



Supervised toothbrushing guidance

for Early Years settings





For more information, please contact:

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This guidance is a reference document for those implementing supervised toothbrushing.

It is best practice to ensure all of those involved in supervised toothbrushing have also received the 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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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;
 - ✓ read the guidance;
 - ✓ 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 12).

Ensure training has been received by/cascaded to 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
- Brushing at a sink or in a 'dry' area (see pages 7 and 8)
- Funding/provision of the equipment – unless you are receiving the equipment from your local oral health team via a programme/award
- Storage of the brushes and equipment



Effective toothbrushing

- Each child, whether full-time or part-time, should be given the opportunity to brush their teeth once a day.
- Discretion should be used if a child has additional support needs.
- Ensure the toothpaste used contains between 1350-1500ppm (parts per million) fluoride. For children under 3 years, at least 1000ppm to be used. 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 with at least 1000ppm Fluoride

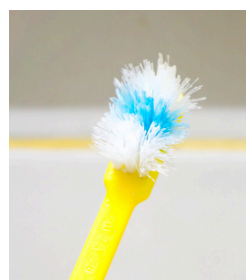
For children aged over 3 years old, who can spit out the excess, use a pea size blob with between 1350 and 1500ppm Fluoride



Effective toothbrushing continued...

- Encourage children not to swallow the toothpaste. If foam is building up in their mouths give them opportunities 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 dropped on the floor
 - following a period of sickness

Spit, don't rinse!

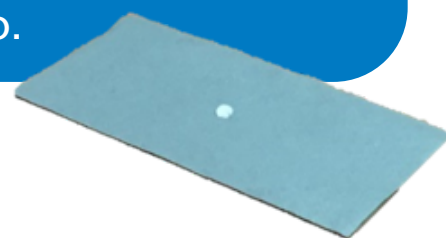


splayed bristles

You may want to use a plate where you can add multiple toothpaste blobs. Ensure there are sufficient spaces between the blobs! Adults to scoop these blobs onto toothbrushes.



Or you can use individual paper towels. This method allows the child to scoop their own toothpaste onto their toothbrush and use the towel to spit into.



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.

Brushing song

To the tune of 'Row, row, row your boat'...

Brush, brush, brush your teeth
Brush them twice day
Up and down
And round and round
Smile the day away!

Toothbrushing in dry areas (away from a sink)

Supervisor(s) and children wash hands or use hand sanitiser before and after the toothbrushing. Cover any cuts, abrasions or breaks in the skin with a waterproof dressing.

Toothbrushes are given to or collected by the children from the storage system. The storage system should not be directly beside where toothbrushing takes place (due to the spray of toothbrushing action).

Toothpaste is dispensed by the supervisor either onto a plate or individual paper towels *refer to page 6*

Toothpaste must not be dispensed directly onto the toothbrushes.

Children may be seated or standing whilst brushing.

Excess toothpaste is to be spat out into a disposable tissue, paper towel or cup, which is immediately disposed of into refuse.

Rinse toothbrushes straight away;

- **Return, then rinse:** Child returns the brush to the storage rack, which is then taken to an identified sink area by the supervisor, who is responsible for rinsing each toothbrush individually under cold running water, shaking the excess water off into the sink.

or

- **Rinse, then return:** Each brush is rinsed by the supervisor or each child rinses own brush under cold running water, shaking off the excess water into the sink. The supervisor returns each brush to its rack.

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

Mop up any drips on the storage system with paper towels and **clean the sink** with neutral detergent or wipes after toothbrushing is finished. Place the lid back on, provided that there is sufficient air circulation.

Toothbrushing at a sink

No more than 2 children per sink

Supervisor(s) and children wash hands or use hand sanitiser before and after the toothbrushing. Cover any cuts, abrasions or breaks in the skin with a waterproof dressing.

Toothbrushes are given to or collected by the children from the storage system. The storage system should not be directly beside where toothbrushing takes place (due to the spray of toothbrushing action).

Toothpaste is dispensed by the supervisor either onto a plate or individual paper towels *refer to page 6*

Toothpaste must not be dispensed directly onto the toothbrushes.

Children brush their teeth at the sink area, whilst being closely supervised, and spit excess toothpaste into the sink.

Dispose of any tissues/paper towels used for wiping mouths immediately into refuse.

Spit,
don't rinse

Rinse toothbrushes straight away;

- **Return, then rinse:** Child returns the brush to the storage rack, which is then taken to an identified sink area by the supervisor, who is responsible for rinsing each toothbrush individually under cold running water, shaking the excess water off into the sink.

or

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

- **Rinse, then return:** Each brush is rinsed by the supervisor or each child rinses own brush under cold running water, shaking off the excess water into the sink. The supervisor returns each brush to its rack.

Mop up any drips on the storage system with paper towels and clean the sink with neutral detergent or wipes after toothbrushing is finished. Place the lid back on, provided that there is sufficient air circulation.



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 matching symbols on the racks and brushes, different coloured racks or writing names on brushes/racks with markers. Paper labels must not be used, whether they are sticky labels or taped on.
- 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.
- Toothbrushes which are dropped on the floor should be discarded or recycled if possible.
- Toothbrush storage systems need to enable brushes to stand upright, without touching any other brushes and should allow air flow around the brush heads. Rack 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. Avoid storing next to or on a radiator or heater.
- Clean, rinse and dry storage systems, trollies and storage areas at least once a week (more often 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.





Making toothbrushing as safe as possible, continued...

- Rinse any reusable cups/bowls out with water before washing in hot soapy water
- If a child has bleeding gums, follow the same policy you would use to discard any bloody tissues following nose bleeds and if the bleeding is persistent 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 oral health improvement service who support the setting.

Opting out of a scheme

If, at any time, the decision is made to opt out of a supervised toothbrushing scheme, the setting lead should inform all partners immediately so that arrangements can be made to **collect any surplus stock**. If a school leaves a scheme after parents have given permission or consent, the head teacher is responsible for informing the parents of the decision to withdraw and for informing school governors.





Appendices

Please see following pages for:

- Sample permission form which can be used / 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.

Supervised toothbrushing programme

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

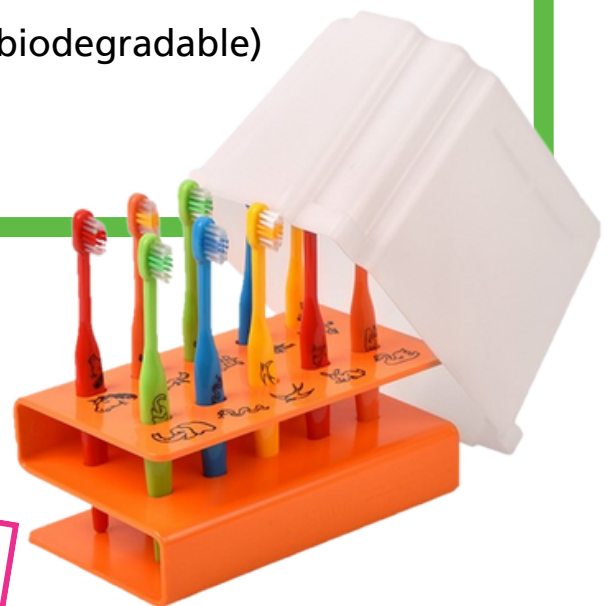
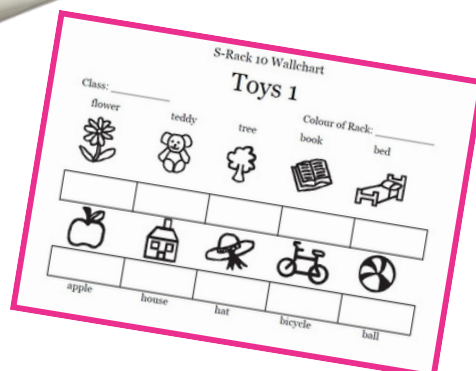
Signature: _____ Date _____

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

If your child is receiving prescribed fluoride supplements, then please talk to your dentist before allowing your child to participate in the supervised toothbrushing programme.

Equipment list

- ✓ Storage rack(s) or system, allowing individual toothbrushes to be identified and to not touch each other (see image below)
- ✓ Toothbrushes, including spares (ideally with a small head and medium bristles)
- ✓ CD pen/permanent marker and clear nail varnish – if using racks and brushes without symbols on them
- ✓ Toothpaste – ensure fluoride level is at least 1000ppm for children under 3 and between 1,350 and 1,500 parts per million for children over 3
- ✓ Disposable paper towels/strong tissues (ideally, these should be recyclable and biodegradable)
- ✓ Disposable plates (ideally, these should be recyclable and biodegradable) or re-usable plates





References

AMS International; Oral Health Care Products: <https://www.amsinternational.net/>

Commissioning and delivering supervised toothbrushing schemes in early years and school settings. Office for Health Improvement and Disparities. Updated April 2025.

Delivering better oral health: an evidence-based toolkit for prevention. Office for Health Improvement and Disparities. June 2014. Updated November 2021.

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