



**Sussex Community**  
NHS Foundation Trust

# Oral Health

## Supervised Toothbrushing

Clare Brown – Oral Health Promoter



*Excellent care at the heart of the community*

# Purpose of Supervised Toothbrushing

The Oral health initiative for children aged 0-5 is:

Designed to

- Improve children's oral health.
- Increase exposure to fluoride.
- Promote behavioural self-care skills and habits.

# Why?

**The Research:** Inequalities and education

**OFSTED:** Leadership, Management and Safeguarding

**Safeguarding:** The government guidance:

[Oral health - Help for early years providers - GOV.UK \(education.gov.uk\)](https://www.gov.uk/government/guidance/oral-health-help-for-early-years-providers)



# Early Years Curriculum & Guidance Documents

- [Settings EYFS \(p.34, 2024\)](#)
- [Childminders EYFS \(p.23, 2024\)](#)
- [Development Matters \(p.55, 2021\)](#)
- [Birth to 5 Matters](#)

## Health

### Medicines

3.52 Providers must promote the good health, including the oral health, of the children they look after.

# Improving Oral Health: Supervised Toothbrushing Toolkit

- [PHE standard publication template](#)



## Getting Started

- Consent needs to be obtained from parents or carers.
- Only children with consent can take part in supervised brushing.

### **Oral Health Policy:**

An Oral Health policy or statement can support your setting in developing your practice. Ask your Oral Health coordinator for support.

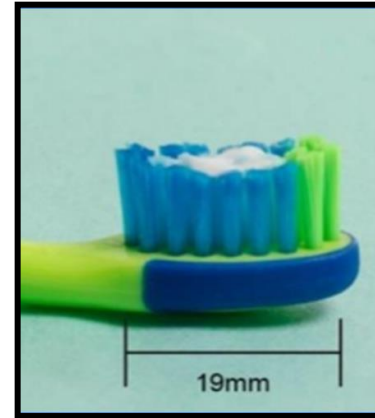
# Toothbrushes

- Appropriate to age and ability.
- Small toothbrush head (2cm).
- Individually identifiable for each child.
- Replaces every term.



# Toothpaste

- Daily brushing with fluoride toothpaste.
- Age 0-3: Smear, a minimum of 1000ppm fluoride.
- Age 3+: Pea-sized amount, minimum of 1350ppm fluoride.
- Special non-foaming toothpaste is available.
- If the child swallows the toothpaste, do NOT add more to the brush.
- Spit excess toothpaste out; children should NOT rinse afterwards.





# Toothbrushing

- Toothbrushing routine.
- Groups or individually.
- In bathroom or in a dry area.
- Appropriate time of day.
- Encourage children to brush their teeth.
- Younger children will need assistance in brushing.
- Model toothbrushing.



# Storage Solutions

- Store toothbrushes upright in a storage rack or system.
- Storage system needs to allow airflow for heads to air dry.
- Do NOT use a head cover.
- Ideally, use a toothbrush rack, which can be wall-mounted and have a lid or cover.
- Store out of reach of children.
- Storage Systems need to be cleaned weekly.

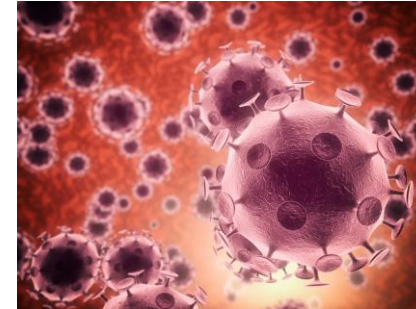


# Toothbrushing Procedure

1. Practitioner/Supervisor washes hands before and after toothbrushing.
2. Under supervision, the child collects a toothbrush from the rack, or the practitioner hands the brush to each child.
3. Children are seated or standing to brush their teeth.
4. Toothpaste is dispensed onto a paper towel or washable plate and applied to the toothbrush. (The child scoops the toothpaste from the plate or towel.
5. Children brush for 2 minutes. (Use a timer or song playing in the background)
6. After brushing, wipe the excess paste on a paper towel.
7. Place the paper towel in the bin.
8. Each child rinses their brush, one at a time, under cold running water. Alternatively, brushes are placed in the storage rack, and the practitioner rinses them.
9. Children should NOT touch each other's brush. Brushes are left to air dry for 1 hour before the lid or cover is placed onto the rack.
10. A paper towel can be used to wipe away visible drips on the storage system.
11. After brushing, children and practitioner wash their hands.

# Cross Contamination & Infection Control

- Practitioner wash hands.
- Children wash their hands before brushing.
- Practitioner dispenses toothpaste on a plate, paper towel or washable disc.
- Toothpaste tubes should never touch the children's toothbrushes.
- Toothbrushes should never touch each other.
- Toothbrushes are labelled and easily identifiable.
- Toothbrushes rinsed after brushing (Individually).
- Toothbrushes must NOT be soaked in bleach, cleaner or disinfectant.



# Auditing Practice

## OFSTED:

Inspectors will gather evidence of the effectiveness of:

- staff supervision
- performance management
- training and continuing professional development
- the impact of these on children's well-being, learning and development

**Self-Audit:** Appendix 4 pages 19-20 on the toolkit

Appendix 4: Example Checklist - Quality Assurance Form

Quality Assurance checklist for nurseries/schools to complete

Nursery/School: \_\_\_\_\_ Class: \_\_\_\_\_

Performance is monitored once every term.	Achieved	Intervention required	Programme suspended
<b>1: Organisation</b>			
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.			
<b>2: Effective Preventive Practice</b>			
Fluoride toothpaste containing 1350 to 1500ppm fluoride is used in the toothbrushing programme.			
Correct amount of toothpaste is used: <ul style="list-style-type: none"><li>• children under three years of age have a smear of paste applied to their brush</li><li>• children over three have a pea sized amount of paste applied to their brush</li></ul>			

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# What's Next?

- ☐ Designate an Oral Health Lead for the setting.
- ☐ Record and monitor staff training.
- ☐ Obtain Consent from Families.
- ☐ Purchase toothbrushes, toothpaste and storage system.
- ☐ Resources for teaching children [Help for early years providers : Oral health](#)
- ☐ Leaflets: Oral Health information with Families
- ☐ Quality Assurance: Audit Practice and keep records (OFSTED)
- ☐ SCFT Oral Health Team, to support the implementation

# 5 Key Messages

1. Brush morning and evening before bed.
2. Brush for 2 minutes.
3. Use a smear/pea-size to toothpaste
4. Spit out excess do not rinse.
5. Visit the family dentists as often as you can.



# Resources & Support

## Information for parents:

- [www.brushbaby.co.uk](http://www.brushbaby.co.uk)
- **Change 4 Life** - [Be Sugar Smart](#)
- [Food Scanner App](#)
- **NHS** [Choices](#)
- **Colgate** - [Bright Smiles](#)
- **Brush DJ** – [www.brushdj.com](http://www.brushdj.com)
- **Toothbrushes, Racks and Educational Resources**
  - [The Toothbrush Rack Co](#)
  - [Brushing Packs \(dentalhealthshop.org\)](http://dentalhealthshop.org)



# Thank you

- Any Questions?

- E-Mail:

SC-TR.oralhealthpromotionteam@nhs.net

Tel:01273 267345

