National Standards for Toothbrushing Programme

Early Years and Childhood
Introduction

These standards have been developed by a national working group involved in the implementation of the key oral health initiatives announced in the Scottish Executive document ‘Modernising NHS Dental Services Improving Children’s Oral Health.’

Daily toothbrushing with a suitable fluoride toothpaste is an effective means of helping to prevent decay and supervised toothbrushing programmes in nursery and school settings lie at the heart of the Scottish Executives oral health initiatives for younger children.

These standards have been subjected to a wide consultation process and I am delighted to be able to commend them to you.

Ray Watkins
Chief Dental Officer

1An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland, Scottish Executive Health Department, March 2005
http://www.scotland.gov.uk/Publications 2005/03/2087/54813
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 Plan. Effective programmes will involve health and local authority partnerships and be 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  There is a strategic oral health partnership group which has an overview of the toothbrushing programmes in each area.

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 control 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.

1.8  Appropriate informed consent arrangements are in place and records maintained.

1.9  Appropriate records of participating children are kept.
Standard 2 : Effective preventive practice

Statement 2(a) Children use an appropriate and effective quantity of toothpaste whilst minimising cross-contamination.

Rationale Regular daily brushing with an appropriate fluoride toothpaste is highly effective in preventing dental decay¹. 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 from a pump dispenser or tube containing 1000 parts per million fluoride (+/- 10%) is used (see Appendix 1.1).

2.2 A smear (0-2 year olds) or small pea-sized amount (3-6 years) of toothpaste is used.

2.3 A supervisor or the individual child dispenses the toothpaste. Children dispensing toothpaste are supervised.

2.4 Where toothpaste is shared, it is dispensed directly onto a clean surface such as a plate or paper towel.

2.5 There is sufficient spacing between the quantities of dispensed toothpaste to allow collection without cross-contamination.

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. Brushing programmes should work towards establishing effective toothbrushing techniques for the developing child.

Criteria

2.6 Toothbrushes and brushing techniques are appropriate to the age and ability of the child.

2.7 Toothbrushes are replaced at least once a term or sooner if required.

2.8 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 school routines.

Rationale Children up to the age of 7 should be supervised whilst toothbrushing². Toothbrushing programmes should be integrated

¹ Scottish Intercollegiate Guidelines Networks Guideline. – Guideline 47 Dec 2000
² Scottish Intercollegiate Guidelines Networks Guideline. – Guideline 47 Dec 2000
into normal nursery and school routines to ensure maximum compliance.

Criteria

2.9 Each child brushes once a day in the toothbrushing programme.

2.10 Children are closely supervised when brushing.

2.11 Toothbrushing takes place at a time which is most suitable for each establishment (see Appendix 1.2).

2.12 Toothbrushing takes place in groups or individually with children seated or standing at a sink area.

2.13 Children are discouraged from swallowing toothpaste during or after brushing.

2.14 After toothbrushing, brushes are rinsed thoroughly and replaced in the storage system.

2.15 The toothbrushing programme uses one of two models outlined in Appendix 2.

Standard 3: Prevention and control of infection

Statement 3(a) Toothpaste 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 holders (see Appendix 1.6).

3.2 Storage systems enable brushes to stand upright when positioned.

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 have manufacturers’ covers and are stored at adult height.

2 Recommendations of Consultants in Dental Public Health Group 1998
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.

3.8  Dedicated household gloves are worn when cleaning storage systems and sinks; and all cuts, abrasions and breaks in the skin are covered with a waterproof dressing before cleaning is carried out.

3.9  Storage systems, trolleys and storage areas are cleaned, rinsed and dried at least once a week (more if heavily soiled) using warm water and general purpose neutral detergent.

3.10  Care is taken to ensure that toothbrushes do not cross-contaminate when being removed or replaced in storage systems.

3.11  Storage systems are not positioned adjacent to the sink area whilst toothbrushing takes place in order to prevent contamination via aerosol spread.

3.12  Storage systems are replaced if cracks, scratches or rough surfaces develop (see Appendix 1.5).

3.13  Any toothbrushes dropped on to the floor are discarded.

3.14  Toothbrushes are not soaked in Milton or other cleaner/disinfectant.
Appendix 1

Supporting Information

1.1 Children suffering from toothpaste allergies or those who do not use toothpaste containing animal derivatives should have an appropriate alternative toothpaste provided. The standards on fluoride concentration should be followed.

1.2 Whilst 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.

1.3 It is recommended that children are discouraged from actively rinsing after toothbrushing. Rinsing after brushing significantly decreases the benefits of fluoride.

1.4 Baby and antiseptic wipes are suitable for skin but are unsuitable for plastic surfaces. Disinfectant wipes are not recommended for storage systems. Household detergent is recommended since it kills the vast majority of relevant micro-organisms and is the first stage in any decontamination process.

1.5 Rough surfaces on storage or dispensing systems can encourage the growth of harmful micro-organisms. Damaged racks therefore need replacing.

1.6 Individual toothbrush holders can be used for storing brushes, although most establishments involved in toothbrushing programmes elect to use a rack system. If individual holders are used, ensure that excess water is removed from the brushes before returning them to the holder. The standards apply equally to individual holders as to rack systems.

1.7 Whilst some tap water supplies in nursery and school settings are not technically of drinking water quality, it is 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 and personal hygiene as best practice.
1.9 Nurseries and schools should have a condensed format of the standards that can be used for reference purposes within establishments involved in nursery toothbrushing programmes.

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; arrangement of a follow-up visit.
Nursery Toothbrushing Models

Model A – Toothbrushing at a sink

1. The supervisor or child is responsible for collecting the toothbrush from the storage system.

2. Toothpaste is dispensed following the appropriate methods (standard 2).

3. Toothbrushing takes place at the identified sink area.

4. Ideally, no more than two children are permitted at each available sink. They should be closely supervised.

5. Tissues/paper towels must be disposed of immediately after use in a refuse bag.

6. Toothbrushes can either be:

   (a) returned to the rack by each child and taken to an identified sink area by the supervisor who is responsible for rinsing each toothbrush individually under running water; or

   (b) rinsed at a designated sink area where each child is responsible for rinsing their own toothbrush under running water. The supervisor or the child can be responsible for the control of the running tap.

7. After rinsing of the toothbrushes is complete, the child or the supervisor is responsible for shaking off excess water into the sink.

8. Each child or supervisor can return the toothbrush to the storage system to air dry.

9. Paper towels should be used to mop up any drips visible on the storage system.

10. Supervision must be present at all times. Supervisors are responsible for rinsing sinks after toothbrushing is completed.
**Model B – Toothbrushing in a dry area**

1. The supervisor or child is responsible for collecting the toothbrush from the storage system.

2. Toothpaste is dispensed following the appropriate methods (standard 2).

3. Children may be seated or standing whilst toothbrushing takes place.

4. After toothbrushing is completed, children can spit excess toothpaste into either a disposable tissue or a disposable paper towel.

5. Tissues/paper towels must be disposed of immediately after use in a refuse bag.

6. Toothbrushes can either be:
   
   (a) returned to the rack by each child and taken to an identified sink area by the supervisor who is responsible for rinsing each toothbrush individually under running water; or

   (b) rinsed at a designated sink area where each child is responsible for rinsing their own toothbrush under running water. The supervisor or the child can be responsible for the control of the running tap.

7. After rinsing of the toothbrushes is complete, the child or the supervisor is responsible for shaking off excess water into the sink.

8. Toothbrushes are returned to the storage system by the supervisor or child and allowed to air dry.

9. Disposable paper towels should be used to mop up any drips visible on the storage system.

10. Supervision must be present at all times.

11. Supervisors are responsible for rinsing sinks after toothbrushing is completed.
Acknowledgements
The Standard has been produced through a National Core Programme Toothbrushing Group and has been subject to wide consultation.

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Grateful thanks to Dr Lorna MacPherson and Michelle Guthrie who undertook the original work on these standards.