



National Standards for Nursery and School Toothbrushing Programmes



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Introduction

Toothbrushing with a suitable strength fluoride toothpaste is an effective way of helping to prevent tooth decay.

The establishment of daily supervised toothbrushing programmes in nursery and school settings is central to the Scottish Government's oral health initiatives for children. These Toothbrushing Standards have been developed from an earlier version, first published in March 2005, and have been subjected to wide consultation.

Grateful thanks to all those health and education colleagues who have contributed to this document.

Version 2, June 2011

Standards for nursery and school toothbrushing programmes

Standard 1: Organisation

Statement 1(a)

There is an area-wide toothbrushing programme in place which meets national recommendations and has clear reporting and accountability arrangements.

Rationale

Nursery- and school-based toothbrushing programmes are a key priority in the Scottish Dental Action Plan¹. Effective programmes will involve health and local authority partnerships and are seen as an integral part of health promoting activity in nursery and school settings.

Criteria

- 1.1 All nurseries participate in the toothbrushing programme. The proportion of primary schools participating is determined locally but is at least 20% of all primary schools in each local authority area.
- 1.2 The programme is available for all children, regardless of whether they attend nursery full-time or part-time.
- 1.3 All establishments have a designated lead person who is responsible for the toothbrushing programme.
- 1.4 Dental support and guidance is available to all establishments.
- 1.5 All staff involved in delivering toothbrushing programmes have received appropriate training in toothbrushing and cross-infection procedures.
- 1.6 Staff training is recorded and monitored.
- 1.7 Performance against the Standards is monitored in each establishment at least once every term with a checklist. More frequent visits should be undertaken when appropriate.
- 1.8 Appropriate arrangements for consent are in place using Childsmile toothbrushing consent forms. These consent forms are retained locally once the information has been entered into the Health Informatics Centre (HIC) system.
- 1.9 Full Toothbrushing Standards and an abbreviated version are available for parents to see.

¹An action plan for improving oral health and modernising NHS dental services in Scotland
Scottish Executive, 2005.

www.scotland.gov.uk/Publications/2005/03/20871/54813

Standard 2: Effective preventive practice

Statement 2(a)

Children use an appropriate and effective quantity of toothpaste while minimising cross-contamination.

Rationale

Regular daily toothbrushing with an appropriate fluoride toothpaste is highly effective in preventing dental decay². Good oral hygiene practice should be established at an early stage in a child's life and become an integral part of normal daily hygiene.

Criteria

- 2.1 Toothpaste containing at least 1000 ppm (parts per million) fluoride is used.
- 2.2 A smear of toothpaste (0–2 years) or small pea-sized amount (over 2 years) is used.
- 2.3 Where toothpaste is shared, a supervisor dispenses it onto a clean surface such as a plate or paper towel.
- 2.4 There is sufficient spacing between the quantities of dispensed toothpaste to allow collection without cross-contamination.
- 2.5 Toothpaste must only be dispensed at the time the child is ready to brush.
- 2.6 Where children have their own tubes of toothpaste and dispense it, they should be closely supervised.
- 2.7 Supervisors should cover any cuts, abrasions or breaks in their skin with a waterproof dressing.

²Scottish Intercollegiate Guidelines Network (SIGN) 83 2005: *Prevention and management of dental decay in the pre-school child*
www.sign.ac.uk/pdf/sign83.pdf

Statement 2(b)

Toothbrushes and brushing techniques are appropriate and are able to be used effectively by each child.

Rationale

Toothbrush size and shape influences the effectiveness of brushing. Toothbrushing programmes should work towards establishing techniques for the developing child.

Criteria

- 2.8 Toothbrushes and brushing techniques are appropriate to the age and ability of the child.
- 2.9 Toothbrushes are replaced at least once a term, or sooner if required, e.g. when the bristles become splayed.
- 2.10 Toothbrushes are individually identifiable for each child.

Statement 2(c)

Toothbrushing is organised in a safe and effective way which is integrated with nursery, school and home routines.

Rationale

Children up to the age of 7 (at least) should be supervised while brushing their teeth. Toothbrushing programmes should be integrated into normal nursery and school routines to ensure maximum compliance.

Criteria

- 2.11 Each child, whether full-time or part-time, only brushes once a day in a toothbrushing programme.
- 2.12 Children are closely supervised when brushing their teeth.
- 2.13 Toothbrushing takes place at a time which is most suitable for each establishment (see Appendix 1.2).
- 2.14 Toothbrushing takes place in groups or individually with children seated or standing.
- 2.15 Children are discouraged from swallowing toothpaste during or after brushing their teeth. Discretion should be used if child has special care needs.
- 2.16 After toothbrushing, brushes are rinsed thoroughly and individually under cold running water and replaced in the storage system to allow them to air dry.
- 2.17 The toothbrushing programme uses one of two models outlined in the appendices.

Standard 3: Prevention and control of infection

Statement 3(a)

Toothbrush storage systems comply with best practice in the prevention of cross-contamination.

Rationale

Toothbrushes are a potential source of infection.

Criteria

- 3.1 Toothbrushes are stored in appropriate storage systems or individual ventilated holders (see Appendix 1.6).
- 3.2 Storage systems enable brushes to stand in the upright position.
- 3.3 Storage systems allow sufficient distance between toothbrushes to avoid cross-contamination.
- 3.4 Storage systems display symbols corresponding with those on the toothbrushes to allow individual identification.
- 3.5 Storage systems which do not have covers are stored within a designated trolley or in a clean, dry cupboard.
- 3.6 Storage systems in toilet areas must have manufacturers' covers and are stored at adult height or in a suitable trolley.

Statement 3(b)

Appropriate cleaning procedures are in place to ensure that cross-infection risks are minimised.

Rationale

Toothbrushes are a potential source of infection. Good cleaning practice should be an integral part of childcare in the nursery and school setting.

Criteria

- 3.7 Manufacturers' guidelines are followed when cleaning and maintaining storage systems, including dishwasher cleaning, where appropriate.
- 3.8 Dedicated household gloves should be worn when cleaning storage systems and sinks. All cuts, abrasions and breaks in the skin are covered with a waterproof dressing before toothbrushing and cleaning is carried out.
- 3.9 Storage systems, trolleys and storage areas are cleaned, rinsed and dried at least once a week (more if soiled) by nursery/primary staff using warm water and household detergent (see Appendix 1.4).
- 3.10 Care is taken to ensure that toothbrushes do not cross-contaminate when being removed from or replaced in storage systems.
- 3.11 The storage system should not be placed directly beside the children while toothbrushing takes place to avoid contamination via spray.
- 3.12 Storage systems are replaced if cracks, scratches or rough surfaces develop (see Appendix 1.5).
- 3.13 Any toothbrushes dropped onto the floor are discarded.
- 3.14 Toothbrushes must not be soaked in bleach or other cleaner/disinfectant. Tubes of toothpaste can be cleaned with a damp tissue.

Supporting information

Appendix 1

- 1.1 The toothpaste provided to nurseries and schools as part of the Childsmile Core Programme is free from animal derivatives.
- 1.2 While it is usually recommended that toothbrushing should not directly follow the consumption of acidic foods or beverages, it is acceptable for establishments providing toothbrushing 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.
- 1.3 It is recommended that children are discouraged from actively rinsing after toothbrushing. Rinsing after toothbrushing significantly decreases the benefits of fluoride.
- 1.4 Disinfectant wipes are not recommended for storage systems. Wash storage systems with household detergent and warm water as this removes the vast majority of relevant microorganisms.
- 1.5 Rough surfaces including labels on storage or dispensing systems can encourage the growth of harmful microorganisms. Damaged racks therefore need replacing.
- 1.6 Individual toothbrush ventilated holders can be used for storing brushes, although most establishments involved in toothbrushing programmes elect to use a toothbrushing storage system. If individual holders are used, ensure that excess water is removed from the toothbrushes before returning them to the holder. The Standards apply equally to individual holders as to the storage systems.
- 1.7 While some tap water supplies in nursery and school settings are not technically of drinking water quality, they are considered suitable for rinsing toothbrushes as the water is not ingested.
- 1.8 Ideally, nurseries and schools participating in the toothbrushing programme should have sinks available that are designated for toothbrushing and personal hygiene. Where only one sink is available, nurseries should be encouraged to work towards the provision of a second, dedicated sink for toothbrushing. Sinks should be cleaned appropriately as part of agreed local policies.
- 1.9 Nurseries and schools involved in toothbrushing programmes should have an abbreviated version of the Standards that can be used for reference purposes.
- 1.10 Local monitoring of toothbrushing programmes should take place at least once every term (Standard 1). Monitoring should include observation of the toothbrushing session; discussion of the Standards with the key nursery or school lead; feedback to the overall programme lead and arrangement of a follow-up visit.

- 1.11 There are very few medical reasons why children should not participate in supervised toothbrushing programmes. In specific cases where there is a medical diagnosis of infection or oral ulceration, children may be temporarily excluded from the programme. Toothbrushing at home can continue as this will usually aid healing.
- 1.12 If parents inform the nursery of specific medical conditions (e.g. cystic fibrosis, blood-borne viruses) the risk for individual children can be discussed with the public health nursing staff who support the school.
- 1.13 Ideally, all paper products should be recyclable and biodegradable.

Appendix 2

Nursery and school toothbrushing models

Model A – toothbrushing at a sink

- 2.1 The supervisor should wash their hands before and after the toothbrushing session to prevent cross-infection.
- 2.2 The child (under supervision) is responsible for collecting the toothbrush from the storage system. Discretion should be used if a child has special care needs.
- 2.3 Toothpaste is dispensed following the appropriate methods (Standard 2).
- 2.4 Toothbrushing takes place at the identified sink area.
- 2.5 Ideally, no more than two children are permitted at each available sink. They should be closely supervised and encouraged to spit excess toothpaste into the sink.
- 2.6 Tissues/paper towels must be disposed of immediately in a refuse bag.
- 2.7 Toothbrushes can either be:
 - i. 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
 - or
 - ii. rinsed at a designated sink area where each child is responsible for rinsing their own toothbrush under cold running water. The supervisor or the child can be responsible for the control of the running tap.
- 2.8 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 into contact with the sink.
- 2.9 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 special care needs. Lids should be replaced at this stage provided that there is sufficient air circulation.
- 2.10 Paper towels should be used to mop up all visible drips on the storage system.
- 2.11 Children up to the age of 7 (at least) should be supervised.
- 2.12 All supervisors are responsible for rinsing sinks after toothbrushing is completed.

Model B – toothbrushing in dry areas

- 2.13 The supervisor should wash their hands before and after the toothbrushing session to prevent cross-infection.
- 2.14 The child (under supervision) is responsible for collecting the toothbrush from the storage system. Discretion should be used if a child has special care needs.
- 2.15 Toothpaste is dispensed following the appropriate methods (Standard 2).
- 2.16 Children may be seated or standing while toothbrushing takes place.
- 2.17 After toothbrushing is completed, children should spit excess toothpaste into either a disposable tissue, disposable paper towel or a disposable cardboard cup.
- 2.18 Tissues/paper towels must be disposed of immediately after use in a refuse bag.
- 2.19 Toothbrushes can either be:
 - i. 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
 - or
 - ii. rinsed at a designated sink area where each child is responsible for rinsing their own toothbrush under cold running water. The supervisor or the child can be responsible for the control of the running tap.
- 2.20 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.
- 2.21 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 special care needs. Lids should be replaced at this stage provided that there is sufficient air circulation.
- 2.22 Paper towels should be used to mop up all visible drips on the storage system.
- 2.23 Children up to the age of 7 (at least) should be supervised.
- 2.24 Supervisors are responsible for rinsing sinks after toothbrushing is completed.

Acknowledgements

Note:

These Toothbrushing Standards have been produced through a National Core Programme Toothbrushing Group and have been subject to wide consultation, including the Scottish Oral Health Promoters Action Group. The authors of these Standards have endeavoured to ensure that they reflect relevant guidance and evidence, which is current at the time of publication.

Updated in 2011 by the Childsmile Resources Group.

For further information, contact your local Childsmile team or go to www.child-smile.org

