

# Supervised Tooth Brushing in Early Years Settings

## A toolkit





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## 1. Introduction



Oral health is a key part of overall health. When a child is not healthy, it affects their ability to learn, thrive and develop. Good oral health can contribute to school readiness and the prevention of school absence.

Tooth decay is the most common oral disease affecting children and young people in England and is largely preventable. A poor diet can lead to tooth decay, which in turn can impact on impaired nutrition and growth. Tooth decay may also result in pain and infection and can affect a child's ability to sleep, eat, speak, play and socialise with other children (LGA, 2014).

The oral health of children in Doncaster is worse than the national average. The average number of decayed, missing and filled teeth in children aged 5 years in Doncaster is 1.11, compared to the national average of 0.84 (National Child and Maternal Health Intelligence Network, 2016).

Fluoride toothpaste is effective in reducing the prevalence and severity of tooth decay. Brushing with fluoride toothpaste should be carried out twice a day with toothpaste containing at least 1,000 parts per million fluoride. Tooth brushing should commence as soon as the first tooth erupts into the mouth. School based fluoride tooth brushing programmes are recommended by Public Health England and the National Institute for Health and Care Excellence to reduce levels of tooth decay in children.

Early years settings can provide a suitable supportive environment for children to take part in daily supervised tooth brushing, teaching them to brush their teeth from a young age and encourage support for brushing at home (Public Health England, 2016).

This toolkit has been adapted from the 'National Standards for Nursery and School Tooth Brushing Programmes', Child Smile NHS Scotland, May 2015 and will be followed by all settings in Doncaster taking part in supervised tooth brushing.



## 2.Resources required



The table below shows resources required to deliver supervised tooth brushing – those provided in the starter pack and additional equipment required. Please note that once the resources in the starter pack have been used, it is then the responsibility of the individual setting to replace them.

<b>Provided within the starter pack</b>	<b>Additional equipment needed</b>
Toothbrushes (one per child for the first 3 months)	Hand washing facilities
Toothpaste (for the first 3 months)	Paper towels
Toothbrush storage racks	Napkins/tissues
Toothbrush storage rack covers	Sink suitable for tooth brushing (if choosing sink method)

The following paperwork documents are available to download at <http://www.doncaster.gov.uk/services/schools/notice-board-for-schools-and-childcare-providers>

- Setting agreement form
- Supervised tooth brushing consent form
- Toothbrush replacement register
- Template letter to parents
- Three month monitoring form
- One year monitoring form

Details of where to order further resources can also be found here



### 3. Monitoring



In order to monitor activity and the effectiveness around supervised tooth brushing, any setting signing up to the toolkit and starter pack will be required to complete an agreement form prior to starting.

A monitoring form will also be required to be returned at the end of the first three month period and then a further monitoring form after one year.



## 4. Organisation



- All settings taking part in supervised tooth brushing will have a designated lead person who is responsible for the programme.
- Key staff within the setting will receive training and this will be recorded and monitored.
- Children aged 2-5 years are eligible to participate in the programme.
- All the children will be consented to participate in the tooth brushing programme and consent forms will be kept by the setting (see resources required).
- Monitoring will take place at the end of the initial three month period and again after one year and will involve the completion of a feedback form and possible follow up conversations (see resources required and monitoring).

**If a setting decides to opt out of supervised tooth brushing at any time, it is their responsibility to inform the parents and carers and also the Doncaster Council Public Health department. This can be done by emailing [PublicHealthEnquiries@doncaster.gov.uk](mailto:PublicHealthEnquiries@doncaster.gov.uk).**

## 5. Tooth brushing



- It is recommended children taking part brush their teeth every day whilst at the setting.
- Fluoride toothpaste containing at least 1000ppm will be used.
- A smear of toothpaste will be used for children under 3 years old.
- A small pea-sized amount of toothpaste will be used for children three years old and over.
- Toothbrushes and brushing techniques will be appropriate to the age and ability of the child.



## 6. Effective practice



- Wet or dry tooth brushing can be used depending on the setting's facilities and preferences (for models see dry tooth brushing method and wet tooth brushing method).
- All children must be supervised when tooth brushing.
- Tooth brushing will take place at a time which is most suitable for each setting (see supporting information).
- Where toothpaste is shared, a supervisor will dispense the correct amount for each child, spaced sufficiently to avoid cross contamination onto a clean surface such as a clean plate or paper towel.
- Each child will have their own identifiable toothbrush – where there is more than one toothbrush racks and toothbrush sets, it is the responsibility of the setting to record which children use which rack and toothbrush symbols.
- After tooth brushing, brushes will be rinsed thoroughly and individually under cold running water and replaced in the storage system, allowing them to air dry.
- Toothbrushes will be replaced at least once a term, every three months or sooner if the bristles become splayed or are dropped on the floor.

## 7. Infection control



- Staff will wash their hands before and after each tooth brushing session.
- Staff should cover any cuts, abrasions or breaks in the skin with a waterproof dressing, both when supervising the tooth brushing and cleaning the equipment.
- Toothbrushes will be stored in the upright position in the storage system provided to avoid contact with each other.
- To avoid contamination by spray, the storage systems will not be placed directly beside the children while tooth brushing is taking place.
- All storage systems must have manufacturers' covers and be stored at adult height or in a suitable cupboard or trolley.
- All equipment excluding toothbrushes, will be washed weekly (or more frequently if soiled) with warm soapy water and replaced if cracks, scratches or rough surfaces develop.
- Staff will wear household gloves when cleaning the equipment.
- Sinks should be cleaned after use.
- Toothbrushes should always be disposed of and replaced if dropped on the floor.
- Toothbrushes must not be soaked in bleach or any other cleaner/disinfectant.
- Tubes of toothpaste can be cleaned with a damp tissue.



## 8. Dry tooth brushing method



1. The supervisor should wash their hands before and after the tooth brushing session to prevent cross-infection.
2. The child (under supervision) is responsible for collecting the toothbrush from the storage system. Discretion should be used if a child has additional support needs.
3. Toothpaste is dispensed following the appropriate methods (see effective practice).
4. Children may be seated or standing while brushing.
5. After tooth brushing is complete, children should spit excess toothpaste into either a disposable tissue or paper towel.
6. Tissues and paper towels must be disposed of immediately after use in a bin.
7. Toothbrushes can either be: returned to the storage system by each child, the system is then taken to a sink by the supervisor who is responsible for rinsing each toothbrush individually under cold running water, or rinsed at a sink where each child is responsible for rinsing their own toothbrush under cold running water, with the supervisor or child responsible for control of the running tap.
8. After rinsing the toothbrushes, the child or supervisor is responsible for shaking off excess water into the sink. Toothbrushes should not come into contact with the sink.
9. Each child (under supervision) is responsible for returning their own toothbrush to the storage system to air dry. Discretion should be used if a child has additional support needs. Covers should be replaced provided there is sufficient air circulation.
10. Paper towels should be used to mop up any visible drips on the storage system.
11. Children should be supervised.
12. Supervisors are responsible for rinsing sinks after tooth brushing is completed.





## 9. Wet tooth brushing method (tooth brushing at a sink)



1. The supervisor should wash their hands before and after the tooth brushing sessions to prevent cross-infection.
2. The child (under supervision) is responsible for collecting the toothbrush from the storage system. Discretion should be used if a child has additional support needs.
3. Toothpaste is dispensed following the appropriate methods (see effective practice).
4. Tooth brushing takes place at the identified sink area.
5. Ideally no more than two children should be at each available sink.
6. They should be supervised and encouraged to spit excess toothpaste into the sink.
7. The children will not rinse their mouths after tooth brushing.
8. Tissues/paper towels must be disposed of immediately after use in a bin.
9. Toothbrushes can either be: returned to the storage system by each child, the system is then taken to a sink by the supervisor who is responsible for rinsing each toothbrush individually under cold running water, or rinsed at a sink where each child is responsible for rinsing their own toothbrush under cold running water, with the supervisor or child responsible for control of the running tap.
10. After rinsing the toothbrushes, the child or supervisor is responsible for shaking off excess water into the sink. Toothbrushes should not come into contact with the sink.
11. Each child (under supervision) is responsible for returning their own toothbrush to the storage system to air dry. Discretion should be used if a child has additional support needs. Covers should be replaced at this stage provided that there is sufficient air circulation.
12. Paper towels should be used to mop up all visible drips on the storage system.
13. Children should be supervised.
14. Supervisors are responsible for rinsing sinks after tooth brushing is completed.





- While it is usually recommended that tooth brushing should not directly follow the consumption of acidic food or drinks, it is acceptable for settings providing tooth brushing programmes to opt to brush at any time throughout the day. In these circumstances, it is considered that the benefits of decay prevention outweigh concerns about dental erosion and abrasion.
- Children should not rinse their mouths after tooth brushing. Rinsing the mouth after tooth brushing significantly decreases the benefits of fluoride.
- Storage systems should be washed with household detergent and warm water as this removes the vast majority of relevant microorganisms. Disinfectant wipes or sprays are not recommended for storage systems.
- Rough surfaces, including labels on storage or dispensing systems, can encourage the growth of harmful microorganisms. Damaged racks therefore need replacing.
- While some tap water supplies in settings are not technically of drinking water quality, they are considered suitable for rinsing toothbrushes as the water is not ingested.
- Ideally settings participating in supervised tooth brushing programme should have sinks available that are designated for tooth brushing and personal hygiene. Sinks should be cleaned after use.
- Monitoring will take place on a regular basis as defined by Public Health. This may include observing a tooth brushing session, discussion about the standards and the programme, feedback and data collection of children taking part.
- There are very few medical reasons why children should not take part in supervised tooth brushing. In specific cases where there is a medical diagnosis of infection or oral ulceration, children may be temporarily excluded from the programme. Tooth brushing at home can continue as this will usually aid healing.
- If parents inform the setting of specific medical conditions (e.g. cystic fibrosis, blood-borne viruses) the risk for individual children can be discussed with a health professional.
- Ideally, all paper products should be recyclable and biodegradable.



## 11. References



Childsmile, NHS Scotland. Standards for Nursery and School Tooth brushing Programmes. 2015.

Local Government Association and Public Health England. Tackling Poor Oral Health in Children: Local Government's Public Health Role. 2014.

National Child and Maternal health Intelligence Network. Early Years Health Profile. 2016.

Public Health England. Improving Oral Health: A Toolkit to Support Commissioning of Supervised Tooth brushing Programmes in Early Years and School Settings. 2016.

### Useful information

Download documents from:

<http://www.doncaster.gov.uk/services/schools/notice-board-for-schools-and-childcare-providers>

Contact us at

PublicHealthEnquiries@doncaster.gov.uk.



This toolkit has been developed with the help of 'Mole-R' a character designed by the Edlington Hilltop Centre





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