Supervised Toothbrushing

Please access the toolkit for detailed information: Improving Oral Health: Supervised toothbrushing programme toolkit; *Commissioning and delivering supervised toothbrushing schemes in early years and school settings. Office for Health Improvement & Disparities, (updated 17 April 2025).* **Key points from the toolkit are listed below**

Useful information and resources are available at: https://www.supervisedtoothbrushing.com/

Every £1 spent is expected to save £3 in avoided treatment costs – amounting to £34 million over the next 5 years.

Why supervised brushing in school?

Regular daily toothbrushing with an appropriate fluoride toothpaste is highly effective in preventing dental decay. 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.

Context

- The Government announced £11m for National programme of Supervised Toothbrushing schemes in early years settings in most deprived areas of England.
- Collaboration between Department of Health and Social Care and Department of Education.
- Funding for each local authority was based on the number of 3-5year olds living in 20% of the most deprived LSOAs (IMD) and aiming to reach up to 600,000 children each year.
- Funding for 1 year currently.
- Scheme involves partnership with Colgate: donation of 23million toothbrushes and toothpaste over 5 years and educational leaflets for the first year.

Toothbrushing scheme

- Children brush their teeth daily in the toothbrushing programme.
- Schools have a designated lead person/ Oral Health Champion who is responsible for the toothbrushing programme.
- All toothbrushing supervisors have received training in effective toothbrushing and infection control procedures.
- Staff training is recorded.
- Appropriate arrangements for consent are in place and records kept of children taking part.

For each setting, appropriate governance and quality assurance arrangements will need to be considered, including information and consent forms.

Staff are responsible for:

- Ensuring that staff who implement and supervise the scheme have had training
- Managing permission or consent forms. They must ensure they are kept by the nursery or school setting in the child's personal file and that all staff are aware of the children who are not taking part in the toothbrushing scheme
- Committing to the scheme, providing daily supervised toothbrushing and following the guidelines
- Ensuring the scheme follows infection prevention and control procedures
- Checking equipment on a regular basis and ensuring the appropriate resources are used
- Ensuring that the brush storage units are stored carefully and looked after for continued use
- Liaising to give feedback on uptake and to enable evaluation of the national scheme.

Publication reference: Supervised Toothbrushing

Children taking part

- A consent letter and information leaflet 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.
  - Who will be responsible for collating the consents?
  - How will you try to ensure maximum participation?
  - How will you manage the children who are not part of the scheme?

There are very few medical reasons why children should not participate in supervised toothbrushing schemes. In specific cases where there is a medical diagnosis of infection or oral ulceration, children may be temporarily excluded from the scheme. Toothbrushing at home can continue as this will usually aid healing.

What is supervised toothbrushing?

Supervised toothbrushing is a daily activity where children brush their teeth with fluoride toothpaste under the supervision of a trained adult. This includes ensuring:

- Each child, whether in the setting full-time or part-time, brushes once a day as part of the supervised toothbrushing scheme. In addition, parents and carers are encouraged to brush with their child at home
- It takes place at a time that is most suitable for each setting
- Toothbrushing takes place in groups or individually, with children seated or standing
- Children are closely supervised by an adult when brushing their teeth using 1 of 2 models: dry or wet toothbrushing.

Dry toothbrushing

Toothbrushing in a dry area, brushing either without the use of water, or a sink.
Children may stand or sit while toothbrushing, however, the area surrounding them should be easy to clean. After brushing, children can spit excess toothpaste into a tissue or paper towel (encourage children to raise the tissue to their mouths to do so) and wipe their mouths.

Wet toothbrushing

Toothbrushing takes place at the identified sink area. Children should be closely supervised and encouraged to spit excess toothpaste into the sink.

Resources provided

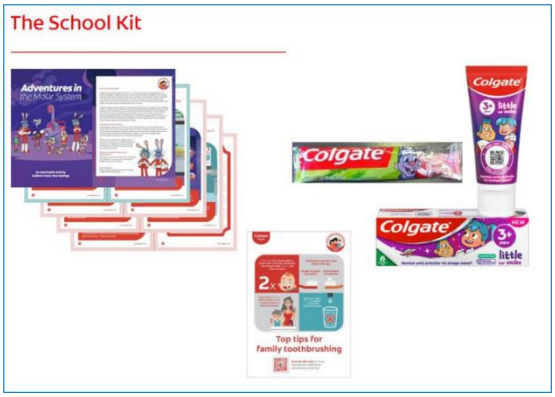
Toothpaste, toothbrushes and educational resources
Toothbrush storage racks are not included in the donation (e.g. Brush Buses)

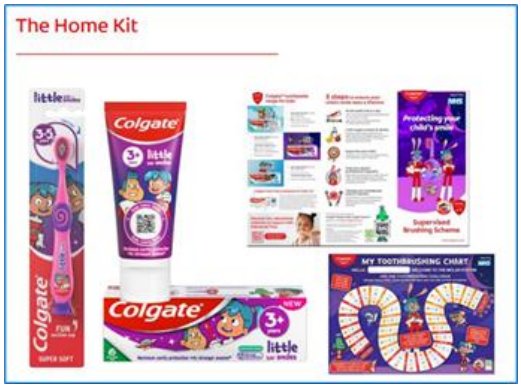
Home brushing packs

Each child has been allocated two home brushing packs per year. The Early years setting is encouraged to remind families of the importance of keeping up these healthy habits to reinforce the importance of building consistent routines at home. Using the provided toothbrushing chart may be useful to support this.

Additional resources which the settings will require:

- Hand washing facilities
- Paper towels
- Gloves
- Bin bags
- Access to sinks to rinse brushes afterwards
- It may be useful to have sand timers to time two minutes





Toothbrushes

Toothbrushes are a potential source of infection

The dimensions of in setting toothbrushes are 16cm in length, 1.4cm width and 0.5cm depth.

- Toothbrushes are replaced once a term, or sooner if required (for example, when the bristles become splayed).
- Toothbrushes are individually identifiable for each child.
- Toothbrushes should not be shared or left in contact with one another. Dropped brushes should be discarded.
- For those who need assistance with toothbrushing, toothbrushes are available with adaptations
- Water is used to clean brushes, rinsing each individually under cold running water, shake off excess water and then replace in the storage system

Toothpaste

75ml tube of Colgate “Little kids” toothpaste. This has a **mild mint flavour** and contains 1450 ppm fluoride. It does not contain animal derivatives, and it is gluten-free

- The correct amount of toothpaste is used so that children under 3 years of age have a smear of paste on their brush, while children over 3 have a pea-sized amount of paste
- Where toothpaste is shared, a supervisor dispenses it onto a clean surface such as a plate or paper towel or tissue.
- Ensure sufficient spacing between the quantities of dispensed toothpaste to allow collection without cross-contamination.
- Toothpaste must only be dispensed at the time the child is ready to brush.
- Where children have their own tubes of toothpaste and dispense it, they should be closely supervised.
- Children are discouraged from swallowing toothpaste during or after brushing their teeth and toothpaste is not reapplied if swallowed
- After brushing, children spit out residual toothpaste and do not rinse

Recycling and sustainability

The toothpaste tubes and lids can be recycled in the normal plastics recycling subject to local rules. The tube does not require rinsing prior to recycling. Further information is at www.colgate.com/goodness
It is currently difficult to recycle plastic toothbrushes but information on alternative recycling facilities is at https://www.recyclenow.com/
All paper products are recyclable and biodegradable if possible.

Toothbrush storage systems

- Good hygiene practice should be an essential part of childcare in nursery and school settings.
- Toothbrush storage systems comply with best practice in the prevention of cross-contamination.
- Toothbrushes should be stored in appropriate storage racks, or individual ventilated holders that enable brushes to stand upright and not be in contact with each other. The standards apply equally to individual holders as to the storage systems.
- Storage systems display symbols corresponding with those on the toothbrushes to allow individual identification. Each toothbrush should always be replaced into the designated hole in the storage system following toothbrushing.
- Storage systems should allow airflow around the toothbrush heads to enable the toothbrushes to dry.
- Storage systems should be replaced if cracks, scratches or rough surfaces develop.

- **If using a storage system with a lid:**
  - the storage system lids or covers are not interchangeable and should always be put back facing the same direction
  - covers should only be used once brushes have dried, or if they allow sufficient ventilation to allow drying

Storage systems in toilet areas must have manufacturers' covers

- **If using a storage system without a lid, storage systems should be:**
  - stored within a designated toothbrushing trolley or in a clean, dry cupboard
  - stored at adult height

Cleaning the toothbrushes in a sink

- Dedicated household gloves should be worn when cleaning storage systems and sinks.
- After toothbrushing, sinks should be cleaned with detergent or wipes.
- **Storage systems, trolleys and storage areas should be cleaned, rinsed and dried at least once a week (more if soiled) by staff using warm water and household detergent.**
- Manufacturers' guidelines should be followed when cleaning and maintaining storage systems, including dishwasher cleaning where appropriate.
- **Disinfectant wipes are not recommended for cleaning storage systems.**
- The storage system should not be placed directly beside where toothbrushing takes place to avoid contamination via aerosol spread.

Resources available at:

https://thamesvalley.hee.nhs.uk/dental-directorate-thames-valley-and-wessex/




Better Health Start for Life Top Tips For Teeth

The Top Tips for Teeth resources are designed for dental professionals, early years professionals and those working with families and young children to encourage parents and carers to teach children good oral health.
https://campaignresources.dhsc.gov.uk/campaigns/ttft/
https://campaignresources.dhsc.gov.uk/campaigns/school-zone/healthy-eating/

NHS website- Take care of your teeth and gums https://www.nhs.uk/live-well/healthy-teeth-and-gums/take-care-of-your-teeth-and-gums/

Best Start in Life campaign Delivered by the Department for Education and the Department for Health and Social Care, the campaign aims to help break down barriers to opportunity for every family, supporting parents and children from pregnancy through to age five and beyond.
https://www.beststartinlife.gov.uk/

Steps for supervised toothbrushing:

Step 1: wash or sanitise hands

- Supervisors and children (under supervision) should wash their hands or use hand sanitiser before and after the toothbrushing session.
- Supervisors should cover any cuts, abrasions or breaks in their skin with a waterproof dressing before starting a toothbrushing session and before carrying out cleaning.
- Children returning to the setting after being unwell can participate in the supervised toothbrushing scheme without delay unless otherwise stated by specific locally implemented precautions and guidelines. If there is suspicion of or a confirmed case of a notifiable disease, seek and follow the advice of the local health protection team.

Step 2: collect toothbrushes

The children under supervision collect their toothbrushes from the storage system, along with a tissue or paper towel so they can spit any excess toothpaste into this after brushing.

Step 3: dispense toothpaste

- Supervisors dispense the toothpaste onto a clean surface to allow each child to apply the toothpaste to their brush.
- Paper or plastic plates should be disposed of immediately in a waste bag.
- When a reusable plate is used to dispense the toothpaste, it should be cleaned and washed afterwards at high temperatures.

Step 4: supervise toothbrushing

- Supervisors should encourage each child to brush all accessible tooth surfaces, to the best of the child's ability.
- Encourage children to spit out after tooth brushing and discourage rinsing.

Step 5: rinse toothbrushes

- The infection prevention and control should be followed.
- Toothbrushes should be rinsed straight away.
- The toothpaste should not be allowed to dry on the brush.
- Toothbrushes should not be washed together in the sink and should not touch the taps or sink when being rinsed.

There are 2 approaches for rinsing toothbrushes: Supervisor rinses toothbrushes
Toothbrushes can be returned to the storage system by each child and taken to the identified sink area by the supervisor. The supervisor is responsible for:

- Rinsing each toothbrush and its handle at a sink under cold running water.
- Shaking off excess water into the sink.
- Toothbrushes should not touch the sink or tap at any point during the session.

Child rinses own toothbrush: Toothbrushes can be rinsed at an identified sink area where each child is responsible for rinsing their own toothbrush.

- Each child in turn rinses their own toothbrush and its handle at a sink under cold running water.
- After rinsing the toothbrushes, the child or the supervisor is responsible for shaking off excess water into the sink.

Step 6: return the toothbrushes to the storage area

- Each child under supervision of the supervisor should be responsible for returning their own toothbrush to the storage system to air dry.
- If the lids are used for the storage system, they should be replaced at this stage if there is sufficient air circulation to allow the toothbrushes to dry before the next use.
- Toothbrushes must not be soaked in bleach or other cleaner or disinfectant.
- Paper towels should be used to mop up all visible drips on the storage system.

Step 7: clean the toothbrushing area

Supervisors clean the area INCLUDING sinks and other surfaces following national guidance, using standard cleaning products such as detergents and bleach.

There is usually no need for the supervisor to wear personal protective equipment (PPE) such as aprons and gloves. The supervisor can, however, choose to wear PPE if they deem the likelihood of exposure to bodily fluids (for example saliva and blood) to be increased. If deemed necessary due to the likelihood of exposure, one pair of gloves should be used per child, and the supervisor needs to wash or disinfect hands between glove changes (after taking gloves off and before putting a new pair of gloves on). Aprons should be changed when they become heavily soiled or contaminated with bodily fluids such as saliva or blood.

Produced for NHSE WT&E by Katy Kerr, with additional material from Victoria Niven and Jeyanthi John based on Improving Oral Health: Supervised toothbrushing programme toolkit; *Commissioning and delivering supervised toothbrushing schemes in early years and school settings. Office for Health Improvement & Disparities, (updated 17 April 2025)*