prior to swallowing.
• Speaking: Both primary (baby) and permanent (adult) teeth are important for speaking properly and forming sounds.
• Appearance: A bright and healthy smile helps to increase a child’s confidence and self-esteem.
• Aesthetics: Fresh breath feels good and makes a child nice to be around.

By learning about taking care of their teeth at a young age, children can continue to practice healthy oral care behaviors throughout their lives.

Parents and Teachers Are Oral Care Role Models
Children imitate the actions of the adults around them. Both teachers and parents can act as oral health role models. Encourage children to follow your lead in practicing good oral health that leads to a bright smile!
Bacteria called “plaque” [plak] is in everyone’s mouth. If not removed, plaque can lead to tooth decay, also called “cavities.” **Brushing teeth with fluoride toothpaste** removes plaque and food from teeth, and reduces the chance of tooth decay.

**WHEN to Brush**

It’s important to brush at least twice a day, especially after eating breakfast and before bedtime.

- **Getting rid of plaque before bedtime** is especially critical, because there isn’t as much saliva to neutralize the acids produced by the plaque when sleeping. This can make teeth more susceptible to tooth decay.
- Children should also brush after eating whenever possible. Brushing after snacks and/or meals not only removes plaque, but it helps establish regular toothbrushing habits.
- Brushing with fluoride toothpaste promotes “remineralization” (the rebuilding of enamel).

**TOOTHBRUSHES for Children**

A child should use a child-size toothbrush with soft bristles, and be reminded never to share his/her toothbrush or use it for anything other than brushing teeth. He/she should rinse the toothbrush after each use, and place it to air dry where it won’t drip on other toothbrushes.

- When the bristles on the toothbrush become worn, or “splayed,” the toothbrush should be replaced.
- Typically, toothbrushes should be changed approximately every three months, or sooner if a child has chewed on the toothbrush (a worn toothbrush is less effective at removing plaque) or after a cold for a fresh start.

**“My Bright Smile”**

Brushing fosters positive self-esteem! Children feel independent and proud when they learn how to brush their teeth, and when they smile and see clean, bright teeth.

**Learning to BRUSH PROPERLY**

Brushing teeth with fluoride toothpaste is one of the first things a child can learn to do to keep his/her teeth healthy. Even though young children do not yet have the motor skills to brush as effectively as adults, brushing is a life-long habit that should be established as early as possible. As children get older, they can learn the proper wrist movement and angle of the toothbrush.

Begin by placing a **pea-sized amount of fluoride toothpaste** on the child’s toothbrush. (For younger children, an adult or older sibling should place the fluoride toothpaste on the toothbrush; toothpaste should be kept out of reach of young children.) If a child learns to brush his/her teeth in a sequence, it helps ensure that all surfaces are brushed. Follow this routine:

1. Place brush at an angle along outer gumline. Wiggle gently back and forth. Repeat for each tooth.
2. Brush inside surface of each tooth, using wiggling technique in Step 1.
3. Brush chewing surface of each tooth.
4. Use tip of brush to brush behind each front tooth, both top and bottom.
5. Don’t forget to brush the tongue! This removes bacteria and helps freshen breath.

Fluoride Toothpaste Is Important

Studies show that tooth decay can be reduced from 15 to 30% by using fluoride toothpaste. Fluoride in toothpaste actually strengthens the tooth enamel, helping prevent cavities and remineralize early lesions. Everyone should brush thoroughly at least twice a day with fluoride toothpaste.

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ABOUT Flossing

Plaque can cause tooth decay and gum disease – but its potential damage can be greatly reduced by following daily oral health routines. In addition to brushing at least twice a day with fluoride toothpaste, it is important to floss every day.

WHY Flossing is Important

Flossing removes plaque and food particles from between teeth and around the gumline. These are areas where a toothbrush can’t reach, and where tooth decay and gum disease often start.

Flossing for YOUNG CHILDREN

Flossing is the best way to get to stubborn food and bacteria that may be caught between teeth. However, young children don’t have the motor skills to maneuver dental floss. In fact, a child does not really have the dexterity to floss for him or herself until at least the age of eight.

• If a child’s baby teeth are touching each other, it’s possible for food and plaque to get stuck between them. So, once baby teeth are touching, they should be flossed.
• Parents should floss the child’s teeth daily, and continue to floss the child’s teeth every day until the child is capable of handling the floss him/herself.
• Flossing for a child takes a bit of practice. The dental hygienist or dentist can help by answering questions and demonstrating the best way to floss a child’s teeth.

By flossing their child’s teeth, parents are promoting an oral health habit that will one day become an important element of the child’s own dental routine. He/she will view flossing as a regular part of each day’s routine … making it more likely that the child will continue the habit throughout his/her life!

HOW TO Floss for a Child

To floss a child’s teeth, the child should be placed on the adult’s lap so that the child and adult are facing each other. Follow this routine:

1. Take about 18 inches of dental floss and wrap one end around each of your middle fingers.
2. Using your thumbs and index fingers as guides, gently slide the floss between two teeth, using a saw-like motion.
3. Once at the gum line, pull both ends of the floss in the same direction to form a C shape against one tooth. Pull the floss tightly and move it up and down against one tooth. Then, pull the floss against the other tooth and repeat the motion.

Repeat this for all of the teeth that touch. Be sure to floss both sides of the teeth that are farthest back in the mouth.
Keeping a Positive Attitude

It’s important to prevent children from being frightened of the dentist. So, adults should always maintain a positive approach, even if they have their own fears and anxieties about going to the dentist.

• Adults can encourage children to talk about their experiences and let them ask questions about what happens at the dentist’s office. This way, a parent or teacher can correct any misinformation they have, and give them facts to help them feel secure.

• Be careful with words. No child should ever hear statements like: “If you don’t brush your teeth, you’ll have to go to the dentist to have your teeth drilled!” Going to the dentist should never be used as a threat or a punishment.

Dental APPOINTMENT Checklist

The dentist and dental hygienist are a child’s partners in helping to maintain healthy teeth and gums. At a regular office visit, the dentist and/or hygienist may:

• Clean and polish the teeth.
• Floss the teeth.
• Apply fluoride treatments (put gel on teeth).
• Apply dental sealants (to protect permanent molars).
• Take x-rays of teeth once teeth are touching.
• Provide educational guidance for proper oral care.
• Answer questions about baby teeth, permanent teeth, or gums.

Added Protection: Dental SEALANTS

Dental sealants are thin plastic coatings that are applied to the chewing surfaces of the permanent back teeth (molars). They fill in the pits and grooves in these teeth, where food and plaque can get stuck and where it is harder to reach with a toothbrush. Sealants and fluoride work together to prevent tooth decay.

• Sealants offer an extra level of protection against cavities. Having sealants put on the teeth doesn’t hurt, and sealants can last between 5 and 10 years.

• Sealants should first be applied after a child gets his or her first permanent (6-year) molars between the age of five and seven, before cavities begin to form. So, parents should keep a close watch on their child’s teeth to see when the 6-year-molars come in. In some cases, the dentist may recommend sealants for baby teeth.

The dentist – or dental hygienist – applies dental sealants. By forming an actual physical barrier between molars and plaque, sealants help prevent tooth decay.
Two major dental diseases – tooth decay and gum disease – are caused by plaque.

**WHAT is Plaque?**
Plaque consists of a variety of bacteria that live in the mouth. This sticky film of bacteria coats the teeth and gums and sticks to outer surfaces of the tooth. It’s most often found at the “neck” of the tooth, where the tooth meets the gums, and in the pits and grooves of the chewing surfaces of the back teeth (molars).

**Plaque and TOOTH DECAY**
Tooth decay is also called cavities. It’s caused by the breakdown, or “eating away,” of the tooth enamel. This process is called “demineralization,” and it can begin when food mixes with the plaque bacteria that are always present in the mouth. Early signs of decay can be seen as lesions, or “white spots.” Parents should check regularly for these early warning signs on their child’s teeth, and call the dentist if they discover them.

**Plaque and GUM DISEASE**
Certain bacteria in plaque can irritate gum tissue if it builds up. This can contribute to an early form of gum disease, also called “gingivitis.” Signs include:
- Redness
- Bleeding gums
- Painful gums and swelling
- Spaces, or “pockets,” between teeth and gums

Generally, gums can stay healthy by following daily toothbrushing and flossing to get rid of plaque, so it doesn’t build up.

**Sugars, Snacks and PLAQUE ATTACKS**
It’s important for children to limit the number of times they eat snacks each day. Every time they eat a snack, plaque produces acid that can lead to tooth decay.

All foods (and beverages other than water) cause plaque acid to form. Sugars are particularly harmful.
- **Sugary foods** cause the swiftest plaque reaction – including sweets like candy or cakes, and starchy foods like chips and pretzels. Starchy snacks break down into sugars once they’re in the mouth.
- **Sucking on foods** like lollipops, hard candies, mints or cough drops, or drinking soda pop or juice, increases the length of time sugar is in contact with teeth, and increases the chances for cavities.
- **Sticky foods** – like raisins, dried fruits, granola bars, potato chips, toffee, or fruit roll-ups – cling to and between the teeth longer, increasing the length of time the acid attacks the teeth.

**The PLAQUE ATTACK**
When plaque mixes with food, the bacteria in the plaque create acids. These acids are powerful enough to dissolve the hard enamel that covers teeth – and that’s how cavities get started.

- **Plaque and food create a chemical reaction.** When food mixes with plaque bacteria, a chemical reaction takes place. This creates acid, which begins eating away at tooth enamel.
- **Everything except water causes acid.** All food and beverages other than water cause this chemical reaction – often called a “plaque attack.”
- **Saliva helps neutralize plaque.** Saliva also breaks down food for digestion and helps rinse it away. At night, saliva is decreased, which is why tooth decay may be more likely to occur at night.

Each “plaque attack” lasts up to 20 minutes after the meal or snack has been finished. Children need to learn that it’s important to **limit the number of times they eat snacks each day** to reduce the number of plaque attacks.

**Inside the Plaque Attack**
- Eating five candies at **one time** means acid is produced for **20 to 30 minutes** in total.
- Eating one candy at a time, at **five different times** during the day, means the acid reaction happens for **20 to 30 minutes...five separate times!**
The more often a child snacks, the greater the number of plaque attacks that will occur. These increased plaque attacks can put his/her teeth at greater risk for decay.

**Limit The Number Of Times Children Eat Snacks**

Young children need to snack for energy. However, if a child is eating three well-balanced meals per day, two to three snacks per day is usually sufficient. Because plaque attacks with every snack, how often a child eats snacks during the day has a greater impact on cavity risk than how much he/she eats each time a snack is eaten.

**Teach Children to Choose Healthy Snacks**

Parents and teachers can encourage children to snack on healthy foods and discourage them from choosing foods that are not as healthy for their teeth. Low-fat choices like raw vegetables, fresh fruits, or whole-grain crackers or bread are good choices.

**Encourage These Snacks:**

• Raw vegetables, like carrots, broccoli, celery, cauliflower
• Lowfat cheese, milk and yogurt
• Hard fresh fruits like apples
• Peanut butter (without sugar)
• Sugar-free gum/candy

**Discourage These Snacks:**

• Candy
• Sticky foods like raisins, granola bars, fruit roll-ups
• Soda/pop
• Potato chips and pretzels
• Sweetened cereals

**A Note About Acidic Foods**

Certain foods that are highly acidic – like lemons and limes, carbonated soda pop, and pickles – can contribute to “dental erosion,” which is the breaking down of tooth enamel. These foods should be limited for children.

**Strategies for Reducing Sugar Exposure**

Children often love sugary snacks … but these can lead to dental problems caused by continuous plaque attacks. Here are some steps to help safeguard a child’s teeth from exposure to/effects of too much sugar.

• Various “hidden sugars” are often on the ingredient list ending with “-ose” – like sucrose and fructose. Parents can check the label to find snacks with the least amount of sugar and added sugars.
• If a child wants to eat sweets, try to encourage him/her to eat them as dessert after a main meal, instead of between meals during the day.
• Certain kinds of sweets can do more damage than others. Gooey or chewy sweets and some starchy foods stick to the surface of the teeth longer … and expose teeth to an extended plaque attack. The plaque acid continues until the food is gone. So, it’s better to choose foods that are chewed and swallowed more quickly.
• Whenever a child eats sweets — in any meal or snack — he/she should try to brush thoroughly with fluoride toothpaste afterward.

**Early Childhood Cavities: Alert For Families With Younger Children**

When a child drinks from a bottle filled with any liquid other than water, it can lead to a disease called Early Childhood Cavities (or Caries). Sometimes called Baby Bottle Tooth Decay, this condition is caused when sugary liquid surrounds the teeth, like when a child goes to bed with (or walks around with) a bottle. It can result in severe cavities and pain.

• Infants should drink from a training or “sippee” cup by 9 months of age. By 12 months, children should be drinking from a cup.
• Even with a sippee cup, a child should not be permitted to carry around sugary liquids (including juice) and sip them for long periods of time.
• Never put a child to bed with a bottle, unless it contains only water. It’s better to soothe a child in other ways – like reading a story or giving a back rub.
BABY AND PERMANENT Teeth

A child usually has 20 baby (primary) teeth by the age of two – ten teeth on the top and ten on the bottom. As the permanent teeth push their way up, the roots of the primary teeth dissolve, leading to the loss of the baby teeth.

Importance of BABY TEETH

Baby teeth play an important role in a child’s overall oral and physical development. Even though children lose their baby teeth, they are as important as permanent teeth and require the same care and attention. Most children lose all of their baby teeth by the age of 12.

- Baby teeth **save space** for the permanent teeth, and serve as a guide for the permanent teeth as they “erupt,” or come in. By saving spaces in the jaw, baby teeth help ensure that the permanent teeth growing underneath can be guided into their proper positions. This, in turn, leads to better alignment and proper chewing and speaking.
- Baby teeth **round out the shape** of the face. They enhance a child’s physical appearance by giving shape to the face. This helps a child feel good about the way he or she looks and helps promote positive self-esteem.
- Baby teeth help children **form sounds and words**. Children need their upper front teeth to help place their tongue properly when they are learning to say words. If a child loses baby teeth prematurely due to dental disease, his/her speech could be affected.

TIMELINE: Primary Teeth To Permanent Teeth

The first six years of a child’s life are critical to the development of strong permanent teeth and healthy gums. These early years provide the foundation for a smile that can last a lifetime!

| 6 to 8 Months: First Baby Teeth Appear | Baby teeth should be cleaned as soon as they appear. Wipe teeth and gums with clean damp gauze or a washcloth to prevent any buildup of plaque. |
| 2 to 3 Years: Full set of baby teeth | Children have 20 baby, or “primary” teeth: 10 on the top and 10 on the bottom. Children should begin learning how to brush their teeth under an adult’s supervision at around age 2; supervision should continue up until the child reaches age 6 or 7. |
| 6 Years: 6-year molars | The first permanent teeth to come in are the 6-year molars. They usually appear at around age 6, but may come as early as age 5. There are four 6-year molars in all – one upper and one lower on each side of the mouth, behind the baby teeth. They come in without replacing any baby teeth, so they are often mistaken for additional baby teeth. They are also often overlooked by parents or children since they are so far back; special effort must be made to brush them. Once these teeth come in, it’s time to ask the dentist about sealants. |
| 6 to 12 Years: 28 permanent teeth | From ages 6 to 12, baby teeth loosen and come out. They are replaced by new permanent teeth. The loss of primary teeth and eruption of permanent teeth usually begins with the lower two front teeth, followed by the upper front teeth. Four 12-year molars also appear, one behind each 6-year molar. |
| 15 to 17 Years: 4 Wisdom teeth | Wisdom teeth usually come in at around age 15. They are the last of the 32 permanent teeth to appear, and come in behind the 12-year molars. These teeth also need to have special care to keep them cavity free. |
Dental injuries can occur easily due to carelessness – in fact, nearly 50% of children have a tooth injury during childhood.¹ There are many ways in which a child’s teeth or mouth can become injured, but by taking care and following simple safety guidelines, they can often be prevented.

Common Tooth INJURIES
Different situations can lead to different types of injuries. Being alert to rules of safety is important.
- Upper front teeth are the teeth most affected by accidents.
- Teeth and gums in the back of the mouth are usually injured by chewing on pencils, ice, or cracking nuts.

Injuries can happen in everyday places. For example:
- At school
- On the playground
- In the car
- When playing sports
- Anytime a child falls or trips – especially if the child has a foreign object, like a pencil, in his/her mouth

PROMOTING Safe Behaviors
Accidents that affect teeth and mouths can happen in a number of ways and places, varying by setting, situation, type of after school activities, and even a child’s physical coordination. In each case, children can learn to use simple good judgment in how they go about their daily activities with safety in mind. In this way, unnecessary tooth and mouth injuries may be avoided.

At School:
Teachers can monitor children to ensure that they:
- Hold handrails when using stairs
- Never push another child, especially near stairways or at the water fountain
- Stay alert on the playground
- Do not stand on chairs or desks

In All Daily Activities:
Parents should ensure that their children know to:
- Always use a booster seat or seat belt (which is used depends on the height/weight of the child). Also, children should avoid eating in the car, as a mouth injury could occur if an airbag deploys.
- Wear protective sports gear such as a mouth guard and/or helmet, and never throw equipment (like a bat, after hitting a ball).
- Never chew on hard objects (ice, nuts/shells, pencils, removing bottle caps) or put foreign objects in their mouths.
- Be cautious in the park or when playing outside, and never walk in front of swings, sliding boards, or other equipment when someone is using it. In addition, children should never stand on swings.
- Sit still while eating and drinking, especially if using a straw or eating food on a stick, like a popsicle.
- Never dive into shallow water.

Making Safety a PRIORITY
Children can learn to practice safe behaviors at home and at school. In this way, they are taking responsibility for safeguarding their teeth and mouths, and helping ensure the safety of those around them, too.

Parents and teachers can serve as role models for safe behaviors. Simple actions like holding onto stairway handrails and always wearing protective sports gear can get children in the habit of playing it safe.

¹ Source: International Association of Dental Traumatology

Adult Responsibility
Teachers and parents are responsible for ensuring that children have safe play settings. For example, adults should continually...
- Review safety rules for equipment, bicycles and the playground
- Make sure equipment is age appropriate and in good repair
- Set rules about not running with objects
- Talk about safe behaviors with children at school and at home

## Dental Emergencies

With any injury to a child’s mouth, contact a dentist immediately. The dentist will examine the affected area and determine appropriate treatment. Parents, teachers and school nurses should keep the emergency number for a dentist handy.

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<th>Condition</th>
<th>Instructions</th>
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| **Toothache** | • Rinse mouth vigorously with warm water.  
• Use dental floss to remove any food trapped between teeth.  
• If there is swelling, place cold compresses on the outside of the cheek. Do not use heat or place aspirin on aching tooth or gums.  
• See a dentist as soon as possible. |
| **Object Wedged Between Teeth** | • Try to remove object with dental floss. Guide the floss carefully to prevent cutting gums.  
• Do not try to remove the object with a sharp or pointed instrument.  
• If you can’t remove the object, see a dentist. |
| **Knocked-out Tooth** | • Handle the tooth as little as possible — do not wipe or otherwise clean the tooth. Store it in water or milk until you get to a dentist.  
• Do not try to put a tooth back in the socket.  
• Go to the dentist immediately. Remember to take the tooth with you!  
  – If it’s a **permanent** tooth, it may be possible for the dentist to place it back into the child’s mouth, using a procedure called “reimplantation.”  
  – In the case of a **baby** tooth, the dentist might insert a spacer to be worn until the permanent tooth grows in. The baby tooth will **not** be reimplanted, as this could damage the permanent tooth growing underneath. |
| **Broken Tooth** | • Gently clean dirt or debris from injured area with warm water.  
• Place cold compresses on the face, in the area of the injured tooth, to minimize swelling.  
• Apply direct pressure to the bleeding area with a clean cloth.  
• If possible, keep any part of the tooth that has broken off.  
• Go to the dentist immediately! A chipped or cracked tooth can lead to infection. |
| **Bitten Lip or Tongue** | • Apply direct pressure to the bleeding area with a clean cloth.  
• If swelling is present, apply cold compresses.  
• If bleeding continues, go to a hospital emergency room. |
| **Loose Permanent Tooth** | • Take the child to the dentist immediately.  
• In most cases, the tooth can be returned to its correct position. The dentist will continue to monitor the tooth. |

### In Case Of A Mouth Injury:

1. Keep calm and always be reassuring to the child.
2. Stop or control any bleeding by applying gentle pressure.
3. If the child is in pain from a broken, cracked or chipped tooth, an over-the-counter pain reliever may help.
4. Get the child to the dentist immediately. Sometimes, there may be underlying injury to the mouth tissue or bone structure that is not immediately apparent.