



GENERATIONS of Healthy SMILES

COHI Aide Training Manual

Children's Oral Health Initiative
(COHI)
First Nations and Inuit
Health Branch
Health Canada



Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

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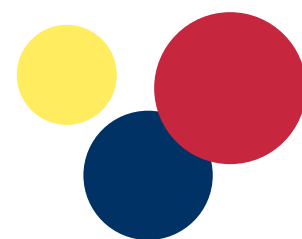
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COMPETENCY 1



KNOWLEDGE of

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Competency 1:
Knowledge of COHI

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Competency 1: Knowledge of COHI

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Competency 1: Knowledge of COHI

1.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- explain what COHI stands for
- explain why COHI was developed
- identify the groups of people COHI was created for
- recognize the goals of COHI
- name the six services provided by COHI
- identify the three services a COHI Aide is allowed to perform



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1.2 Background

a. What is the Children's Oral Health Initiative (COHI)?

COHI is a dental initiative designed to prevent and control tooth decay in young First Nations and Inuit (FN/I) children and to set the stage for a lifetime of healthy teeth.

b. Who is Eligible for COHI?

COHI is aimed at:

- children aged 0–4 years
- children aged 5–7 years*
- pregnant women, parents and caregivers of children aged 0 to 7 years

* Children who turn eight within the school year can continue to receive COHI services until the end of the year. The COHI year is September 1st to August 31st. Here are two examples:

- a child who is 7 in September and turns 8 in October of that COHI year is eligible for the whole year
- a child who has already reached his/her eighth birthday by the start of the COHI year is not eligible

c. Why Were These Groups Chosen?

The children were chosen because:

- FN/I children have high rates of early childhood tooth decay
- rotten teeth are painful for children
- too many children under the age of six need to have dental surgery in a hospital and have general anaesthetic (be put to sleep) to have their teeth fixed
- having general anaesthesia can be dangerous and may increase overall medical risks
- by the age of three, some children have been hospitalized many times to have their teeth fixed



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Pregnant women, parents and caregivers were chosen because:

- when adults don't take care of their own mouths, they can transmit bacteria which causes tooth decay to children
- when adults take good care of their teeth, they set a good example and have a positive impact on their children's health and life

Key Message

**TOOTH DECAY IS PREVENTABLE AND
YOU CAN DO SOMETHING ABOUT IT!**

d. Goals of COHI

- improve oral health for children and, in doing so, improve their overall general health
- teach parents and caregivers how to prevent dental diseases for themselves and their children
- prevent tooth decay in babies and young children and to avoid the need for unpleasant dental treatment
- introduce babies and young children to dentistry that is successful, painless and fun

Key Message

**HEALTHY TEETH AS A CHILD LEADS
TO HEALTHY TEETH AS AN ADULT!**



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1.3 COHI Services

Note: COHI services are only provided to eligible children when a signed permission form is received. (see Competency 4)

a. What are COHI Services?

- i COHI Screening
- ii Fluoride Varnish Application*
- iii Sealants
- iv Alternative Restorative Treatment (ART)
- v Xylitol Chewing Gum for Parent/Caregiver*
- vi One-on-One Oral Health Information Sessions*

*Can be provided by a COHI Aide (as well as Dental Professionals)



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i. COHI Screening (for all eligible children aged 0–7 years)

During a COHI screening, a Dental Professional checks a child's teeth for signs of tooth decay and decides which COHI services the child needs.

A COHI screening can be done by the:

- Dental Therapist
- Dental Hygienist
- Dentist

The Dental Professional follows the COHI Screening Protocol, Infection Control Protocol and fills out the required COHI documents.



Photo courtesy of Winnipeg Regional Health Authority



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ii. Fluoride Varnish Applications (for children aged 0–7 years)

Fluoride varnish is a safe substance that is painted on all the visible surfaces of the teeth. Fluoride varnish applications protect and strengthen the teeth, making it more difficult for tooth decay to begin.

Fluoride varnish applications can be applied by the:

- Trained COHI Aide
- Dental Therapist
- Dental Hygienist
- Dentist
- Trained Community Professional, such as a community health representative (CHR) or a nurse

The COHI Aide, Dental Professional or Community Professional follows the COHI Fluoride Varnish Application Protocol, Infection Control Protocol and fills out the required COHI documents.



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iii. Sealants (for children aged 5–7 years)

Sealants are thin, clear or white, plastic coatings placed on the surfaces of teeth to help prevent tooth decay. A tooth surface has many grooves and pits that are very susceptible to tooth decay. Sealants prevent the acids which cause tooth decay from getting into the grooves and pits. Sealants are usually placed on the first permanent molars.

Note: Sealants can be placed on children younger than five years if they have permanent molars.

Sealants can be applied by the:

- Dental Therapist
- Dental Hygienist
- Dentist

The Dental Professional follows the COHI Sealant Protocol, Infection Control Protocol and fills out the required COHI documents.

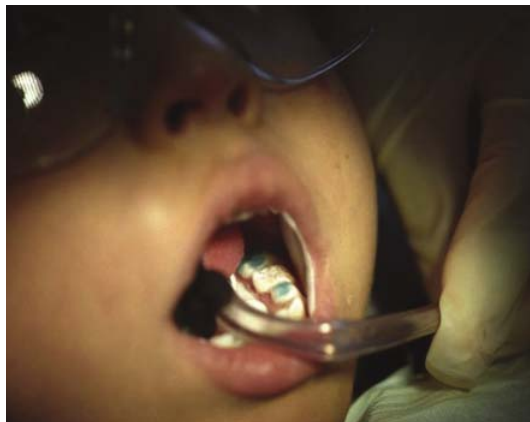


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iv. Alternative Restorative Treatment (ART) (for children aged 0–7 years)

ART is a simple and painless procedure during which decay is scooped out of the tooth. A special filling material, which contains fluoride to strengthen the tooth, is then used to fill the tooth. ART offers control of the tooth decay and keeps the child's teeth pain-free. The Dental Professional will recommend this treatment when they feel it is the best procedure, based on the child's needs.

ART can be performed by the:

- Dental Therapist
- Dentist

The Dental Professional follows the COHI ART Protocol, Infection Control Protocol and fills out the required COHI documents.



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v. Xylitol Chewing Gum for Parent/Caregiver (for parent/caregiver of children beginning when the child is 2 months and continuing until 23 months)
Xylitol chewing gum is a special gum with a high concentration of a natural sweetener called xylitol. Xylitol cannot be used by bacteria (unlike sweeteners such as sugar) to cause tooth decay.

Xylitol chewing gum is offered to parent/caregiver of babies who are two months old and until they are 23 months old.

Xylitol can be given out by the:

- Trained COHI Aide
- Dental Therapist
- Dental Hygienist
- Dentist
- Any Trained Community Professional, such as a Nurse

The COHI Aide, Dental Professional or Community Professional follows the COHI Xylitol Protocol, Infection Control Protocol and fills out the required COHI documents.



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How COHI Proposes to Use Xylitol Chewing Gum in 2005/2006

- xylitol chewing gum will be introduced in a limited number of communities within each Region, as determined by the Regional Dental Officer
- the objective is to find the best ways to achieve compliance from participants to assess the applicability of future use within COHI

In Your Region:

- where xylitol chewing gum is not being introduced in 2005/2006, children and parent/caregiver should be encouraged, when they are purchasing chewing gum, to choose brands that contain xylitol as a sweetener
- commercially available chewing gums may contain varying amount of xylitol (check the package)

Xylitol dispensing to parent/caregiver needs to be recorded on the child's record as no record is available for the parent.



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vi. Oral Health Information Sessions

(for parents and caregivers of children aged 0–7 years)

An oral health information session is provided to parents, caregivers and expectant parents. In the session, the parents, caregivers and expectant parents learn how to care for their own teeth as well as their children's teeth.

Oral health information sessions can be given by the:

- Trained COHI Aide (One on One)
- Dental Therapist
- Dental Hygienist
- Dentist

The COHI Aide, Dental Professional or Community Professional follows the Infection Control Protocol and fills out the required COHI documents.



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b. Who Can Provide COHI Services?

- Trained COHI Aide
- Dental Therapist
- Dental Hygienist
- Dentist
- Trained Community Professionals, such as a community health representative (CHR), dental assistant or a nurse

Note: There may be other licensed dental providers who can provide some of COHI services, depending on where you live.

c. Where Can COHI Services Be Available In the Community?

- nursing stations
- health stations
- HEADSTART
- schools
- daycare centres
- community centres
- health clinics/facilities
- immunization clinics
- clients' homes
- health fairs
- dental clinics



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1.4 Overview of COHI Protocols

a. What are the COHI Protocols?

1. Role of COHI Aide in the Delivery of Oral Health Prevention and Promotion Activities Protocol
2. COHI Screening Protocol
3. Infection Control Protocol
4. Fluoride Varnish Application Protocol
5. Sealant Protocol
6. Alternative Restorative Treatment (ART) Protocol
7. Parent/Caregiver Xylitol Chewing Gum Protocol

Note: See Protocol Section (Tab 7) for COHI Protocols

b. Why Do We Need Protocols?

- to ensure the safety of our clients
- to provide guidance to the COHI Aide and other dental professionals
- to provide standardization and effectiveness throughout the regions
- for liability purposes



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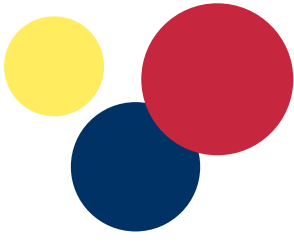
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COMPETENCY 2



BASIC

ORAL HEALTH
CARE AND
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KNOWLEDGE



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Competency 2: Basic Oral Health Care and Dental Knowledge

2.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- explain why healthy teeth are important
- explain what a healthy mouth looks like
- identify when baby teeth appear
- identify some signs of tooth decay
- identify mouth sores and where they can be found
- identify some differences between baby teeth and adult teeth
- understand how bacteria is transmitted from a parent/caregiver to an infant/child
- identify ways parents and caregivers can take care of their own mouths to avoid passing bacteria, that causes tooth decay, to their infant/child
- recognize some signs of Early Childhood Caries (ECC)
- explain to parents/caregivers how they can prevent tooth decay on their own
- explain to parents/caregivers how they can prevent tooth decay by receiving COHI services
- explain to parent/caregiver the importance of early dental visits
- identify some healthy foods for infants, toddlers and children
- explain when and how to quit the baby bottle habit



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- explain how to choose a proper drinking cup for a toddler
- identify differences between good and bad soothers
- recognize signs of teething and how to treat the infant



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2.2 Healthy Teeth and Gums

a. Why Are Healthy Teeth Important in Babies and Young Children?

- the baby (primary) teeth hold the space in the mouth until the adult (permanent) teeth are ready to come in
- the baby (primary) teeth help develop normal facial structure
- to help make it easier to chew food properly
- to help when the child is learning to speak
- to help build self esteem
- to improve overall health

Note: When children are in school they concentrate and learn better when they don't have the pain caused by tooth decay.

b. Why Are Healthy Teeth and Gums Important In Adults (especially Pregnant Women)?

- make it easier to chew food properly
- make it easier to speak
- help build self esteem
- improve overall health
- help decrease the risk of heart disease and diabetes
- decrease a pregnant woman's risk of delivering low-weight premature babies

Key Message

IT IS IMPORTANT TO KEEP YOUR TEETH HEALTHY TO AVOID THE PAIN AND SUFFERING CAUSED BY TOOTH DECAY.



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2.3 Normal Structures

a. The Mouth

Structure of the Mouth

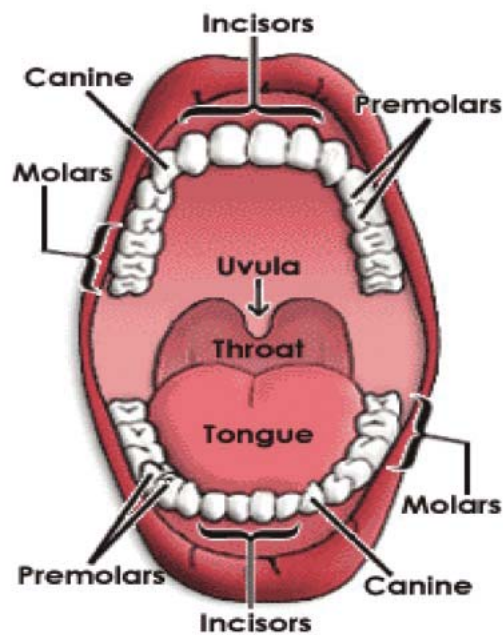


Diagram courtesy of State of Georgia Human Resources

What does a healthy mouth look like?

i. Gums Should Be Pink



Photo courtesy of Robyn Keller, California DHS



Photo courtesy of Robyn Keller, California DHS



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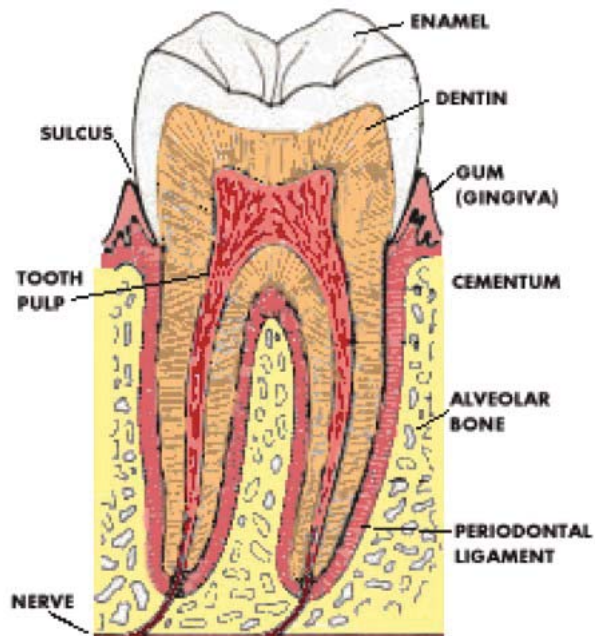
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b. The Teeth

Structure of A Tooth



i. What Are The Different Kinds Of Teeth?

- Primary (baby) teeth
- Permanent (adult) teeth



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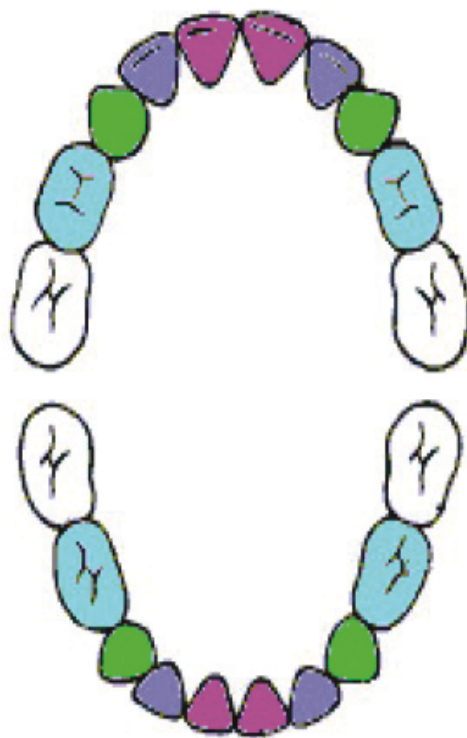
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(1) Primary (Baby) Teeth

- start to form during the sixth week of pregnancy
- are the first set of teeth to appear in the mouth
- the first tooth usually comes in between six and nine months of age
- a full set of 20 primary teeth should be present in the mouth by the time the child is three years old
- some baby teeth stay in the mouth until the child is an adult

Note: Baby teeth come in at different times.

Eruption of Primary Teeth



UPPER TEETH	<u>Erupt</u>	<u>Shed</u>
Central Incisor	8-12 mo	6-7 yr
Lateral Incisor	9-13 mo	7-8 yr
Canine (Cuspid)	16-22 mo	10-12 yr
First Molar	13-19 mo	9-11 yr
Second Molar	25-33 mo	10-12 yr
LOWER TEETH	<u>Erupt</u>	<u>Shed</u>
Second Molar	23-31 mo	10-12 yr
First Molar	14-18 mo	9-11 yr
Canine (Cuspid)	17-23 mo	9-12 yr
Lateral Incisor	10-16 mo	7-8 yr
Central Incisor	6-10 mo	6-7 yr

Diagram courtesy of Robyn Keller, California DHS



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(2) Permanent (Adult) Teeth

- permanent teeth start to form during the sixteenth week of pregnancy
- a child's permanent teeth begin to come into the mouth at about age six, loosening the primary teeth and forcing them to fall out
- the first permanent molar, which appears at the back of the mouth, comes in at about age six (it is not a primary tooth)
- an adult's mouth has up to 32 permanent teeth
- permanent teeth are created to last a lifetime

Eruption of Permanent Teeth

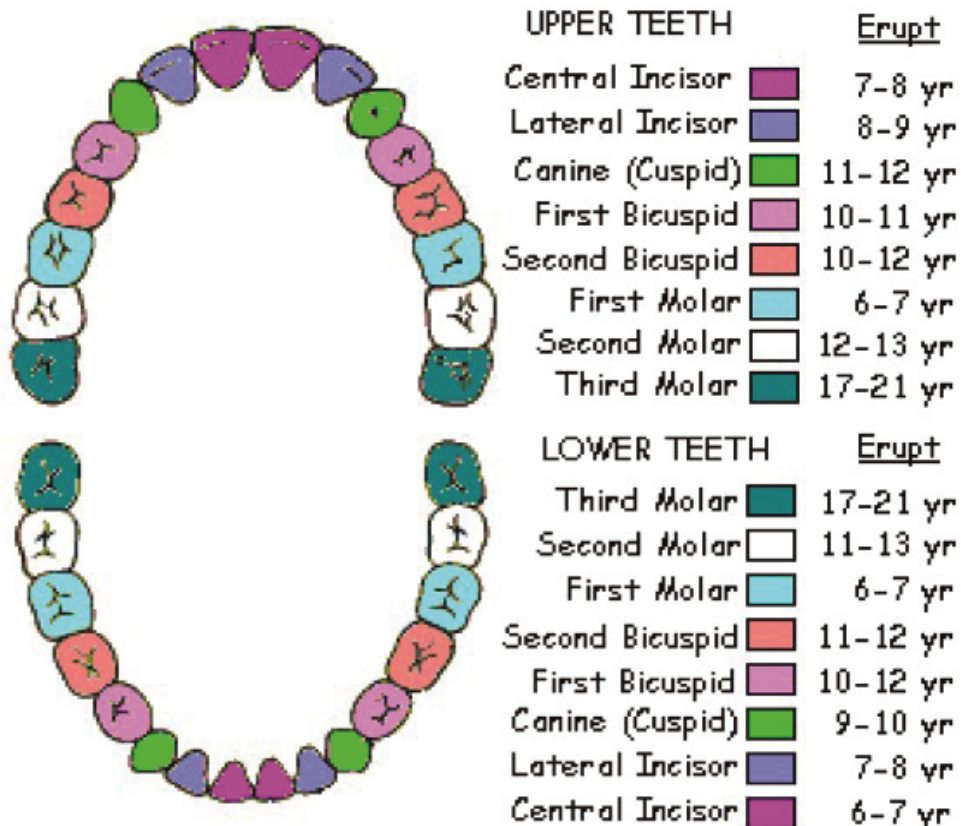


Diagram courtesy of Robyn Keller, California DHS



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ii. What Do The Teeth Do?

Incisors

- cutting teeth that work like scissors to bite off pieces of food

Cuspids (Canines)

- pointed teeth that work like a fork to tear food into small pieces

Bicuspids (premolars)

- pointed surfaces that work like a nutcracker to crush food

Molars

- strong, broad surfaces that work like a mortar and pestle to grind food



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2.4 Recognizing Abnormalities

a. What Does An Unhealthy Mouth Look Like?

i. Mouth Sores

What do mouth sores look like?

- white spots
- red spots
- bleeding areas
- elevated or caved-in shapes



Photo courtesy of Robyn Keller, California DHS

ii. Where In the Mouth Can be Sores Found?

- gums
- inside of the cheeks
- tongue
- lips
- roof of the mouth
- floor of the mouth



Note: See Competency 3, Section 3 to learn how to check for mouth sores.



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b. What Does An Unhealthy Tooth Look Like?

Some signs of tooth decay that can be found on teeth and do not wipe or brush off are:

- white spots
- white lines
- brown spots
- brown holes
- black spots

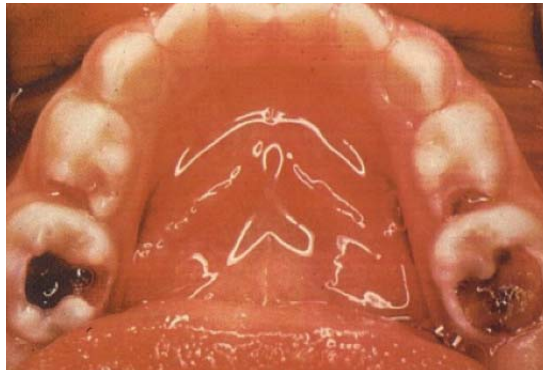


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2.5 Tooth Decay

Tooth decay is an infectious disease that can be easily passed from one person to another. For tooth decay to develop, the following must be present:

- teeth
- sugar: a sweet substance found in foods
- bacteria: *Streptococcus Mutans*, the bacteria responsible for tooth decay, is found mainly in dental plaque*
- time: the longer you wait to brush your teeth after eating sugary foods, the higher the risk of developing tooth decay
- frequency: the more often you have sugary foods in your mouth, the higher the risk of developing tooth decay**

* Plaque is a sticky coating that forms on teeth. It is made up of bacteria, including *Streptococcus Mutans*. When bacteria mix with sugar from foods we eat or drink, the bacteria produce an acid which attacks the surface of the tooth.

** If you have 3 chocolate bars, it is best FOR YOUR TEETH if you eat them all at once rather than eating them at different times. If you eat them all at once, your risk of developing tooth decay will decrease because you will only experience one acid attack rather than three. (We all know that chocolate bars are not the healthiest snacks.)



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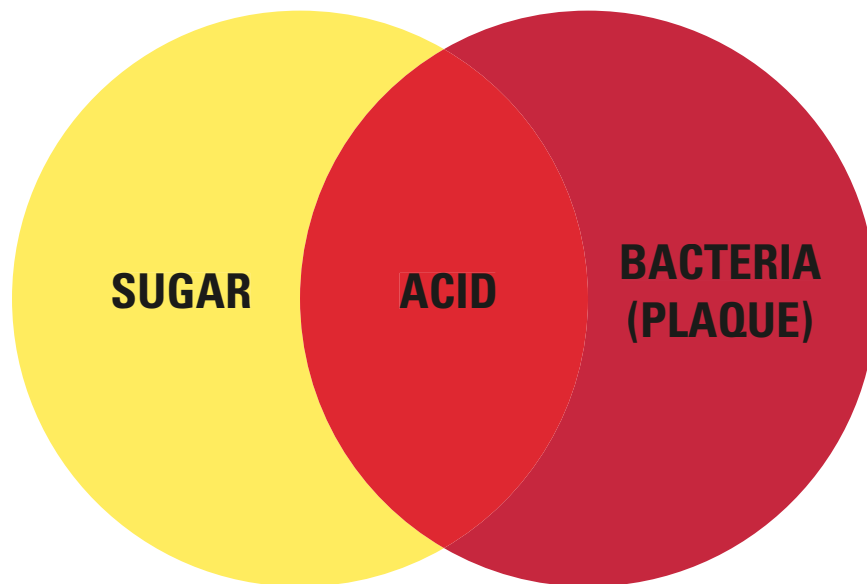
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White sugar is not the only sweetener that causes tooth decay. Other forms of sugar are:

- lactose
- glucose
- fructose
- corn syrup
- honey



SUGAR + BACTERIA = ACID



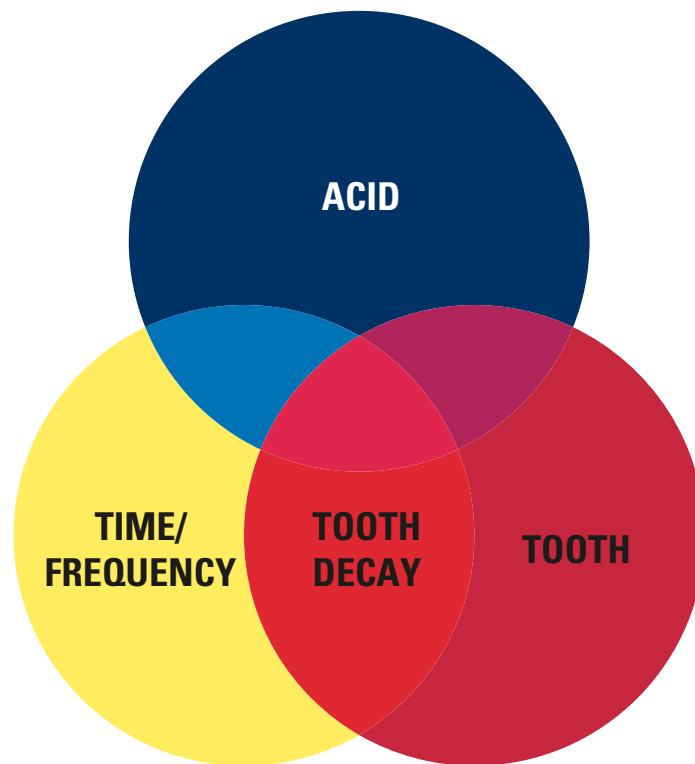
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ACID + TIME/FREQUENCY + TOOTH = TOOTH DECAY

Key Message

TOOTH DECAY CAN BE EXTREMELY PAINFUL!



Photo courtesy of Robyn Keller, California DHS



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2.6 Transmission of Tooth Decay

a. How Is Bacteria Transmitted To the Baby or Child?*

Parents and caregivers can unknowingly transmit bacteria which causes tooth decay to babies and children when they:

- test the temperature of the liquid in the baby bottle by tasting it
- share forks and spoons with their children
- clean a pacifier or a bottle nipple with their mouths and give it back to the baby or child
- blow on the baby's food to cool it down
- chew the food before giving it to the baby



Photos courtesy of Sioux Valley Dakota Nation

* All of these behaviours are fine, as long as the parent/caregiver's mouth is clean and healthy.



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Babies and children can unknowingly transmit bacteria which causes tooth decay when they:

- put their fingers in their parent/caregiver's mouth and then back into their own mouth
- share forks and spoons
- drink from someone else's cup or bottle
- share toothbrushes
- store their toothbrush in an area where it may touch other toothbrushes



Photo courtesy of Eel Ground First Nation

Key Message

AS A PARENT/CAREGIVER, YOU NEED TO MAKE SURE YOUR MOUTH IS CLEAN AND HEALTHY SO YOU DON'T PASS ON BACTERIA THAT MAY CAUSE TOOTH DECAY TO YOUR CHILD.



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2.7 Early Childhood Caries

a. What Is Early Childhood Caries (ECC)?

ECC describes a very common infectious dental disease that affects baby teeth of very young children. ECC is a serious health concern within many First Nation and Inuit communities in Canada.

ECC can cause:

- pain
- infection
- eating difficulties
- speech problems
- poor self esteem as a result of teasing

ECC starts with the early transmission of bacteria to the baby or infant.

b. Stages of ECC



Photo Courtesy of Janet Gray



Photo Courtesy of Janet Gray



Photo Courtesy of Janet Gray

c. What Puts the Baby or Toddler at Risk for ECC?

- not cleaning their teeth regularly
- putting the baby to bed with a baby bottle or sippy cup with anything other than water
- dipping pacifiers in sweeteners such as sugar, corn syrup or honey
- eating a lot of foods that are high in sugar (candy, cookies, cake)
- drinking pop or juice



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d. Parents and Caregivers Must Keep Their Own Mouth Healthy

Because:

- adults may have a high concentration of bacteria that causes tooth decay in their mouths
- bacteria can be transferred from parents/caregivers to babies/children through saliva (spit)
- parents, caregivers or siblings who have had tooth decay in the past 12 months have a greater chance of spreading the bacteria

e. Suggestions for Parent/Caregiver to Reduce the Amount of Bacteria In Their Mouth

- encourage parents/caregivers, especially pregnant women, to regularly visit the dental professional
- emphasize the importance of keeping their mouth free from tooth decay and the need for existing cavities to be fixed
- encourage the whole family to brush, floss and clean their mouths regularly



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2.8 A Story About Tooth Decay and Transmission

Shawlee and her Mom Visit the Dental Professional

Shawlee, a one-year-old toddler, and her mother visit the dental professional. The dental professional tells her mother that Shawlee has four cavities.

Dental Professional: “Once we fix Shawlee’s teeth, it will be very important to clean her teeth properly. You need to clean your teeth too because the bacteria that causes tooth decay goes from your mouth to hers and we want to stop bad bacteria from getting into her mouth. This could lead to more cavities and pain.”

Mom: “Why do you need to fix her teeth? They’re going to fall out anyway!”

Dental Professional: “Baby teeth are important because they help the adult teeth to come in properly. Also, Shawlee needs her baby teeth so she can chew food properly and not get tummy aches. Besides, tooth decay hurts!”

Mom: “So, how can I help keep Shawlee’s mouth clean?”

Dental Professional: “Remember, if there’s less bacteria in your mouth, it won’t be transferred into Shawlee’s mouth when you:

- kiss her,
- chew or blow on her food,
- clean her soother with your mouth, or
- share a spoon.”

Mom: “How can I reduce the amount of bacteria in my mouth?”

Dental Professional: “All you have to do is keep your mouth healthy by brushing, flossing, and taking care of any cavities that you may have.”

Mom: “Are you saying that if I don’t have cavities in my mouth, Shawlee might not have any?”

Dental Professional: “Yes. But, you will also have to clean Shawlee’s teeth properly. Then, everyone at home needs to brush and floss their teeth and visit the dental professional regularly. Shawlee shouldn’t have any more cavities after we fix the ones we found today.”

Mom: “I never knew this. Thanks for your advice. No one ever told me that it is important for me to look after my own teeth and mouth so that Shawlee doesn’t get cavities.”



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2.9 Prevention of Tooth Decay

a. Personal Oral Care

Appropriate oral hygiene practices for parents, caregivers, babies and children

i. Brushing:

Guidelines on Preventive Dental Care/Fluorides
(Recommended by Medical Service Branch, Health Canada October 25th, 1996)

Note: A child must know how to spit before using toothpaste, which is usually between the age of three to six.

Age of Child	Regimen	Means of Delivery
0–3 years	Brush without toothpaste or clean with a cloth twice a day.	Parent/caregiver at home
3–6 years	Brush with a pea-sized amount of fluoridated toothpaste twice a day.	Parent/caregiver at home or school brush-ins
6 +	Brush with a pea-sized amount of fluoridated toothpaste twice a day. Weekly fluoride rinse.	At home or school brush-ins. School Program



Photo courtesy of Eel Ground First Nation



Photo courtesy of Eel Ground First Nation



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How To Brush Teeth Properly

- using a soft toothbrush, place bristles at an angle where the gums and teeth meet
- gently wiggle the toothbrush back and forth on each tooth
- brush all surfaces of the teeth:
 - inside
 - outside
 - chewing surfaces
- brush the tongue (the top of the tongue is rough and may hold food particles.)



Note: An easy way to check if teeth are clean is to run the tongue over each tooth from the chewing surface to the gum line. Clean teeth should feel very smooth; any rough or fuzzy areas means plaque is present.

Key Message

**BRUSH IN THE MORNING AND NIGHT TO
PREVENT TOOTH DECAY AND GUM DISEASE.
ALWAYS BRUSH BEFORE GOING TO BED.**



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Brushing A Child/Toddler/Infant's Teeth

- lay the child down on the floor or couch, with his/her head on your lap
- as you brush their teeth, ask the child to move their head as you brush different sections of their mouth
- as the child gets older, allow him/her to practice and check for spots they may have missed afterwards

What Makes A Good Toothbrush?

- soft bristles
- lots of bristles
- size of the head of the toothbrush should be appropriate to the individual's mouth
- a handle that is easy to hold

How To Look After Toothbrushes:

- rinse toothbrush with hot water, if possible, after each use to remove leftover toothpaste
- store toothbrush standing up
- when the bristles become frayed or worn, replace with a new toothbrush (about every three months)
- replace toothbrushes following an illness (such as a cold or flu)
- do not store toothbrushes where they touch other toothbrushes
- never store toothbrushes in a cup filled with water
- store toothbrushes where they can air-dry

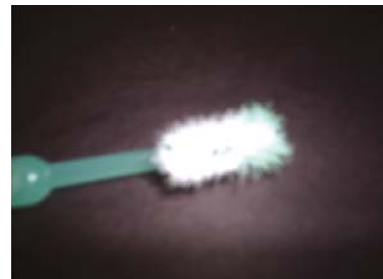
Note: Parents or caregivers of young children should brush their children's teeth until they are able to do it properly (usually by age eight or nine).

Note: Toothbrush covers do not allow the bristles to dry between uses. Bacteria will grow on the toothbrush.

Good



Bad



Photos courtesy of Health Canada



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ii. Flossing:

What Is Dental Floss?

- a strong, thread-like string, usually made of nylon fibres, that can be:
 - waxed or unwaxed
 - flavoured or unflavoured

Why Do We Need Dental Floss?

- to remove plaque and food stuck between our teeth where the toothbrush can't reach

When Should We Use Dental Floss?

- at least once a day
- before or after brushing
- after eating
- when food is caught between our teeth

Who Needs To Floss?

- everybody with teeth!

Note: Parents and caregivers of young children should floss their child's teeth until they are able to do it properly (usually by age eight or nine).



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How Do We Floss?

- Cut a piece of dental floss from fingertip to elbow.
- Wind most of the floss around one middle finger and the rest around the other middle finger. (This way, dirty floss can be replaced with clean floss by winding and unwinding floss from one middle finger to the other.)
- Tightly hold 2–3 cm (1 inch) of floss between the thumb and index finger.
- Using the thumb and index finger, gently ease the floss between two teeth.
- Once through, wrap the floss around the tooth, forming a 'C' shape.
- Carefully ease the floss between the gum and tooth until you feel resistance.
- Move the floss up and down on the side of one tooth, and then move the floss to the side of the tooth beside it and repeat.
- Move from one tooth to the next using a clean section of floss each time.
- Gently clean between each tooth – don't forget to floss behind each back tooth.
- Always floss in one direction, cleaning each tooth in every space. Start at the back tooth on one side of the mouth and work around to the last tooth on the opposite side (bottom and top).

Note: Flossing takes practice!

Note: Once you are good at it, flossing will take only a few minutes a day.





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iii. Use of A Cloth for Babies and Toddlers

A soft clean cloth can be used to wipe a baby's gums and front teeth after feedings. It can be used until the baby's back teeth (molars) come in. You can then use a baby's toothbrush to clean their teeth.



Photo courtesy of Sioux Valley Dakota Nation



Photo courtesy of Eel Ground First Nation



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iv. Use of Xylitol Chewing Gum

What Is Xylitol?

Xylitol is a natural sweetener. It is similar to honey, maple or corn syrup, molasses, brown sugar or white sugar.

Where Can We Find Xylitol?

- wild berries (blueberries, strawberries, blackberries)
- prunes
- in the bark of some trees, such as birch

How Is Xylitol Produced?

It is produced in large quantities from:

- the bark of trees
- corn
- sugar cane

Why Is It Important To Chew Gum Containing Xylitol?

- it prevents tooth decay by making it harder for bacteria to stick to teeth
- bacteria can't use xylitol to produce decay-causing acid, like it can with other sweeteners

Key Message

**WHEN THERE IS NO DECAY-CAUSING ACID
IN THE MOUTH, THERE IS NO TOOTH DECAY!**



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Who Can Chew Xylitol Gum?

- adults
- children who know they are not supposed to swallow gum

How Do Babies And Young Children Get The Benefits Of Xylitol?

If your mouth is clean you do not pass on bacteria that may cause tooth decay to your infant/child. By chewing xylitol gum, the parent/caregiver is reducing the amount of bacteria in their own mouth.

How Much Does A Parent/Caregiver Need To Chew?

If the xylitol chewing gum (Xylimax) offered by COHI is used:

- two pieces of gum four times a day for at least five minutes each time is what a parent/caregiver requires (see label for directions)

If a commercial brand of chewing gum containing xylitol is used:

- check the package

Note: See the Xylitol Protocol in Competency 3



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v. Basic Healthy Eating Habits

Why Is It Important To Eat Well?

- prevent tooth decay
- live longer
- control weight
- prevent illness



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Good Food Choices

Refer to the Northwest Territories (NWT) and Canada Food Guides for healthy food groups. (see Appendix)

Healthy Eating Tips

- choose healthy snacks such as fruits and vegetables
- have regular eating times
- eat healthy meals made up of foods from the NWT or Canada food guides (see Appendix)
- reduce sugar and foods that contain added sugar
- avoid snacks and foods that are sticky

Why Is It Important To Eat Healthy Food While Pregnant?

- during pregnancy the baby gets his or her vitamins from the mother; so it is important that the mother chooses healthy foods
- during the fifth or sixth week of pregnancy, the baby teeth are starting to form, while the adult teeth start to form in the 16th or 20th week

Poor Food Choices

- chocolate bars
- cakes, pies, cookies
- doughnuts
- candy
- ketchup, mustard, relish (full of sugar)
- sticky snacks, such as fruit roll-ups, licorice, gummy worms
- sugary snacks, such as sugar-coated candy, suckers, chewing gum with sugar
- pop, sugary juices, Kool Aid, Tang, popsicles
- chips



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b. Professional Services

i. Fluoride Varnish Application

What is Fluoride Varnish?

Fluoride varnish is a safe substance that is painted on all the visible surfaces of the teeth to protect against tooth decay. Fluoride varnish strengthens the teeth, making it more difficult for tooth decay to begin.

Why Do We Need Fluoride Varnish Applications?

Fluoride varnish gets into the outer layer of the tooth to make it stronger. Because the tooth is stronger, it is harder for the decay-causing acid to attack the tooth and cause tooth decay.

Fluoride varnish applications have been proven to prevent tooth decay.

Fluoride varnish can be applied by the:

- Trained COHI Aide
- Dental Hygienist
- Dental Therapist
- Dentist
- Trained Community Professional, such as a CHR

The Dental Professional, COHI Aide or Trained Community Professional follows the COHI Fluoride Varnish Protocol and fills out the required COHI documents.

Note: Please refer to the protocol section (Tab 7) the Fluoride Varnish Application Protocol.



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How Often Is Fluoride Varnish Applied?

The dental professional who performs the COHI screening will decide how many fluoride varnish applications are needed based on the child's needs.

(1) If A Child Does Not Have Tooth Decay:

- one fluoride varnish application every four months will be needed as a preventive measure (total of 3 each year)

(2) If A Child Has Tooth Decay:

- three fluoride varnish applications within 14 days will be needed to help slow down the tooth decay process, followed by one fluoride varnish application every four months as a preventive measure (total of 5 each year)

(3) Maintenance

- child will be screened every year to assess the need for fluoride varnish applications

Note: People can receive fluoride in different ways:

- through fluoride treatments from a dental professional
- in drinking water
- in toothpaste
- through fluoride varnish applications (this method is used in COHI)



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ii. Sealants

What Are Sealants?

- thin plastic coatings placed on the chewing surfaces of the back adult (permanent) teeth and on the back side of some of the front teeth (may be placed on baby (primary) teeth)

Why Do We Need Sealants?

- to help prevent tooth decay in the grooves and pits, where toothbrush bristles can't reach

How Do Sealants Work?

- by sealing the grooves and pits of teeth with a plastic coating, sealants block the decay-causing acid and bacteria and help prevent tooth decay

Who Can Apply Sealants?

- Dental Hygienist
- Dental Therapist
- Dentist

Note: See the Sealant Protocol in the Protocol section (Tab 7).



Photo courtesy of Sioux Valley Dakota Nation



Photo courtesy of Sioux Valley Dakota Nation



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2.10 Taking Care of Your Infant/Toddler's Teeth

a. Important Feeding Tips

i. Infants:

- BREASTFEED WHEN POSSIBLE
- breast milk, water and formula are the only liquids that should be in a baby bottle
- remove the nipple from the baby's mouth after he or she has finished feeding
- babies should never sleep with a baby bottle
- do not dip pacifiers in sweet foods like honey, corn syrup or sugar

Note: Children who are left alone with baby bottles could choke.

Note: Children who are left laying down with a baby bottle have a higher incidence of ear infections.



Photo courtesy of Sioux Valley Dakota Nation

ii. Toddlers:

- teach your child to use a cup by age one
- avoid sugary foods
- juice should not be used instead of milk at feeding times



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iii. When and How to Quit the Baby Bottle Habit

- begin using a cup at about six months of age
- gradually give the baby more milk from the cup
- once your baby starts using a cup it should be used at every meal

iv. When Should The Baby Bottle Be Given Up Completely?

When the baby is:

- drinking two to four cups of milk every day
- eating three meals of food

v. Tips For Choosing The Proper Cup

- use a two-handled plastic cup that is easy to hold
- choose a cup without a lid
- give only small amounts of liquid in a cup
- do not use cups with built-in straws that require the child to suck, as they are very difficult to clean and may cause damage to a child's teeth if used often



Photo courtesy of Burnt Church First Nation



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b. Pacifiers (Soothers)

A good pacifier:

- has an orthodontic seal of approval
- has a large hard shield with a flexible or hinged ring
- has a nipple that is soft enough to flatten out against the roof of the baby's mouth
- is the right size for the baby (pacifiers are sized by age)

Important Tips for Pacifier Use

Keep the pacifier CLEAN:

- for young babies, sterilize the pacifier as you would for baby bottles and nipples
- for older babies, wash with soap and warm water regularly and rinse thoroughly

CHECK and REPLACE the pacifier if the nipple has:

- changed in colour
- changed in texture (cracked, torn or feels sticky)
- has any cracks or tears (check by pulling on the nipple)

Note: Check the pacifier often if your baby is on medication. The baby's saliva may break down the rubber of the nipple faster than normal. Replace the pacifier once the baby has finished taking the medicine.

Good



Bad (broken)



Bad (dipping in sugar)



Photos courtesy of Health Canada



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c. Teething

What Is Teething?

Teething is the time when a baby's teeth start to come in. Teething is different for each child and can be very unpleasant.

Note: Teething is a natural process, and some babies may not have any symptoms.

When Does Teething Begin?

- it could begin as early as three to six months of age

Note: Each child is unique and will start teething before or after three to six months of age. Some babies can even be born with teeth!

Signs of Teething

The baby:

- drools a lot (the drool should be cleaned from the child's face or neck so that it does not cause a rash)
- chews on fingers, toys and other objects
- may have red, swollen, sore gums
- may have rosy cheeks
- seems to be in a bad mood and cries often
- seems nervous and gets upset easily
- does not want to eat
- seems to have a cold
- has an upset stomach (gastrointestinal problems and diarrhea)
- has swelling inside the mouth where the teeth are going to break through
- wakes up during the night

Note: Fever, coughing, runny nose or diarrhea can all be signs of a serious illness. If your child shows any of these signs, consult your local health care provider and/or take your baby to a doctor.



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Ways to Reduce Teething Discomfort

- let the child chew on a cold (not frozen) teething ring or a wet facecloth (the facecloth can be put in the fridge to cool it down before use)
- rub the gums with a facecloth, a clean finger or the back of a spoon

Note: There may be alternative methods of helping with teething pain in each community, such as chewing on a wooden ring (ring must be checked for splinters or breaks and can be difficult to clean).

What to Avoid:

- teething biscuits that may cause choking and tooth decay due to high sugar content
- gels that numb the throat, which may increase the risk of choking while feeding the baby
- teething rings tied around the baby's neck

Key Message

**THE BEST COMFORT FOR YOUR
TEETHING BABY IS TENDER LOVING CARE**



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2.11 A Story About Thumb and Finger Sucking

Cody's Story

Cody is a two-and-a-half year old toddler whose dad is concerned about her thumb sucking habit. He asks the dental professional if it is bad. Let's listen in on their conversation.

Dad: "Is it normal for my daughter to still suck her thumb at two-and-a-half, or should I be worried about it?"

Dental Professional: "No, she's still young and it's a natural sucking reflex that begins even before birth. It may be something that helps her calm herself down. I would just give her time and she'll grow out of it."

Dad: "When should I start to worry about her not growing out of this habit?"

Dental Professional: "Usually, you won't have to worry because most children stop the habit on their own. If, by the age of four, Cody is still sucking her thumb it may affect the way her top and bottom teeth meet. This may cause her to have a little trouble chewing her food properly and her teeth may also be crooked. If she is still sucking her thumb at that age, then we can have another look at her."

Dad: "Thank you so much for your help. Now I know I don't need to worry yet."



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COMPETENCY 3



DELIVERY

OF COHI ORAL
HEALTH CARE
SERVICES



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Competency 3: Delivery of COHI
Oral Health Care Services

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Competency 3: Delivery of COHI Oral Health Care Services

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Competency 3: Delivery of COHI Oral Health Care Services

3.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- identify locations where COHI services can be delivered
- recognize potential hazards in a workplace setting
- understand the differences between each positioning technique and feel comfortable delivering all of them
- explain the Infection Control Protocol and the importance of following it when delivering COHI services
- know when the use of a face mask may be necessary
- know how to “Lift the Lip”
- identify who can “Lift the Lip”
- assist the dental professional in performing a COHI Screening
- complete the appropriate steps in setting up for a Fluoride Varnish Application
- identify the necessary supplies to complete a Fluoride Varnish Application
- perform a Fluoride Varnish Application
- provide the parent/caregiver with proper follow-up instructions
- recognize your role in each of the COHI services
- recognize the appropriate COHI documentation



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3.2 Delivery of COHI Services

Note: Review the client's permission form for any concerns you may have regarding the child's medical history, such as a cleft palate.

a. Preparing the Room for COHI Services

Ensure that:

- the facility or room is easy to access
- the area is safe and clean and anything that could injure the child has been removed
- the person in charge has agreed to have the session or service
- there is an area or room where the parents or caregivers can wait with their child
- someone, such as a teacher's aide, will be available to help if needed
- the area is free from as much distraction as possible
- the Infection Control Protocol is followed

b. Delivering COHI Services:

- explain how you will be positioning the child
- encourage the parent or caregiver to be present, if possible, while you are with the child
- tell them what you are doing before and during the service and remind them it is not a painful procedure
- tell the parent/caregiver what they can do to help
- let the parent/caregiver know that it is normal if the child cries or fusses when something is put in their mouth
- make sure the Infection Control Protocol is followed

Note: See Competency 5 to learn how to handle challenging situations and client concerns.



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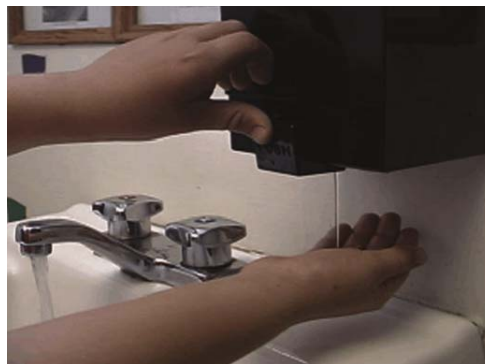
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c. Infection Control Protocol

- clean work area
- wash hands (refer to the Infection Control Protocol)
- use gloves when in contact with a child's mouth (during fluoride varnish applications and tooth brushing instruction)
- use a mask if:
 - the child or COHI Aide is sick
 - the child or COHI Aide has an open wound or cold sore on the mouth, face or lips
 - the COHI Aide feels that their own health could be compromised
- change dental supplies after each child
- dispose of contaminated materials

Note: It is important to follow the Infection Control Protocol so that the transmission of bacteria is not passed on from the COHI Aide to the child, or vice versa. By keeping the area clean, washing hands, wearing gloves and throwing away the used materials, you are minimizing the risk of transmission.





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3.3 Appropriate Methods of Providing COHI Services

a. Positioning Techniques

i. Knee-to-Knee

- position the child in the parent or caregiver's lap, facing the parent or caregiver
- sit with your knees touching the knees of the parent/caregiver
- lower the child's head onto your lap
- gently open the child's mouth



Photo courtesy of Sioux Valley Dakota Nation

ii. Use of Floor Mats

- lay the child on the mat and kneel beside the child to provide service



Photo courtesy of Eel Ground First Nation

iii. A Dental Chair

- sit the child in the dental chair to perform the service



Photo courtesy of Winnipeg Regional Health Authority



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b. 'Lift the Lip' Technique

'Lift the Lip' is an easy technique that can be used by the COHI Aide and parent/caregiver to check the child's teeth and mouth. Using 'Lift the Lip', the mouth can be checked for plaque and tooth decay. It can also be used to apply fluoride varnish and to brush teeth.

Parents and caregivers should be taught the 'Lift the Lip' technique so they can check the child's teeth and gums before or after brushing and flossing. When the parent or caregiver looks in the mouth, they get to know what their child's mouth looks like. They will notice changes earlier and the child will get used to having someone checking their mouth and teeth.

i. Who Can 'Lift the Lip'?

- parent
- caregiver
- COHI Aide
- all dental professionals
- community professional, such as a HeadStart nurse
- trained community person, such as a Community Health Representative (CHR)

ii. How to 'Lift the Lip'

- gently lift the baby or toddler's upper lip and check the top teeth
- check the teeth at the gum line for white lines or brown spots
- check the gums for redness or swelling
- gently pull the lower lip down and check the bottom teeth
- have clean gauze nearby to dry and clean the teeth when checking for tooth decay



Photo courtesy of Sioux Valley Dakota Nation



Photo courtesy of Sioux Valley Dakota Nation



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c. What Should I Do If Abnormalities Are Found?

Tell

- the parent/caregiver
- dental professional if mouth sores or signs of decay are found.

Show

- parent/caregiver
- dental professional (if present)

Record

- on the chart what you saw in the child's mouth
 - size
 - colour
 - location
- what you told the parent/caregiver
- whether the child was referred to the dental professional.

Three Possible Situations You May Find:

- a mouth sore...
 - book an appointment for the child one week later. By this time, the child should have seen the dental professional. If the child has not seen the dental professional, check to see if the sores are still present. If they are not there, follow the Fluoride Varnish Application Protocol and Infection Control Protocol. If they are still present, the child must see the dental professional.
- sign of tooth decay...
 - apply fluoride varnish by following the Fluoride Varnish Application Protocol, Infection Control Protocol and guidelines from your dental professional and refer the client to the dental professional for assessment.
- no sign of tooth decay...
 - apply fluoride varnish by following the Fluoride Varnish Application Protocol, Infection Control Protocol and guidelines from your dental professional.

Key Message

WHEN IN THE MOUTH AND IN DOUBT, GET OUT!



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What Do I Say To The Parent/Caregiver After Seeing The Child?

COHI Aide (to Parent/Caregiver): “Have you noticed this area? I would like the dental professional to have a look at this. They will be available on: (date/time). Would you be able to bring (child’s name) to this appointment?”



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3.4 Fluoride Varnish Application

a. What Must Be Done Before A Fluoride Varnish Is Applied?

- permission form and medical history are current and signed by the parent or caregiver
- parent/caregiver and child feel comfortable and relaxed
- supplies are laid out and ready for fluoride varnish application
- teeth are prepared to have fluoride varnish applied
- Infection Control Protocol is followed

Practice makes perfect. While you are learning how to perform a Fluoride Varnish Application, watch the dental professional to learn the proper technique. Review the fluoride varnish application steps, the materials used, the Fluoride Varnish Application Protocol and the Infection Control Protocol.

Caution:

- Make sure that every new fluoride varnish shipment is checked for changes in the manufacturer's product insert (directions) with regard to contraindications and dosages. These can change without notice and must be properly followed.
- Make sure the treatment is explained so the parent or caregiver understands what to do and leaves with written follow-up instructions.
- Make sure the Infection Control Protocol is followed.



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b. What Supplies Are Needed for Applying Fluoride Varnish?

- fluoride varnish (in a tube or single unit dosage)
- sticky note pad (or use the top portion of your glove)
- applicator brush
- 2" x 2" gauze
- cool drinking water in a drinking cup
- bib
- gloves
- mask (if needed)
- garbage bag used to dispose of materials

Possible Items to be Pre-Packaged for Fluoride Varnish Applications

- single unit dosage of fluoride varnish application, including applicator brush
- sticky note pad sheet
- 2" x 2" gauzes
- 1 pair of gloves
- 1 bib
- 1 mask, if needed
- small paper cup
- follow-up instruction sheet for parents

Note: You may choose to prepare individual packages of the materials needed for a single fluoride varnish application ahead of time so they are ready when needed.

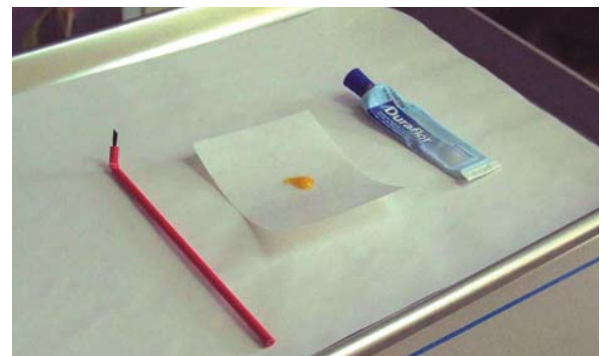


Photo courtesy of Bruce Hildebrand



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c. Steps That Must Be Followed for Each Child When Applying Fluoride Varnish:

1. Clear and clean your work area to make it safe for the child and treatment.
2. Wash your hands according to the Infection Control Protocol.
3. Set out the supplies you will be using. Pour some drinking water into a cup to give to the child after treatment.
4. Position the child using the appropriate technique. (i.e.: knee-to-knee technique)
5. Put gloves on your hands.
6. Squeeze 1 drop of varnish onto the sticky note pad or top portion of your glove. If you are using the single unit dosage, gently peel off the foil.
7. Use the 2" x 2" gauze to wipe any saliva (spit or drool) from the child's teeth, as well as you can.
8. Dip your brush into the drop of varnish or uncap the single dose applicator brush.
9. Paint a thin coating of varnish on the outside, inside and all surfaces of the teeth you can reach.
10. Help the child sit up. Let the parent or caregiver give the child a drink of water.
11. Make sure all waste is removed from the work area such as:
 - gloves
 - mask (if it was used)
 - application brush and packaging
 - napkin or bib
 - gauze
 - sticky note paper
 - drinking cup



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12. Dispose of waste properly.
13. Wash hands according to the Infection Control Protocol.
14. Fill out required COHI documents.
15. Provide parent/caregiver with proper follow-up instructions:
(please ensure the follow-up instructions match the manufacturer's directions)
 - child must not brush his or her teeth for at least four to six hours following the application
 - child can eat soft foods and drink immediately after the fluoride varnish application, but should avoid crunchy foods for the rest of the day
 - give a post-treatment instruction sheet to the parent or caregiver before they leave, with a contact name and phone number
 - discuss with the parent/caregiver when the child should have their next fluoride varnish application



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3.5 Appropriate Dispensing of Xylitol Chewing Gum to Parent/Caregiver

a. Xylitol Instructions

- talk with your dental professional about the appropriate use and storage of xylitol
- refer to the Xylitol Protocol for dispensing instructions
- check to see if the parent or caregiver is using the gum properly
- chart comments and concerns regarding xylitol

Go through the Xylitol Protocol and ensure that it is being followed. The COHI Aide follows the Xylitol Protocol and fills out the required COHI documents.



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3.6 Oral Health Information Sessions

An oral health information session is provided to parents, caregivers and expectant parents. In the session, the parents, caregivers and expectant parents learn how to care for their own teeth as well as their children's teeth. Observe your dental professional while he/she provides sessions. The more you watch, the more comfortable you will feel when presenting on your own. You may be asked to help the dental professional in group sessions.

Note: Oral health information sessions are provided each time a COHI service is delivered and is not recorded separately. Please refer to the protocols.



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3.7 COHI Services Provided by the Dental Professional

The dental professional may require your assistance when providing the following services:

- COHI Screening
- Sealants
- Alternative Restorative Treatment (ART)

You might be asked by the dental professional to assist while they perform these services. Therefore, it will be beneficial to learn how to fill out the required COHI documents for these services.

Note: See the Forms Section (Tab 8) for COHI screening forms.



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COMPETENCY 4



ORGANIZATIONAL

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4.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- identify appropriate vs. inappropriate language for you and the parent/caregiver/child
- identify appropriate vs. inappropriate behaviour for you and the parent/caregiver/child
- recognize what it means to “look professional”
- identify good interviewing skills and the importance of using them
- feel comfortable and confident when you meet the parent/caregiver for the first time
- establish good relationships with the parents and caregivers
- complete COHI forms properly
- understand the importance of maintaining the client’s confidentiality and security
- identify the different COHI forms and when each one should be completed
- book appointments for children to receive COHI services
- identify different ways to confirm the appointment with parents/caregivers
- identify different scheduling tips to make sure schedules do not overlap
- identify your role when it comes to ordering supplies
- identify when it may be appropriate to perform home visits



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4.2 Communicating Effectively with the Client

a. What is Appropriate Language?

- use language that is suitable to the age of the client and easy for them to understand
- when possible, speak in the language of the parent or caregiver's choice
- do not swear
- avoid offensive tones

Communication is not only what you say but how you say it. Other things that send messages are:

- how you look at the parents and caregivers, especially if they are an elder
- the language you use
- your tone
- how you dress
- how your clothes look
- body language
- facial expressions

Note: Another important aspect of communication is listening to the client. More on this topic will be discussed in Competency 5.

b. What is Appropriate Behaviour?

- being polite
- discussing any issues or concerns with the appropriate person – DO NOT GOSSIP
- accepting what the parents or caregivers decide (do not judge their decisions)
- offering encouragement
- being attentive and willing to listen to the parents or caregivers
- being welcoming and professional
- looking professional
- being friendly
- keeping interactions with client and families confined to COHI-related activities

c. What is Unacceptable Behaviour From the Parent or Caregiver?

- swearing
- using offensive tones

Note: Beware of aggressive behaviour and dominating physical presence. This is not acceptable behaviour from anyone. See Competency 5 to learn how to handle difficult situations.



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d. What Does It Mean to “Look Professional?”

- promote good oral health care within yourself
- have clean nails (no coloured nail polish)
- have clean hair
- have long hair pulled back so that it doesn't interfere with treatment
- wear clean and tidy clothes and shoes
- wear clothes suitable for providing service on mats or while leaning over a child (no clothes that dangle or wide sleeves)



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4.3 Demonstrating Effective Client/Family Interviewing Skills

a. What Are Good Interviewing Skills?

- using plain, simple language
- using the client's own language, if possible
- being a good listener
- asking open-ended questions such as:
 - When did you notice the brown spots on your child's teeth?
 - How important is it for you to care for your child's teeth?
- expressing empathy and letting the client know that you share their concerns
- avoiding judgement
- trying not to interrupt

b. Why Are Good Interviewing Skills Important?

- to let the family feel comfortable and ask questions so they can make the best choices for themselves and their children
- to let the client's family freely express themselves

c. What Do You Do When You Meet the Parents or Caregivers?

- introduce yourself to the client and family
- welcome the client and family to the setting
- be pleasant and professional
- ask questions regarding:
 - the parent/caregiver's teeth
 - what the parent/caregiver wants for their child's teeth in the future
- listen to the parent/caregiver
- respond to primary concerns of the parent/caregiver:
 - provide them with relevant information
 - explain the services that can be provided for the child's toothaches and oral health
 - explain the gentle nature of COHI services



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4.4 Establishing Ongoing Relationships with the Clients and Families

Why Is It Important to Maintain Good Relationships With the Clients and Their Families?

- the family will be more likely to show up for follow-up appointments if they have all the information they need and feel that the COHI Aide has a genuine interest in their participation
- the COHI Aide will be able to relay information to the parent or caregiver about oral health prevention
- to develop confidence and trust in the parent/caregiver/child-COHI Aide relationship
- to create a friendly, caring and trusting environment where the parent, caregiver and child feel valued and important



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4.5 Maintaining and Submitting CONFIDENTIAL, Comprehensive, Timely and Legible Oral Health Care Records

Note: Region-specific forms will be explained by the dental professional.

a. Why Do Forms Have To Be Completed?

- there is a legal requirement
- maintain a treatment record for safety reasons
- for program planning and management purposes

b. How Should COHI Forms Be Completed?

- print clearly using block capital letters or numbers
- use blue or black ink only
- ensure all mandatory fields are appropriately completed
- provide accurate information
- review any form the parent/caregiver may have filled by themselves (i.e.: Permission Form)
- if corrections are needed, draw a line through the incorrect information, replace with the correct information, and initial

Note: Do not use liquid paper or white out.

i. Confidentiality

All information gathered by the COHI Aide and dental professional concerning the client is strictly confidential and must not be shared with anyone.

ii. Security

All completed forms must be kept in a dry, safe and secure area.



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c. When Do the Forms Need To Be Submitted?

i. Screening Form

- submit weekly (at minimum)

ii. Dental Services Daily Record Form

- submit weekly

iii. All Other Forms

- as directed by your regional coordinator



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4.6 Organizing and Maintaining Scheduling for Service Delivery (includes booking COHI appointments)

- Create a monthly, weekly or daily schedule to help keep you organized and avoid booking two appointments for the same time.
- A schedule allows you to keep track of special activities that may be going on in your community and helps you coordinate appointments with the dental professional, the school, parents, caregivers and other groups and organizations you are working with.
- Your schedule can be used to let people know when and where to contact you.
- A copy of your schedule should be given in advance to the dental professional and others you work with.
- If you work part-time, choose the best days to provide the maximum benefit.

a. Booking Appointments

Make sure that parents or caregivers are contacted to confirm:

- appointments for themselves or their child
- screenings with the dental professional

Announcing Events

Make sure parent/caregiver are notified of dates and locations of upcoming events such as:

- school clinics
- HeadStart clinics
- daycare clinics
- immunization and well-baby clinics
- prenatal classes with a dental professional

The most difficult days to book appointments and to contact parents and caregivers are:

- Mondays and Fridays
- the day monthly cheques arrive
- Community event days (i.e.: fairs)



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b. How Do I Make Sure the Child Will Show Up for Their Appointment?

- phone and speak with the parent or caregiver the day before the scheduled appointment to remind them of their commitment
- make sure the parent or caregiver understands the importance of the follow-up appointment

c. Scheduling Tips

- before booking appointments, be aware of the dental professional's schedule for the day so that over-booking or conflicts do not occur
- work closely with the dental professional to make sure that enough time is planned for each visit



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4.7 Identifying and Communicating, on a Timely Basis, the Need for COHI Supplies

Note: Each region will have its own list of supplies available to be ordered as well as a protocol to follow. Orders may not be filled immediately if the supplies are unavailable from either the supply office or the manufacturer.

a. What Is the COHI Aide's Role In Terms of Ordering Supplies?

- work closely with the dental professional to make sure that supplies are available as needed
- the process of ordering supplies will vary (check with your dental professional to clarify roles and responsibilities of ordering)

b. Keeping Track of COHI Supplies

- keep a journal with a list of:
 - COHI equipment and quantity of supplies in the office
 - supplies to be ordered by the dental professional



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4.8 Home Visits

Note: Home visits by the COHI Aide are made only when allowed by the community and region. The COHI Aide must be invited into the home by the parents or caregivers.



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4.9 Developing Relationships with Other Health Professionals

a. Relationships Are Important To:

- establish credibility in the community
- build community capacity
- have more clients referred
- develop and strengthen working partnerships
- prevent duplication of services within the community (i.e.: HeadStart may give prenatal classes with dental health or nutrition components)

b. Relationships Are Developed By:

- being involved with other health professionals within the community
- participating at local events
- promoting oral health whenever possible

c. Relationships Can Be Developed With Staff At:

- nursing stations
- community centres
- daycare centres
- schools
- community organization facilities
- local radio and television stations
- newspaper and bulletins
- community fairs
- community meetings
- nutritionist's office
- preschool programs (i.e.: HeadStart)



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Photo courtesy of Burnt Chruich - First Nation



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COMPETENCY 5



PROFESSIONALISM

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Competency 5: Professionalism and Community Health

5.1 Objectives of this Section

After completing and reviewing this section, you will be able to:
(check box when completed)

- identify ways you can show respect and consideration for the client and families
- identify ways you can show respect and consideration for the communities
- know how to deal with difficult situations that may arise
- identify ways you can show respect for dental professionals, other health care providers and partners
- recognize the importance of partnerships
- identify who can be your partners
- identify who can help get permission forms completed
- identify resources in your community and how they can be used
- recognize ways and places to promote COHI within the community in an effective setting for community members to feel comfortable participating in COHI services
- recognize that each community is unique and made up of a variety of individuals
- recognize ways you can show the client that you respect their decisions regarding treatment services
- recognize the importance of keeping all client information confidential
- recognize ways to make sure the client feels comfortable and relaxed when providing services to them



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and Community Health

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5.2 Professionalism

Note: See Competency 4 to review what it means to “look professional”.

a. Respect and Consideration for Clients and Families

Show respect by:

- listening to the client’s concerns
- ensuring that all the clients’ needs are met
- maintaining a positive attitude
- ensuring client confidentiality
- looking and behaving professionally

b. Respect and Consideration for Communities

- be aware that local sensitivities vary from one community to another

c. Dealing with Difficult Situations

- speak to the dental professional regarding any concerns you may have about a client
- depending on the circumstances, you may also wish to direct your concerns to:
 - a dental professional
 - a supervisor or employer
 - a nurse
 - HeadStart worker
 - a community centre worker
 - social services
 - school staff

Note: Recognize that you can not solve all problems and your training is related to COHI. Remember that your educational background is oral health. Direct any concern or problem to the appropriate professional.



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5.3 Respecting Dental Professionals, Other Health Care Professionals and Partners

Show respect by:

- supporting other health care professionals
- listening to other professionals' opinions
- maintaining a positive attitude



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5.4 Working in Partnership with Other Stakeholders, Particularly in Community Settings

a. Why Build Partnerships?

- to increase awareness of the importance of oral health
- to develop good relationships with colleagues
- to increase awareness of COHI in the community
- to develop mutual respect among caregivers and educators in the community
- because partnerships are the basis of any initiative

b. Who Can Be Partners?

- Parents/Caregivers
- Parent Groups
- Dental Professionals
- Nurses
- School Counsellors
- Social Workers
- Speech-language pathologists
- Teachers
- Teacher's aides, receptionists
- Prenatal nutrition workers
- Nutritionists
- Health directors
- Health clinic staff
- Band office employees
- Daycare operators and staff
- Health/nursing station staff
- Health authority staff

c. Who Can Help Distribute and Collect COHI Permission Forms?

- nurses at immunization clinics
- medical professionals at HeadStart
- daycare workers
- health station staff
- school staff, classroom teachers
- parenting group coordinators
- Community health representatives



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d. What Are Resources and How Can You Use Them?

People, places and events are resources that can be used to help deliver the message of the importance of oral health. They may be your partners or people in the community who want to help the community. Each person will contribute in a different way and be a valuable asset to the group. The more people there are delivering the same message, the more people will be reached. Eventually other people will accept and promote the message themselves.

i. Resources In the Community

- preschool and screening programs
- immunization clinics
- schools
- HeadStart
- parenting groups
- Band Council
- family
- friends



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e. How Do Community Members Hear About Available Clinics, Sessions and Programs?

- local radio programs
- local television stations
- band channels
- bingo nights
- newsletters
- posting signs (stores, band office)
- community papers
- health fairs
- school events
- school newsletters
- community dental professionals
- band councillors
- friends
- family members
- preschool and screening programs
- immunization clinics
- schools
- HeadStart
- parenting groups

The event can be a health fair where you can set up a display or information table. The place can be a store that will post the information on a 'fluoride varnish day'. Use creativity to find people, places and events to help deliver your message.



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5.5 Respecting Diversity (race, religion, sexual orientation, disability, age, culture, gender)

It is important to:

- treat everyone with respect, including your peers, those you report to, the parent/caregiver and the child
- if something upsets you don't throw things, yell, scream or be verbally abusive
- be aware of and respect other people's feelings or sense of personal space
- be aware of and respect all differences, including racial, sexual, cultural, political beliefs, values, lifestyles and background
- listen carefully and observe those around you to become more aware of their needs, boundaries and differences
- don't assume other people will have the same values, standards or background as you do
- be sensitive to other people's religious beliefs, customs and cultural background

What Does Diversity Mean to You?

D Disability; Differences; Dress; Dialect.
I Individuals; Intelligence; Interests; Integration.
V Values; Variety; Versatile; Views.
E Education; Ethnicity; Economic Status; Expectations.
R Race; Respect; Religion; Role; Rural vs. Urban.
S Style; Social Class; Similarities; Segregation.
I Income; Inclusive; Immigration; Ideas.
T Talents; Training; Thoughts; Teamwork.
Y Youthful; You; Yearning; Years.

Photo courtesy of Burnt Church First Nation





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5.6 Respecting Client's Choices

Power To Change

- make sure the parents or caregivers realize they can change their mind at any time concerning the child's dental care
- avoid judging the parent/caregiver and their decision



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5.7 Maintaining Client's Confidentiality

- keep client records safe and private
- no matter what, do not talk about a client or their situation except with a dental professional while at work
- DO NOT GOSSIP



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5.8 Striving to Improve the Client's Quality of Care

Do Everything You Can To Make Sure The Client Feels:

- comfortable
- valued
- important
- safe
- cared for
- relaxed
- content
- respected



Photo courtesy of Burnt Church First Nation

AMIK THE BEAVER SAYS...

“The hard work of protecting baby teeth today can ensure a brighter future for children tomorrow. When a community works together to prevent this problem, they can accomplish a lot. Help protect baby teeth and let your child have the happiest smiles ever.” © 2000 St. Theresa Point First Nations

Key Message

**LET'S ALL AGREE WITH AMIK AND DO THE BEST
WE CAN TO TAKE GOOD CARE OF OUR TEETH!**



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