

Supervised Toothbrushing Programme

This protocol is for use by schools running a supervised tooth brushing programme delivered by South Tyneside and Sunderland NHS Foundation Trust, Oral Health Promotion Department

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1.Introduction and Background

Who is this resource pack designed for?

This pack has been devised for use by all staff involved in supervised toothbrushing programmes in nursery and school settings.

What is the aim?

The aim is for every child to brush teeth with fluoride toothpaste once a day in a nursery or school setting and ideally twice a day at home.

Why is children's dental health important?

Dental caries is the most common oral disease affecting children and young people in England, yet it is largely preventable. Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. The impacts can lead to children missing school and in addition can affect parents/carers who would need to take time off work to take their children to the dentist or for a hospital visit. Recent figures have shown that in 2019-2020 there were 990 hospital based procedures carried out in the North East to remove teeth in children aged 0 to 5 years.

1.1 Rationale

The supervised tooth brushing programme should be seen as an integral part of health promotion activity in nurseries and schools.

2. Audit

In order to assess the effectiveness of the programme, key staff at each establishment are asked to complete the Supervised Tooth Brushing programme Quality Assurance Form at the end of each term – please refer to Appendix A.

3. Materials required

The following will be provided to each establishment:

- Toothbrushes (one for each child, per term, plus some spares)
- Toothpaste containing fluoride
- Covered toothbrush storage containers (Brush Rack)
- Sand timers two minutes

Additional equipment required:

- Hand washing facilities
- Paper towels
- Designated sinks for tooth brushing (optional)

4. Method

All schools in South Tyneside, Gateshead and Special Educational Needs and Disabilities (SEND) schools in Sunderland with nursery and primary provisions will be invited to participate in the programme.

All schools taking part will be issued with toothbrushes, toothpaste, brush racks and two-minute sand timers (refer to glossary of terms).

All teaching staff will be given appropriate training before the programme begins.

A cross-infection control procedure must be followed.

A Consent Form will be given to each parent/guardian informing them of the programme and asking for consent for their child to take part in the programme. Written consent must be obtained before the child can take part. However, consent may be withdrawn at any time, by the parent/guardian – please refer to Appendix B.

5. Organisation

This tooth brushing programme meets national recommendations and has clear reporting and accountability arrangements.

Criteria

Before supervised tooth brushing programmes are implemented, strict guidelines and procedures are developed.

All schools will have a designated lead person who is responsible for the tooth brushing programme.

Dental support and guidance is available to all schools.

All staff involved in delivering tooth brushing programmes have received appropriate training in tooth brushing and cross infection procedures.

Staff training is recorded and monitored.

Performance is monitored in each school at least once every term with a checklist please refer to Appendix A.

Appropriate informed consent arrangements are in place and records maintained please refer to Appendix B.

Appropriate records of participating children are kept – please refer to Appendix D.

Toothbrushing protocol and guidance

Toothbrushing in dry areas

- The supervisor should wash their hands before and after the toothbrushing session and cover any cuts abrasions or breaks in the skin with a waterproof dressing to prevent cross infection.
- 2. The children under supervision collect their toothbrushes from the storage system. Discretion should be used if a child has additional support needs.
- 3. Toothpaste is dispensed by the supervisor.
- 4. Children may be seated or standing while toothbrushing takes place.
- 5. After toothbrushing is completed, children should spit excess toothpaste into a disposable tissue, disposable paper towel or a disposable cup.
- 6. Tissues/paper towels must be disposed of immediately after use in a refuse bag.
- 7. Toothbrushes can either be:
 - returned to the storage system by each child and taken to an identified sink area by the supervisor, who is responsible for rinsing each toothbrush individually under cold running water.
 - rinsed at a identified sink area where each child is responsible for rinsing their own toothbrush under cold running water
- 8. Toothbrushes should be rinsed straight away. The toothpaste should not be allowed to dry on the brush.
- 9. After rinsing of the toothbrushes is complete, the child or the supervisor is responsible for shaking off excess water into the sink. Toothbrushes should not come into contact with the sink or tap.
- 10. 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. Storage system lids should be replaced at this stage provided that there is sufficient air circulation.
- 11. Paper towels should be used to mop up all visible drips on the storage system.
- 12. Supervisors are responsible for cleaning sinks with neutral detergent or wipes after toothbrushing is completed.

Toothbrushing protocol and guidance

Toothbrushing at a sink

- 1. The supervisor should wash their hands before and after the toothbrushing session and cover any cuts abrasions or breaks in the skin with a waterproof dressing to prevent cross infection.
- 2. The children under supervision are responsible for collecting their toothbrush from the storage system. Discretion should be used if a child has additional support needs.
- 3. Toothpaste is dispensed by the supervisor.
- 4. Toothbrushing takes place at the identified sink area. Children should be closely supervised and encouraged to spit excess toothpaste into the sink.
- 5. Tissues/paper towels must be disposed of immediately in a refuse bag.
- 6. Toothbrushes can either be:
 - returned to the storage system by each child and taken to an identified sink area by the supervisor, who is responsible for rinsing each toothbrush individually under cold running water.
 - rinsed at an identified sink area where each child is responsible for rinsing their own toothbrush under cold running water.
- 7. Toothbrushes should be rinsed straight away. The toothpaste should not be allowed to dry on the brush.
- 8. After rinsing of the toothbrushes is complete, the child or the supervisor is responsible for shaking off excess water into the sink. Toothbrushes should not come in to contact with the sink or tap.
- 9. Each child under supervision or the supervisor 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. Lids (covers) should be replaced at this stage if there is sufficient air circulation.
- 10. Paper towels should be used to mop up all visible drips on the storage system.
- 11. Supervisors are responsible for cleaning sinks with neutral detergent or wipes after toothbrushing is completed.

7. Storage and cleaning of equipment

Toothbrushes are a potential source of infection. Toothpaste and toothbrush storage systems must comply with best practice in prevention of cross-contamination – please refer to Appendix C.

Tooth brushing in a group setting should always be supervised to ensure that the toothbrushes are not shared and that they are handled properly.

The likelihood of toothbrush cross-contamination in these environments is very high, either through children playing with them or toothbrushes being stored incorrectly.

Criteria

Toothbrushes are stored in appropriate storage systems.

Toothbrushes should not be shared or left in contact with one another.

Storage systems display symbols or numbers corresponding with those on the toothbrushes to allow individual identification.

It is recommended that storage systems are cleaned at least once a week with warm soapy water. Ensure dry before replacing any toothbrushes.

Toothbrushes to be cleaned individually with hot water – do not use Milton or any other cleaner/disinfectant. Shake bristles to remove excess water.

Discard any dropped toothbrushes.

Replace storage systems should they become cracked or damaged.

Storage systems should be stored in a clean cupboard – **do not store in a toilet.**

Designated staff are responsible for the cleaning of the sink after use and disposing of all tissue and paper towels.

8. Supervised Toothbrushing Agreement

You will be required to complete a Supervised Toothbrushing Programme Agreement Form, this is to demonstrate commitment to the programme, providing supervised toothbrushing on a daily basis and following the guidelines – please refer to Appendix E.

9. Glossary of terms

Brush Racks

These are storage containers for toothbrushes.

Cross-infection

The transfer of micro-organisms either directly or indirectly from one surface to another.

Dental caries

The material remaining after tooth substance has been destroyed as a result of attack by acids produced by plaque bacteria from sugars in the diet. Commonly referred to as tooth decay (Department of Health, 2005).

Fluoride

A chemical compound that helps to prevent dental caries (Department of Health, 2005).

Oral health

A standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general wellbeing (Department of Health, 1994).

10. References

Department of Health (2005), Choosing Better Oral Health.

Department of Health (2007), Delivering Better Oral Health: An Evidence Based Toolkit for Prevention.

Halton and St. Helens Primary Care Trust (2009), Protocol for the Implementation of the Supervised Tooth Brushing Programme in Early Years Establishments.

University of Portsmouth Dental Academy (2011), Protocol for the Implementation of the Supervised Tooth Brushing Programme in Early Years Establishments.

Jackson, R.J, Newman, H.N, Smart, G.J, Stokes, E, Hogan, J.L, and Brown, C. (2005), the effects of supervised tooth brushing programme caries increment of primary children, initially aged 5–6 years.

Levine, R.S and Stillman-Lowe, C.R (2004), the scientific basis of oral health education.

NHS Scotland (2006), National Standards for Toothbrushing Programme, Early Years and Childhood.

11. Appendices

- A. Quality Assurance Form
- B. Parental Consent
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Quality Assurance Form

- To be completed by nursery/school once per term

Nursery/School:	Class:			
Performance is monitored once every term	Achieved	Intervention required	Programme Suspended	
1:Organisation		•	•	
There is a designated programme lead who is responsible for the scheme within the setting.				
A model agreement outlining the responsibilities of partners has been completed and signed by all partners.				
Support and training is available for staff to deliver the programme, including infection prevention and control procedures. Training is recorded and monitored.				
Permission/consent is sought from parents or carers for their children to take part in the scheme and records are maintained.				
Quality assurance assessments are carried out by staff each term and by the provider team annually and documented using a quality assurance check list. Monitoring should include observation of the toothbrushing session; discussion of the toolkit guidance with the key settings designated lead; feedback to the overall programme lead and arrangement of a follow-up visit.				
There is access to a named dental professional for advice if needed.				
2: Effective Preventive Practice				
Fluoride toothpaste containing 1350 to 1500ppm fluoride is used in the toothbrushing programme.				
Correct amount of toothpaste is used: children under three years of age require a smear of toothpaste children over three years require a pea sized amount of toothpaste				

Children are supervised by an adult during brushing.				
Children should be discouraged from swallowing toothp their teeth.				
After brushing, children spit out residual toothpaste and don't rinse.				
Toothbrushes are replaced termly or once the bristles be the floor.	ecome splayed, or if they fall on			
3: Infection Prevention and Control				
Supervisors wash their hands before and after the tooth cuts, abrasions or breaks in their skin with a waterproof toothbrushing session.	•			
Toothbrushes are individually identifiable for each child				
Where toothpaste is shared each child should be given a plate or paper towel so that the supervisor can dispense the correct amount of toothpaste				
Toothbrushes are stored in appropriate storage systems or individual ventilated holders that enable brushes to stand in the upright position and ensure that toothbrushes do not contact each other to avoid contamination.				
Storage systems display symbols corresponding with the allow individual identification.				
Storage systems are stored within a designated toothbr dry cupboard. Storage systems must have manufacture flow of air, be stored at adult height or in a suitable toot				
Storage systems, trolleys and storage areas are cleaned, rinsed and dried at least once a week (more if soiled) by staff using warm water and household detergent. Storage systems are regularly checked for cracks, scratches or rough surfaces and replaced if required.				
Toothbrushes should not be washed together in the sin				
Toothbrushes that fall on the floor are discarded.				
Completed by: Signature:		1	Date:	1



Dear Parent/Guardian/Carer

South Tyneside and Sunderland NHS Foundation Trust, Oral Health Promotion Team have been commissioned to deliver a supervised toothbrushing programme in your child's school.

The purpose of this programme is to improve the oral health of children by increasing their exposure to fluoride through daily toothbrushing in the school setting and promoting behavioural and self-care skills at home from an early age.

Every child participating will be provided with toothbrushes and toothpaste throughout the programme by South Tyneside and Sunderland NHS Foundation Trust.

All staff involved will be trained to deliver the programme safely and effectively in their setting on commencement of the programme.

For your child to take part in the supervised daily toothbrushing please fill in the form below and return to the school.

We must emphasize that this is in addition to brushing every morning and night at home.

Thank you	
Child's name	Class
Yes, I give permission for my child to be part of the daily toothbrushing programme	
No, I do not want my child to be included in the daily toothbrushing programme	
Signature:	
Date:	



The Supervised Brushing Hygiene Check List

The daily toothbrushing programme in schools is organised in an effective way and has clear reporting and accountability. Please complete the below check list **each term**. Your designated Oral Health Promoter will run through this with your Supervised Brushing Champion in person or by telephone each term,

Staff Name	Date
Name of School	
	Yes No
Infection control	100 110
Staff/monitors wash their hands before and after each toothbrushing	ng session.
Toothbrushes are stored in the upright position in the brush rack to	
avoid contact with each other.	
Toothbrushes are rinsed individually under running water after brushy staff (manifest or shild	shing
by staff/monitor or child.	
All brush racks are washed weekly with warm soapy water or place the dishwasher.	ed into
the distiwasher.	
Toothbrushes that are in-use must always be kept a distance apar cross-contamination.	t to avoid
oroso contamination.	
Toothbrushes are always replaced each term.	
Toothpaste is always dispensed onto a clean piece of paper towel	or a
clean plate. Toothpaste must not be placed directly onto the toothb	orush.

In the interests of health and safety, it is essential that the hygiene/infection control procedures are strictly adhered to. If you have any concerns or problems relating to this, please contact your designated Oral Health Educator.

Appendix D

Toothbrushing Record



Class:			Week begin	ning:	
Name of child	Monday	Tuesday	Wednesday	Thursday	Friday
Name of Supervisor:			Signature:		Date:

Appendix E



Supervised Toothbrushing Agreement Form

Oral Health staff responsibilities

- 1. Provide training for all staff that supervise and deliver the toothbrushing programme to ensure effectiveness and safe delivery of the scheme. Training includes infection prevention and control which should be provided by an appropriately trained/qualified person.
- 2. Access to a dental professional for advice if needed.
- 3. Provide the resources to support the programme.
- 4. Ensure that parents are fully informed about the programme.
- 5. To enable informed choice, parents receive an information and consent leaflet.
- 6. Each establishment to receive the guidelines for implementation and staff to check that this is taking place.
- 7. Check procedures at each establishment at least once in an academic year.
- 8. All the above recorded by each team within the district.

Child care staff responsibilities

- 1. Staff who implement and supervise the programme must attend the training.
- 2. Commitment to the programme, providing supervised toothbrushing on a daily basis and following the guidelines.
- 3. Ensuring the programme follows infection prevention control procedures.
- 4. Permission/consent forms are kept by the nursery/school setting in the child's personal file and all staff are aware of those children not taking part in the toothbrushing programme.
- 5. To check equipment on a regular basis and ensure the appropriate resources are used.
- 6. To ensure that the brush storage units are stored carefully and looked after for continued use.
- 7. To contact the oral health team for new staff to be trained.
- 8. To contact the oral health team when more stock is required.

Commissioning responsibilities

- 1. Use information from the oral health needs assessment to identify areas where children are at high risk of poor oral health and appropriate for targeted toothbrushing programmes.
- 2. Ensure appropriate governance and performance monitoring processes are in place. Facilitate co-ordination of programmes across the locality preventing duplication and maximising use of resources.

Provision of equipment

1. All the equipment will be provided by South Tyneside and Sunderland NHS Foundation Trust with toothbrushes, toothpaste, and information leaflets provided on request.

Opting out of the programme

If, at any time, the decision is made to opt out of the supervised toothbrushing programme, the setting lead should inform all partners immediately including the oral health team so that arrangements can be made to collect any surplus stock. If a school leaves the programme after parents have given permission/consent, the head teacher is responsible for informing the parents of the decision to withdraw and for informing school governors.

Signatures of lead	Date
Oral health team lead person:	
Nursery/school setting lead person:	
Commissioning lead person:	
Oral health team contact:	

Appendix F



Training and Observation Log

Name of School			
Staff Name	Training Date	Staff Signature	Observation Date

STB Trainers Name	Date of Training	Signature
OHP Observer Name	Date of Training	Signature
	_	

Target Audience:	All teaching staff	
Purpose:	This protocol is for use in all schools with nursery and primary provisions running a supervised toothbrushing programme	
Document author:	Maria Patterson	
Approved by:	South Tyneside and Sunderland NHS Foundation Trust	
Date:	August 2024 Version 2	

For information, advice and support regarding the supervised toothbrushing programme, please contact:

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