Michigan Department of Community Health
Oral Health Program and Best Practices Guide for Conducting a School Based Fluoride Mouthrinse Program
This guide was developed to assist local schools in planning, implementing, and sustaining a fluoride rinse program. The document incorporates the Michigan Department of Oral Health’s School Fluoride Mouthrinse Program guide as well as other best practices to increase child participation, provide quality assurance, and assure program safety.

Manual additions include researched best practices in other community fluoride rinse programs such as the Ohio Department of Health’s School Fluoride Rinse Program Manual (October 2011) and tools that have been developed locally by Public Health Muskegon County staff to address local needs. Best practice approach reports on the use of fluoride rinse programs in school settings are available at the Association of State and Territorial Dental Directors website www.astdd.org.

Public Health - Muskegon County recommends that any Michigan school district or building interested in implementing a fluoride rinse program contact the Michigan Department of Community Health’s Oral Health Program for training and further guidance. Contact information is included in this manual and can also be found at www.michigan.gov/oralhealth.

August 2012
## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Fluoride Rinse Program “In a Nutshell”</td>
<td>2</td>
</tr>
<tr>
<td>School Fluoride Mouthrinse Program Guide</td>
<td>3</td>
</tr>
<tr>
<td>Purpose for a School Fluoride Mouthrinse Program</td>
<td>3</td>
</tr>
<tr>
<td>Does Your School need a Fluoride Mouthrinse Program?</td>
<td>3</td>
</tr>
<tr>
<td>Information session</td>
<td>3</td>
</tr>
<tr>
<td>Training for the Fluoride Mouthrinse Program</td>
<td>3</td>
</tr>
<tr>
<td>Forms and reports included in the training book</td>
<td>4</td>
</tr>
<tr>
<td>Where to get supplies</td>
<td>4</td>
</tr>
<tr>
<td>Comparison of premixed individual doses to the powder mix</td>
<td>4</td>
</tr>
<tr>
<td>Instructions for administration of individual pre-mixed unit doses</td>
<td>5</td>
</tr>
<tr>
<td>Instructions for Fluoride Mouthrinse Program powder</td>
<td>5</td>
</tr>
<tr>
<td>Storage and Safety Procedures</td>
<td>6</td>
</tr>
<tr>
<td>Safety Procedures for School Fluoride Mouthrinse Programs</td>
<td>7</td>
</tr>
<tr>
<td>Determining if a Community or School System Water is Optimally Fluoridated</td>
<td>8</td>
</tr>
<tr>
<td>Program Adaptations for Special Needs Students</td>
<td>9</td>
</tr>
<tr>
<td>7 Different Procedural Options for Administering a Fluoride Rinse Program</td>
<td>11</td>
</tr>
<tr>
<td>Classroom Fluoride Mouthrinning Record Option #1</td>
<td>12</td>
</tr>
<tr>
<td>Classroom Fluoride Mouthrinning Record Option #2</td>
<td>13</td>
</tr>
<tr>
<td>Weekly Fluoride Mouthrinse Program Annual Report</td>
<td>14</td>
</tr>
<tr>
<td>Changes in School/Coordinator Information</td>
<td>15</td>
</tr>
<tr>
<td>Fluoride Mouthrinse Program Information and Consent</td>
<td>16</td>
</tr>
<tr>
<td>Classroom Procedure Posting</td>
<td>17</td>
</tr>
<tr>
<td>Checklist for Planning and Implementing a Weekly Fluoride Mouthrinse Program</td>
<td>18</td>
</tr>
<tr>
<td>QA Monitoring Checklist Tool</td>
<td>19</td>
</tr>
<tr>
<td>NaFrinse Material Safety Data Sheet (MSDS)</td>
<td>20</td>
</tr>
</tbody>
</table>
THE FLUORIDE RINSE PROGRAM “In a Nutshell”

Tooth decay is the most widespread, chronic childhood disease and often requires extensive and costly repair. The use of fluorides, both ingested and applied directly to the teeth, helps prevent decay. With parental consent, children rinse with a 0.2 percent solution of neutral sodium fluoride for one minute each week. Weekly mouthrinsing at school is desirable because:

- Little time is required for the procedure - less than five minutes per week for an average class.
- Mouthrinsing is easy for school children of all ages and learning abilities.
- Non-dental personnel can easily supervise the activity, e.g., a parent, teacher, school nurse or secretary.
- The procedure is well accepted by students, school staff and parents.
- The program is completely compatible with other dental disease prevention programs at school (e.g., dental sealant programs) or at home.
- Studies show the mouthrinse is effective even when plaque is on the teeth.

General Weekly Procedure:

1. Fluoride is mixed and dispensed into cups, then placed onto trays and brought to each teacher’s room along with the file and list of participants, by volunteer parents once a week, same day each week.

2. The teacher distributes a cup to each child participating, and altogether the children put the fluoride cups to their mouths, pour fluoride rinse into their mouths and squish the fluoride rinse around in their mouths (with their lips closed tightly!!) for one minute.

3. After one minute, the children empty the fluoride back into the cup and wipe their mouths with the napkin provided.

4. After placing the napkin into the cup to soak up the fluoride rinse, the cup and napkin is placed into a provided trash bag. This can be tied and discarded into the wastebasket.

5. The teacher notes next to each participant’s name that the fluoride rinse was done.
Purpose for a School Fluoride Mouthrinse Program
The purpose of the School Fluoride Mouthrinse Program (FMP) is to provide a safe and effective preventative method of reducing dental decay. This program is primarily for elementary school children grades K-6 who do not have access to optimal levels of fluoride in community water. The FMP takes place in the classroom. Children in grades 1-6 rinse once a week for 60 seconds, kindergarten children rinse one a week for 30 seconds. 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. Other examples of topically applied fluoride are toothpastes and fluoride treatments in the dental office. The FMP is not intended to replace regular dental exams or the use of fluoride toothpaste on a daily basis.

Does Your School Need a Fluoride Mouthrinse Program?
Community water fluoridation is the adjustment of the natural level of the fluoride in the drinking water system to the level recommended for optimum dental health. The recommended optimum level in Michigan is between 0.9 and 1.2 parts per million. The fluoride mouthrinse program is not intended for communities receiving optimal water fluoridation. It also is not intended for school systems with their own drinking water system that has optimal fluoride levels. To determine if your community receives fluoride in the community water system contact your municipal Department of Public Works; Public Health – Muskegon County at 231-724-6208 or the Michigan Department of Community Health Oral Health Program at 517-373-3624. Please keep in mind that access to public water supplies varies greatly in Muskegon County. While some students may have access to a fluoridated public water supply at home or at school, others may rely on private or community wells for drinking water, which do not contain fluoride.

Information Session
Once the school administration approves the FMP, an information session for principals, teachers and parents should be scheduled. The Oral Health Program with the Michigan Department of Community Health (MDCH) can provide technical assistance. Allow adequate time to present clear information on the coordination of a FMP and to answer any questions. The following topics are usually included in the presentation to a school beginning a FMP.

- prevalence of dental decay in the community
- role of topical and systemic fluorides in reducing decay for children
- funding, personnel and supplies required for a FMP
- distribution of parent permission forms
- instructions for the mouthrinising procedure in the classroom

Training for the Fluoride Mouthrinising Program
The Michigan Department of Community Health, Oral Health Program can offer training and technical assistance for teachers, nurses, parents, aides, or others who will be responsible for coordinating the FMP and/or administering fluoride. For technical assistance, please contact MDCH Oral Health Program at the contact information listed at the end of this manual.
Forms and Reports Included in the Training Book:

1) **Parental permission** – Parental permission is required for each participating child, and a signed form will become part of the student’s permanent record. A sample form is provided at the end of this manual for your use. School districts can decide if parental permission is ongoing year after year or if new permission slips are required for each school year.

2) **Classroom record** – 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, and the information recorded will assist the coordinator of the FMP in filling out the annual report.

3) **Annual Report Form** – MDCH requests that each school complete a short annual report indicating the number of children participating and a short questionnaire. This annual report will allow MDCH to maintain records of schools participating in a FMP.

4) **Changes in School Coordinator** – MDCH requests schools to report any changes in school coordinator, questions, or concerns. With this information MDCH Oral Health Program can better communicate and offer technical assistance to school coordinators.

Where to get Supplies:  **(As other sources become available, schools will be notified)**

Medical Products Laboratories  
9999 Global Road  
Philadelphia, PA 19115  
**800-523-0191**  
Fax: 215-677-7736  
[www.mplusa.com](http://www.mplusa.com)

Individual premix unit doses or a powder mix are available. Read below to learn the pros and cons for each method.

**About Premixed Individual Doses**
Each Unit Dose consists of a cup, which contains 10 mL (20mg. Sodium Fluoride) of a premixed 0.2% sodium fluoride solution together with a napkin to wipe the mouth. Cups containing 5mL (10 mg. Sodium Fluoride) of premixed 0.2% sodium fluoride solution are also available for children in kindergarten and first grade if needed. The 5 mL cups contain the same percentage of sodium fluoride 0.2%, but the volume is smaller for smaller mouths and body weight. The cups are formed entirely of pharmaceutical grade plastic. Cost per child per school year is approximately $3.00 per child.

**About Powder Mix**
The powder mix is packaged in kits, which contain supplies for 75 children including one pump and one container. The kits are available with either a 5 mL pump or a 10 mL pump. The pumps dispense the amount specified (5 mL or 10 mL) with one stroke of the pump. Each kit includes, Sodium Fluoride packets, polyethylene jug, one dispense pump, plastic cups, paper napkins, trash bags and ties. Cost per child per school year is approximately $1.00 per child.

**Comparison of premixed individual doses to the powder mix:**
- Both the powder and premixed fluoride come in several flavors: grape, bubble gum, root beer, apple, mint, and unflavored.
- Premixed doses eliminate the process of mixing the fluoride powder with water and pumping the solution from the jug into the individual cups, which saves time.
• With the premixed there is no waste, as there is no unused solution to be discarded, the unused powder mix solution is kept in the jug and stored in a cool locked storage area away from children. The contents of the jug are discarded after three weeks.
• Younger children may require assistance opening the premixed individual dosage cups.
• If storage space is a problem, the packets take less space for storage.

Instructions for administration of individual pre-mixed unit doses:
Each Unit Dose consists of a cup, which contains 10 mL of a PREMIXED sodium fluoride solution (20 mg Sodium Fluoride) in a 0.2% solution together with a napkin to wipe the mouth. Cups containing 5 mL of a sodium fluoride solution (10 mg Sodium Fluoride) in a 0.2% solution are also available for kindergarten and first grade children if needed. Each participant receives one cup and one napkin.

1. Remove the lid from the cup.
2. Empty the contents of the cup into the mouth and swish for one minute for children in grades 1-6, and 30 seconds for children in Kindergarten. INSTRUCT THE CHILDREN NOT TO SWALLOW. Swallowing fluoride can lead to upset stomach and fluorosis (permanent staining of teeth).
3. HOLD CUP AGAINST THE MOUTH. Slowly spit solution back into the cup.
4. Wipe the mouth with the napkin, and then place the napkin slowly into the cup to absorb the solution. The used cups and napkins are discarded into a plastic waste bag.
5. Instruct children not to eat or drink for 30 minutes after mouth rinsing.
6. Expiration dates; do not use rinse that has expired.

Instructions for Fluoride Mouthrinse Program-Powder:
1. Open the fluoride packet and empty contents into the container.
2. Fill container with potable tap water to designated mark.
3. Using the 10 mL pump for grades 1-6 and the 5 mL pump for kindergarten, eject specified amount of 0.2% solution into a cup by a stroke of the pump, and give the filled cup and a napkin to the child.
4. Empty the contents of the cup into the mouth, and swish for one minute for children in grades 1-6, and 30 seconds for children in kindergarten. INSTRUCT CHILDREN NOT TO SWALLOW. Swallowing fluoride can lead to upset stomach and fluorosis (permanent staining of teeth).
5. HOLD CUP AGAINST THE MOUTH. Slowly spit the solution back into the cup.
6. Wipe the mouth with the napkin, and then place it in the cup to absorb the excess solution. The used cups and napkins are discarded into a plastic waste bag.
7. Instruct children not to eat or drink for 30 minutes after mouth rinsing.
8. Discard unused solution after three weeks. For safety, store unused solution in cool unlocked area away from children.
Michigan Oral Health Program
Storage and Safety Procedures

- New school fluoride coordinators need training before fluoride mouthrinse program is implemented.

- Observe the month/year 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 09” means the fluoride needs to be used by the end of June 2009.

- All fluoride must be stored in a cool locked storage area away from children. Leftover rinse may be stored up to three weeks after it is mixed. This should be stored in a secure area that is inaccessible to students, at room temperature, or in the refrigerator. Avoid placing the rinse in direct sunlight or excessive heat/cold. Expired fluoride mouthrinse will need to be disposed by draining the liquid from the cup and disposing of the cup in a closed trash bag.

- Each child receives only one cup of fluoride.

- Discard any opened fluoride cups after the last class rinses.

- Have kindergarten and first grade children practice “swishing” with water at the beginning of the school year. Observe how well the children follow directions to rinse and spit water into the cup. If a child were to swallow the contents of a cup, adverse reactions could include an upset stomach or a risk of fluorosis (permanent staining of teeth); however, accidental ingestion of the amount given to the children is unlikely to cause any adverse reaction.

- If a student accidentally swallows his/her portion of the weekly mouthrinse solution, this amount is not harmful. One 10ml dose=0.55 mg of fluoride per kg of body weight for a 40 pound child. The toxic dose is 5.0 – 10.0 mg/kg.

- The 3 gm NaF (fluoride) packets come in tear-proof packaging. In the unlikely event of a student accidentally swallowing concentrated powdered sodium fluoride from a packet, call the local Poison Control Center immediately. A Material Safety Data Sheet (MSDS) for sodium fluoride rinse and sodium fluoride powder, manufactured by Medical Products Laboratories, Inc., Philadelphia, PA, is included in this packet.

- A teacher should not store fluoride packets/solutions in their classroom unless it is under lock and key. A teacher may store cups and napkins in the classroom.

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

Please post the following instructions in appropriate and accessible areas in your school.
Safety Procedures for School Fluoride Mouthrinse Programs

NOTE: 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 Michigan Poison Control 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 if possible, type and amount of fluoride ingested, the child's approximate weight, and the length of time since ingestion.

2. CALL: MICHIGAN POISON CONTROL CENTER 1-800-222-1222
   Follow instructions from Poison Control Center

3. IF THE MICHIGAN POISON CONTROL CENTER IS NOT AVAILABLE BY PHONE, PROCEED AS FOLLOWS:
   A. Administer one Glass of Milk. DO NOT INDUCE VOMITING.
   B. If milk or other dairy products are unavailable or if the child is lactose intolerant, administer antacids or a glass of water.
   C. Contact parents and take child to indicated source of health care.
   D. If parents cannot be reached, take child to local emergency provider.

4. In every case, NOTIFY YOUR LOCAL DENTAL PROGRAM DIRECTOR and/or the Michigan Oral Health Coordinator.

Local Dental Program Coordinator        Telephone Number

And/or
Susan Deming, RDH, RDA, B.S. 517-373-3624
Education/Fluoridation Coordinator
Determining if a Community or School System Water is Optimally Fluoridated


Search by State, County, then water system.

If your school has an individual system then the local public health department needs contacting or a drinking water test must be done.

For a sample bottle test kit contact:

**Drinking Water Laboratories**  
Michigan Dept. of Environmental Quality  
3350 N. Martin Luther King Jr. Blvd  
Room 104  
P.O. Box 30270  
Lansing, MI 48909  
517-335-8184

The MDCH – Oral Health Program has kits available too.

If there are further questions, Susan Deming, MDCH Oral Health Program can be reached at:  
Phone: 517-373-3624  
Fax: 517-335-8697  
e-mail: [demings@michigan.gov](mailto:demings@michigan.gov)
The Fluoride Mouthrinse Program, with slight modifications, can be used successfully by children with special health care needs.

If the student is not able to rinse for 60 seconds, have the student:

- Rinse a little longer each week, gradually working up to 60 seconds.

- Practice with water on non-rinse days.

- Rinse two or three times with less solution, in separate cups, for a total of 60 seconds.

The solution should not be swallowed routinely. If a student consistently swallows the fluoride solution, the student should discontinue rinsing. The parent should be notified that the child is no longer rinsing.
Tips for Making Mouthrinsing Fun

- Tell the children the fluoride mouthrinsing procedure is similar to swishing flavored gelatin between their teeth. All kids do that, don’t they? Be quick, though, to point out the fluoride will help their teeth, whereas the flavored gelatin will harm their teeth with its sugar content.

- Tell the children they will know that they are doing a good job if they can hear themselves swishing.

- Children prefer a cold fluoride solution; so provide it chilled if possible.

- Have the children watch the clock for one minute while rinsing. It will keep all their eyes in the same place.

- Take this golden opportunity. Rinsing for one minute is a long time. This “silent period” may be a good time to make the day’s announcements.

- Allow students to take turns watching the clock and giving signals.

- Hang a chart in the classroom with the name of each child who participates in the program. Add a star for each week that the child rinses. A reward at the end of the year for never missing a session may be a tooth care kit, dental poster, badge, comic book or dental health certificate.

- Have a contest with another classroom to see who can have the most students participating, or the most that never miss a rinsing session.

- Have a poster contest, hall display, slogan contest or letter writing to parents, “What I have learned about fluoride.”

- Create writing experiences. Sipping, swishing and spitting are words that lend themselves to all types of prose and poetry.

- Place signs over mirrors throughout the school – “Smile Here” or “The Smile Place.”

- Make fluoride rinsing a prelude to a dental health unit.
7 Different Procedural Options for Administering a Fluoride Rinse Program

After the fluoride mouthrinse has been prepared...

1. The cups (each with 10ml of fluoride solution) and napkins are placed on trays and delivered to each classroom; or,

2. A teacher, parent volunteer or responsible student picks up trays of filled cups and napkins from a central location, takes them to the classroom and returns the empty tray after the rinsing activity; or,

3. Cups, napkins and a container of fluoride solution are carried to the classroom; fluoride rinse is pumped into cups at a designated area in the classroom; or,

4. A cart with fluoride rinse supplies is wheeled down the hall and the solution is pumped into the appropriate number of cups prior to entering each classroom; or,

5. The container is passed from room to room; solution is dispensed into the cups, which are stored in the locked area; or,

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

7. Trays of cups and napkins are prepared early on rinse day and stored in a safe, sanitary manner until the rinsing procedure can be supervised.
Michigan Department of Community Health
Oral Health Program

Classroom Fluoride Mouthrinsing Record Option #1

Teacher ___________________________ Grade ___________________________

County ___________________________ School ______________________ Year_______

Children Participating in Program (signed consent received)

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>AGE</th>
<th>Child's Name</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>2</td>
<td>17</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>3</td>
<td>18</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Enter the date your class rinsed each week:

September
October
November
December
January
February
March
April
May
June

Retain until the end of the year and return to the fluoride mouthrinse coordinator at your school for the annual report to be sent to MDCH

Coordinator's Name _______________________________________________
Please give any comments or suggestions on the back of this form.
## Classroom Fluoride Mouthrinsing Record Option #2

### Fluoride Mouthrinse Program Classroom Record

<table>
<thead>
<tr>
<th>School</th>
<th>Teacher</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Year | Grade |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Directions:** If a participant is absent on a scheduled mouthrinse day, mark an "A" in the appropriate box. If all participants are rinsing that day, check each box or write, "All Participating" lengthwise down the appropriate column. If a child is swallowing part or all of the solution, record "S" in the appropriate box. If a child is consistently swallowing the solution, he/she should wait until the next year to use the rinse. If a student previously not participating returns a consent form or if a participant returns a written withdrawal slip, make sure that it is added to records. The Michigan Department of Community Health collects mouthrinse statistics yearly, so record keeping is of paramount importance. Thank You.

### Child’s Name | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not participating/need consent form(s) ........................................................................................................
Not participating per parent request ..............................................................................................................
# Weekly Fluoride Mouthrinse Program Annual Report

School Name________________________________________ Date__________________
City_____________________________ County____________________________________
Principal___________________________ Telephone _____________________________
E-Mail:______________________________

<table>
<thead>
<tr>
<th>Spec. Ed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Children Rinsing/grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. Has parental permission been obtained for each child participating? YES NO
2. Are records kept of weekly participant? YES NO
3. Is the fluoride stored in a locked area? YES NO
4. Does your school have a copy of the “Weekly Fluoride Mouthrinse Manual?” YES NO

5. How often are the children reminded of the following?
   - Not to swallow the solution Weekly Monthly Other
   - Not to put anything in their mouths for 30 min. after rinsing Weekly Monthly Other

6. How many weeks during the school year is the rinsing conducted? # Weeks _____

7. How is your program funded?
   - □ Parents Pay
   - □ Local Health Department
   - □ Grant
   - □ Other _____________

8. Do you plan to fund the program in the same way next year? YES NO
   If no, please explain ___________________________________________________________________________

9. Who is responsible for the following (i.e., Nurse, Teacher, Volunteer, Parent, etc.)
   - Mixing the solution: ____________________________________________________________
   - Dispensing the solution: _________________________________________________________
   - Supervising the rinsing procedure: _______________________________________________

10. Additional Comments: (If your school no longer participates please make note here)
    Please send completed form to the Michigan Department of Community Health
    Division of Family and Community Health, Oral Health Program
    201 Townsend, P.O. Box 30195 Lansing, MI 498909
    Fax: (517) 335-8697
Michigan Department of Community Health
Changes in School/Coordinator Information
School Fluoride Mouthrinse Program

If there should be any changes such as the Coordinator for your school, any questions or concerns please fill out this form and return to Susan Deming, Education/Fluoridation Coordinator for the State of Michigan. The form can be faxed to 517-335-8697 or mailed to:

Michigan Department of Community Health Oral Health Program
Susan Deming, RDH, RDA, B.S.
Education/Fluoridation Coordinator
P.O. Box 30195
Lansing, MI 48909
517-373-3624
demings@michigan.gov

<table>
<thead>
<tr>
<th>Name of School(s)</th>
<th>Address/Phone Number</th>
<th>Local Contact/Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Changes, comments, or concerns:
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. Because your community or school water system does not contain optimal levels of fluoride to reduce tooth decay this program is recommended by the Michigan Department of Community Health.

Topical application of fluoride is one way to help reduce the amount of tooth decay. This means fluoride is applied directly to the outside of the teeth to strengthen the outside surfaces. One method of topical application is for children to rinse with a fluoride solution once a week for one minute. Fluoride mouthrinse has been tested and is safe and effective in preventing tooth decay.

Other examples of topical application of fluoride are from fluoridated community water, toothpastes and fluoride treatments in the dental office. Please check with your child’s dentist if you have questions about him/her participating in the fluoride mouthrinse program.

Fill out the form below indicating your decision about the participation of your child in the fluoride mouthrinse program during the school year. Please return the form promptly to your child’s teacher. Please enclose a small fee of $_________ to cover the cost of the fluoride mouthrinse program for one child through the school year.

---

Permission for Fluoride Mouthrinse Program

________ Yes, I want my child to participate in this preventative dental program. I understand I can withdraw my child from participation in the program at any time by notifying the school in writing.

________ No, I do not want my child to participate in this preventive dental program.

Signature of Parent or Guardian ___________________________ Date _______________

Name of Child___________________________________________ Age ______________

(Last) (First) (Initial)

Name of School__________________________________________________________

Please file this form with the student’s permanent school record.
WEEKLY RINSING PROCEDURE
0.2% Sodium Fluoride Mouthrinse Program

60 Seconds for Good Dental Health
Don’t Forget! No eating or drinking for 30 minutes!
Checklist for Planning and Implementing a Weekly Fluoride Mouthrinse Program

______  Gain support from school and local community.
School Superintendents
School Board
School Principals
School Nurse
School Teachers
Local Health Clinics
Local Dentists
Parents

______  Determine staffing for the program (Coordinator).

______  Determine funding for the program.

______  Distribute letter and consent forms to parents.

______  Collect consent forms and fee if charged.

______  Prepare class lists of children indicating parental consent.

______  Order supplies.

______  Provide training for individual(s) supervising the weekly rinses.

______  Begin weekly rinses; record information on the Classroom Mouthrinse Form.

______  Continue with rinses throughout the school year.

______  Submit classroom mouthrinse form to school Fluoride Mouthrinse Coordinator.

______  Coordinator compiles annual report and sends to:
Michigan Department of Community Health
Oral Health Program
P.O. Box 30195
Lansing, MI 48909

Any questions or concerns contact Susan Deming MDCH-Oral Health by phone 517-373-3624, or by email at demings@michigan.gov.
**FLUORIDE MOUTHRINSE PROGRAM QA Monitoring Checklist Tool**

Evaluator: ___________________________ Date of Evaluation: _______________

School Building: ___________________________

| #Classrooms/Students Observed: | Regular _____/______ | Special Ed _____/______ |
|---------------------------------|-----------------------|

**Site Preparation/Surface Cleanliness**

Wash hands with disinfectant soap and clean all work/dispensing surfaces with an approved disinfectant.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
</table>

**1. Mixing Procedures**

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

**2. Administering Procedures**

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

**3. Cleaning Procedures**

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

**4. Supplies**

<table>
<thead>
<tr>
<th>a. Fluoride packets stored in locked place</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Inventory</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>Consent forms</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>Pumps</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>Containers (check for cleanliness)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>Fluoride packets</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>Expired fluoride packets</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>c. Expired fluoride packets disposed of properly</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
</tbody>
</table>

**5. Other**

<table>
<thead>
<tr>
<th>a. Does teacher have a PDF format or hard copy of the manual?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Does volunteer have a PDF format or hard copy of the manual?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>c. Weekly Monitoring Record is completed</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>d. Is there a current participation list/# per class?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
<tr>
<td>e. Have new students been offered the program?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Comments</td>
</tr>
</tbody>
</table>

**General Comments/Recommendations**

___________________________________________
SAFETY DATA SHEET
NAFRINSE SODIUM FLUORIDE POWDER

Page 1
Issued: 2/3/2010
Revision No: 1

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

Product name: SODIUM FLUORIDE POWDER

Company name: Medical Products Laboratories, Inc.
9990 Global Road
Philadelphia
PA
19115
USA
Tel: 215-677-2700
Fax: 215-677-7736
Emergency tel: 215-677-2700

2. COMPOSITION / INFORMATION ON INGREDIENTS

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

3. HAZARDS IDENTIFICATION

Main hazards: Contact with acids liberates very toxic gas.

4. FIRST AID MEASURES (SYMPTOMS)

Skin contact: There may be mild irritation at the site of contact.
Eye contact: There may be irritation and redness.
Ingestion: There may be irritation of the throat.
Inhalation: No symptoms.

4. FIRST AID MEASURES (ACTION)

Skin contact: Wash immediately with plenty of soap and water.
Eye contact: Bathe the eye with running water for 15 minutes.
Ingestion: Consult a doctor.
Inhalation: Consult a doctor.

5. FIRE-FIGHTING MEASURES

Extinguishing media: Suitable extinguishing media for the surrounding fire should be used. Use water spray to cool containers.
Exposure hazards: In combustion emits toxic fumes.
Protection of fire-fighters: Wear self-contained breathing apparatus. Wear protective clothing to prevent contact with skin and eyes.

[cont...]
6. ACCIDENTAL RELEASE MEASURES

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

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

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

7. HANDLING AND STORAGE

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

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Respiratory protection: Respiratory protection not required.

Hand protection: Protective gloves.

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

Skin protection: Protective clothing.

9. PHYSICAL AND CHEMICAL PROPERTIES

State: Solid

10. STABILITY AND REACTIVITY

Stability: Stable under normal conditions.

Conditions to avoid: Heat.

Materials to avoid: Strong oxidising agents. Strong acids.

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

11. TOXICOLOGICAL INFORMATION

Hazardous ingredients: SODIUM FLUORIDE

ORL MUS LD50 57 mg/kg

ORL RAT LD50 52 mg/kg

SCU RAT LD50 175 mg/kg

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

12. ECOLOGICAL INFORMATION

Mobility: Readily absorbed into soil.

Persistence and degradability: Biodegradable.

Bioaccumulative potential: Negligible.

Other adverse effects: Negligible ecotoxicity.

13. DISPOSAL CONSIDERATIONS

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

[cont...]
14. TRANSPORT INFORMATION

ADR / RID

UN no: -

IMDG / IMO

IATA / ICAO

15. REGULATORY INFORMATION

Hazard symbols: No significant hazard.
Risk phrases: R32. Contact with acids liberates very toxic gas.
Safety phrases: S2: Keep out of the reach of children.
Precautionary phrases: Restricted to professional users.

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

16. OTHER INFORMATION

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

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