New Jersey Department of Health
Children’s Oral Health Program

“Save Our Smiles”

Fluoride Mouthrinse Program
Coordinator's Manual
2016
# Table of Contents

"Save Our Smiles" Fluoride Mouthrinse Program Introduction Letter 3  
Fluoride Mouthrinse Program Administration 4  
Role of the NJ Department of Health Children’s Oral Health Program 5  
Role of the Participating School 5  
Role of the Fluoride Mouthrinse Program Coordinator 6  

**Fluoride Mouthrinse Program:**

Fluoride Mouthrinse Coordinator Responsibilities Timeline 8  
Fluoride Mouthrinse Program Protocol 9  
Fluoride Mouthrinse Implementation Procedure 10  
Mouthrinising Procedure 11  
Methods of Fluoride Mouthrinse Program Implementation 12  
Mix and Pump Procedure 13  
Storage, Cleaning and Disposal 14  
Disposal of Expired Fluoride 15  
Tips for Making Mouthrinising Fun and Easy 16  
Fluoride Questions and Answers 17  

**Safety Guidelines and Emergency Treatment** 18  
Policy Statements 19  
"Save Our Smiles" Parent/Guardian Permission Slip (English) 20  
Save Our Smiles" Parent/Guardian Permission Slip (Spanish) 21  
Teacher/Classroom Record 22  
Fluoride Mouthrinse Coordinator Record 23  
Training Documentation 24  
Fluoride Mouthrinse Flavors and Dyes 25  
Oral Health Tip of the Week 26  

Page 2 of 26
Dear Fluoride Mouthrinse Coordinator:

Fluoride, when used on a routine basis, helps prevent tooth decay, the most common chronic disease among children. Tooth decay can lead to dental problems that affect eating, speaking, self-esteem and children's capacity to learn.

Fluoride works by strengthening the weak areas of teeth where cavities begin. It occurs naturally in water and in many foods such as tea, fish and de-boned chicken. Fluoride is also added to various dental products such as toothpaste, gel, and mouthrinse.

According to "Oral Health in America: A Report by the Surgeon General" (2000), "mouthrinses are effective." Since 1981, the New Jersey Department of Health's voluntary fluoride mouthrinse program, "SAVE OUR SMILES," has served thousands of students in grade one through grade six.

"SAVE OUR SMILES" is a voluntary, school-based program that can reduce tooth decay and improve the oral health of at-risk students.

Enclosed is the revised "Save Our Smiles" Fluoride Mouthrinse Program Coordinator Manual. The 2016 edition replaces all previous versions.

The "Save Our Smiles" Program Manual can be found on the New Jersey Department of Health website at:


Thank you for your commitment to improve the oral health of New Jersey's school-age children.

Happy Swishing!

Beverly Kupiec-Sce, Ph.D., R.N.
Director
Children's Oral Health Program
New Jersey Department of Health
“Save Our Smiles”
Fluoride Mouthrinse Program
Administration

“Save Our Smiles” is a voluntary, school-based fluoride mouthrinse program administered throughout New Jersey in areas where the water is not optimally fluoridated. Regional oral health programs funded by the New Jersey Department of Health implement the program at the local level. Regional program staff provide consultation, technical assistance and in-service training to school staff who implement the “Save Our Smiles” program.

Regional State funded agencies that implement the program at the local level are:

NORTHERN REGIONAL PROGRAM
(Morris, Passaic, Sussex, and Warren Counties)
Karoline Genung, RDH, BS, Northern Regional Coordinator
Zufall Health Center
18 West Blackwell Street
Dover, NJ 07801
(973) 891-3415, fax (973) 989-9006
kgenung@zufallhealth.org

CENTRAL REGIONAL PROGRAM
(Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Somerset and Union Counties)
Carolyn Brink, MSW, LSW, Central Regional Coordinator
Zufall Health Center
71 Fourth Street
Somerville, NJ 08876
(908) 704-2256, fax (908) 526-7023
cbrink@zufallhealth.org

SOUTHERN REGIONAL PROGRAM
(Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem Counties)
Deborah Tracy, RDH, MAS, Southern Regional Coordinator
Southern Jersey Family Medical Centers, Inc.
860 South White Horse Pike (Route 30)
Hammonton, NJ 08037
(856) 935-6203, fax (856) 935-6233
deborah.tracy@sjfmc.org
"Save Our Smiles"
Fluoride Mouthrinse Program
Role of the New Jersey Department of Health
Children’s Oral Health Program

1. Administer the Statewide, voluntary school-based fluoride mouthrinse program, “Save Our Smiles.”

2. Develop eligibility criteria for school participation.

3. Monitor participating school-based fluoride mouthrinse programs for compliance with established program policy and guidelines.

4. Develop and implement training programs for participating school staff and provide technical assistance for program coordinators in the school setting.

5. Monitor the distribution of supplies to administer the program by the “mix and pump” or unit dose method.

NOTE:
Schools utilizing the unit dose method pay a portion of the costs.
Information is available through the Regional Oral Health Program.

Role of the Participating School

Designate a “Save Our Smiles” fluoride mouthrinse program Coordinator to implement the program in the school setting according to policy and guidelines set forth by the New Jersey Department of Health Children’s Oral Health Program.
“Save Our Smiles”
Fluoride Mouthrinse Program
Role of the Fluoride Mouthrinse Program Coordinator

1. If this is the first year a school is participating, or the school has a new program coordinator, an in-service training must be completed prior to implementing the fluoride mouthrinse program in the school.

2. Review the “Save Our Smiles” Program Manual to become familiar with program implementation guidelines.

3. Conduct an annual mandatory in-service training for teachers and/or other school staff who implement the classroom program. Compliance with training requirements may be satisfied if the training is conducted by:
   - School nurse or previously trained fluoride mouthrinse school coordinator
   - Regional Oral Health Program staff

   All staff implementing the program in the school must complete, date and sign the mandatory Training Documentation Form. This document ensures training was completed and is in compliance with New Jersey Department of Health Program guidelines. (Training Documentation Form found on Page 24 of the “Save Our Smiles” Manual.)

4. Obtain signed parent/guardian permission form for all students who participate in the program. File the signed permission form in each student’s health/medical record. If the parent/guardian wishes to discontinue their child's participation in the Program, the parent/guardian must provide a letter with the parent/guardian signature stating their child's withdrawal from the Program. The signed letter of withdrawal must be filed in their child's health/medical record.

5. Implement the fluoride mouthrinse program for participating students on a weekly basis.

6. Record the name of each participating student on the classroom record form. If a student will not be participating, write the name of each non-participating student at the bottom of the form under the words “Not Participating.”
7. Each week, mark the box on the classroom record that represents the date when the students participated in the mouthrinse program.

8. File all classroom records at the end of the school year. The classroom records and parent/guardian permission forms are to be maintained by the school according to State and local record retention policies and may be reviewed at the “Save Our Smiles” fluoride mouthrinse program compliance visit.

9. Complete the fluoride mouthrinse coordinator record.

10. Complete the fluoride mouthrinse program initiation/tracking form (in the fall) and mail to the oral health program in your region by the identified deadline in order to participate in the "Save Our Smiles" fluoride mouthrinse program. The Initiation/Tracking form will be sent to the fluoride mouthrinse coordinator from the Regional Oral Health Program.

11. Complete the “Save Our Smiles” fluoride mouthrinse order form (in the spring) for the upcoming school year and return to the designated Regional Oral Health Program according to the identified deadline. Continued participation is contingent upon school compliance and available program funds.

12. Report any change in the fluoride mouthrinse Coordinator position to the Regional Oral Health Program. It is necessary to report changes in information so program staff can provide technical assistance to the incoming Coordinator.

13. Ensure the school follows the policy and guidelines set forth by the New Jersey Department of Health, Children’s Oral Health Program in the implementation and administration of the “Save Our Smiles” fluoride mouthrinse program.
**“Save Our Smiles”**  
**Fluoride Mouthrinse Program**  

**Fluoride Mouthrinse Coordinator Responsibilities Timeline**

<table>
<thead>
<tr>
<th>Month</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Fluoride Mouthrinse Program supplies are delivered to the school.</td>
</tr>
<tr>
<td>October</td>
<td><strong>First Week:</strong> Student permission slips are collected and the weekly fluoride mouthrinse program begins.</td>
</tr>
<tr>
<td>October - November</td>
<td>Regional program staff mail the initiation form to the school-based fluoride mouthrinse Coordinator. The initiation form is to be completed by the school Coordinator and returned to the Regional Oral Health Program. The form verifies program initiation and receipt of supplies.</td>
</tr>
</tbody>
</table>
| October - June | Weekly mouthrinse program is conducted.  
Mouthrinising day is documented on the classroom record.  
Weekly fluoride mouthrinising is completed by the first week of June.                                                                                                                                                                                                                                                                                     |
| April       | School receives the fluoride mouthrinse order form for the upcoming school year. **To avoid overestimating or insufficient supplies, accurately report the inventory to your Regional Oral Health Program.**  
Fluoride mouthrinse order form is completed by the school Coordinator and returned to the Regional Oral Health Program according to identified deadline.                                                                                                           |

**NOTE:**  
A “Save Our Smiles” Fluoride Mouthrinse Program compliance visit may take place during the school year to ensure adherence to the New Jersey Department of Health Children’s Oral Health Program policy and guidelines.
“Save Our Smiles”
Fluoride Mouthrinse Program
Protocol

- Students in grades one through six with written parent/guardian permission are eligible to participate in the “Save Our Smiles” fluoride mouthrinse Program. At least three (3) consecutive grades must be included in the Program.

- Pre-K and Kindergarten students are NOT ELIGIBLE to participate in the fluoride mouthrinse program.

- The program must be conducted for 30-32 weeks from October to June of the school year.

NOTE:

Grades 1-4 should be included for maximum dental protection.

If the school is new to the Program, it is acceptable to start with one grade level the first year and expand the Program to include the next grade level the following year.

The goal is to have the entire school (grades 1-6) participate.
“Save Our Smiles”
Fluoride Mouthrinse Program
Implementation Procedure

- Designate a specific day of the week for “Save Our Smiles” program implementation.

- Mouthrinse should take place on the same day and time each week.

- The best days to conduct the fluoride mouthrinse program are Tuesday, Wednesday, or Thursday due to lower rates of absenteeism.

- One time per week, on the designated day, students rinse with 10 milliliters (approximately 2 teaspoons) of 0.2% neutral sodium fluoride (NaF) solution.

- Participating students should receive an orientation to the mouthrinse procedure prior to the first rinsing session. This orientation may include practicing with plain water to ensure the student is able to rinse and spit and not swallow the liquid. If a student continually swallows the solution, the student may be removed from the program. During the orientation, instruct the students on the benefits of fluoride and other preventive oral health measures that promote good oral hygiene such as brushing, flossing, and regular dental checkups.
“Save Our Smiles”
Fluoride Mouthrinse Program
Mouthrinsing Procedure

1. If using the unit dose method, distribute one cup of fluoride solution and one napkin to each participating student. If using the mix and pump method, provide one pump of fluoride solution into the cup. Distribute one cup and napkin to each participating student.

2. Instruct students (especially younger children) to blow their nose if needed before rinsing to make sure nasal passages are clear.

3. If using the unit dose method, instruct students to slowly pull the tab with one hand and hold the unit dose cup securely with the other hand while opening the lid. Instruct students to bring the cup to their mouth. Students will empty the contents of the cup into their mouth when directed by the fluoride mouthrinse coordinator or classroom teacher.

4. Remind students the fluoride solution is not to be swallowed, but should be vigorously swished between the teeth for **ONE MINUTE**.

5. Observe students who have little cheek and lip movement. Students may shake their heads back and forth rather than use a cheek and lip motion. These inappropriate actions should be corrected. Students should be swishing the solution in their mouth with their lips tightly closed and teeth together. (Lips and cheeks puff rhythmically if rinsing is done correctly.)

6. At the end of one minute, students spit the solution into the cup, blot their lips with the napkin, and place the napkin in the cup to absorb the mouthrinse solution. Cups are then discarded into plastic waste bags.

**If a child swallows the rinse solution during the rinsing exercise, the ingestion is harmless.**
“Save Our Smiles”
Fluoride Mouthrinse Program
Methods of Fluoride Mouthrinse Program Implementation

The following are suggested implementation methods. Select one method or a combination of methods that best meets the school’s needs!

1. Using a central location, the fluoride mouthrinse Coordinator dispenses the fluoride solution into a cup for each student in all participating classrooms. Cups are placed on a tray or cart along with a napkin for each student and delivered to each participating classroom. Dispensing of the mouthrinse solution from a central site is the most efficient method for preparation and distribution.

2. The fluoride mouthrinse Coordinator mixes the fluoride solution. Fluoride mouthrinse solution containers are distributed to, and shared between classrooms. Cups and napkins are stored in each classroom so teachers can pump the solution into cups after receiving the solution container.

3. Under classroom teacher supervision, students participating in the mouthrinising program gather at a central location to receive a napkin and cup containing the fluoride solution. Students proceed to rinse together at the same time.

NOTE:
Cups and napkins are provided in a sufficient quantity for each student for the duration of the mouthrinse program for the school year. Additional supplies are not provided.
Cups and napkins should not be used for other purposes.
Fluoride mouthrinse must be mixed by and handled only by, trained adult school staff.

1. Fill the plastic container to the line indicated (1,500 ml or 1.5 quarts) with tap water.

2. Take one packet of sodium fluoride (3 grams NaF) and gently squeeze the packet to break any hardened powder (if clumps remain, pour a small amount of warm water into the packet to dissolve them). Cut a corner of the fluoride packet and carefully pour contents into the water in the solution container. Avoid inhalation of the fine powder. Use of a funnel may be helpful.

3. Securely replace the cap or pump and mix the contents thoroughly by gently shaking the container until the powder is dissolved (approximately 30 seconds).

4. Remove the cap, insert the pump into the container and tighten. Prime the pump by pushing the plunger up and down 2-3 times until the solution flows freely.

5. When the pump has been primed, one full push of the pump will deliver the proper amount of solution (10 ml) into the cup. All students are to receive 1 pump of the fluoride mouthrinse solution (1 pump of fluoride mouthrinse = two teaspoons of solution).

6. One filled container will dispense approximately 130-140 (2 teaspoons) amounts of fluoride solution for 5-6 classrooms.

7. Although refrigeration is not required, children may prefer a cold solution. The solution can be chilled prior to dispensing.
“Save Our Smiles”
Fluoride Mouthrinse Program
Storage, Cleaning, and Disposal

**Unit Dose Method:** The entire supply of fluoride must be stored in a locked, secure location at normal room temperature. This prevents evaporation of the fluoride solution. The average shelf life of unit dose fluoride mouthrinse is 12 months.

**Mix and Pump Method:** The supply of fluoride powder packets must be stored in a locked, secure location at normal room temperature. Packets stored in this manner will have a shelf life of 2-3 years. The box of fluoride packets and each individual packet is marked with an expiration date. Use fluoride packets with the earliest expiration date first. Follow the procedure outlined on Page 15 for proper disposal of expired fluoride. If you have questions, please contact your Regional Oral Health Program Coordinator.

Mixed solution does not require refrigeration. If any solution remains on mouthrinse day, it may be stored for the next week. However, it is not necessary to store small leftover quantities from week to week. The mixed fluoride solution has a shelf life of three (3) weeks.

To store leftover fluoride solution, remove the pump from the container and replace with the child-proof cap. Avoid direct sunlight and excessive heat and/or cold. The leftover rinse may change color slightly during storage due to the varying amount of chlorine in the water supply. A color change does not indicate a loss of effectiveness. Before the next mouthrinse day, gently shake the capped container for 10 seconds to re-mix the contents. The container must be stored in a locked, secure location.

**Cleaning the Pump:**
The pump can be cleaned by pumping warm soapy water through it followed by clear water. Dry and store it in a clean area for use the following week. Do not store the pump in an airtight container.

If a new pump fails to function properly, please do NOT discard it. Contact the Regional Oral Health Program for a replacement. If a previously used pump fails, it may be discarded.
"Save Our Smiles"
Fluoride Mouthrinse Program
Disposal of Expired Fluoride

Expired fluoride packets and unused expired unit dose fluoride mouthrinse solution must be returned for proper disposal to the fluoride vendor at:

Medical Products Laboratories
9990 Global Road
Philadelphia, Pennsylvania 19115
(215) 677-2700

NOTE:
Expired fluoride returned to Medical Products Laboratories will be at the school’s expense. In order to remain in compliance with the New Jersey Department of Health Children's Oral Health Program guidelines, schools must notify the Regional Oral Health Program in writing of the amount of fluoride returned to the vendor, date of return and reason for the return of expired fluoride.

Material Safety Data Sheets are available from Medical Products Laboratories.
Tips for Making Mouthrinsing Fun and Easy

- Tell the children they will know they are doing a good job if they can hear themselves swishing. It should sound like a classroom full of washing machines.

- Provide a cold fluoride solution if possible, since it is preferred by most children. The solution may be mixed the day before and stored in the refrigerator overnight.

- Instruct students to close their eyes or watch the clock for the one-minute rinsing time. This keeps all eyes in the same place and avoids distractions.

- Allow students to take turns watching the clock and give start and stop signals.

- Appoint student helpers to distribute cups and napkins.

- Conduct a contest between rows of students for neatness or to see which group swishes loudest.

- Use 60-second games, puzzles, and/or music.

- Consider providing a "mini-oral health lesson" during the rinse session utilizing the sample "Tips of the Week" provided in the manual.

- Prepare a special calendar to keep track of rinse days.

- Announce over the school intercom “Today is Fluoride Mouthrinse Day” and provide an oral health tip from the “Tips of the Week” listed on Page 26 in this Manual.
“Save Our Smiles”
Fluoride Mouthrinse Program
Fluoride Questions and Answers

What are effective methods to make teeth less susceptible to decay?
Fluoride is an effective method for prevention of tooth decay. It can be obtained systemically by drinking fluoridated water, or topically, by using a fluoridated toothpaste and mouthrinse.

Does research show that fluoride mouthrinse works?
A review of the research on fluoride mouthrinse concluded “one in two children with high levels of tooth decay will have less decay using fluoride mouthrinses in school-based programs.”

How does the fluoride mouthrinse work?
Fluoride helps prevent demineralization and enhances re-mineralization of tooth enamel. It helps decrease the rate in which acid dissolves tooth enamel.

What happens if fluoride mouthrinse solution is swallowed?
The 0.2% sodium fluoride mouthrinse solution is a topical application and not intended for swallowing. However, there would be no adverse effects if the solution is accidently swallowed.

Can the fluoride cause an allergic reaction?
No. The concentration of fluoride used for oral health purposes produces no allergic reaction. There may, however, be sensitivity to dye and flavoring.

When will the school receive fluoride mouthrinse supplies?
Supplies are shipped directly to schools and scheduled to arrive by the third week of September. If the school has not received fluoride mouthrinse program supplies by the end of September, please contact the school custodian, building maintenance supervisor, or school office receptionist/secretary. Often supplies are delivered and signed for by other school personnel. If supplies are not able to be located, contact the Regional Oral Health Program.
Fluoride Mouthrinse Coordinators are responsible for the safe, secure and locked storage of fluoride packets and fluoride mouthrinse solution.

**Fluoride Solution**

The school-based fluoride mouthrinse program is designed to be safe and effective. If a child swallows one cup of 10 ml fluoride solution during the rinse session, no adverse reaction will occur. Ingestion is harmless.

**Fluoride Powder**

Store packets of undiluted fluoride mouthrinse powder in a secure, locked area. **Fluoride mouthrinse must be mixed by and handled only by, trained adult school staff.** The packets are tear-resistant to prevent accidental swallowing of the fluoride powder. In the unlikely event that **undiluted powder** is ingested, follow the emergency treatment instructions printed on the box, individual packets, and in the “Save Our Smiles” fluoride mouthrinse manual.

**Emergency Treatment**

If Concentrated (Undiluted) Fluoride Powder is Swallowed

- **Immediately contact:**
  - New Jersey Poison Control Center at 1-800-764-7661
  - American Association of Poison Control at 1-800-222-1222

- Do not induce vomiting.
- Administer 1-2 glasses of milk.
- For children who are lactose-intolerant or allergic to milk, follow the recommendations of the New Jersey Poison Control Center or the American Association of Poison Control.
- Notify the parent/guardian and immediately transport the student to the nearest hospital emergency room.
U.S. Commissioner of Food and Drug Administration
Statement Regarding Preparation of School Based Fluoride

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 mouthrinses 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."

Association of State and Territorial Dental Directors (ASTDD)
Policy Statement, March 1, 2011:

ASTDD supports the use of fluoride mouthrinse programs in schools for children age 6 and older when exposure to optimal systemic and topical fluorides is low, population of children are at high risk for tooth decay, and there is demonstrated support by school personnel.
"Save Our Smiles"
Fluoride Mouthrinse Program

Parent/Guardian Permission Slip

Dear Parent or Guardian:

The New Jersey Department of Health administers a voluntary fluoride mouthrinse (FMR) program, "Save Our Smiles" for students in the school setting. Your child’s school participates in the program.

This simple method of fluoride mouthrinising has been shown to be safe and effective in preventing tooth decay. The school nurse or classroom teachers carry out the program.

Under supervision in the school setting, participating students rinse their mouth with a 0.2% neutral sodium fluoride solution once each week. The solution is not swallowed and is not harmful if accidentally swallowed. The program helps to prevent tooth-related problems. There is no cost for your child to participate.

You MUST sign and return the permission slip at the bottom of this letter. If you do not sign and return the permission slip, your child will not be able to participate. This permission is valid as long as your child remains in the school district.

Please return the completed form to your child’s teacher by _________________.

YES _____ I want my child to participate in the voluntary fluoride mouthrinising program. (I understand that I can withdraw my child from program participation by notifying the school in writing.)

NO _____ I do NOT want my child to participate in the voluntary fluoride mouthrinising program.

Parent or Guardian _______________________________ Date ________________
Child’s Name _______________________________ Age ________________
Teacher _______________________________ Grade ________________
"Proteger Nuestras Sonrisas"
Programa Fluoruro Enjuague Bucal

Padres / Permiso Guardián

Fecha: ________________

Estimado padre o tutor:

El Departamento de Salud de Nueva Jersey administra un programa voluntario de enjuague bucal con fluoruro (FMR), "Proteger Nuestras Sonrisas" para los estudiantes en el ambiente escolar. La escuela de su hijo participa en el programa de enjuague bucal con fluoruro.

Este sencillo método de enjuague bucal con flúor ha demostrado ser segura y eficaz en la prevención de la caries dental. La enfermera de la escuela o los maestros llevan a cabo el programa.

Bajo la supervisión en el ámbito escolar, los estudiantes que participan enjuague la boca con una solución de fluoruro de sodio neutro 0.2% una vez cada semana. La solución no se traga y no es dañoso si se ingiere accidentalmente. El programa ayuda a prevenir problemas relacionados con dientes. No hay ningún costo para que su hijo participe.

Usted debe firmar y devolver el formulario de permiso en la parte inferior de esta carta. Si usted no firma y devuelve este formulario de permiso, su hijo no podrá participar. Este permiso es válido mientras su hijo permanece en el distrito escolar.

Por favor devuelva el formulario completo a la maestra de su hijo por ________________.

Sí _____ Quiero que mi hijo participe en el programa voluntario de enjuague bucal con flúor.
(Entiendo que puedo retirar mi niño de participación en el programa mediante notificación a la escuela por escrito.)

NO _____ NO deseo que mi hijo participe en el programa voluntario de enjuague bucal con flúor.

Padre o Tutor _____________________________ Fecha ________________
Nombre del Niño ___________________________ Edad ________________
Maestro _____________________________ Grado ________________
"Save Our Smiles"
Fluoride Mouthrinse Program
Teacher Classroom Record

Teacher ___________________

School ___________________

School Year ______ Grade ____

Rinse Day M T W Th F

Check appropriate box when mouthrinsing is completed each week.

<table>
<thead>
<tr>
<th>Month</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>September</td>
<td>2</td>
</tr>
<tr>
<td>October</td>
<td>3</td>
</tr>
<tr>
<td>November</td>
<td>4</td>
</tr>
<tr>
<td>December</td>
<td>5</td>
</tr>
<tr>
<td>January</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
</tr>
</tbody>
</table>

Children Participating in Program*
(signed consent forms received)

1. ________________
2. ________________
3. ________________
4. ________________
5. ________________
6. ________________
7. ________________
8. ________________
9. ________________
10. ________________
11. ________________
12. ________________
13. ________________
14. ________________
15. ________________
16. ________________
17. ________________
18. ________________
19. ________________
20. ________________
21. ________________
22. ________________
23. ________________
24. ________________
25. ________________

Children Not Participating in the Program

1. ________________
2. ________________
3. ________________
4. ________________
5. ________________
6. ________________
7. ________________
8. ________________

* If a child discontinues the program, asterisk his/her name and note the date they discontinued.
“Save Our Smiles”
Fluoride Mouthrinse Program

Fluoride Mouthrinse Coordinator Record

<table>
<thead>
<tr>
<th>Grade</th>
<th>Teacher</th>
<th>Room Number</th>
<th>Number of Students Enrolled</th>
<th>Number of Students Participating</th>
<th>Rinse Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</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>
</tr>
<tr>
<td>3.</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>
</tr>
<tr>
<td>5.</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>
</tr>
<tr>
<td>7.</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>
</tr>
<tr>
<td>9.</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>
</tr>
<tr>
<td>11.</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>
</tr>
<tr>
<td>13.</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>
</tr>
<tr>
<td>15.</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>
</tr>
<tr>
<td>17.</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>
</tr>
<tr>
<td>19.</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>
</tr>
</tbody>
</table>

Forms are to be maintained by the school according to State and local record retention policies and may be reviewed at the “Save Our Smiles” fluoride mouthrinse program compliance visit.
My signature above indicates that I have received training in the administration of the FMR (Fluoride Mouthrinse) program and I am aware that I can contact the school nurse at the following number at any time with questions I may have regarding FMR administration.

<table>
<thead>
<tr>
<th>Name (please print)</th>
<th>Signature</th>
<th>Date</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STATEMENT BY THE U.S. 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 mouth rinses 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."
Fluoride Mouthrinse Flavors and Dyes

**Flavors**
The fluoride mouthrinse comes in a variety of flavors. These flavors are subject to change.

<table>
<thead>
<tr>
<th>Flavor</th>
<th>Dyes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUBBLEGUM</td>
<td>RED DYE #33</td>
</tr>
<tr>
<td>GRAPE</td>
<td>RED DYE #33, BLUE DYE #1</td>
</tr>
<tr>
<td>MINT</td>
<td>BLUE DYE #1, YELLOW DYE #5</td>
</tr>
<tr>
<td>VERY BERRY</td>
<td>RED DYE #33</td>
</tr>
</tbody>
</table>

**Allergies/Sensitivities**
If there is a known allergy to berries, do not use the berry flavored fluoride.

**Students with Diabetes**
For students with diabetes, there is a trace amount of carbohydrate found in all flavors of fluoride mouthrinse.
Oral Health Tip of the Week

直辖市: Healthy teeth and gums are important to help us eat, bite, and chew food. To keep your teeth healthy, brush them for two minutes twice each day with a soft bristled toothbrush. Be sure to use a fluoride toothpaste.

直辖市: Healthy teeth and gums help you speak clearly. It’s important to see your dentist twice a year to keep your teeth healthy and strong.

直辖市: Fluoride is a special mineral that makes our teeth strong. When our teeth are strong, it’s hard for plaque to make cavities. Be sure to use a fluoride toothpaste when brushing your teeth for two minutes twice each day.

直辖市: Clean, healthy teeth help keep our body healthy, too. When you brush your teeth, make sure to spend a full two minutes each time you brush so you clean all surfaces of your teeth. Make sure you brush the teeth in the back of your mouth.

直辖市: Some food and drink can be unhealthy for your teeth. In between meals, limit foods with sugar (such as candy) and other foods that can stick to your teeth (such as potato chips or pretzels). Try to eat fruits or vegetables and drink water or milk instead of soda.

直辖市: A cavity is a hole in the tooth. Cavities are caused by germs in your mouth called plaque. Brushing your teeth in the morning and before you go to sleep at night removes plaque and protects your teeth from cavities.

直辖市: Clean, healthy teeth help you look good and are important for your total health. To keep your teeth healthy, floss one time each day. Flossing removes the germs called plaque from in between your teeth. If you don’t know how to floss, ask your dentist to show you.

直辖市: Keep your teeth strong by choosing healthy snacks. Eat fewer snack foods that are sugary or sticky. When you eat something sugary or sticky, have it as part of lunch or dinner instead of as a snack.

直辖市: Drink water or milk and limit sugary drinks such as soda or fruit punch.

直辖市: Toothbrushing is important. When you brush your teeth, make sure you don’t push down too hard with the toothbrush because it can hurt your teeth and gums. Spend at least two full minutes brushing so you can make sure to reach all of your teeth.

直辖市: Plaque is a bacteria that causes cavities. To keep your teeth healthy, don’t forget to brush your tongue to remove plaque germs and freshen your breath.

直辖市: The hard outside layer of your teeth is called the enamel. Fluoride toothpaste, mouthrinse and regular brushing and flossing keeps your enamel strong so it can protect your teeth.

直辖市: Wear a mouthguard when playing sports to help protect your teeth and jaw from injury.

直辖市: Replace your toothbrush every 3-4 months and when the bristles are worn and bent.