

# Supervised Toothbrushing Standards



# Introduction

Toothbrushing with a suitable strength fluoride toothpaste is an effective<sup>1</sup> way of helping to prevent tooth decay. Supervised toothbrushing in nurseries has an important role to play in both reducing tooth decay during the early years and in establishing life-long behaviour to support good oral health.

The standards in this document apply to all establishments offering Smile of Mann daily supervised toothbrushing.

The establishment of a daily supervised toothbrushing programme in nursery settings is central to the Isle of Man Government Department of Health and Social Care's oral health improvement initiatives for children.

This document is an adaptation (with kind permission from Childsmile) of NHS Scotland's Childsmile 'National Standards for Nursery and School Toothbrushing Programmes', which can be found on the Childsmile website <http://www.child-smile.org.uk>

The Scottish programme has been lauded a success by diverse organisations such as the British Dental Association, the Medical Defence Union, and the BBC. It has also been successfully adapted in Wales.

We would like to thank Childsmile for allowing us to use their information in the delivery of Smile of Mann.

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<sup>1</sup> Scottish Intercollegiate Guidelines Network (SIGN).  
*Dental interventions to prevent caries in children*. Edinburgh: SIGN; 2014.  
(SIGN publication no. 138). [March 2014]. Available from: [www.sign.ac.uk](http://www.sign.ac.uk)

# Standard 1: Organisation

## Statement 1(a)

There is an Island-wide optional supervised toothbrushing programme in place which meets recommendations and has clear reporting and accountability arrangements.

**Rationale:** The evidence tells us that brushing each day at school or nursery over a two year period is effective for preventing tooth decay and can establish life-long behaviour to promote oral health.<sup>2</sup>

A nursery-based supervised toothbrushing programme has been agreed as a key priority in the Isle of Man Government Public Health Business Plan 2018-2021.

### Criteria

- 1.1 Participation in the programme is optional; nurseries have the choice whether or not to participate.
- 1.2 The programme is available for all children, regardless of whether they attend nursery full-time or part-time.
- 1.3 Children brush their teeth daily in the supervised toothbrushing programme.
- 1.4 All establishments have a designated lead person who is responsible for the supervised toothbrushing programme.
- 1.5 Support and guidance is available to all establishments.
- 1.6 At least one toothbrushing supervisor from each establishment has received training in effective toothbrushing and infection control procedures and cascaded the information to other members of nursery staff.
- 1.7 Staff training is recorded and monitored.
- 1.8 Performance against the Standards is monitored in each establishment twice per year by a member of the Public Health Directorate with a checklist. More frequent visits should be undertaken when appropriate.
- 1.9 Appropriate arrangements for consent are in place and records maintained by the individual establishments.
- 1.10 Full Supervised Toothbrushing Standards are available for all establishments (via the Public Health Directorate or by downloading a copy at **[www.gov.im/toothbrushing](http://www.gov.im/toothbrushing)**). An abbreviated version of the Standards is displayed in all establishments for reference.

<sup>2</sup> Public Health England (PHE).

*Improving Oral Health: a toolkit to support commissioning of toothbrushing programmes in early years and school settings*, 2016. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/574835/PHE\\_supervised\\_toothbrushing\\_toolkit.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574835/PHE_supervised_toothbrushing_toolkit.pdf)

## Standard 2: Effective preventative 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 decay.<sup>3</sup> 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 provided by the programme, containing at least 1450 ppm (parts per million) fluoride, is used.
- 2.2 On a **dry toothbrush**, a smear of toothpaste is used for children under 3 years and a pea-sized amount for children 3 years and over.
- 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 Supervisors should cover any cuts, abrasions or breaks in their skin with a waterproof dressing.

<sup>3</sup> Scottish Intercollegiate Guidelines Network (SIGN). *Dental interventions to prevent caries in children*. Edinburgh: SIGN; 2014. (SIGN publication no. 138). [March 2014]. Available from URL: [www.sign.ac.uk/assets/sign138.pdf](http://www.sign.ac.uk/assets/sign138.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

- 2.7 Toothbrushes and brushing techniques are appropriate to the age and ability of the child.
- 2.8 Children must be able to independently brush their own teeth whilst under supervision of nursery staff.
- 2.9 Toothbrushes are replaced once a term, or sooner if required (for example, 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 and home routines.**

**Rationale:** Children should be supervised while brushing their teeth. Toothbrushing programmes should be integrated into normal nursery routines to ensure maximum compliance.

### **Criteria**

- 2.11 Children are supervised when brushing their teeth.
- 2.12 Toothbrushing takes place at a time which is most suitable for each establishment (see Appendix 1.2).
- 2.13 Toothbrushing takes place in groups or individually with children seated or standing.
- 2.14 Children are discouraged from swallowing toothpaste during or after brushing their teeth.
- 2.15 After toothbrushing, brushes are rinsed thoroughly and individually under cold running water and replaced in the storage system to allow them to air dry.
- 2.16 The supervised toothbrushing programme uses one of two models outlined in Appendix 2.

## 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.
- 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 If a storage system cover is lost or damaged, the storage system must be stored within a designated trolley or in a clean, dry cupboard until the cover is replaced.
- 3.6 Storage systems in toilet areas must have manufacturers' covers and must be 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 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 staff using warm water and household detergent (Appendix 1.4).
- 3.10 Care is taken to ensure that toothbrushes do not cross-contaminate when being removed or replaced in storage systems.
- 3.11 To avoid contamination via spray, the storage system should not be placed directly beside the children while toothbrushing takes place.
- 3.12 Storage systems are replaced if cracks, scratches or rough surfaces develop (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.



## Appendix 1

- 1.1 The toothpaste provided to nurseries as part of Smile of Mann 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 Children are discouraged from actively rinsing their mouths after toothbrushing. Rinsing the mouth after toothbrushing significantly decreases the benefits of fluoride.
- 1.4 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.
- 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 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.
- 1.7 Ideally, nurseries participating in the supervised toothbrushing programme should have sinks available that are designated for toothbrushing and personal hygiene. Sinks should be cleaned after use.
- 1.8 Nurseries involved in the supervised toothbrushing programme should have an abbreviated version of the Standards on display for reference.
- 1.9 Local monitoring of the supervised toothbrushing programme by Public Health staff should take place twice per year (Standard 1). Monitoring should include observation of the toothbrushing session; discussion of the Standards with the key nursery lead; feedback to the Public Health Directorate and arrangement of a follow-up visit.
- 1.10 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.
- 1.11 Ideally, all paper products should be recyclable and biodegradable.

## Appendix 2

### Nursery 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 (staff may assist if necessary). Discretion should be used if a child has additional support 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 supervised and encouraged to spit excess toothpaste into the sink.
- 2.6 Tissues/paper towels must be disposed of immediately after use in a bin.
- 2.7 Toothbrushes can either be:
  - i. returned to the storage system by each child (staff may assist if necessary). The system is then 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 (staff may assist if necessary). Discretion should be used if a child has additional support 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 should be supervised.
- 2.12 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 (staff may assist if necessary). Discretion should be used if a child has additional support 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 disposable cup.
- 2.18 Tissues/paper towels or cups must be disposed of immediately after use in a bin.
- 2.19 Toothbrushes can either be:
  - i. returned to the storage system by each child (staff may assist if necessary). The system is then 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 (staff may assist if necessary). Discretion should be used if a child has additional support 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 should be supervised.
- 2.24 Supervisors are responsible for rinsing sinks after toothbrushing is completed.

For further information, contact the **Public Health Directorate**:

**Tel:** (01624) 642639

**Email:** [publichealth@gov.im](mailto:publichealth@gov.im)

**Visit:** [www.gov.im/toothbrushing](http://www.gov.im/toothbrushing)

**Department of Health and Social Care**

Public Health Directorate

Cronk Coar

Noble's Hospital

Strang, Douglas

Isle of Man, IM4 4RJ

