



# **Supervised toothbrushing guidance**

## **In line with COVID-19**

### **August 2020**

<https://www.gov.uk/government/publications/covid-19-supervised-toothbrushing-programmes/covid-19-guidance-for-supervised-toothbrushing-programmes-in-early-years-and-school-settings>

This guidance is a reference document for those implementing supervised toothbrushing, who have also received relevant supervised toothbrushing training.

A supervised toothbrushing programme helps to:

Prevent tooth decay

Develop a healthy habit

Improve children’s toothbrushing technique

Increase children’s willingness to brush their teeth.

Supervised toothbrushing does not replace brushing at home but should be in addition to it.

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**Note:** The wet brushing model is no longer recommended during the COVID-19 recovery phase as it is considered more likely to risk droplet and contact transmission and offers no additional benefit to oral health over dry brushing.

**Orange font in this guidance indicates the updated changes made to the guidelines in line with COVID-19.**

## Setting up the programme

Identify a programme lead who is responsible for supervised toothbrushing in the setting. The lead ensures that:

- All of those supervising the children have had the training and have access to this guidance
- Consent is received for participating children and records maintained
- This guidance is adhered to

Obtain written consent from parents/carers (see sample permission form in appendices - page 10).

Ensure training has been received by all of those who will be supervising the children.

Decide on a process which will suit the setting with the following considerations:

- Time of day that enables each child, whether full time or part time, to brush once a day
- Children seated or standing, individually or in groups
- Ensure the tap that will be used for rinsing the brushes is of drinking water standard
- Funding/provision of the equipment
- Storage of the brushes and equipment - There should be a **separate storage system for each 'group' or 'bubble' of children where applicable.**

## Effective toothbrushing

Each child, whether full-time or part-time, should be given the opportunity to brush their teeth once a day.

Ensure the toothpaste used contains between 1350-1500ppm (parts per million) fluoride. This can usually be found written on the tube or the packaging. Specific non-foaming toothpastes can be used for children with swallowing difficulties.

Opt for mint toothpaste where possible. Children with an aversion to mint flavouring could use unflavoured toothpaste.

A small headed toothbrush with medium bristles is recommended.



For children aged 0-3 years old, use just a smear of toothpaste



For children aged over 3 years old, who can spit out the excess, use a pea size blob

- Encourage children not to swallow the toothpaste. If foam is building up in their mouths give them the opportunity to spit it out as they go along
- After brushing, the child spits and doesn't rinse their mouth with water
- Toothpaste is not re-applied, if swallowed
- Toothbrushes are replaced termly or...
  - when they appear damaged
  - the bristles are splayed
  - if the toothbrush is dropped on the floor
  - following a period of sickness



Splayed bristles

Guiding children around the mouth whilst brushing helps them to improve their technique. Songs or videos can be used to support this and make it fun.

Praise, stickers and rewards can help children who are reluctant to join in.

## Toothbrushing in dry areas

- **Supervisors and children (under supervision) should wash their hands or use hand sanitiser before and after the toothbrushing session.**
- Cover any cuts, abrasions or breaks in the skin with a waterproof dressing.
- **Each child should collect their toothbrush** from the storage system and a **tissue or paper towel** (so they can spit any excess toothpaste into this after brushing).
- The storage system should not be placed directly beside where toothbrushing takes place or beside the toilet area to avoid contamination via droplet and contact spread.
- **Cleaning of the storage systems should ideally be done once children have collected their brushes to commence brushing.**
- **Toothpaste is dispensed** by the supervisor.

### If from a shared tube of toothpaste:

- **Toothpaste must not be dispensed directly onto the toothbrushes.** Supervisors should dispense the toothpaste onto a clean surface such as a plate or paper towel.
- **Allow sufficient spaces between the blobs of toothpaste** so that when transferred onto each toothbrush, there is no risk of cross contamination.



**Pea sized blobs  
on paper towels**

- **Each child should collect their toothpaste**
- Children may be seated or standing whilst brushing **however the area surrounding them should be easy to clean.**
- **Discourage children from swallowing toothpaste. If a child swallows the toothpaste,** it must not be re-applied.

- **Excess toothpaste is to be spat out** into a disposable tissue or paper towel (encourage children to raise the tissue to their mouths to do so) and wipe their mouths.
- Tissue or paper towel should be **disposed of immediately** in a waste bag.
- After toothbrushing supervisors should **clean the area where the toothbrushing has taken place** with standard cleaning products such as detergents and bleach.
- Observed by the supervisor **each child should** in turn **rinse their own toothbrush and its handle** at a sink under cold running water. **Water should be left running** to avoid each child touching the tap.



Images: Childsmile, Scotland

Toothbrushes should not be washed together in the sink and should not come into contact with the sink or tap

- Under supervision **each child then returns their own toothbrush** to the storage system to air dry.
- **Mop up** any drips on the storage system with paper towels and place the lid back on, provided that there is sufficient air circulation.
- **Clean the sink** with neutral detergent or wipes after toothbrushing is finished, wearing disposable gloves, or dedicated household gloves.
- After toothbrushing is complete **children and supervisors should wash their hands.**

## Making toothbrushing as safe as possible

In addition to the guidance in the previous sections:

- **Toothbrushes must be individually identifiable** to each child or supervisor. This may involve using symbols, coloured racks and writing names on brushes with markers. Paper labels must not be used, whether they are sticky labels or taped on.
- There should be a **separate storage system** for each 'group' or 'bubble' of children where applicable.
- Each toothbrush should always be **replaced into the same hole** in their storage system following toothbrushing.
- **Toothbrush storage systems** need to enable brushes to stand upright, without touching any other brushes and should allow air flow around the brush heads. Covers should only be used once brushes have dried or if they allow sufficient ventilation for drying.
- **Keep the storage system out of reach of the children**, in a storage trolley or in a clean, dry cupboard.
- **Clean, rinse and dry storage systems**, trollies and storage areas at least once a week (more if soiled). Wear dedicated household rubber gloves and use hot soapy water (such as household detergent). It is not recommended to use disinfectant wipes for cleaning storage systems.
- **Replace storage systems** if cracks, scratches or rough surfaces develop.
- **These standards apply equally to individual holders as to the storage systems.**
- After toothbrushing, brushes must be rinsed individually under cold running water and replaced into their storage system to air dry. **Toothbrushes must not be washed together in the sink and should not touch the sink or taps when being rinsed.**
- **Toothbrushes must not be soaked** in bleach or other cleaner or disinfectant.
- If water does not meet drinking water standards, regulations from DEFRA recommend boiling and cooling water prior to brushing.
- **Toothbrushes which are dropped** on the floor should be discarded.

- If a child has bleeding gums, follow the same policy you would use to discard any bloody tissues following nose bleeds and inform the parent so that they may contact the dentist for review.
- 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 ulceration, children may be temporarily excluded from the scheme. Toothbrushing at home must continue as this will usually aid healing.
- If parents inform the nursery of specific medical conditions (for example cystic fibrosis, blood-borne viruses) the risk for individual children can be discussed with the 0-19 service who support the setting.

In the event of a confirmed case of COVID-19 follow the advice of the local health protection team and ask for advice regarding the supervised toothbrushing programme, this will ensure advice provided is consistent and up to date.



## Appendices

Please see following pages for:

- Sample permission form which can be photocopied
- Equipment list



Supervised Toothbrushing Programme

Date

Dear Parent/Guardian,

We are planning to roll out a toothbrushing programme in the setting. We would like to involve your child/children in toothbrushing here once a day, with a fluoride toothpaste. We will have received training to ensure we and the children undertake this safely - the children will be fully supervised by staff when they are brushing their teeth.

You can withdraw your permission at any time from the programme – please inform us to do so.

Please complete and return the below slip as soon as possible.

If you have any questions, please do talk to a member of the staff team.

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**Supervised toothbrushing programme**

I give / do not give permission for \_\_\_\_\_ (Child/children's name/s)  
to take part in supervised toothbrushing.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have parental responsibility for the above named child/children.

If your child has special fluoride drops/tablets/toothpaste from the dentist, please write details below and speak to a member of staff.

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## Equipment list

Storage rack(s) or system, allowing individual toothbrushes to be identified and to not touch each other (see images below)

Toothbrushes, including spares  
(Ideally with a small head and medium bristles)

CD pen/permanent marker

Clear nail varnish to use over the marker (optional)

Toothpaste – ensure fluoride level is between 1,350 and 1,500 parts per million

Disposable paper towels/strong tissues (ideally, these should be recyclable and biodegradable)

Disposable plates or re-usable plates (ideally, these should be recyclable and biodegradable)



## References

Improving Oral Health: A toolkit to support commissioning of supervised toothbrushing programmes in early years and school settings. Public Health England, December 2016

National Standards for Nursery and School Toothbrushing Programmes. NHS Health Scotland, 2011

ToothBrushing Programme. Oral Health Foundation, January 2016

Public Health England. Covid-19: guidance for supervised toothbrushing programmes in early years and school settings, August 2020.

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