

TEETHING POLICY

Our Service aims to manage the teething process of babies and young children whilst ensuring the health and safety of all children, families, educators and visitors of the Service. Symptoms of common childhood illnesses are often mistakenly linked to ‘teething’, which may prevent the identification an underlying bacterial or viral or middle ear infection.

This policy aims to ensure staff, parents, families and visitors to the Service understand teething symptoms, measures implemented to manage the teething process and treatments that are not recommended or used at our Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.1	Health	Each child’s health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
87	Incident, injury, trauma and illness record
92	Medication record
93	Administration of medication
168	Education and care service must have policies and procedures

RELATED POLICIES

Administration of Medication Policy	Handwashing Policy
Enrolment Policy	Incident, Injury, Trauma and Illness Policy
Family Communication Policy	Sick Children Policy

PURPOSE

We aim to assist families manage the teething process of their child whilst maintaining the health and wellbeing of all children.

SCOPE

This policy applies to children, families, educators, staff, visitors, approved provider, nominated supervisor and management of the Service.

IMPLEMENTATION

Our Service implements specific strategies to ensure the health and wellbeing of all children, families, educators and visitors. Our Policies are informed by current research and recommendations provided by the Australian Government- Department of Health and local Public Health Units and we adhere to the recommendations by the Australian Government National Health and Medical Research Council Publication *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition).

Although some babies and young children may display signs of discomfort and pain whilst teething, many babies experience little of no discomfort. Our educators will implement a range of management strategies to support and comfort babies and young children during this time.

Teething

Baby teeth develop while babies are still in the womb. Teething is the process in which the teeth begin to 'erupt' and break through the gums. Teething commonly begins between four and ten months of age and is different for each child. The order of tooth eruption however is usually the same with the two front teeth (central incisors) in the lower jaw occurring between the ages of six and ten months.

Generally, children will have their full set of primary teeth (20 teeth) by the age of three years.

Symptoms and/or behaviours of Teething

Teething takes about eight days for a tooth to fully erupt from the gum. During this time babies and young children may suffer some discomfort. Symptoms and/or behaviours may include:

- babies rubbing their gums together
- flushed red cheeks

- sucking on toys, fingers or fists
- irritable, grizzly or grumpy
- baby being more clingy or fretful than usual
- dribbling as more saliva is produced during teething
- nappy rash

Whilst teething symptoms for some babies can be concerning, there is **no** clear evidence to suggest that teething causes fever or diarrhoea in children. (Royal Children’s Hospital Melbourne). Symptoms of common childhood illnesses can sometimes be mistakenly linked to teething resulting in underlying viral, bacterial or middle ear infections to go undiagnosed. Teething may cause discomfort and irritability, but it does not cause an illness. If a baby or child has a temperature at or above **38°C** parents should seek urgent medical attention.

Management of Teething

Educators will implement a range of techniques to comfort and support babies and young children during teething. These may include:

- offering a cooled/chilled teething ring to chew on
- use a cold, wet flannel (face washer) to massage the gum area with a finger
- if baby has started solid foods and is over six months, offering food items that are firm- such as a sugar free rusk, or raw vegetables
- offering mushier foods for mealtimes (mashed vegetables, yoghurt)
- additional comforting and play time to distract the baby from any pain

Medication for Teething

As per our *Sick Children Policy*, management will **not** accept a child into care if they have been given medication for a pain relief or temperature prior to arriving at the Service (for example Panadol). If a child becomes ill whilst at the Service and has developed a temperature, we will adhere to our *Sick Children Policy* and monitor the child’s symptoms, temperature and respond accordingly.

If the child is displaying signs of pain and discomfort and other measures have not helped, we will administer paracetamol only with written authorisation by a parent. Any medication administered to a child will be recorded on the *Administration of Medication Record* or *Administration of Paracetamol Record* and witnessed by another educator. Dosage amounts and instructions will be checked carefully and recorded appropriately. The *Administration of Medication Record* or *Administration of Paracetamol Record* will be acknowledged and signed by the parent or authorised nominee when collecting the child

from the Service. When paracetamol has been administered, it is our policy to request parents or an authorised person to collect the child from care within 30 minutes.

Teething Gels- Our Service will NOT administer teething gels for a child who is teething. Common teething gel formulations contain choline salicylate which is related to aspirin and is not recommended for children under 16 years of age. Teething gels containing benzocaine are also not recommended. (Victoria Health-better health)

Amber Beads- The use of amber beads to assist for soothing teething is **not** supported by our Service. The Australian Competition and Consumer Complaints (ACCC) has identified amber beads as public safety warning due to the risk of amber teething necklaces and bracelets becoming a possible choking or strangulation hazard.

MANAGEMENT AND EDUCATORS WILL ENSURE:

- they aware of a range of strategies to support babies and young children during teething
- communication with parents and families is consistent and supportive
- children will **not** be accepted into care if they have been provided with paracetamol or other medication for pain relief or temperature **prior** to arriving at the Service
- effective hygiene policies and procedures are adhered to at all times to prevent the spread of illnesses
- effective environmental cleaning policies and procedures are adhered to all times
- toys and other equipment mouthed by babies or young children are thoroughly cleaned after use
- all families are provided access to relevant policies upon enrolment which will be explained by management including: *Teething Policy, Sick Children Policy, Incident, Injury, Trauma and Illness Policy, Administration of Medication Policy*
- families are provided with relevant information from a trusted source about teething and management of teething
- that any child who registers a temperature of **38°C** or above is to be collected from the Service within 30 minutes and excluded for 24 hours after the last elevated temperature *or* until the Service receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to childcare
- administration of medication for pain relief will only occur after all other measures to reduce pain and discomfort for teething children have been exhausted and with written authorisation by a parent or authorised nominee

- if paracetamol is administered to a child for any reason, parents or an authorised person must collect the child within 30 minutes from the Service
- accurate records for *Administration of Medication* and/or *Administration of Paracetamol* are completed, witnessed and signed by a parent/authorised nominee when collecting the child.

PARENTS WILL:

- adhere to the *Teething Policy* and *Sick Child Policy*
- not administer paracetamol or other medication for pain relief or temperature prior to arriving to the Service
- provide written authorisation to administer pain relief medication (e.g., Panadol)
- acknowledge and sign the *Administration of Medication Record* if required
- collect their child from the Service within 30 minutes if paracetamol has been administered
- monitor their child's health and recognise the symptoms of an underlying illness rather than teething

SOURCE

Australian Dental Association <https://www.ada.org.au/Your-Dental-Health/Children-0-11/Babies>

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (2011).

Guide to the National Quality Standard. (2020)

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Pregnancy, Birth and Baby <https://www.pregnancybirthbaby.org.au/teething>

Raising Children Network: <https://raisingchildren.net.au/babies/health-daily-care/dental-care/dental-care-babies>

The Royal Children's Hospital Melbourne. https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Victoria Health Department. Better Health Channel. Teeth Development in Children.

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/teeth-development-in-children>

REVIEW

POLICY REVIEWED BY	TRACEY DAVEY	OPERATIONS MANAGER	MARCH 2022
POLICY REVIEWED	MARCH 2022	NEXT REVIEW DATE	MARCH 2023
MODIFICATIONS	<ul style="list-style-type: none"> • Policy reviewed as part of annual review cycle • No major edits • Sources checked for currency 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MARCH 2021	<ul style="list-style-type: none"> • New policy drafted 		MARCH 2022