

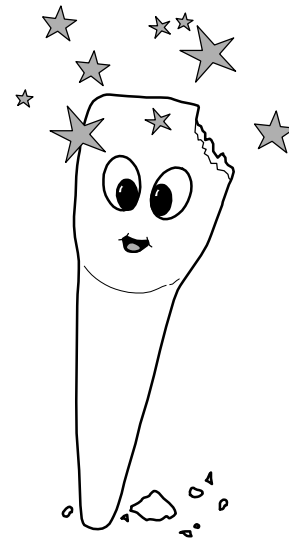
# Section 7

## Personal Safety and Injury Prevention

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## **Rules for Tooth Safety**

- 1 Children should be encouraged not to place sharp objects in their mouths
- 1 Children should not attempt to open objects with their teeth B e.g. bobby pins, cans, etc.
- 1 Children should not push or shove especially around water fountains or stairs
- 1 Children in moving vehicles must be properly restrained, either in a CSA approved child restraint or seatbelt.
- 1 Children should be encouraged to wear mouth protection when playing sports



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## Dental First Aid

TYPE OF INJURY		FIRST AID
1.	Toothache	Rinse the mouth vigorously with warm water to clean out debris. Use dental floss to remove any food that might be trapped within the cavity (especially between the teeth). If swelling is present, place cold compresses to the outside of the cheek. <b><u>DO NOT USE HEAT</u></b> . <b><u>DO NOT</u></b> place aspirin on gum tissue of aching tooth. Take the individual to the dentist.
2.	Knocked-out tooth	Place tooth in milk or hold in mouth under tongue or place in saliva or water. <b><u>DO NOT CLEAN TOOTH</u></b> . Take the individual and tooth to the dentist immediately.
3.	Broken or bumped tooth	Try to clean dirt or debris from injured area with warm water. Place cold compresses on face next to injured tooth to minimize swelling. Take individual to the dentist immediately. Check for broken tooth chips, fragments in lip cheeks, etc.
4.	Bitten tongue or lip	Apply direct pressure to bleeding area with a sterile clean cloth. If swelling is present, apply cold compresses. If bleeding does not stop readily or the bite is severe, take the individual to the hospital emergency room.
5.	Orthodontic problems (braces and retainers)	A. If a wire is causing irritation, cover the end of the wire with a small cotton ball, piece of gauze or sugarless gum and take the individual to the orthodontist as soon as possible.
		B. If a wire is imbedded in the cheek, tongue or gum tissue, <b><u>DO NOT</u></b> attempt to remove it. Take the individual to the orthodontist as soon as possible.
		C. If there is a loose or broken appliance, take the individual and appliance to the orthodontist as soon as possible.
6.	Objects wedged between teeth	Try to remove the object with dental floss. Guide the floss in carefully so as not to cut the gums. If unsuccessful, take the individual to a dentist. <b><u>DO NOT</u></b> try to remove with sharp or pointed objects.
7.	Possible fractured jaw	If suspected, immobilize jaw by any means (handkerchief, neck tie, towel) and take the individual to the hospital emergency room.

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**Mouth Protection**

- t according to Statistics Canada 45% of all women and men over the age of 15 participate in sports
- t 39% of all dental injuries are sports related
- t an athlete is 60 times more likely to sustain damage to the teeth when not wearing a mouthguard
- t long-term costs of treating a single tooth could be 20 times the cost of a custom-made mouthguard
- t more than 5 million teeth are knocked out each year (many during sports activities)
- t one third of all dental trauma sports injuries occur at the Junior and Senior School Levels

Injury	Age
4.8%	11 B 15 years of age
29.9%	16 B 20 years of age
31.4%	21 B 25 years of age

- t in 1990 the National Collegiate Athletic Association in the United States estimated that about 200,000 oral injuries a year were preventable in football alone with the use of a mouth or sports guard
- t When participating in the following sports, wear a mouthguard:

- aerobics          baseball          basketball          discus throwing          field hockey
- football          gymnastics          boxing          ice hockey          in-line skating
- lacrosse          martial arts          handball          rugby          shotput
- skateboarding          skiing          racquetball          skydiving          soccer
- squash          surfing          snowboarding          volleyball          water polo
- weight lifting          wrestling

- t Mouthguards should be worn whether it is a friendly game, practice or competitive game

**The dental community endorses the use of custom-made mouthguards**

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### Types of Mouthguards

Type	Description	Advantages	Disadvantages
<i>Stock or ready-made</i>	Available in many sports stores. Usually made of rubber or poly-vinyl.	Inexpensive. No forming of impressions required.	Generic fit, limited comfort, protection and durability. May interfere with breathing and speech. Often bulky and loose-fitting.
<i>Boil and bite or mouth-formed</i>	Mouthguard is heated in warm water. Fit achieved by biting into warm plastic. Usually made of acrylic gel or thermoplastic materials. Available in sports stores.	Fairly inexpensive. Better fit than stock. Can be re-fitted if not properly made on first try.	Not ideal for all patients, especially children. Heating process may weaken plastic. May feel bulky. Can interfere with speech and breathing.
<i>Custom-made</i>	An impression is taken of the patient's jaw. A custom made mouthguard is fabricated from the cast model.	Optimal fit, protection and comfort. Most durable. Can be modified for specific sports and patient need. Does not interfere with speech or breathing	Initially more expensive and time-consuming in fabrication process.

### Care of Mouthguards

- 1 rinse your mouthguard under cold water after each use and air dry
- 1 occasionally clean it with mild soap and water or mouthwash
- 1 check mouthguard regularly and let the dentist know if it shows any signs of wear or has any tears or cracks that may weaken it

## **Family Violence - The Dental Perspective**

- t Family violence is a major health problem as well as a serious social issue
- t Need for all health care professionals to recognize the impact of family violence B this includes the dental professional
  - This abuse may be:   physical
  - emotional
  - sexual
- t Neglect and financial exploitation are types of abuse
- t Family violence is not a private family matter but a criminal offense
- t It is the responsibility of every person in the dental community to be an advocate on behalf of any patient/client suspected of being a victim of abuse
- t Oral indicators of family abuse may include fractured teeth, oral lacerations, jaw and facial fractures, etc
- t Teachers and students should be aware that the dental community is obliged by law and ethics to report any signs of abuse or suspicions of abuse/neglect
- t The students should be aware that the dental staff (public health and private dentistry) will try to help them by:
  - ∇ getting in touch with CAS to get help for the child
  - ∇ obtaining financial help through the Ministry of Health (Ontario Works or CINOT) for all dental work that is urgent
  - ∇ giving advice and or treatment to repair the results of family violence
- Students should**
  - 1) learn about family violence issues**
  - 2) recognize indicators**
  - 3) get help for themselves or a friend through the medical, dental or social services community if needed**
- t Each student should obtain their own community resource list

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### **Physical Indicators of Abuse**

#### **Teeth**

- 1 missing teeth in unexpected areas
- 1 areas of avulsion (loss of tooth/teeth), broken roots or teeth
- 1 trauma to teeth where explanation does not fit the injury

#### **Gingiva and Tongue**

- 1 bruises to hard and soft palate (possibility of forced feeding or oral sex)
- 1 burns, scars and sloughing of tissue inside the mouth (can be from scalding foods, cigarettes or other implements)
- 1 signs of infection i.e. gonorrhoea, venereal warts, syphilis, herpes, moniliasis, trichomonas
- 1 tears of the lingual frenum, not an unusual injury in a young child learning to walk but should arouse suspicion in a non-ambulatory infant or an older child
- 1 tear of the maxillary frenum, especially in young infants. May be indicative of slap across the face.

#### **Lips**

- 1 scarring of the lips
- 1 burns from chemicals, hot food, cigarettes
- 1 rope burns that indicate gagging
- 1 bruises from forced feeding, slapping, forcing of pacifiers
- 1 signs of infection with venereal warts

#### **Jaw and Facial Fractures**

- 1 marks showing hand or belt buckle bruises may indicate underlying fractures

#### **Ears**

- 1 bruises, cuts
- 1 cauliflower ear indicating pulling or twisting
- 1 perforated tympanic membrane

#### **Nose**

- 1 broken or bruised
- 1 deviated septum
- 1 blood clots in nose

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### Head and Scalp

- 1 bald or sparse spots that indicate malnutrition or hair pulling
- 1 lack of hygiene (*scabs, excessive dandruff, lice*)

### Bruises and Burns

- 1 bruises or burns in various stages of healing

### Neck

- 1 bruises on the neck may suggest an attempt to strangle
- 1 rope burns, hand marks from choking

### Bite Marks

- 1 sixty-five percent of all bite marks can be seen without disrobing

### Other Possible Indicators

- 1 chronic throat infections
- 1 overall dental neglect and lack of dental care may be an indicator of physical or emotional abuse
- 1 poor oral hygiene concurrent with low self-esteem in the adolescent may be an indicator of abuse

**Source:** Based on the article by Ambrose, J.V., Orofacial signs of child abuse and neglect: a dental perspective, *Pediatrician*. 1989; 16 (3-4): pp. 189-192

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### Ending Family Violence is Everybody=s Responsibility Community Resources List

Emergency Services	Telephone Numbers
Police	B
Hospital Emergency	B
Crisis Line (24 hour)	B
Dentist	B
Sick Children=s Crisis Line	B
Health Department Dental Division	B

Other Services	Telephone Numbers
Child Protection Services	B
Children=s Help Line	1 (800) 268-6868
Women=s Shelter/Centre	B
Sexual Assault Centre	B
Counselling Services	B
Legal Aid	B
Financial Assistance	B