



**Rossmere
Academy**
ENRICHING EDUCATION

Oral Health Policy

Policy Dated:	November 2024
Date of Next Review:	November 2026
Version	1
Lead	Rachel Hodgson

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1. Introduction

Poor oral health can affect a child's ability to sleep, eat, speak, play and socialise with other children. We see oral health as an integral part of overall health and how it can contribute to school readiness.

Rossmere Primary School's oral health policy sets out the settings formal commitment to providing a high standard of oral health promotion, linking this to education and life skills to promote optimum health in all of our children.

The staff aim to ensure that all aspects of oral health promotion at Rossmere Academy promotes the health and wellbeing of children, staff and visitors to our setting, supporting individual needs (cultural, ethical and medical) as appropriate.

The Staff will ensure the creation of partnerships between the children, parents and other relevant groups so that all those involved in oral health at Rossmere Academy have the opportunity to plan, implement deliver and evaluate oral health effectively.

Rossmere Academy is committed to:

- Supporting partnerships with agencies which support Oral Health and deliver effective oral health promotion involving staff, parents and children.
- Planning and delivering effective oral health promotion through participating in local initiatives as determined by Public Health England (PHE).
- Raising concerns relating to oral health of children in line with our safeguarding policy.

By implementing our oral health policy there will be a formal structure in place to allow feedback from staff and parents and we are committed to responding appropriately to such feedback. This will ensure that we continue to rate oral health very highly as demonstrated by the high standard set by our local Oral Health Promotion service. We will link oral health to what is taught in the EYFS Standards and the National Curriculum, to ensure children receive consistent and up to date messages around oral hygiene and healthy eating. The settings oral health policy will be linked to the nutrition and food policy which relates to the Eat better start better food guidance and to Every Child Matters and The National Healthy Schools Programme.

Rossmere Academy's named Oral health lead is Rachael Hodgson.

2. Healthy Eating

Food and drink

Meals, snacks and drinks must be healthy, balanced and nutritious. All staff responsible for preparing and handling food is competent and trained. Special dietary requirements are obtained before a child is admitted to the setting.

Food served in schools and academies in England must meet the school food standards so that children have healthy, balanced diets. These standards are intended to help children develop healthy eating habits and ensure they get the energy and nutrition they need across the school day.

A child's healthy, balanced diet should consist of

- Plenty of fruit and vegetables.
- Plenty of unrefined starchy foods.
- Some meat, fish, eggs beans and other non-dairy sources of protein.

- Some milk and dairy foods.
- A small amount of food and drink high in fat, sugar and / or salt.

Oral health is affected by the frequent consumption of food or drinks that contain extrinsic sugars. Rossmere Academy recognises the importance of reducing the frequency of sugary food / drinks that are available to prevent tooth decay.

School

Rossmere Academy is committed to:

- Providing free, fresh drinking water which is available at all times.
- Providing lower fat milk which will be available at least once a day.
- Providing other low fat/low sugar drinks as part of a meal only.
- Providing fresh whole fruit as a snack in between meals (on occasion dried fruit may be provided by the free fruit scheme after school holiday periods).
- Not giving sweets as rewards.
- Not allowing cakes to be consumed in school (this does not apply at parties, celebrations to mark religious or cultural occasions, or at fund raising events)
- Sending home any confectionary that is brought into school.

Oral Health snack guidance Appendix C

3. Dental Emergencies

Knocked – out tooth

This is for adult teeth only; **children's baby teeth should not be re-implanted.**

On occasions children may injure themselves affecting the mouth. If a tooth is knocked out the sooner it is re-implanted, the more likely it is to embed itself back into the gum.

A knocked-out adult tooth can usually be saved by putting it back in place or in milk as soon as possible, before seeing a dentist

If a child has sustained a facial injury this will be assessed by the first aider in the setting who will follow the advice given by NHS choices as below:

If it's an adult (permanent) tooth:

Hold it by the white bit that sticks out of the gum (the crown). Do not touch the root.

Lick it clean if it's dirty, or quickly rinse it in cold running water for no more than 10 seconds.

Try to put it back into the hole in the gum. **If it does not go in easily:**

Put it in milk

Put it in saliva – by spitting into a container (if it's your tooth) or having your child spit into a container (if it's their tooth)

Hold it in your cheek until you see the dentist – but do not have younger children do this in case they swallow it

If it goes back in, bite down gently on a clean cloth to hold the tooth in place.

If it's a baby tooth:

Do not put it back in – it could damage the tooth growing underneath.

Chipped or broken teeth should be reported to parents / guardians in line with the school accident policy where non-emergency appointments can be made.

Parent / guardians should be informed immediately so that a dental appointment can be made.

For help finding an NHS dentist and dental emergencies – Tel: 111 or visit NHS 111 online.

NHS England Customer Contact Centre on 0300 3112233

NHS Choices - www.nhs.uk

4. Oral Health Education

Providing the children with a sound knowledge in oral health is a priority at Rossmere Academy we strive to provide a holistic approach to health whereby dental health is given equal priority to general health messages.

Rossmere Academy is committed to

- Providing parents with relevant information/ literature relating to oral health.
- Working in partnership with dental professionals.
- Providing dental health education to all children.
- Incorporating dental health education into the setting by loaning resources which support the education of the children.









































Further guidance on oral health and resources can be obtained from-

Tees Community Dental Service
Oral Health Promotion Department
01642 383833
nth-tr.cdsohp@nhs.net

Appendix A – Tooth Brushing Rack









































Class _____

Rack Colour _____

									
									
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									
									
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____





















Class _____

Rack Colour _____

									
									
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									
									
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Appendix B – Tooth Brushing Rack

Rack Colour

<u>Toys</u>	<u>Name</u>	<u>Date</u>
 House		
 Apple		
 Bike		
 Bus		
 Chair		
 Tree		
 Coat		
 Hat		
 Pram		
 Shoe		
 Flower		
 Bed		
 Teddy		
 Bricks		
 Cup		
 Spoon		
 Ball		
 Car		
 Book		
 Pencil		

Oral Health Snack Guidance

Between Meals - healthy snacks between meals should be encouraged to cut down on the frequency of sugars

Foods

- Fresh fruit and vegetables
- Salads including pasta, wholegrain rice and couscous (Occasionally)
- Hard boiled egg
- Small portions of Cheese (*not exceeding 30g in 1 day*),
- Cream cheese or cottage cheese
- Hummus
- Bread or toast - including white, wholemeal, granary, brown, wheatgerm, multigrain, potato bread, chapattis, plain baked naan, rotis, rolls, bagels, pitta and wraps.
- Sandwiches with savoury fillings e.g. lean meat or fish, cheese, egg, salad
- Savoury scones (try making wholemeal)
- Plain popcorn
- Plain yoghurt
- Nuts and seeds

Drinks

- Plain milk
- Plain water
- Tea/coffee (without sugar)

Meal Times Only - these snacks should only be eaten occasionally and as part of a meal

Foods






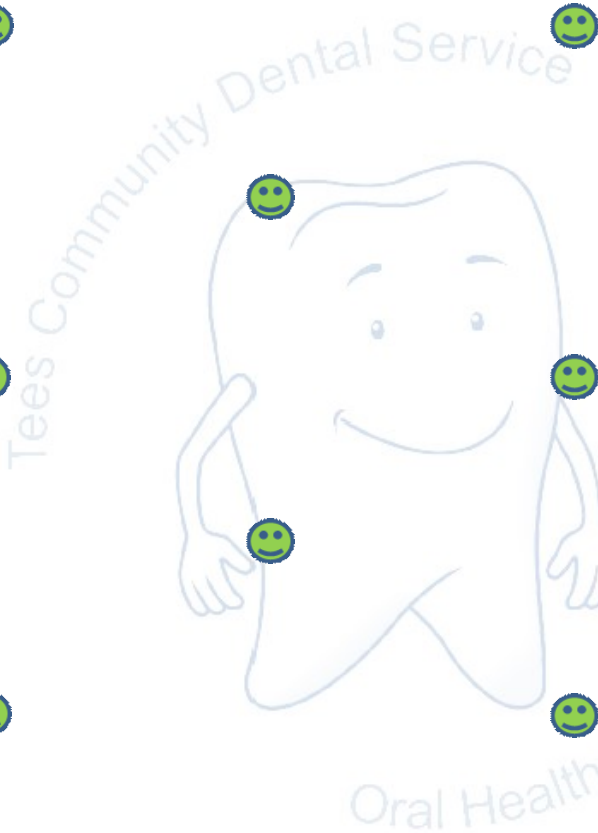















- Sweets and chocolate
- Dried fruit e.g. Raisins, apricots
- Tinned fruit - in natural juice or syrup
- Biscuits, cakes
- Fruit scones, teacakes
- Crisps
- Ice Cream
- Fruit yoghurts
- Sandwiches with sweet fillings e.g. jam
- Fruit yoghurt
- Sweet popcorn e.g. Toffee or caramel

Drinks

- Fresh fruit juice
- Diluted cordial juices
- Fizzy drinks
- Milkshakes
- Flavoured or carbonated water
- Fruit smoothies
- Hot chocolate

Appendix D – Toothpaste Distribution Sheet

Toothpaste Distribution Sheet

Appendix E – Toothbrushing Scheme Cross Infection Guidance

Toothbrushing Scheme Cross Infection Guidance



- | | |
|---|---|
| ✓ Give each child their own symbol recording this on the tooth brushing chart. | * Don't allow brushes to touch each other at any stage. |
| ✓ If you wish to label brushes with the child's name, use a permanent marker pen on the brush handle. | * Don't use sticky labels or sticky tape on brushes or racks. |
| ✓ Use the laminated pea sheet as a guide as to how much paste to use. (3yrs +) | * If dispensing paste don't apply directly to children's toothbrushes. |
| ✓ Rinse brushes individually. | * Don't rinse brushes all together whilst in the rack. |
| ✓ Once rinsed—allow brushes to air dry. | * Don't Cover the brushes. |
| ✓ Store the rack and brushes out of the reach of children. | * Don't store racks and brushes in toilet or bathroom areas. |
| ✓ Replace toothbrushes if they fall on the floor or if you think they may have been touched by another child or contagious mouth infection. | * Don't use disinfectant / boiled water to steep or spray toothbrushes. |
| ✓ Spit out excess paste | * Do not swallow paste |

Tees Community Dental Service, Oral Health Promotion Department

01642 383833



Appendix F – Example Form – Setting Quality Assurance Checklist

EXAMPLE FORM

Setting Quality Assurance Checklist

Setting Name:

This is a self assessment tool to be completed by the designated oral health lead within the setting to assess compliance to the quality standards of the supervised tooth brushing scheme. The document should be completed at least annually and results discussed at the settings annual needs assessment meeting with the representative from the Tees Community Dental Service Oral Health Promotion Department (OHPD).

Organisation Standards	Implementation Yes/No
A designated oral health lead within the preschool/school has been identified to work with the (OHPD) to set up and maintain the delivery of the programme.	
All staff involved in delivering tooth brushing programme have received appropriate training in tooth brushing which includes the consideration of cross-infection procedures. This training has been recorded.	
Systems are in place to inform parents about the programme and seek their permission for their child's participation.	
Performance against the standards in this document is monitored at least annually.	
Effective Preventive Practice Standards	
Fluoride toothpaste containing 1450ppm fluoride is used: <ul style="list-style-type: none"> Children under 3 years of age have a smear of paste applied to their brush. Children over 3 have a pea sized amount of paste applied to their brush. 	
Where toothpaste is shared, a supervisor dispenses it onto a clean surface such as a plate or paper towel, and applies this to the child's brush	
Toothpaste is only dispensed at the time the child is ready to brush.	
Supervisors cover any cuts, abrasions or breaks in their skin with a waterproof dressing.	
Children are closely supervised during brushing and encouraged to spit out excess toothpaste during or after brushing their teeth.	
Toothbrushes are individually identifiable for each child.	
Tooth brushes are stored out of reach, rinsed thoroughly and allowed to air dry after use.	
Toothbrushes are replaced at least once per term (every 12 weeks) or once the bristles become splayed.	
Prevention and control of infection standards	
Toothbrushes are stored in appropriate storage systems as provided. There should be no contact between tooth brushes.	
Storage systems should not be stored in toilet area or within reach of children.	
Storage systems display symbols corresponding with those on the toothbrushes to allow individual identification.	
Storage systems are replaced if cracks, scratches or rough surfaces develop.	
Storage systems and storage areas are cleaned at least once a week.	
Tooth brushes that fall on the floor are discarded.	

Toothbrushes are not soaked in bleach or other cleaner/disinfectant. Tubes of toothpaste are cleaned with a damp tissue.	
Tooth brushing in dry areas	
After tooth brushing is completed, children who have excess toothpaste spit into a disposable tissue, disposable paper towel or a disposable cardboard cup.	
Tissues/paper towels are disposed of immediately after use in a refuse bag.	
Tooth brushing in a sink	
Tooth brushing takes place at the identified sink area.	
The supervisors wash their hands before and after the tooth brushing session to prevent cross-infection.	
Sinks are cleaned following tooth brushing following the settings usual infection control guidelines.	

Quality assurance checklist for the Oral Health Promotion Department (OHPD)

The Oral Health Promotion Department (OHPD) provide annual training to all staff directly involved in the supervising of the tooth brushing scheme which includes setting up and maintaining a tooth brushing scheme, relevant oral health messages and discussions around infection control considerations.	
The OHPD work with the oral health promotion lead within the preschool/school to quality assure the tooth brushing programme.	
The OHPD provide the preschool/school with resources to enable each child to have their own designated tooth brush and paste. Where schools prefer to use a single tube of toothpaste, this is dispensed and applied to children's toothbrushes by a supervising adult.	
The OHPD provide dental health training to preschool/school staff to support learning around oral health to tie in with the curriculum.	
The OHPD provide the preschool/school oral health resources (on loan) to assist learning relating to healthy eating and other oral health messages.	

Designated Preschool/School Oral Health Lead

Oral Health Promotion Department

(date observed)

(to be signed at annual review)

Signature _____

Signature _____

Date Observed _____

Date Discussed _____

Appendix G – NHS Oral Health Policy / Agreement



Oral Health Policy/Agreement

Rossmere Academy, Hartlepool.

Approved / signature:

Name / date

16/1/24

OHPD : Roy Anthony

Review date: N/A as now reviewed when required.
(2 yearly)

Oral Health Policy

Introduction

Poor oral health can affect a child's ability to sleep, eat, speak, play and socialise with other children. We see oral health as an integral part of overall health and how it can contribute to school readiness.

This oral health policy sets out the settings formal commitment to providing a high standard of oral health promotion, linking this to education and life skills to promote optimum health in all of our children.

The staff aim to ensure that all aspects of oral health promotion promotes the health and wellbeing of children, staff and visitors to our setting, supporting individual needs (cultural, ethical and medical) as appropriate.

The Staff will ensure the creation of partnerships between the children, parents and other relevant groups so that all those involved in oral health have the opportunity to plan, implement deliver and evaluate oral health effectively.

Setting is committed to

- Supporting partnerships with agencies which support Oral Health and deliver effective oral health promotion involving staff, parents and children.
- Planning and delivering effective oral health promotion through participating in local initiatives as determined by Public Health England (PHE).
- Raising concerns relating to oral health of children in line with our safeguarding policy.

By implementing our oral health policy there will be a formal structure in place to allow feedback from staff and parents and we are committed to responding appropriately to such feedback. This will ensure that we continue to rate oral health very highly as demonstrated by the high standard set by our local Oral Health Promotion service. We will link oral health to what is taught in the EYFS Standards and the National Curriculum, to ensure children receive consistent and up to date messages around oral hygiene and healthy eating. The settings oral health policy will be linked to the nutrition and food policy which relates to the Eat better start better food guidance and to Every Child Matters and The National Healthy Schools Programme.

Named Oral health lead is.....Roy Anthony.....

Tooth Brushing

A daily supervised tooth brushing programme is a local initiative to help improve the oral health of children in Teesside. This setting has been identified to deliver tooth brushing. Tooth brushing resources are provided by the Tees Community Dental Service Oral Health Promotion Department subject to funding and consists of storage racks, toothbrushes and toothpaste. We support children to brush their teeth at home and in the setting. We do this with the support of the staff reinforcing messages to parents to implement at home.

Setting is committed to

- Delivering the tooth brushing scheme in line with guidance provided by the Tees Community Dental Service Oral Health Promotion Department.
- Implementing a high standard of infection control in line with guidance provided by the Tees Community Dental Service Oral Health Promotion Department.
- Encouraging all children to participate in the scheme in the setting and continue with support at home.
- Maintaining a high standard of staff knowledge in Oral Health Promotion.

Guidance on Tooth Brushing in Setting

- The setting will have a nominated oral health lead person responsible for liaising with the Oral Health Promotion Department, and ensuring the effective delivery of the scheme.
- All staff involved in the tooth brushing scheme will be suitably trained, training will take place on an annual basis. This will be recorded and monitored.
- All parents will be made aware of the scheme in order to give consent (opt out is sufficient)
- Tooth brushing will take place in a suitable environment in line with infection control guidelines.
- All children are supervised whilst brushing.
- Toothbrushes will be rinsed individually after each session by the child/member of staff. If by the child this should be supervised.
- Storage racks will be maintained, and cleaned on a regular basis in line with cross infection control.
- Every child will have their own identifiable toothbrush. (appendix C)
- A fluoride toothpaste will be used which contains the current recommended level of Fluoride.
- Every child will use toothpaste which has been dispensed in line with infection control guidance. (appendix D, E & F)
- A pea sized amount of fluoride toothpaste will be dispensed for over 3 years and smear for under 3 years by the supporting staff.
- Children will be encouraged to spit out excess paste and NOT swallow paste.
- Toothbrushes will be replaced every three months or sooner if required, when bristles become splayed, are dropped on the floor or used by a child with a contagious infection. (appendix F)
- Staff will wash hands before and after each brushing session.
- Toothbrushes will be stored in an upright position, out of reach of children, away from toileting facilities and left to air dry when not in use.
- Storage equipment will be washed weekly, and replaced if cracked, scratched or rough surfaces appear.
- A representative from OHPD will observe the setting quarterly to ensure compliance to standards.
- The dental health link for the setting will self assess against standards. (see appendix G)

Appendix A sets out specific tooth brushing routines in setting.

Healthy Eating

Food and drink

Meals, snacks and drinks must be healthy, balanced and nutritious in line with our food and drink policy. All staff responsible for preparing and handling food is competent and trained. Special dietary requirements are obtained before a child is admitted to the setting.

Food served in schools and academies in England must meet the school food standards so that children have healthy, balanced diets. These standards are intended to help children develop healthy eating habits and ensure they get the energy and nutrition they need across the school day.

A child's healthy, balanced diet should consist of

- Plenty of fruit and vegetables.
- Plenty of unrefined starchy foods.
- Some meat, fish, eggs beans and other non-dairy sources of protein.
- Some milk and dairy foods.
- A small amount of food and drink high in fat, sugar and / or salt.

Oral health is affected by the frequent consumption of food or drinks that contain extrinsic sugars. Setting recognises the importance of reducing the frequency of sugary food / drinks that are available to prevent tooth decay.

Pre school

Setting is committed to

- Providing free, fresh drinking water which is available at all times.
- Using free flow beakers / cups for children over 1 year.
- Providing milk.
- Providing other low fat/low sugar drinks as part of a meal only.
- Providing fresh whole fruit as a snack in between meals.
- Dried fruits will only be served as part of a meal.
- Not giving sweets as rewards.
- Allowing cakes to be consumed as part of a meal (this applies to parties, celebrations to mark religious or cultural occasions, or at fund raising events)
- Sending home any confectionary that is brought into pre school.

School

Setting is committed to

- Providing free, fresh drinking water which is available at all times.
- Providing lower fat milk which will be available at least once a day.
- Providing other low fat/low sugar drinks as part of a meal only.
- Providing fresh whole fruit as a snack in between meals (on occasion dried fruit may be provided by the free fruit scheme after school holiday periods).
- Not giving sweets as rewards.
- Not allowing cakes to be consumed in school (this does not apply at parties, celebrations to mark religious or cultural occasions, or at fund raising events)
- Sending home any confectionary that is brought into school.

Oral Health snack guidance Appendix B

Teething and Dummies

It is setting policy to discourage the use of dummies in the setting; They are only used when provided by parents/guardians as a comforter for sleep and/ or if the child is upset. Once children are settled the dummy is stored hygienically away in in line with infection control procedures. If a dummy needs sterilising it is done in accordance with infection control procedures as set out in Setting

Dental Emergencies

Knocked – out tooth

This is for adult teeth only; **children's baby teeth should not be re-implanted.**

On occasions children may injure themselves affecting the mouth. If a tooth is knocked out the sooner it is re-implanted, the more likely it is to embed itself back into the gum.

A knocked-out adult tooth can usually be saved by putting it back in place or in milk as soon as possible, before seeing a dentist

If a child has sustained a facial injury this will be assessed by the first aider in the setting who will follow the advice given by NHS choices as below:

If it's an adult (permanent) tooth:

- Hold it by the white bit that sticks out of the gum (the crown). Do not touch the root.
- Lick it clean if it's dirty, or quickly rinse it in cold running water for no more than 10 seconds.
- Try to put it back into the hole in the gum. **If it does not go in easily:**
- put it in milk
- put it in saliva – by spitting into a container (if it's your tooth) or having your child spit into a container (if it's their tooth)
- hold it in your cheek until you see the dentist – but do not have younger children do this in case they swallow it

- If it goes back in, bite down gently on a clean cloth to hold the tooth in place.

If it's a baby tooth:

- do not put it back in – it could damage the tooth growing underneath.

Chipped or broken teeth should be reported to parents / guardians in line with the school accident policy where non emergency appointments can be made.

Parent / guardians should be informed immediately so that a dental appointment can be made.

For help finding an NHS dentist and dental emergencies – Tel: 111 or visit NHS 111 online.
NHS England Customer Contact Centre on 0300 3112233
NHS Choices - www.nhs.uk

Oral Health Education

Providing the children with a sound knowledge in oral health is a priority at setting we strive to provide a holistic approach to health whereby dental health is given equal priority to general health messages.

Setting is committed to

- Providing parents with relevant information/ literature relating to oral health.
- Working in partnership with dental professionals.
- Providing dental health education to all children.
- Incorporating dental health education into the setting by loaning resources which support the education of the children.

Further guidance on oral health and resources can be obtained from-

Tees Community Dental Service
Oral Health Promotion Department
01642 383833
nth-tr.cdsdhp@nhs.net

Appendix A

(Please amend to reflect your preschool)

(Pre School Name) follows the following procedure when tooth brushing with children in preschool.

Tooth brushing is supervised by (Name).....

Tooth brushing procedures atPreschool					
Age of children/rooms taking part.	Storage Holder (Toy rack/brush bus)	Symbol (toy/snack)	Storage area	Tooth brushing area- groups at table /dry brush	Paste - shared or individual
0-2					
2-3					
3-6					

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(Please amend to reflect your school)

Appendix AA

Year groups taking part in scheme

Year group	Brushing
Nursery (inc 2yrs funded if part of school numbers)	✓ x
Rec	✓ x
Y1	✓ x
If whole school	
Y2	✓ x
Y3	✓ x
Y4	✓ x
Y5	✓ x
Y6	✓ x

Class	Type of Rack (Toy Rack/BrushBus Type of Toothbrush (Toy/Healthy Snacks/Sports)	Storage Area (Up high)	Tooth Brushing Area (Where?)	Cleaning Procedure: Of area (product used) Of Rack: Of Tooth brushes:	Method of brushing: One tube of toothpaste dispensed onto? Each child every day?
2yrs					
Nursery					
Reception					
Year 1					
Year 2					
Year 3					
Year 4					
Year 5					
Year 6					

Oral Health Snack Guidance



Between Meals - healthy snacks between meals should be encouraged to cut down on the frequency of sugars

Foods

- Fresh fruit and vegetables
- Salads including pasta, wholegrain rice and couscous (Occasionally)
- Hard boiled egg
- Small portions of Cheese (not exceeding 30g in 1 day)
- Cream cheese or cottage cheese
- Hummus
- Bread or toast - including white, wholemeal, granary, brown, wheatgerm, multigrain, potato bread, chapatis, plain baked naan, rolls, rolls, bagels, pitta and wraps.
- Sandwiches with savoury fillings e.g. lean meat or fish, cheese, egg, salad
- Savoury scones (try making wholemeal)
- Plain popcorn
- Plain yoghurt
- Nuts and seeds

Drinks

- Plain milk
- Plain water
- Tea/coffee (without sugar)

Meal Times Only - these snacks should only be eaten occasionally and as part of a meal

Foods

- Sweets and chocolate
- Dried fruit e.g. Raisins, apricots
- Tinned fruit - in natural juice or syrup
- Biscuits, cakes
- Fruit scones, tea/cakes
- Cispa
- Ice Cream
- Fruit yoghurts
- Sandwiches with sweet fillings e.g. jam
- Fruit yoghurt
- Sweet popcorn e.g. Toffee or caramel

Drinks

- Fresh fruit juice
- Diluted cordial juices
- Fizzy drinks
- Milkshakes
- Flavoured or carbonated water
- Fruit smoothies
- Hot chocolate

Rack Colour

Toys	Name	Date
	House	
	Apple	
	Bike	
	Bus	
	Chair	
	Tree	
	Coat	
	Hat	
	Pram	
	Shoe	
	Flower	
	Bed	
	Teddy	
	Bricks	
	Cup	
	Spoon	
	Ball	
	Car	
	Book	
	Pencil	

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Appendix D

Class _____ Rack Colour _____

Class _____ Rack Colour _____

© Tees Community Dental/Community Dental/OHP/PreK20School/20(shining%20smiles)/Draft%20setting%20policy%20020-21%20%20LN%20DRAFT.docx

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Appendix E

Toothpaste Distribution Sheet

Tees Community Dental Service

 Oral Health Promotion Department

Appendix F

**Toothbrushing Scheme
Cross Infection Guidance**



- | | |
|---|---|
| <ul style="list-style-type: none"> ✓ Give each child their own symbol recording this on the tooth brushing chart. ✓ If you wish to label brushes with the child's name, use a permanent marker pen on the brush handle. ✓ Use the laminated pea sheet as a guide as to how much paste to use. (3yrs +) ✓ Rinse brushes individually. ✓ Once rinsed—allow brushes to air dry. ✓ Store the rack and brushes out of the reach of children. ✓ Replace toothbrushes if they fall on the floor or if you think they may have been touched by another child or contagious mouth infection. ✓ Spit out excess paste | <ul style="list-style-type: none"> * Don't allow brushes to touch each other at any stage. * Don't use sticky labels or sticky tape on brushes or racks. * If dispensing paste don't apply directly to children's toothbrushes. * Don't rinse brushes all together whilst in the rack. * Don't Cover the brushes. * Don't store racks and brushes in toilet or bathroom areas. * Don't use disinfectant / boiled water to steep or spray toothbrushes. * Do not swallow paste |
|---|---|

Tees Community Dental Service, Oral Health Promotion Department

01642 383833



EXAMPLE FORM

Appendix G

Setting Quality Assurance Checklist

Setting Name:

This is a self assessment tool to be completed by the designated oral health lead within the setting to assess compliance to the quality standards of the supervised tooth brushing scheme. The document should be completed at least annually and results discussed at the settings annual needs assessment meeting with the representative from the Tees Community Dental Service Oral Health Promotion Department (OHPD).

Organisation Standards	Implementation Yes/No
A designated oral health lead within the preschool/school has been identified to work with the (OHPD) to set up and maintain the delivery of the programme.	
All staff involved in delivering tooth brushing programme have received appropriate training in tooth brushing which includes the consideration of cross-infection procedures. This training has been recorded.	
Systems are in place to inform parents about the programme and seek their permission for their child's participation.	
Performance against the standards in this document is monitored at least annually.	
Effective Preventive Practice Standards	
Fluoride toothpaste containing 1450ppm fluoride is used: <ul style="list-style-type: none"> • Children under 3 years of age have a smear of paste applied to their brush. • Children over 3 have a pea sized amount of paste applied to their brush. 	
Where toothpaste is shared, a supervisor dispenses it onto a clean surface such as a plate or paper towel, and applies this to the child's brush	
Toothpaste is only dispensed at the time the child is ready to brush.	
Supervisors cover any cuts, abrasions or breaks in their skin with a waterproof dressing.	
Children are closely supervised during brushing and encouraged to spit out excess toothpaste during or after brushing their teeth.	
Toothbrushes are individually identifiable for each child.	
Tooth brushes are stored out of reach, rinsed thoroughly and allowed to air dry after use.	
Toothbrushes are replaced at least once per term (every 12 weeks) or once the bristles become splayed.	
Prevention and control of infection standards	
Toothbrushes are stored in appropriate storage systems as provided. There should be no contact between tooth brushes.	
Storage systems should not be stored in toilet area or within reach of children.	
Storage systems display symbols corresponding with those on the toothbrushes to allow individual identification.	
Storage systems are replaced if cracks, scratches or rough surfaces develop.	
Storage systems and storage areas are cleaned at least once a week.	
Tooth brushes that fall on the floor are discarded.	
Toothbrushes are not soaked in bleach or other cleaner/disinfectant. Tubes of toothpaste are cleaned with a damp tissue.	
Tooth brushing in dry areas	

EXAMPLE FORM

After tooth brushing is completed, children who have excess toothpaste spit into a disposable tissue, disposable paper towel or a disposable cardboard cup.	
Tissues/paper towels are disposed of immediately after use in a refuse bag.	
Tooth brushing in a sink	
Tooth brushing takes place at the identified sink area.	
The supervisors wash their hands before and after the tooth brushing session to prevent cross-infection.	
Sinks are cleaned following tooth brushing following the settings usual infection control guidelines.	

Quality assurance checklist for the Oral Health Promotion Department (OHPD)

The Oral Health Promotion Department (OHPD) provide annual training to all staff directly involved in the supervising of the tooth brushing scheme which includes setting up and maintaining a tooth brushing scheme, relevant oral health messages and discussions around infection control considerations.	
The OHPD work with the oral health promotion lead within the preschool/school to quality assure the tooth brushing programme.	
The OHPD provide the preschool/school with resources to enable each child to have their own designated tooth brush and paste. Where schools prefer to use a single tube of toothpaste, this is dispensed and applied to children's toothbrushes by a supervising adult.	
The OHPD provide dental health training to preschool/school staff to support learning around oral health to tie in with the curriculum.	
The OHPD provide the preschool/school oral health resources (on loan) to assist learning relating to healthy eating and other oral health messages.	

Designated Preschool/School Oral Health Lead

Oral Health Promotion Department

(date observed)

(to be signed at annual review)

Signature _____

Signature _____

Date Observed _____

Date Discussed _____

Appendix H – Preschool/School Supervised Toothbrushing Programme – Quality Assurance Checklist 2023/24



Preschool/School Supervised Toothbrushing Programme

Quality Assurance Checklist 2023/24

Preschool/School Name.....Rossmere Academy.....

This is a self assessment tool to be completed by the designated oral health lead within the preschool/school to assess compliance with the quality standards of the supervised tooth brushing scheme.

The document should be completed at least annually and results discussed at the school's annual quality assurance discussion meeting with the representative from the Tees Community Dental Service Oral Health Promotion Department (OHPD).

Organisation Standards	Implementation Yes/No
Memorandum of Understanding discussed with service, recommitment established to the tooth brushing scheme (if new setting please complete MOU)	Y
A designated oral health lead within the preschool/school has been identified to work with the (OHPD) to set up and maintain the delivery of the programme.	Y
All staff involved in delivering the supervised tooth brushing programme have received appropriate training in a tooth brushing protocol, training has been documented.	Y
Systems are in place to inform parents about the programme and seek their permission for their child's participation.	Y
Performance against the standards in this document is monitored at least annually.	Y
Effective Tooth Brushing Activity Standards	Implementation Yes/No
Fluoride toothpaste containing 1450ppm fluoride is used: <ul style="list-style-type: none"> Children under 3 years of age have a smear of paste applied to their brush. Children over 3 have a pea sized amount of paste applied to their brush. 	Y
Where a tube of toothpaste is shared in a class, a supervisor dispenses it onto a clean surface such as a plate or paper towel, and does not apply toothpaste directly to a child's brush.	Y
Where schools prefer to use a single tube of toothpaste, this is dispensed and applied to children's toothbrushes by a supervising adult.	Y
Toothpaste is only dispensed at the time the child is ready to brush.	Y
Children are supervised to collect their own brush which are individually identifiable for each child.	Y
Children are closely supervised during brushing and encouraged to spit out excess toothpaste during or after brushing their teeth.	Y
Children are supervised to rinse their own toothbrush and its handle at a sink in turn under cold running water without touching the tap?	Y
Children are supervised to return their brush to the correct place in the rack according to their designated symbol	Y
Toothbrushes are replaced at least once per term (every 12 weeks) or once the bristles become splayed.	Y

Infection Prevention and control standards	Implementation Yes/No
All staff involved in delivering the supervised tooth brushing programme have received appropriate training in a tooth brushing protocol, training has been documented.	Y
Hand hygiene routines in place for children and staff, for example hands are washed before and after tooth brushing activity?	Y
Supervisors cover any cuts, abrasions or breaks in their skin with a waterproof dressing.	Y
Toothbrushes are stored in provided storage systems. There should be no contact between tooth brushes.	Y
Storage systems display symbols corresponding with those on the toothbrushes to allow individual identification.	Y
Storage systems are replaced if cracks, scratches or rough surfaces develop.	Y
Storage systems and storage areas are cleaned at least once a week (or if there is visible soiling)	Y
Household gloves are worn when cleaning storage systems	Y
Storage systems are stored away from toilet areas and where tooth brushing takes place. For example stored in a cupboard once tooth brushes are dry	Y
Toothbrushes that fall on the floor are discarded.	Y
Toothbrushes are not soaked in bleach or other cleaner/disinfectant. Tubes of toothpaste are cleaned with a damp tissue.	Y
Tooth brushing in dry areas	
After tooth brushing is completed, children who have excess toothpaste spit into a disposable tissue, disposable paper towel or a disposable cardboard cup.	Y
Tissues/paper towels are disposed of immediately after use in a refuse bag.	Y
Tooth brushing at a sink.	
Tooth brushing takes place in an identified sink area	Y
Sinks are cleaned prior to and after tooth brushing	Y
Quality Assurance Checklist for the Oral Health Promotion Department (OHPD)	
Implementation Yes/No	
The Oral Health Promotion Department (OHPD) has provided annual training to all staff directly involved in the supervising of the tooth brushing scheme which includes setting up and maintaining a tooth brushing scheme, relevant oral health messages and discussions around infection control considerations.	Y
The OHPD has worked with the oral health promotion lead within the preschool/school to quality assure the tooth brushing programme.	Y
The OHPD has provided the preschool/school with resources to enable each child to have their own designated toothbrush and paste.	Y
The OHPD has provided oral health training to preschool/school staff to support the delivery of oral health related PHSE learning outcomes.	Y
The OHPD has provided the preschool/school oral health resources (on loan) to support the delivery of oral health related PHSE learning outcomes.	Y

Designated Preschool/School Oral Health Lead

(date observed)

Signature [Signature]

Date Observed 16/9/2024

Version Control 13/4/23

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Oral Health Promotion Department

(to be signed at annual review)

Signature [Signature]

Date Discussed 16/9/2024

Appendix I – Preschool/School Tooth Brushing Programme, Memorandum of Understanding 2023/24



Preschool/School Tooth Brushing Programme Memorandum of Understanding 2023/24

To be completed with new settings (reviewed via PHQA for existing TB programme settings)

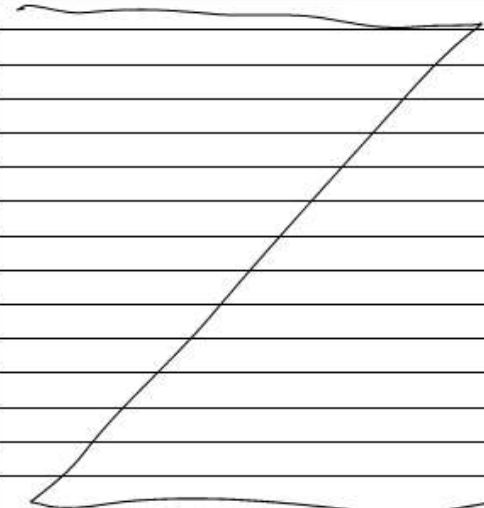
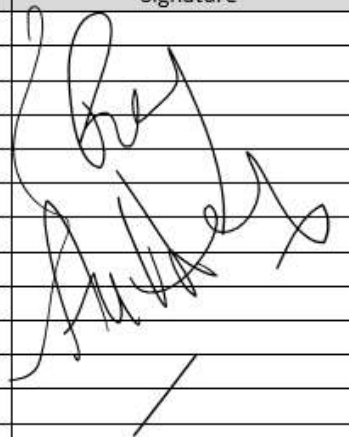
Preschool/SchoolRossmere Academy.....

Oral Health Team Responsibilities	
<ol style="list-style-type: none"> 1. Provide training for all staff that supervise and deliver the tooth brushing programme to ensure effectiveness and safe delivery of the scheme. Training includes infection prevention and control procedures. 2. Access to a dental professional for advice if needed. 3. All resources will be provided by the oral health team including toothbrushes, toothpaste and brushing racks. 4. Work with the setting staff to ensure that parents give informed consent. Information leaflets for parents/carers will be provided. 5. Provide guidelines for quality assurance processes. 6. Review with preschool/school staff quality assurance checklist once in an academic year (Preschool/School Quality Assurance Checklist). 7. All the above recorded by each team within the district. 	
Preschool/School Staff Responsibilities	
<ol style="list-style-type: none"> 1. An oral health lead is identified in the setting to work with the oral health team to coordinate and quality assurance the programme. 2. Commitment to the programme: providing supervised tooth brushing on a daily basis and follow quality assurance guidelines. 3. Complete quality assurance checklists annually (Preschool/School Quality Assurance Checklist). 4. Evidence of parental written consent is kept by the setting and all staff are aware of those children not taking part in the tooth brushing programme. 5. Staff who implement and supervise the programme must attend the training. 6. Ensuring the programme follows infection prevention and control procedures. 7. Check equipment on a regular basis and ensure the appropriate resources are used. 8. Ensure that the brush storage units are stored carefully and looked after for continued use. 9. Contact the oral health team for new staff to be trained. 10. Contact the oral health team when stock is required. 	
Termination of the Programme	
<p>If, at any time, the decision is made to opt out of the supervised tooth brushing programme, the setting lead should inform all partners immediately including the oral health team so that arrangements can be made to collect any surplus stock. If a school leaves the programme after parents have given consent, the manager/head teacher is responsible for informing the parents of the decision to withdraw and for informing school governors.</p>	
Signatures of Leads	Date
Oral Health Team Lead: <i>Rossmere</i>	16/1/2024
Manager/Setting Oral Health Lead: <i>Rossmere</i>	16/1/2024

Appendix J – Oral Health Education Training Register

**Tees Community Dental Service
Oral Health Education Training Register**

Venue	<u>Rossmere</u>	Service Type	School	Locality	NT	MB	R&C	HP	X
Date	<u>16/1/2024</u>	Time	<u>1500</u>	OHPD Staff Member	<u>RA</u>				
IF PRESCHOOL/SCHOOL PLEASE RECORD THE TOTAL NUMBER OF STAFF IN THE SETTING WHO ARE INVOLVED IN THE TB SCHEME.		<u>11</u>		OHPD Number of indirect contacts (one off training only)					
OHPD Actions to be completed									

	Name (Please print)	Role	Work Email Address	Signature
1.	Nicola Irvin	Learning Coach		
2.	Joanne Bratt	Learning Coach		
3.	Elizabeth Hill	Teacher		
4.	Joanne Anderson	Learning Coach		
5.	Rachael Hodgson	Teacher		
6.	Sarah Clark	Lead Learning Coach		
7.	Carole Carroll	Learning Coach		
8.	Faye Ellis	Teacher		
9.	Deborah Bartlett	Learning Coach		
10.	Jude Macintosh	Learning Coach		
11.	Jane Austin	Learning Coach		
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				