

Tarumbal Smiles- A Cavity Free Future for Children at Tarumbal C&K Kindergarten in Central Queensland

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“Tarumbal Smiles- A Cavity Free Future for Children at Tarumbal C&K Kindergarten in Central Queensland’ reduced the percentage of active caries lesions per child from the initial to a review appointment through the provision of in-office caries risk assessments, classification and treatment of active caries lesions and management of patient risk factors based on ICCMS principles for children at an Indigenous child care centre in a non-fluoridated area in Central Queensland in 2018. This project built on an intervention program of oral health education and supervised daily brushing with fluoride toothpaste, commenced in 2009 at Tarumbal C&K Kindergarten, which Tarumbal staff continue to this day - for ten (10) years. The ACFF Community Grant also enabled researchers to purchase appropriate oral health educational resources for use by Tarumbal C&K Kindergarten and CQUniversity Bachelor of Oral Health students. Photographs and short videos from the project will be used to disseminate the research findings, and for educational and research purposes in the CQUniversity Bachelor of Oral Health course.



EVIDENCE-BASED CARIES RISK MANAGEMENT FROM AN EARLY STAGE – IN 3 STEPS*

Step 1 In-office caries risk assessment
From the list below, identify general and intra oral caries risk factors in your patient. Once you have identified the factors, classify them in the right-hand table using the same row.

Step 2 Classification of existing caries lesions
Select the appropriate caries stage or type. Based on steps 1 and 2, select the likelihood.

<input type="checkbox"/> Head and neck radiation <input type="checkbox"/> Hypo-salivation / gross indicators of dry mouth <input type="checkbox"/> PUFA (exposed pulp, ulceration, fistula, abscess) – dental sepsis	<input type="checkbox"/> Dry mouth <input type="checkbox"/> Inadequate oral hygiene <input type="checkbox"/> Deficient exposure to topical fluoride <input type="checkbox"/> High frequency / intake of sugary drinks / snacks <input type="checkbox"/> Symptomatic-driven dental attendance <input type="checkbox"/> Socio-economic status / health access barriers <input type="checkbox"/> For children: high incidence of caries in mothers or caregivers <input type="checkbox"/> Thick plaque: evidence of sticky biofilm in plaque stagnation areas <input type="checkbox"/> Appliances, restorations and other causes of increased biofilm retention <input type="checkbox"/> Exposed root surfaces	<input type="checkbox"/> Lack of any caries risk factor	<input type="checkbox"/> Active moderate or extensive caries lesions <input type="checkbox"/> Active initial caries lesions	<table border="1"> <tr> <td>High likelihood</td> <td>High likelihood</td> <td>Moderate likelihood</td> </tr> <tr> <td>High likelihood</td> <td>Moderate likelihood</td> <td>Low likelihood</td> </tr> <tr> <td>Moderate likelihood</td> <td>Moderate likelihood</td> <td>Low likelihood</td> </tr> </table>	High likelihood	High likelihood	Moderate likelihood	High likelihood	Moderate likelihood	Low likelihood	Moderate likelihood	Moderate likelihood	Low likelihood
High likelihood	High likelihood	Moderate likelihood											
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* Adapted from ICCMS* Guide for Practitioners and Educators, December 2014. Nigel B. Pitts, Amel L. Ismail, Stefania Mari-Groen, Kim Isakovik, Carl V.A. Douglas, Christopher Longbottom.