National Tooth-brushing Standards

Guidance on Assessment and Delivery for Centres

Supervised Tooth-brushing in Nurseries and School

Group Award code: GL9E 46

SCQF level 6

Version: 01 (October 2016)

History of changes

Version	Description of change	Date

Unit Specification

Unit: Supervised Tooth-brushing in Nurseries and Schools

SCQF level 6

What are the National Tooth-brushing Standards?

The tooth-brushing Standards are necessary as An Action Plan for Improving and Modernising NHS Dental Services (2005) identified oral health as an integral part of overall health improvement and services for children and young people should be focused on prevention and meet the oral health needs of those in the most disadvantaged circumstances.

Employers will look for relevant qualifications when they are appointing new staff within nursery establishments. As supervised tooth-brushing is integrated within Nursery Practice, undertaking a work based SCQF level 6 awards in Supervised Tooth-brushing will increase the learners knowledge and skills in the importance of early preventative oral care and enhance their employability prospects, preparing them for the broader educational elements within every day nursery practice. It will also enhance employee's education on the theoretical components of the Childsmile Programme and how this links to the curriculum for Excellence in Health and Wellbeing.

What is this Supervised Tooth-brushing About?

This Unit is about introducing staff to supervised tooth-brushing within the workplace. The broader aspects of the Childsmile Programme, the ethos of An Action Plan for Modernising and Improving NHS Dental Services (2005) and the importance of establishing a good oral health routine early in life.

Your tutor will explain anything in this Unit that you do not understand.

What should I know or be able to do before I start?

You should be able to show that you have some knowledge and or experience in working with children in an early years setting. You will also require to undertake a practical placement in a nursery or school setting.

How do I get this Unit?

After completing the tooth-brushing training you are required to observe five supervised tooth-brushing sessions within the Nursery/School and write up a reflective learning statement which should include:

- What did I observe and what learning can I take from this?
- What did I do to assist?
- How might I approach/or prepare to supervise children with tooth-brushing?

Once you have observed five cases, you are required to supervise a minimum of ten tooth-brushing sessions within the nursery/school setting.

You must document 10 supervised tooth-brushing sessions within the Practical Skills Competency Framework. Once this has been completed the original trainer will assess your competence using the Direct Observational Procedure Verification form (DOP).

The practical skills competency framework must be completed within 10 weeks of the original training course and returned for marking. The trainer will issue you with the date for return, during the training event.

What might this Involve?

Attendance at a one day (minimum 6 hour) training course and undertake a Practical Placement within an early years setting and final Direct Observation of Practice (DOP) assessed by a qualified oral health educator/promoter. The Learning outcomes for the unit are detailed below:

- Explain supervised tooth-brushing and the National Standards within nurseries/schools
- List the resources and techniques required to ensure supervised tooth-brushing is organised in a safe and effective way within with the nursery/school setting
- Summarise the Childsmile Core Programme and the links with the Nursery/School and Practice programme
- Demonstrate competence in supervising tooth-brushing within the nursery/schools setting

Guidance for tutors

The assessment requirements are taken from the National Tooth-brushing Standards, available at: http://www.child-smile.org.uk/professionals/childsmile-core/tooth-brushing-programme-national-standards.aspx

Key Standards:

Standard 1 — Organisation

Statement 1(a)

- There is an area-wide tooth-brushing programme in place which meets national recommendations and has clear reporting and accountability arrangements.

Standard 2 — Effective Preventive Practice

Statement 2(a)

- Children use an appropriate and effective quantity of toothpaste while minimising cross-contamination.

Statement 2(b)

- Toothbrushes and brushing techniques are appropriate and are able to be used effectively by each child.

Statement 2(c)

- Tooth-brushing is organised in a safe and effective way which is integrated with nursery school and home routines.

Standard 3 — Prevention and Control of Infection

Statement 3 (a)

- Tooth-brushing storage systems comply with best practice in the prevention of cross-contamination.

Statement 3 (b)

- Appropriate cleaning procedures are in place to ensure that cross-infection risks are minimised.

Policy and Guidance

1 An Action Plan for Improving Oral Health and Modernising Dental Services in Scotland (Scottish Executive 2005) The Action Plan outlined the Scottish Government's target for NHS Health Boards, stating that 60% of 5-year-old children should be decay free by 2010 and this target was met. It also promoted a shift in balance of care towards prevention rather than treatment by targeting the early year's age group.

2 A New Look at HALL 4: The Early Years, Good Health for every Child (Scottish Government 2011) Supplements Health for all Children 4 and above reframes its commitment in light of subsequent policy commitments such as Getting it Right for Every Child, The Early Years Framework, Equally Well and Achieving our Potential. It has three main areas of focus; identification of need, delivery of early preventive advice and support and reintroduction of a 24-month review. This review will allow us to develop a complementary oral health review point on the Childsmile pathway.

3 Better Health, Better Care: Action Plan (Scottish Government 2007) Better Health, Better Care announced that Childsmile would be 'rolled out as a new schools based prevention dental service' incorporating fluoride varnish applications to children's teeth and fissure sealants applied as appropriate.

4 Getting it Right for Every Child (Scottish Government 2008b) Getting it Right for Every Child (GIRFEC) places children's and young people's needs first. It ensures that they are listened to and understand any/all decisions affecting them and they receive more coordinated help where required for their wellbeing, health and development. It requires that all services for children and young people — social work, health, education, police, housing and voluntary organisations — improve how they work together to support children and young people. The integration of Childsmile within mainstream national child health programmes helps ensure child dental health is part of normal offer of service.

5 Early Years Framework (Scottish Government 2009) It seeks to maximise positive opportunities for children to get the start in life that will provide a strong platform for the future success of Scotland. It aims to address the needs of those children whose lives, opportunities and ambitions are being constrained by Scotland's historic legacies of poverty, poor health, poor attainment and unemployment

6 Improving Maternal and Infant Nutrition: A Framework for Action (Scottish Government 2011) Framework for Action focuses on improving the nutrition of mothers in pregnancy and infant nutrition in Scotland covering a minimum period of 10 years. Areas of focus include: supporting parents with information on infant feeding, complementary feeding and early eating patterns and supporting women to initiate and continue breastfeeding. A co-ordinated, multi-agency, multi-faceted approach is highlighted.

7 National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless (2012). This Strategy introduces a range of new, specially tailored Smile programmes, targeted at preventing oral disease for these priority groups. Childsmile and the new Smile programmes will be brought together under the title Smile Scotland, ensuring a consistent approach to improving oral health across Scotland.

8 Oral Health and Nutrition Guidance for Professionals (2012). The purpose of this guidance is to provide agreed, consistent, evidence-based guidance on oral health and nutrition for professionals. The guidance provides clear oral health and nutrition advice for the whole population. A special focus is given to the under-5's as intervention in the earliest years is vital for improved outcomes in the short and long term and will positively impact across the life course.

9 Report of the Ministerial Task Force on Health Inequalities, Equally Well (Scottish Government 2008), emphasises its commitment to children's dental health during the early years.

10 Sign Guidelines — 138 Dental Interventions to Prevent Caries in Children, Available at: http://www.sign.ac.uk/pdf/SIGN138.pdf

11 Setting the Table — Giving children the best nutritional start in life 'Setting the Table' is an update of the 'Nutritional Guidance for the Early Years: Food Choices Aged 1–5 years in Early Education and Childcare Settings' produced in 2006 and combines the content of 'Adventures in Foodland (NHS Health Scotland 2004)'. The guidance promotes the importance of good nutrition in the early years offering advice on food standards, providing breakfast, pack lunches, snack guidance, sample menus and recipes. Further practical advice is offered on providing for: special diets, religious faiths and beliefs and children with additional needs. This revised edition includes guidance on the nutritional needs of children from birth to 1 year; and, offers helpful advice on topics such as breastfeeding, formula feeding, weaning, and menu planning for babies.

12 The Prevention and Management of Dental Caries in Children, Dental Clinical Guidance (Scottish Dental Clinical Effectiveness Programme. Available at: http://www.sdcep.org.uk/

Assessment Methods

1 Open-book assignment.

2 Observation of five supervised tooth-brushing sessions.

3 A 400-word Reflective Practice Statement.

4 Minimum of 10 supervised Tooth-brushing Sessions.

5 A Satisfactory Direct Observation of practice (DOP) verified by a qualified oral Health Educator/Promoter.

Administrative Information

Credit Value

1 SCQF credit point at SCQF level 6

Appendix A

National Tooth-brushing Standards

Introduction

To be able to provide supervised tooth-brushing in an early years setting, staff should be appropriately trained by a qualified oral health educator/promoter. Undertaking this SCQF level 6 work based training award will enable staff to supervise children in daily tooth-brushing.

All training to meet the requirements of National Tooth-brushing Standards and should include three key areas:

1 Organisation
2 Effective Preventative Practice
3 Prevention and Control of Infection

The training delivery schedule should take a minimum of 6 hours. Assessment should take no more than10 hours. Candidate preparation 16 notional learning hours.

Delivery and Assessment Strategy

The initial training sessions will be delivered by oral health educators/promoters in partnership with further educational staff.

The open-book assignment will be undertaken directly after the face to face training delivery and marked by educational staff.

The five observations of supervised tooth-brushing will be delivered by early year's staff that have already been trained by oral health educators/promoters.

The 10 reflective statements will be written up by trainees after each supervised tooth-brushing session and made available for the oral health educator/promoter to verify.

The final direct observation of practice (DOP) must be assessed by an appropriately trained oral health educator/promoter.

Topic	Reference **NOTE: References are intended as guidance for where relevant information can be found. Not all information in the reference will be fully relevant to every subject.**
Introduction	
Training must outline the broader elements of the Childsmile Programme and its ethos of establishing good early oral health habits.	An Action Plan for Improving and Modernising NHS Dental Services (2005). National Oral health improvement strategy for priority groups: frail older people, people with special needs and those who are homeless (2012). The Childsmile Website: http://www.child-smile.org.uk/index.aspx
1 Organisation	
	Rationale: Nursery-based and school-based tooth-brushing programmes are a key priority in the Scottish Dental Action Plan. Effective Prevention programmes will involve health and local authority partnerships and are seen as an integral part of health promoting activity in nursery and school settings.
1.1 All nurseries participate in the tooth-brushing 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 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 tooth-brushing programme. 1.4 All establishments have a designated lead person who is responsible for the tooth-brushing programme. 1.5 Dental support and guidance is available to all establishments. 1.6 All tooth-brushing supervisors have received training in effective tooth-brushing and infection control procedures. 1.7 Staff training is recorded and monitored 1.8 Performance against the Standards is monitored in each establishment twice per school year by a member of the Childsmile team with a checklist. More frequent visits should be undertaken when appropriate. 1.9 Appropriate arrangements for consent are in place and records maintained. 1.10 Full Tooth-brushing Standards are available for all establishments (via the local Coordinator or by downloading a copy at **www.child-smile.org.uk/ documents/5040.aspx**). An abbreviated version of the Tooth-brushing Standards is displayed in all establishments for reference.	

Topic		Reference **NOTE: References are intended as guidance for where relevant information can be found. Not all information in the reference will be fully relevant to every subject.**
2	**Effective Preventative Practice** **2(a)** Children use an appropriate and effective quantity of toothpaste while minimising cross-contamination	**Rationale:** Regular daily tooth-brushing with an appropriate fluoride toothpaste is highly effective in preventing dental decay. 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 1000 ppm (parts per million) fluoride, is used. 2.2 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 Where children have their own tubes of toothpaste and dispense it, they should be closely supervised. 2.7 Supervisors should cover any cuts, abrasions or breaks in their skin with a waterproof dressing.		
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. Tooth-brushing programmes should work towards establishing techniques for the developing child.
Criteria 2.8 Toothbrushes and brushing techniques are appropriate to the age and ability of the child. 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.		

Topic		Reference **NOTE: References are intended as guidance for where relevant information can be found. Not all information in the reference will be fully relevant to every subject.**
2(c)	Toothbrushes and brushing techniques are appropriate and are able to be used effectively by each Child.	**Rationale:** Children should be supervised while brushing their teeth. Tooth-brushing programmes should be integrated into normal nursery and school routines to ensure maximum compliance.
Criteria 2.11 Children are supervised when brushing their teeth. 2.12 Tooth-brushing takes place at a time which is most suitable for each establishment (see Appendix 1). 2.13 Tooth-brushing 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 tooth-brushing, 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 tooth-brushing programme uses one of two models outlined in the appendices.		
3(a)	Tooth-brushing 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 ventilated holders (see Appendix 1). 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 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 must have manufacturers' covers and are stored at adult height or in a suitable trolley.		

Topic		Reference **NOTE: References are intended as guidance for where relevant information can be found. Not all information in the reference will be fully relevant to every subject.**
3(b)		**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, 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 tooth-brushing 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 nursery/primary staff using warm water and household detergent (see Appendix 1).
3.10 Care is taken to ensure that toothbrushes do not cross-contaminate when being removed from or replaced in storage systems.
3.11 To avoid contamination via spray, the storage system should not be placed directly beside the children while tooth-brushing takes place.
3.12 Storage systems are replaced if cracks, scratches or rough surfaces develop (see Appendix 1).
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

Supporting information

1.1 The toothpaste provided to nurseries and schools as part of the Childsmile Core Programme is free from animal derivatives.

1.2 While it is usually recommended that tooth-brushing should not directly follow the consumption of acidic foods or beverages, it is acceptable for establishments providing tooth-brushing 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 tooth-brushing. Rinsing the mouth after tooth-brushing 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 Individual toothbrush ventilated holders can be used for storing brushes, although most establishments involved in tooth-brushing programmes elect to use a tooth-brushing storage system. If individual holders are used, ensure that excess water is removed from the toothbrushes before returning them to the holder. The Standards apply equally to individual holders as to the storage systems.

1.7 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.

1.8 Ideally, nurseries and schools participating in the tooth-brushing programme should have sinks available that are designated for tooth-brushing and personal hygiene. Sinks should be cleaned after use.

1.9 Nurseries and schools involved in tooth-brushing programmes should have an abbreviated version of the Standards on display for reference.

1.10 Local monitoring of tooth-brushing programmes by Childsmile staff should take place twice per school year (Standard 1). Monitoring should include observation of the tooth-brushing session; discussion of the Standards with the key nursery or school lead; feedback to the local Childsmile Coordinator and arrangement of a follow-up visit.

1.11 There are very few medical reasons why children should not participate in supervised tooth-brushing programmes. In specific cases where there is a medical diagnosis of infection or oral ulceration, children may be temporarily excluded from the programme. Tooth-brushing at home can continue as this will usually aid healing.

1.12 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 public health nursing staff who support the school.

1.13 Ideally, all paper products should be recyclable and biodegradable.

Appendix 2

Nursery and school tooth-brushing models

Model A — Tooth-brushing at a sink

2.1 The supervisor should wash their hands before and after the tooth-brushing session to prevent cross-infection.

2.2 The child (under supervision) is responsible for collecting the toothbrush from the storage system. Discretion should be used if a child has additional support needs.

2.3 Toothpaste is dispensed following the appropriate methods (Standard 2).

2.4 Tooth-brushing 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. 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. 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 tooth-brushing is completed.

Model B — Tooth-brushing in dry area

2.13 The supervisor should wash their hands before and after the tooth-brushing session to prevent cross-infection.

2.14 The child (under supervision) is responsible for collecting the toothbrush from the storage system. 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 tooth-brushing takes place.

2.17 After tooth-brushing 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. 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. 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 tooth-brushing is completed.

Assessment Criteria for Award

Assessment on supervised tooth-brushing must adhere to the following assessment balance:

(Ref)	Topic	Assessment Weighting (%)	Number of Questions
	Introduction	0%	0
	Open-book assignment on Childsmile: 1 Core Programme 2 Nursery/School Programme 3 Childsmile Practice 4 National Tooth-brushing Standards including: ♦ Model A ♦ Model B	30%	5
	Five observations of supervised tooth-brushing within an early years setting and a minimum of a 400-word reflective statement on: ♦ Observations and learning taken from this ♦ Any assistance given ♦ Approach /prepare to supervise children with tooth-brushing	20%	
	Carry out a minimum of 10 practical cases of supervised tooth-brushing and write up 10 reflective statements on: ♦ Model A or B ♦ Organisation ♦ Effective Preventative Practice ♦ Tooth-brushing is safe and effective ♦ Cross infection is minimised ♦ Lesson learnt for approach next time	40%	6
	One successful Direct Observation of Practice	10%	4

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General introduction

This Guidance is designed to help colleges and training providers deliver supervised tooth brushing training to those working within an early year's establishment.

The tooth-brushing Standards are necessary as, An Action Plan for Improving and Modernising NHS Dental Services (2005) identified oral health as an integral part of overall health improvement. Services for children and young people should be focused on prevention and meet the oral health needs of those in the most disadvantaged circumstances.

Background

These Assessment Principles have been produced in line with the National Tooth-brushing Standards for Nursery and School Tooth-brushing Programmes available at: http://www.child-smile.org.uk/professionals/childsmile-core/tooth-brushing-programme-national-standards.aspx.

They relate to:

- Organisation
- Effective Preventative Practice
- Prevention and Control of Infection

The Childsmile Programme Manual is updated regularly and is available at: http://www.child-smile.org.uk/. It covers the broader elements of the Programme, such as the Core, nursery and school, as well as Childsmile Practice.

Roles and Responsibilities of those involved in the Training, Assessment and Quality Assurance Processes

Trainers/Assessors

The Trainer/Assessor's role is to: prepare course materials and resources; deliver the supervised tooth-brushing course using the tooth-brushing standards, referring to the Childsmile manual to cover the broader elements of the programme and access the associated Policy and Guidance.

Those involved in the training and assessment of this qualification must have knowledge and competency in oral health improvement as well as knowledge and competency to train and assess based on qualifications and experience.

Trainers must inform participants about the open book assignment, highlighting the use of the Childsmile website for completion. This should be incorporated within the 6 hours of training delivery.

Provide the candidate with an overview of the requirement to attend a 6 hour face to face training course. Observe five supervised tooth brushing sessions and write up a 400-word reflective learning statement. Detail the requirement of candidates to undertake a minimum of 10 supervised tooth brushing sessions within the nursery or school setting and complete a self-reflective practice statement for each one. Once completed the reflective practice statements are signed off by the candidate's line manager/mentor in the nursery setting. These should be completed within 10 weeks of the original training course and returned to the original trainer for checking and verifying.

Observe the Direct Observation of Practice (DOP) detailing if model A or B is utilised and assessing:

- Organisation
- Effective Preventative Practice
- Tooth-brushing is safe and effective/Cross infection is minimised
- Noting any other observations

The assessor should ask between two to three questions related to supervising young children with tooth brushing.

Suggested questions:

- What are the benefits of tooth brushing?
- How much toothpaste should be used for a child over two years of age?
- What should children be advised to do when they are finished tooth brushing (eg spit don't rinse)
- What is the minimum strength of fluoride toothpaste for young children?

Please note these are not exhaustive questions, simply suggestions as a guide.

Trainers/Assessors must:

- be qualified in oral health improvement:

This can be evidenced by:

- holding a certificate in oral health improvement equivalent to SCQF level 7.
- be occupationally competent in the area of training and/or assessing in line with the Learning and Development NOS 9 Assess Learner Achievement.
- holding a relevant qualification 1.

Trainers/Assessors should also be able to provide a detailed, chronological list of evidence to show that they have regularly provided oral health improvement delivery and/or training during the previous three years.

No formal Assessor qualifications

It is recognised that oral health improvement trainers may not hold formal qualifications but may have significant experience in undertaking these roles. It is anticipated that oral health improvement trainers will work in partnership with college staff, who will provide guidance for assessment criteria and monitor assessment's undertaken within the college.

Internal Verifier

The role of the internal verifier is to carry out post-approval checks and produce a report outlining the checks. The internal verifier also carries out the annual Trainer and Assessor skills monitoring.

Those involved in the internal quality assurance of these qualifications must be occupationally competent in oral health improvement and competent in internal quality assurance.

Internal Verifiers must:

- be occupationally competent in the area of oral health improvement. This can be evidenced by:
  — holding an oral health improvement certificate at SCQF level 7 or equivalent.
- have working knowledge of the requirements of the qualification they are quality assuring at the time any assessment is taking place.
- have a thorough knowledge and understanding of the role of assessors.
- visit and observe assessments and carry out other related internal quality assurance.

NOTE: It is understood that not all Internal Verifiers (IVs) will be qualified initially, and that sufficient time should be considered to achieve these qualifications. During this time centres should ensure that IQAs are following the principles set out in the current Learning and Development NOS 11 — Internally monitor and maintain the quality of assessment. This could be evidenced by holding a relevant qualification.

External Verifier

The role of the External Verifier (EV) is to carry out approval and annual visits to centres to ensure consistency in the delivery of supervised tooth-brushing across all centres offering the award. As part of this work the EV produces a report and forwards it to SQA.

Those involved in the external quality assurance of these qualifications must be competent in Oral Health Improvement and competent in external quality assurance.

External verifiers must:

- be competent in the area of oral health improvement.
- have working knowledge of the requirements of supervised tooth-brushing within Nurseries and Schools.
- have a thorough knowledge and understanding of the role of Assessors and Internal Verifiers

NOTE: It is understood that not all EVs will be qualified initially, and that sufficient time should be considered to achieve these qualifications. During this time Awarding Organisations/Bodies should ensure that EVs are following the principles set out in the current Learning and Development NOS 12 — Externally monitor and maintain the quality of assessment. This could be evidenced by holding a relevant qualification.

Assessment and Sources of Evidence

Assessment centres

Assessment centres will be responsible for maintaining up-to-date information on trainers/assessors and Internal Verifiers and for ensuring the currency of the competence of all those involved in the assessment and internal quality assurance process.

Assessment

The assessment should determine a learner's ability to supervise tooth-brushing in Nurseries and schools. All Assessment Criteria in the units must be achieved. It is a requirement for the learner to be aware that assessment is taking place.

The assessment for the Supervised Tooth-brushing in Nurseries and Schools Unit must be managed by a suitably-qualified Assessor, who will carry out a Direct Observation of Practice (DOP) for:

- Organisation
- Effective Preventative Practice
- Prevention and Control of Infection

Centres producing their own checklists and question papers are advised to seek prior verification from SQA prior to their use.

Supervised Tooth-brushing in Nurseries and Schools Unit — Certificates

The minimum requirements for certificates issued must contain the following:

- Reference to the National Standards for Nursery and School Tooth-brushing available at: http://www.child-smile.org.uk/
- Date of certificate issue
- The name of the training organisation/s

Qualifying

After successfully achieving the supervised tooth-brushing certificate, it is recommended that candidates refer to the Childsmile website to keep themselves up to date with any changes/updates relevant to supervised tooth-brushing within an early years setting. All nurseries and schools have ongoing support from oral health promoters/educators based in local health board areas, who will visit the nurseries/schools from time to time to give advice and follow up support.

Supervised Tooth-brushing in Nurseries and Schools

The supervised tooth-brushing in nurseries and schools course should be taught over 6 hours inclusive of the open book assignment. Centres should endeavour to deliver this in one day, where this is not possible centres may deliver over a longer period, not exceeding four weeks, where each session lasts at least 2 hours.

The supervised tooth-brushing in an early years setting — skills and knowledge should be taught and assessed in accordance with the National Standards for Nursery and School Tooth-brushing Programmes, produced by NHS Health Scotland; available online at: http://www.child-smile.org.uk/

The broader elements of the Childsmile Programme should be taught in conjunction with the Childsmile Programme Manual and the Childsmile website, both available at: http://www.child-smile.org.uk/

Unit:	**Supervised Tooth-brushing in Nurseries and Schools**
Unit Reference Number:	**HG7A 04**
SCQF level:	**6**
Credit:	**1**

What is this Supervised Tooth-brushing About?

This Unit is about Introducing staff to supervised Tooth-brushing within the workplace. The broader aspects of the Childsmile Programme, the ethos of An Action Plan for Modernising and Improving NHS Dental Services (2005) and the importance of establishing a good oral health routine early in life.

Your tutor will explain anything in this Unit that you do not understand.

What should I know or be able to do before I start?

You should be able to show that you have some knowledge and or experience in working with children in an early years setting. You will also require to undertake a practical placement in a nursery or school setting.

Learning Outcome	Assessment Criteria
1 Explain supervised tooth brushing and the National Standards within Nurseries and schools.	♦ Describe the national tooth brushing standards ♦ Identify how to minimise the risk of cross infection to self and others when supervising tooth brushing within the nursery/school setting ♦ Detail Model A and Model B for supervised tooth brushing within the Nursery/School setting
2 List the resources and techniques required to ensure supervised tooth brushing is organised in a safe and effective way within the nursery/school setting.	♦ Explain the tooth-brushing storage system for the Nursery/School setting that complies with best practice in the prevention of cross contamination
3 Summarise the Childsmile Core Programme and the links with the nursery/school and Practice Programme.	♦ Provide details of what preventative oral health improvement means within the broader elements of Childsmile Practice ♦ Explain the Core Programme, Nursery/school Programme and Childsmile practices ♦ Complete an open book assignment
4 Demonstrate competence in supervised tooth brushing within the nursery/School setting.	♦ Observe a minimum of five cases of supervised tooth brushing and write a reflective learning statement (400 words) ♦ Assist with a minimum of 10 cases of supervising tooth brushing within the nursery/school setting ♦ Complete a Satisfactory Direct Observation of Practice, verified by a qualified oral health educator/promoter

Information about this Unit	
Unit approval date	
Unit review date	
Unit available from	
Unit code	
SCQF level	6
SCQF credit	1
Support for the Unit from SSC or other appropriate body	Skills for Health
Assessment requirements and guidance	This Unit must be assessed in accordance with the current SQA Accreditation.
Details of the relationship between the Unit and relevant NOS and/or professional standards	This Unit meets National tooth-brushing standards for supervised tooth-brushing in Nurseries and Schools. Available at: http://www.child-smile.org.uk/professionals/childsmile-core/tooth-brushing-programme-national-standards.aspx

Sample Registration Form

Supervised Tooth-brushing

Nurseries/Schools

Student/Participant Registration Form

College name:	
College address:	
Date of Training:	

Name of Student/Participant	**E-mail**	**Telephone No.**

Trainer's name:	
Job title:	
Date given to participants for return of assignments:	

Sample lesson plans

Background information:

Childsmile is a National Public Health initiative to improve the oral health of young children and bridge the gap in oral health inequalities.

NB: learners are likely to be trainee nursery practitioners, who will have opportunity within practical placements to increase knowledge and skills ion the importance of establishing good early habits with oral hygiene.

Other learners may include qualified nursery practitioners/early years' workers/ managers/teachers/others working within the nursery/school setting, who may supervise children working within an early year's environment.

Lesson	Group	Date
Childsmile Core Tooth-brushing Programme	Early years practitioners and others who may supervise children tooth-brushing within an early years setting	Commencing 2016

Relevant information

Training is normally delivered by those qualified in oral health education/promotion or equivalent.

The training sessions are likely to take place within further education colleges (if delivered to student's nursery nurses, ideally this training could be delivered within their induction period. This would enable them to undertake practical learning and assessment when in early years' placements. Training venues for other learners would be negotiable between oral health educators/further education colleges. Participants would benefit from an input from the oral health educator as well as the college lecturers on GIRFEC, Curriculum for Excellence, etc.

Resources

PowerPoint Slides/flip chart/tooth-brushing DVDs (optional) such as, 'Harry at the Zoo, Molly and the Magic Lunchbox, Harry's Holiday, available at: www.hemminghealthcare.co.uk; also Brush and Sing with South Lanarkshire, available at: (to be added in later).

Other resources may include)/handouts/practical models/toothbrushes and toothpaste, the Childsmile Manual and Website, available at: http://www.child-smile.org.uk/

General aims of course:

To promote the importance of establishing Good oral hygiene from an early age and why tooth-brushing in Nursery Schools is so important. See learning outcomes listed below:

Learning Outcomes

- Explain supervised tooth-brushing and the National Standards within Nurseries/Schools
- List the resources and techniques required to ensure supervised tooth brushing is organised in a safe and effective way within the nursery/school setting
- Summarise the Childsmile Core Programme and the links with the Nursery/School and Practice programme
- Demonstrate competence in supervising tooth-brushing within the nursery/schools setting

Time	Guide	PowerPoint slides
30 minutes	Quick ice breakers — ask the students to talk in small groups about how they feel about their own oral health — how do they view the importance of oral hygiene? Feedback in large group and note points.	Small group work/ large group feedback
60 minutes	Cover presentation on Tooth-brushing within Nurseries, the national standards for nursery and school tooth-brushing programmes, incorporating the broader elements of the Childsmile programme.	Group Work/presentation slides
60 minutes	Encourage small group discussions with large group feedback where possible.	
60 minutes	Finish with DVD (optional) on tooth-brushing within the nursery and/or referring to the Childsmile website to review the Childsmile core programme. Questions and answer session. **NB: Advise Learners that the open book assignment should be done in their own words.** Give out open book assignment to learners and instruct them to complete this within the training day and hand back to teachers/trainers before leaving.	Assessment
150 minutes	**NB: Give out Practical Competency Framework (this is the reflective learning cases, with the Direct Observation of Practice included. Explain the procedure and time frame for completions to learners.**	Assessment material and procedure

Trainer Guidance for Training and Assessment

1 Training is delivered face to face and should take approximately 6 hours.

2 On completion of the face-to-face training instruct students to undertake the open book assignment — allow 2.5 hours of classroom time for this and they will require IT access.

3 Also give instruction to students on the practical skills competency framework, they should observe five cases of tooth-brushing within the nursery and then write up a reflective learning statement of approximately 400 words.

4 On completion of the reflective statement they must assist with supervising 10 cases of tooth-brushing within the nursery and write each one up within the practical skills competency framework.

5 Trainer arranges date to undertake the DOP within the nursery setting with the student.

6 When undertaking the DOP, the trainer also signs off the verification on the back of the practical skills competency framework and returns to the student.

7 Trainer completes the student feedback sheet for completion of the DOP and then finalises the verification from.

8 The verification form is then scanned and returned to the assessment centre.

Further Information

During the DOP the trainer will ask three to five questions on tooth-brushing and document these in the student feedback sheet.

Suggested questions:

- What are the benefits of tooth-brushing?
- How much toothpaste should be used for a child over two years of age?
- What should children be advised to do when they are finished tooth-brushing (eg spit don't rinse)
- What is the minimum strength of fluoride toothpaste for young children?

Please note these are not exhaustive questions and are suggestions to help guide with questions.

Sample of open-book assessment questions

Please note:

This is an open-book assignment; which means that is self-directed learning, eg it is anticipated that you will refer to the Childsmile website, and the National Tooth-brushing Standards to enable you to answer the questions. Available at: http://www.child-smile.org.uk/

10 marks are awarded for each question, a total of 50 marks. A maximum of 2 hours is allowed to complete this paper. Pass mark is 25/50.

1 Detail the different Characteristics of the Childsmile Programme, your answer should include:

- The Core Programme
- The Nursery/School Programme
- Childsmile Practice

2 Describe Model A and B for supervised tooth-brushing within the nursery/school setting.

3 Explain how Childsmile Nursery and School Programmes are delivered.

4 Provide details of what preventative practice means within the Childsmile Programme.

5 Explain the toothbrush storage system for the nursery/school setting that complies with best practice in the prevention of cross contamination.

Sample of open-book assessment questions with answers

Please note

This is an open-book assignment; which means that is self-directed learning, eg it is anticipated that you will refer to the Childsmile website, and the National Tooth-brushing Standards to enable you to answer the questions. Available at: http://www.child-smile.org.uk/

10 marks are awarded for each question, a total of 50 marks. A minimum of 2.5 hours is allowed to complete this paper. Pass mark is 25/50.

1 Detail the different Characteristics of the Childsmile Programme, your answer should include:

- **The Core Programme**
- **The Nursery/School Programme**
- **Childsmile Practice**

Sample answers, please note this is not an exhaustive list.

Childsmile Core is a Scotland-wide initiative to help improve the health of children's teeth, through the distribution of free dental packs and supervised tooth-brushing programmes in all nurseries, P1 and P2 in priority schools.

Children also receive a free-flow feeder cup by one year of age.

These are distributed in different ways in each Health Board area.

In addition, every 3 and 4-year-old child attending nursery (whether it is a local authority, voluntary or private nursery) is offered free, daily, supervised tooth-brushing.

Childsmile Nursery and Childsmile School work with 20 per cent of children from each Health Board. Educational establishments are targeted in order of those with the highest proportion of children living in the most deprived local quintile as defined by the Scottish Index of Multiple Deprivation (SIMD).

Within this target group additional preventive care is provided in the form of twice-yearly fluoride varnish applications by Childsmile dental teams in nurseries and schools.

The teams are composed of Extended Duty Dental Nurses (EDDNs) trained in the application of fluoride varnish and Dental Health Support Workers (DHSWs).

They will provide twice yearly fluoride varnish applications for children in nurseries and schools.

They promote good oral health behaviour and provide health education. DHSWs are attached to particular nurseries and schools and provide the main dental contact point for teachers, parents and school nurses.

The dental team actively promotes Childsmile to ensure that as many children as possible who would benefit from being in the programme are given the opportunity to join.

Children should join in the Childsmile Nursery component of the programme when they start nursery and remain in the programme, receiving six-monthly fluoride varnish applications for the duration of their time at nursery and school until at least Primary Four (P4).

The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. It is being developed to provide a universally accessible child-centred NHS dental service.

It is carried out through a network of primary care dental service providers involving both independent contractors and salaried services.

Childsmile is introduced to the family by the public health nurse or health visitor who will refer them straight to a dental practice or to a Dental Health Support Worker (DHSW).

The DHSW will:

- contact children from the age of three months.
- make a first appointment for the child with a local Childsmile dental service.
- provide the central link between dental services, the family and the public health nurse or health visitor.
- give additional oral health support to children and families most in need.
- link children who have been identified as not currently attending a dentist, with local Childsmile dental services.

Additional support will be given to the children and families most in need through home visiting, community initiatives and primary care dental services.

Extra help

For the most vulnerable families, a longer period of home support may be required prior to engaging with dental services. The length of each appointment will vary depending of the needs of the individual and family.

Continuous care

From six months old, appointments will be made for the child to attend dental services on a regular basis.

A programme of Childsmile care, tailored to meet the needs of the individual child, will be provided by the dental team.

This includes:

- Oral health advice (eg on healthy weaning, diet, teething and tooth-brushing instruction).
- Annual dental check-ups and treatment, if required.
- Twice-yearly fluoride varnish applications from two years old.

2 Describe Model A and B for supervised tooth-brushing within the nursery/school setting.

Nursery and school tooth-brushing models Model A — tooth-brushing at a sink

2.1 The supervisor should wash their hands before and after the tooth-brushing session to prevent cross-infection.

2.2 The child (under supervision) is responsible for collecting the toothbrush from the storage system. Discretion should be used if a child has additional support needs.

2.3 Toothpaste is dispensed following the appropriate methods (Standard 2).

2.4 Tooth-brushing 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. 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. 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 tooth-brushing is completed.

Model B — tooth-brushing in dry areas

2.13 The supervisor should wash their hands before and after the tooth-brushing session to prevent cross-infection.

2.14 The child (under supervision) is responsible for collecting the toothbrush from the storage system. 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 tooth-brushing takes place.

2.17 After tooth-brushing 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. 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. 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 tooth-brushing is completed.

3 Why do we need to address children's oral health in Scotland?

Clinical definition of dental decay

Dental decay is characterised by the loss of mineral ions from the tooth caused by the presence of bacteria in plaque and their acidic by-products.

Early mineral loss (known as demineralisation) is only visible microscopically, but further loss becomes evident in enamel as a chalky appearance on the tooth — a white spot lesion.

The basic carious process can also be called an acid attack. Bacterial plaque builds up on the tooth surface. When sugars enter the mouth they are absorbed by this layer. Inside the bacterial cells the sugars are broken down (or metabolised) and acid is produced.

The acids accumulate in the plaque layer and start to demineralise the tooth. Find out more about demineralisation and remineralisation.

Why we need to address dental decay

Dental decay, also known as tooth decay or dental caries, is a widespread condition in the Western world and a particular problem in Scotland.

The NDIP's (National Dental Inspection Programme) research in 2008 highlighted that 42 per cent of Scottish children have signs of dental decay by the time they reach Primary 1 (P1) and this figure is even higher in areas of deprivation.

It has become apparent that dental caries is essentially a disease associated with social deprivation. In Scotland, lower levels of caries are now being seen in more affluent areas.

NDIP 2010 showed that those in quintiles three, four and five reached the 2010 National Target for P1 of 60 per cent with no obvious decay experience. While quintiles one and two, the most deprived areas, fell short, with only 46.5 per cent of P1 children in quintile one having no obvious decay experience.

NDIP 2011 reported that: ‘there is a continuing trend of improvement in the oral health of Primary 7 (P7) children in Scotland over time, with 69.4 per cent having no obvious decay experience in 2010/2011. For the first time, all NHS Boards across Scotland have achieved the target of 60 per cent of P7 children with no obvious decay experience. Socioeconomic inequalities in the oral health of P7 children persist, with those from all but the most deprived backgrounds having reached the 2010 National Target of 60 per cent with no obvious decay experience".

NDIP 2012: The oral health of P1 children in Scotland continues to show improvement in terms of both an increase in the proportion with no obvious decay experience and a decrease in mean d3mft. All SIMD quintiles and SIMD deciles saw an improvement in oral health compared to the results of 2010 and the extent of disease continues to fall in those most affected by decay. However, clear health inequalities remain.

NDIP 2013: For the first time, P7 children in all SIMD deprivation quintiles have reached the 2010 National Target of 60 per cent with no obvious decay experience. P7 children from all socio-economic backgrounds saw an improvement in oral health compared to the results of 2011, and the extent of disease continues to fall in those most affected by decay. Clear health inequalities remain, but the largest improvement in oral health is seen in areas in the most deprived SIMD quintile.

Prevention

Dental decay is a process that is preventable by following these basic oral health messages:

- brush teeth twice at least twice daily, in the morning and last thing at night using toothpaste containing at least 1,000 parts per million (ppm) fluoride
- supervised tooth-brushing until the age of 7
- foods and drinks containing sugar should be kept to a minimum and are best given at mealtimes
- register with a dentist and visit regularly
- spit out toothpaste, don't rinse after brushing (to give the fluoride time to work)

In the early stages, there are effective treatments for preventing the decay from causing pain and requiring a filling or eventual tooth loss. However, sometimes dental extraction is the only treatment option.

Failure to prevent dental decay in a pre-school child, through modifying poor dental related behaviour of both child and parent, will generally condemn the majority of affected children to a lifetime cycle of dental treatment (SIGN 83: 'Prevention and Management of Dental Decay in the Pre-School Child')(external link).

Demineralisation and remineralisation

Demineralisation (loss of minerals) can be followed by remineralisation (gain in minerals) where the tooth takes up mineral ions, and in some early stages this can be enough to reverse the early carious process.

However, as this is a dynamic process (with remineralisation being followed again by demineralisation) it is only when the demineralisation occurs much more often than the remineralisation that the teeth are at risk of cavitation (breaking down to form a cavity)

4 Provide detail of what preventative practice means within the Childsmile programme.

Childsmile combines targeted and universal approaches to tackling children's oral health improvement through the four programme components (Core, Practice, Nursery and School). It is envisaged that every child in Scotland will have access to Childsmile.

At a population level, every child will have access to:

- A tailored programme of care within Primary Care Dental Services
- Free daily supervised tooth-brushing in nursery
- Free dental packs to support tooth-brushing at home
- Directed support targeting children and families in greatest need through:

- Additional home support and community interventions
- An enhanced programme of care within Primary Care Dental Services
- Clinical preventive programmes in priority nursery and primary schools and facilitation into dental services as appropriate
- Daily supervised tooth-brushing in P1 and P2 priority primary schools

Every child should have access to Childsmile Practice with additional support targeted to the children and families most in need.

The following models are incorporated within the Childsmile programme:

Universal programme

Oral health promotion advice and clinical prevention provided by an appropriately trained member of the dental team. Clinical prevention must include six-monthly fluoride varnish application from two years of age.

Intensive programme

Primary care dental services: intensive programme of care delivered by an appropriately trained member of the dental team, incorporating dedicated oral health promotion sessions and clinical preventive care including six-monthly fluoride varnish application from two years of age.

Home support: provided via the DHSW in the home and community, working with families under the direction of the health visitor prior to facilitation into dental services.

Childsmile is carried out through a network of primary care dental service providers involving both independent contractors and public dental services. It is introduced to the family by the health visitor who will refer them straight to a dental practice or to a Dental Health Support Worker (DHSW).

The DHSW will:

- contact children from the age of three months
- make a first appointment for the child with a local Childsmile dental service
- provide the central link between dental services, the family and the health visitor
- give additional oral health support to children and families most in need
- link children who have been identified as not currently attending a dentist, with local Childsmile dental services.

Additional support will be given to children and families most in need through home visits, community initiatives and primary care dental services.

Extra help

For the most vulnerable families, a longer period of home support may be required before engaging with dental services.

The length of each appointment will vary depending on the needs of the individual and family.

Continuous care

From six months old, appointments will be made for the child to attend dental services on a regular basis.

A programme of Childsmile care, tailored to meet the needs of the individual child, will be provided by the dental team.

This includes:

- oral health advice (eg on healthy weaning, diet, teething and tooth-brushing instruction)
- annual dental check-ups and treatment, if required
- twice-yearly fluoride varnish applications from two years old

Extended Duty Dental Nurses (EDDNs) from Childsmile practices are trained in oral health promotion and fluoride varnish application to support the dental team to provide Childsmile care.

It is envisaged that children attending a practice will continue with the same dental practice for their dental care needs

5 Explain the toothbrush storage system for the nursery/school setting that complies with best practice in the prevention of cross contamination.

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 Individual toothbrush ventilated holders can be used for storing brushes, although most establishments involved in tooth-brushing programmes elect to use a tooth-brushing storage system. If individual holders are used, ensure that excess water is removed from the toothbrushes before returning them to the holder. The Standards apply equally to individual holders as to the storage systems.

1.7 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.

1.8 Ideally, nurseries and schools participating in the tooth-brushing programme should have sinks available that are designated for tooth-brushing and personal hygiene. Sinks should be cleaned after use.

1.9 Nurseries and schools involved in tooth-brushing programmes should have an abbreviated version of the Standards on display for reference.

1.10 Local monitoring of tooth-brushing programmes by Childsmile staff should take place twice per school year (Standard 1). Monitoring should include observation of the tooth-brushing session; discussion of the Standards with the key nursery or school lead; feedback to the local Childsmile Coordinator and arrangement of a follow-up visit.