



Supervised Toothbrushing Toolkit

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Introduction

The Big Brush Club Supervised Toothbrushing Toolkit is a comprehensive resource, designed to help implement an effective supervised toothbrushing programme into children's daily routines.

At Home Dental is committed to ensuring improved children's oral health and the Big Brush Club supervised toothbrushing programme is a fantastic way for settings to help achieve this goal. The aim of the programme is for every child to brush their teeth with fluoride toothpaste once a day in a structured environment (e.g. school, nursery, holiday club etc..), and ideally twice a day at home too. This encourages children to brush their teeth from a young age and reinforces the importance of toothbrushing, which is crucial for preventing tooth decay. The ultimate goal is to reduce oral health inequalities among children, ensuring every child has a healthier start.

At Home Dental, a dedicated provider of accessible and high-quality dental care, established the 'Big Brush Club' in September 2023. This initiative has since grown to become England's largest supervised toothbrushing programme. Our staff are highly experienced in working with diverse groups, and will provide the necessary support and training for the successful rollout and ongoing provision of this supervised toothbrushing programme. Our approach is specifically designed to maximise and sustain improvements in oral health and reduce inequalities, by prioritising support and engagement in the areas where it's needed most.

Poor oral health in young children not only causes pain and suffering, but has wider impacts on child development, school readiness and attendance. Due to its consequences on children's education, early years providers are responsible for promoting good health, including oral health of children attending their setting, as set out in the [Early Years Foundation Stage Strategic Framework](#). Setting up a supervised toothbrushing programme is a recommendation made on the [UK government website](#) as a way to promote good oral health in Early Years settings.

Information for this toolkit has been sourced from the Office for Health Improvement & Disparities guidance document "[Commissioning and delivering supervised toothbrushing schemes in early years and school settings](#)". At Home Dental will periodically review the content of this toolkit to ensure it remains up-to-date and in compliance with the latest government guidelines for supervised toothbrushing programmes.



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Evidence for Supervised Toothbrushing

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. While children's oral health has improved over the past 20 years, the recent [Oral health survey of 5 year old schoolchildren \(2024\)](#) found that more than a fifth (22.4%) of 5 year olds had tooth decay. This can affect their ability to sleep, eat, speak, play and socialise with other children.

The Health matters: [child dental health guidance](#) explains that the impacts of tooth decay can also affect school performance, with children missing school. In addition, it can affect parents or carers, who may need to take time off work to take children to the dentist or for a hospital visit.

There is strong evidence that the daily application of fluoride toothpaste to teeth reduces the incidence and severity of tooth decay in children. However, in the [Children's Dental Health Survey \(2013\)](#) it shows children in more deprived areas tend to have poorer oral health compared to their less socially disadvantaged peers, and are also less likely to brush their teeth twice daily.

The National Institute for Health and Care Excellence (NICE) [public health guideline \(PH55\)](#) recommends supervised toothbrushing schemes for nurseries and primary schools in areas where children are at high risk of poor oral health. Supervised toothbrushing schemes also support the NHS Core20PLUS5, an approach to reducing health inequalities for children and young people, of which oral health is one of the clinical priorities for children.

The infographic in the guidance [Improving the Oral Health of Children: Cost Effective Commissioning](#) describes supervised toothbrushing schemes having a return on investment (ROI) over 5 years of £3.06 for every £1 spent.

At a community level in school or early years level, [evidence](#) shows that brushing each day at school over a 3-year period is effective for preventing tooth decay in all children. Meanwhile children living in the most deprived 20% of areas can show significant reduction in tooth decay within one year. This is evidenced by the [national complex oral health programme](#), which teaches children to brush their teeth from a young age and encourages good oral hygiene at home.

Effective Preventative Practice

To effectively improve oral health outcomes in children, it is important that the programme is delivered according to the existing evidence-based approaches.

The following key elements must be in place:

Training

Staff who implement and supervise the programme must attend initial training with the Big Brush Club Team and read the Big Brush Club's Toolkit. Staff must also complete annual refresher training, which includes reviewing the Big Brush Club's Toolkit (mandatory) and attending a training session (optional).

Lead Person

A designated lead person must be appointed at the setting to oversee the programme and its governance. This lead will have access to a named Big Brush Club Project Facilitator, who is also a qualified dental professional, for guidance and support. If the designated lead person leaves the setting, a new person must be appointed, and the change should be communicated to their Project Facilitator promptly.

Effective Communication

The designated lead must maintain regular communication with their Project Facilitator to ensure the setting has enough supplies, new staff receive training, and quality assurance assessments are carried out. They must also update their Project Facilitator on the number of children participating in the programme throughout the year. If, at any time, the setting is considering opting out of the programme, the setting lead should contact their Project Facilitator to discuss the reasoning for this.

Following Guidelines

Staff must adhere to the procedures outlined in the Big Brush Club's Toolkit and the training they receive, including infection control, regular equipment checks, and proper storage of resources.

Effective Preventative Practice (Cont.)

Parental Consent

Parents must receive an information and consent leaflet to allow for informed choice. Big Brush Club has produced an introductory letter and consent form which settings can use. Setting staff are responsible for managing these forms, keeping them in the child's personal file, and ensuring they know which children are not participating.

Frequency of Toothbrushing

Staff should commit to daily supervised toothbrushing within their setting. Toothbrushing takes place at a time that is most suitable for each setting. Each child, whether in the setting full-time or part-time, brushes once a day as part of the programme.

Use of Fluoride

Fluoride toothpaste containing 1,350 to 1,500ppm (parts per million) must be used. Children under 3 years of age use a smear of paste, while children over 3 use a pea-sized amount of paste. Children should be discouraged from swallowing toothpaste during or after brushing their teeth and toothpaste should not be reapplied if swallowed. After toothbrushing, children spit out residual toothpaste and do not rinse.

Home Engagement

Parents/carers should be encouraged to brush teeth with their child at home, twice daily, to complement the programme. At-Home-Dental-Packs will be provided at least once a year to support and encourage the continuation of toothbrushing at home. Big Brush Club provides leaflets and end of term letters for settings to send out to parents/carers to support toothbrushing during the school holiday periods.

Effective Preventative Practice (Cont.)

Quality and Safety

Quality assurance assessments are carried out by Big Brush Club's Project Facilitators annually and include observation of a toothbrushing session, discussion of toolkit guidance and performance against the Big Brush Club's quality assurance checklist. Where possible, setting staff should carry out their own assessments at regular intervals, using the Big Brush Club's quality assurance checklist, to ensure continued compliance. If concerns arise, immediate remedial action must be taken. If issues cannot be resolved directly, the programme should be suspended until appropriate action is agreed upon and carried out. If necessary, arrangements will be made for follow up visits.

Required Kit

You will need some supplies in order to run your supervised toothbrushing sessions, most of which we supply for you. Here's an introduction to the kit you will receive. When it's time to replenish your supplies, please contact your project facilitator who can organise this for you.

We Supply the Following:

Toothbrushes

We supply a new toothbrush at the start of each term for each child. Their toothbrush will be the perfect size and softness of bristle, and will fit and be stored conveniently in a toothbrush rack. The children will use these each day during their supervised toothbrushing sessions.

Toothbrush Rack

Safe and hygienic, your toothbrush rack will keep brushes separate from each other in a clean and sanitary space. Each toothbrush space is labelled with the same symbols as those on the toothbrushes, making it easy to identify whose is whose. They come in various colours and a lid

Toothpaste

You will receive a supply of toothpaste to use in your daily brushing sessions. The toothpaste will contain at least 1,350 parts per million of fluoride, which is dentist recommended and plays an active role in strengthening teeth and preventing decay. The toothpaste is also free from animal derivatives and gluten. Keep toothpaste out of the reach of children and only staff should handle and dispense the toothpaste.

Reward Charts (Optional)

Toothbrushing charts can be found on our website and be put on display in the classroom for children to keep track of their progress. animal derivatives and gluten. Only staff should handle and dispense the toothpaste.

Required Kit (Cont.)

You Will Need to Supply the Following:

Hand Towels

Hand towels (or tissues) are used to dispense toothpaste onto. Children then use their toothbrush to scrape up the toothpaste, before brushing. This minimises the risk of cross infection. It's a tried and tested method which makes toothbrushing from a shared tube of toothpaste safe and hygienic.

Household Detergent

Household detergent (e.g washing up liquid) and warm water are used to clean the sink and any surfaces where toothbrushing was taking place at the end of each session. It's also used to clean the rack at least once a week (more if soiled).

Household Gloves

When cleaning the sink, surfaces and the toothbrush rack with a detergent, household gloves should be worn.

Bin

Make sure that you have a bin handy for safe and effective disposal of paper towels. This will help minimise any risk of cross infection.

Sink

You will be using water to rinse the toothbrushes at the end of each session. Your sink will also be a designated area for cleaning the rack.

Big Brush Club Tune

Music is an effective tool to motivate children with their daily toothbrushing. Use the Big Brush Club tune and let them have fun whilst brushing!

Information for Parents/Guardians

Big Brush Club will provide an introductory letter as well as a consent form that can be issued to parents/guardians. Ensure that parents are provided with this information and that you obtain consent before brushing.

Personal Protective Equipment (PPE)

There is usually no need for staff to wear personal protective equipment (PPE) such as aprons and gloves. They can, however, choose to wear PPE if they deem the likelihood of exposure to bodily fluids (e.g. saliva) to be increased.

Dry Toothbrushing Technique

We find that the dry brushing technique appeals to most settings, but you will also find instructions on a subsequent page for a wet brushing technique. Please choose the model which best fits your setting.

Both techniques follow the UK Health Security Agency (UKHSA) infection prevention and control guidance (detailed in 'Preventing and controlling infections' on Health protection in children and young people settings, including education).

Washing or Sanitising Hands

Staff and children (under supervision) wash their hands or use hand sanitiser before the toothbrushing session. Staff should cover any cuts, abrasions or breaks in their skin with a waterproof dressing before starting a toothbrushing session and before carrying out cleaning.

Dispensing Toothpaste

Staff dispense a small amount of fluoride toothpaste onto a paper towel, one for each child. A smear of toothpaste is used for children under 3, and a pea-sized blob for children aged 3 years or over. This is an easy and quick way to give all children toothpaste in a hygienic manner.

Toothbrush Collection

Under supervision, children collect their toothbrush from the rack, along with a paper towel with toothpaste on. Each child's brush is individually identifiable through use of unique symbols and colours. Staff should use their judgment to decide if a child needs help. Children use their toothbrush to scrape up the toothpaste and keep hold of the paper towel for later on.

Toothbrushing Time!

When all children have toothpaste on their brushes, they can begin toothbrushing. They may be seated or standing while toothbrushing takes place.

A timer can be set or a two minute video can be played while the children focus on brushing their teeth. You can also play the Big Brush Club tune to ensure the children have fun.

Staff, following the training they have received, should ensure teeth are brushed effectively and for the full two minutes. It is important to discourage children from swallowing any toothpaste and should any children need to, they can use their paper towel to remove any excess toothpaste (encourage children to raise the tissue to their mouths to do so).

Dry Toothbrushing Technique (Cont.)

Wiping the Mouth

When the two minutes are up, children use their paper towel to remove any residual toothpaste from the mouth. Encourage children to raise the tissue to their mouths when doing this. These are then disposed of into a bin immediately after use.

Children should be discouraged from rinsing their mouth after brushing, as doing this will rinse off fluoride and significantly decrease its associated benefits.

Rinsing Toothbrushes

At a designated sink, each child in turn rinses their own toothbrush and its handle under cold running water and gently shakes off any excess water. Staff should supervise, controlling the tap and ensure toothbrushes do not come into contact with the sink, tap or surroundings. Where additional assistance may be needed, staff should be on hand to offer support.

Routinely, if staff rinse the toothbrushes, there is no need for them to wear PPE. If the toothbrushes are heavily contaminated (including the bristles and the handle), staff should consider wearing gloves and apron. In that case, one pair of gloves should be used per toothbrush, and they should wash or disinfect hands between glove changes (after taking gloves off and before putting a new pair of gloves on). Aprons should be changed when they become heavily soiled or contaminated with bodily fluids (for example saliva or blood).

Storing Toothbrushes

Each child returns their own toothbrush to its marked space in the rack, using the symbols and colours as guides.

Cleaning Down

Staff, wearing household gloves, cleans down the sink and any surfaces where the toothbrushing has taken place with standard cleaning products such as detergent or disinfectant.

Washing or Sanitising Hands

Staff and children (under supervision) wash their hands or use hand sanitiser to finish the session.

Reward Charts (Optional)

Staff may wish to give children the opportunity to have a stamp or tick on their individual toothbrushing reward chart or alternatively to display a reward chart for the whole class which they update at the end of the session.

Wet Toothbrushing Technique

Washing or Sanitising Hands

Staff and children (under supervision) wash their hands or use hand sanitiser before the toothbrushing session. Staff should cover any cuts, abrasions or breaks in their skin with a waterproof dressing before starting a toothbrushing session and before carrying out cleaning.

Dispensing Toothpaste

Staff dispense a small amount of fluoride toothpaste onto a paper towel, one for each child. A smear of toothpaste is used for children under 3, and a pea-sized blob for children aged 3 years or over. This is an easy and quick way to give all children toothpaste in a hygienic manner.

Toothbrush Collection

Under supervision, children collect their toothbrush from the rack, along with a paper towel with toothpaste on. Each child's brush is individually identifiable through use of unique symbols and colours. Staff should use their judgment to decide if a child needs help. Children use their toothbrush to scrape up the toothpaste and keep hold of the paper towel for later on.

Toothbrushing Time!

Toothbrushing will then begin at the designated sink area. A timer can be set or a two minute video can be played while the children focus on brushing their teeth. You can also play the Big Brush Club tune to ensure the children have fun.

Staff, following the training they have received, should ensure teeth are brushed effectively and for the full two minutes. It is important to discourage children from swallowing any toothpaste and should any children need to, they can spit excess toothpaste into the sink and continue brushing until the two minutes is up.

Once two minutes of toothbrushing has been completed, children spit out any residual toothpaste into the sink. Children should be discouraged from rinsing their mouth after brushing, as doing this will rinse off the fluoride and significantly decrease its associated benefits.

Wet Toothbrushing Technique (Cont.)

Rinsing Toothbrushes

Each child rinses their own toothbrush and its handle under cold running water and gently shakes off any excess water. Staff should supervise, controlling the tap and ensure toothbrushes do not come into contact with the sink, tap or surroundings. Where additional assistance may be needed, staff should be on hand to offer support.

Routinely, if staff rinse the toothbrushes, there is no need for them to wear PPE. If the toothbrushes are heavily contaminated (including the bristles and the handle), staff should consider wearing gloves and apron. In that case, one pair of gloves should be used per toothbrush, and they should wash or disinfect hands between glove changes (after taking gloves off and before putting a new pair of gloves on). Aprons should be changed when they become heavily soiled or contaminated with bodily fluids (for example saliva or blood).

Storing Toothbrushes

Each child returns their own toothbrush to the rack. The symbols and colours on the toothbrush and the rack help them easily identify which space is theirs. Staff should use their judgment to decide if a child needs help.

Cleaning Down

Staff, wearing household gloves, cleans down the sink and any surfaces where the toothbrushing has taken place with standard cleaning products such as detergent or disinfectant.

Washing or Sanitising Hands

Staff and children (under supervision) wash their hands or use hand sanitiser to finish the session.

Reward Charts (Optional)

Staff may wish to give children the opportunity to have a stamp or tick on their individual toothbrushing reward chart or alternatively to display a reward chart for the whole class which they update at the end of the session.

How Much Toothpaste and Which Toothbrush?

Toothpaste

Under 3 Years of Age

A smear of toothpaste should be used for children under 3 years



Over 3 Years of Age

A pea-sized amount of toothpaste should be used for children over 3 years



Fluoride

The Fluoride contained in toothpaste has a number of advantages, including:

- It helps to create stronger enamel when teeth are forming.
- It helps teeth become more resistant to acid attacks. Acid attacks occur each time something sugary is consumed and weakens the enamel. Frequent acid attacks leads to the formation of holes, or cavities, in the enamel, resulting in tooth decay.
- When in the saliva, it stops teeth de-mineralising (1st stage of decay) and helps teeth to re-mineralise (go back to normal strength).

Toothbrushes

A small-headed toothbrush with medium texture bristles is provided. Toothbrushes should be replaced termly or as soon as they appear damaged, the bristles are splayed, or dropped on the floor.

Brushing Technique

Step 1: Outside

Brush the outside surface of each tooth using small circular motions.

Step 2: Inside

Brush the inside surface of each tooth using same circular motions.

Step 3: To The Back

Brush the tops of the back teeth, the chewing surfaces, using a forward and backward motion.

Step 4: To The Front

Tilt your toothbrush vertically to brush behind each front tooth using small up and down strokes. Remember to brush both the top and bottom teeth!

Step 5: Tongue

Don't forget to brush your tongue. Lots of germs and bacteria hide here!

TOP TIPS!

- Brush your teeth for 2 minutes so you can keep your smile bright! Our two minute-long Big Brush Club tune helps keep track of time.
- Use fluoride toothpaste. Fluoride helps keep your teeth strong and healthy.
- Angle the toothbrush at a 45 degree angle so that the bristles reach the gums too.
- Brush at least twice a day. Once in the morning and once last thing before you go to bed.
- Begin at the back of the mouth (upper or lower) and then gradually work your way towards the front.
- Don't rinse with water after brushing, just spit!

Infection Prevention and Control

It is important to adhere to the following infection prevention and control guidelines when implementing the programme in your setting.

Hand Hygiene and Personal Protection

- Staff and children should wash hands before and after toothbrushing.
- Staff should cover all cuts/abrasions with waterproof dressings before sessions.
- Staff usually don't need PPE (aprons, gloves) unless exposure to bodily fluids (saliva, blood) is likely.

If PPE is Worn:

- Use one pair of gloves per child
- Wash or disinfect hands between glove changes (after removal, before new pair)
- Change aprons if heavily soiled or contaminated

Toothbrushes

- Every child should have their own unique toothbrush which should be easily identifiable, through use of unique symbols/colours.
- Children should only handle their own toothbrush.
- Toothbrushes should not touch other toothbrushes at any point during or between sessions. Take particular care when removing and replacing brushes from the racks.

When Rinsing Toothbrushes, Ensure:

- They are rinsed immediately after toothbrushing has finished.
- They are rinsed individually one at a time and not together.
- They are gently shaken over the sink to remove excess water.
- They don't touch the sink, tap or surroundings.
- Discard toothbrushes immediately if dropped on the floor.
- Replace toothbrushes termly, or sooner if needed (e.g. dropped, splayed bristles).

Infection Prevention and Control (Cont.)

ToothPaste

- Don't dispense toothpaste directly onto toothbrushes; dispense onto a clean surface (e.g. paper towel or tissue square).
- Paper or reusable plates are alternatives to paper towels; ensure at least 5cm spacing between dispensed toothpaste. Clean reusable plates after each use at high temperatures. Dispose of paper plates immediately after use.
- Toothpaste should not be reapplied if swallowed.



Toothbrush Racks & Lids

- Each space on the rack should be labelled with a unique symbol so children can easily identify, collect and return their own toothbrush.
- The spaces on the rack are not interchangeable and each toothbrush should always be returned to its own unique spot.
- Store racks upright and in a clean, dry area (e.g. cupboard, adult-height shelf); don't store racks in toilet areas.
- Use rack lids when not in use; replace lid immediately after the session if vented, or after an hour if non-vented.
- Lids are not interchangeable; return them to their original rack and facing the same direction.
- Don't place racks directly beside children during toothbrushing to avoid spray contamination.
- Regularly check the racks and lids for signs of damage.
- Don't continue using a rack or lid if cracks, scratches, or rough surfaces develop; report to your Project Facilitator who can replace them.

Infection Prevention and Control (Cont.)

Cleaning & Environment

- When choosing an area to carry out toothbrushing, ensure surfaces are easy to clean.
- Wear household gloves when cleaning racks, lids, sinks and surfaces.
- Clean sinks and surfaces after each session with standard cleaning products, such as detergent or disinfectant.
- Clean toothbrush racks and lids, using warm water and detergent or on the top shelf of a dishwasher:
 - Before first use.
 - Once a week (more if soiled).
 - Daily, if the rack is used to transfer soiled brushes to the sink for rinsing during the session; clean the rack before re-inserting rinsed brushes.
- Remove any toothbrushes from the rack prior to cleaning it.
- Disinfectant wipes and sprays are not recommended for cleaning the racks and lids.
- Dispose of paper towels immediately after use.
- Don't soak toothbrushes in any kind of cleaning product.

Health Considerations

- Children returning after illness can participate unless specific local precautions state otherwise.
- If a notifiable disease is suspected or confirmed, seek advice from the local health protection team.

FAQS

What Time of Day Should Children Brush Their Teeth?

Toothbrushing sessions should be scheduled at a time that fits your setting's routine. Where possible, allow a 30-minute window after eating or drinking before brushing. If this isn't possible, remember that brushing at any time is still more beneficial than not brushing at all.

It's also important for parents and guardians to ensure that children brush twice daily at home. This programme is to complement home toothbrushing, not replace it.

When Do We Throw Away Toothbrushes?

You should replace toothbrushes once per term (September, January, April). We would recommend you use our 'toothbrush replacement record' to log each time you replace the brushes. There's another way to tell if it's time for a change - check for bristles that are splayed. If you see that, it's time for a new one. Also, if a toothbrush is dropped on the floor, replace it.

To avoid lots of dropped toothbrushes, get children to sit at a table while brushing their teeth. This way, if any toothbrushes are dropped, they will land on the table instead of the floor and therefore not need replacing.

How Should Toothbrushes and Toothpaste Be Disposed Of?

The toothpaste tubes and lids can be recycled in the normal household recycling, subject to local rules. The tube does not require rinsing prior to recycling.

Unfortunately, it's difficult to recycle toothbrushes at the moment but information on alternative recycling facilities is available at www.recyclenow.com. Some high street stores such as Boots, Holland & Barratt and Superdrug have their own recycling schemes, some of which can accept our toothbrushes. Check the retailer's website for full details of their schemes, including which materials are accepted and which stores are taking part.

FAQS (Cont.)

What If a Child Isn't Complying with the Sessions?

It's important that children enjoy toothbrushing time. Most children will be motivated by brushing alongside their peers and will be eager to show off what they've learned to their parents or guardians. However, it can take a few sessions for some children to join in.

Consistency is key, so keep giving them the opportunity to participate. To help engage them, consider making the session fun with our 2-minute toothbrushing song, which can be found on our website. Try to figure out what the barrier is exactly and adjust accordingly. For example, do they dislike the taste of the mint toothpaste? Is the time of day not working for them? Or do they need a separate space away from the group?

If you are still experiencing challenges, discuss them with your Project Facilitator, who can provide solutions to help overcome these barriers.

How Are SEN Children Supported?

We understand that not every child likes mint flavoured toothpaste. That's why we can provide an alternative toothpaste. This toothpaste doesn't foam up or have any taste, which is great for children with sensory sensitivities and/or swallowing difficulties.

Should Children Swallow the Toothpaste After Brushing?

We don't want children to swallow their toothpaste. Keep reminding them not to swallow any toothpaste and use their paper towel to wipe off any excess toothpaste from their mouths.

Returning After Illness — When Can Children Participate?

Children returning to the setting after being unwell can participate in the programme without delay unless otherwise stated by specific locally implemented precautions and guidelines. If there is suspicion of or a confirmed case of a notifiable disease, seek and follow the advice of the local health protection team.

FAQS (Cont.)

Children are Struggling to Contain the Toothpaste Whilst Brushing. What Should We Do?

A great tip is to instruct the children to take a big swallow just before they start toothbrushing, as this will dry their mouth and reduce the toothpaste foaming up as much. Another suggestion is to reduce the amount of toothpaste you dispense for them. If they need to get rid of any excess toothpaste during the two minutes of toothbrushing, they can use their paper towel to gently spit into and then continue brushing for the remainder of the two minutes. You may want to provide them with an extra paper towel and encourage them to raise it to their chin.

What Should We Do If We Experience Challenges with Implementing The Programme at Our Setting?

Please contact your Project Facilitator to discuss what sort of challenges you are experiencing. Wherever possible, your Project Facilitator will provide working solutions and support you in overcoming specific challenges to ensure the programme can continue.

Can We Stop the Programme?

If you are considering stopping the programme, the setting lead should contact their Project Facilitator to let them know and discuss the reasoning for this. If a final decision is made to withdraw from the programme, the setting lead will need to inform parents of this decision and arrangements will need to be made with your Project Facilitator to collect any surplus stock.

Agreement Form

Supervised Toothbrushing Programme

We are excited and pleased that you have agreed to take part in such an important programme, which will bring lasting health benefits to the children in your setting.

We want to support you in every way we can to ensure the programme is easily deliverable and any issues are resolved quickly.

For the programme to be successful, a memorandum of understanding is required. This will serve to establish clear, mutual expectations regarding programme implementation and outline the responsibilities of each party, ensuring a smooth and effective partnership.

At Home Dental will:

- ✓ Provide training in all aspects of the delivery of the programme to ensure it is safe and effective.
- ✓ Give you access to professional advice from At Home Dental's Project Facilitators, who are qualified dental care professionals and registered with the General Dental Council.
- ✓ Provide communication content for parents and children to ensure you have the tools to promote the programme.
- ✓ Contact and review your supervised brushing programme at least once each academic year and offer advice to ensure compliance with infection prevention and control guidance and the smooth continuation of the programme.
- ✓ Provide all resources and equipment to ensure the programme can run throughout the academic year.



Agreement Form (Cont.)

Engaged Childcare Staff will:

- ✓ Participate in the training of the programme.
- ✓ Read and follow the guidance from the toothbrushing toolkit document.
- ✓ Ensure proper storage, use and maintenance of the resources and equipment as outlined in the training.
- ✓ Engage with At Home Dental's Project Facilitators to ensure the setting has enough stock, reviews are carried out and any concerns are raised.
- ✓ Manage consent forms, ensuring they are kept by the setting in the child's personal file and that all staff are aware of the children who have not given consent.
- ✓ Seek help from At Home Dental's Project Facilitators in training new staff or appointing a new Oral Health Champion.
- ✓ Cooperate in reviewing and auditing the programme to evaluate its effectiveness.
- ✓ Ensure appropriate cleaning products are available and used to comply with the infection prevention and control instructions.

Opting Out of the Programme:

If, at any time, the setting is considering opting out of the programme, the setting lead should contact their project facilitator to discuss the reasoning for this. Wherever possible, the project facilitator will provide working solutions to ensure the programme can continue. If a final decision is made to opt out, the setting lead should inform their project facilitator immediately with the reasoning so that arrangements can be made to collect any surplus stock. If a school opts out after parents have given consent, the head teacher is responsible for informing the parents of the decision to withdraw and for informing school governors. If a nursery or pre-school opts out after parents have given consent, the manager is responsible for informing the parents of the decision to withdraw.

Agreement Form (Cont.)

By completing the form below, you agree that you have read and understand the roles and responsibilities of each party. At the top of the form, please indicate who your nominated Oral Health Lead will be for the programme (this can be changed later).

Setting:

Full Name of Oral Health Lead: _____

Email of Oral Health Lead: _____

Setting Name: _____

Setting Address: _____

Sign (on behalf of setting): _____

Signee Name/Position: _____

Date: _____

At Home Dental:

Sign (on behalf of At Home Dental): _____

Signee Name/Position: _____

Email: _____

Date: _____

R.E. Welcome to the Big Brush Club Supervised Toothbrushing Programme!

Dear Parent / Guardian,

Good news! Your setting has been enrolled to provide daily supervised toothbrushing for children. The Big Brush Club programme is brought to you by At Home Dental and is effective at reducing tooth decay in young children.

Your child will be brushing their teeth each day in the classroom, but they should still brush their teeth twice a day at home too!

Children will be supervised during the brushing sessions every day and will be under the guidance of trained 'Oral Health Champions'. Each child will receive their own toothbrush, which will be easily identifiable and will be stored in a safe and hygienic storage system.

Allergies: Please ensure you let the setting lead know of any allergies or health issues your child may have which could mean they are unable to take part in the scheme.

Consent: to consent for your child to take part in the scheme, please fill in the attached form and return this to your child's setting.

Parent Survey: Please complete this very short [survey](#) so that we can understand your child's toothbrushing habits at home. The survey is anonymous, so no personal information is collected.

It is important children continue to brush their teeth at home, with a fluoride toothpaste. To support this, we are sending children home with their own pack which includes a toothbrush, toothpaste and information leaflet. We would greatly appreciate your support to encourage your children with their brushing in a positive way.

Developmentally, this is such an important age and we can really make a difference to children's long term oral health by committing to this simple and effective programme. Tooth decay is the most common disease in children and an average of 3 days of school per year are missed due to dental problems causing parents and carers to have time off work for appointments. This is easily preventable through the use of fluoride toothpaste and regular brushing. Visit our website (www.bigbrushclub.co.uk) to learn more and view videos and apps that are useful in engaging your children and timing their brushing for 2 minutes.

If you wish to learn more about the programme or how to improve your child's oral health, visit www.bigbrushclub.co.uk or email info@bigbrushclub.co.uk.



Happy toothbrushing!

Yours Sincerely,



Justin Marney
Director, At Home Dental

Consent Form

Please complete and return this form to your child's setting.

- ☐ Yes, I give permission for my child to be a part of the daily toothbrushing programme.
- ☐ No, I do not want my child to be included in the daily toothbrushing programme.
- ☐ I give my consent for photographs of my child to be used by Big Brush Club to promote the Supervised Toothbrushing scheme.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

You do not need to answer this question, but if you have chosen **not** to participate in the scheme it would be helpful if you could please let us know why you would prefer that your child does not participate. This will help us to continue to improve the service that we provide.

Staff Training Record: Initial Training

Staff must attend a live training session and read the Big Brush Club's Toolkit before starting the programme. Please contact your Project Facilitator to find out when the upcoming live training sessions are and how to register for them.

Please complete the log sheet below when staff have completed initial training and keep in a file at the setting.

Name	Type of Training		Date	Signature
	Live Training (Mandatory)	Toolkit Review (Mandatory)		

Staff Training Record: Annual Refresher Training

All staff are required to complete annual refresher training, which must include reviewing the Big Brush Club's Toolkit. Staff may also choose to attend a live training session. Please contact your Project Facilitator to find out when the upcoming live training sessions are and how to register for them.

Please complete the log sheet below when staff have completed refresher training and keep in a file at the setting..

Name	Type of Training		Date	Signature
	Live Training (Optional)	Toolkit Review (Mandatory)		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Quality Assurance Checklist

Quality assurance assessments are carried out by the Big Brush Club Team annually and include observation of a toothbrushing session, discussion of toolkit guidance and performance against the below checklist. If issues arise, immediate remedial action must be taken.

We recommend that setting staff also carry out their own quality assurance assessments using this checklist at regular intervals, to ensure continued compliance.

The completed checklists should be recorded and kept in a file at the setting.

Name of Setting	Postcode	Date

organisation	Achieved	Not Achieved	Reason, if not achieved
There is a designated lead who is responsible for overseeing the programme within the setting.	<input type="checkbox"/>	<input type="checkbox"/>	
A model agreement outlining the responsibilities of partners has been completed and signed.	<input type="checkbox"/>	<input type="checkbox"/>	
There is access to a Big Brush Club Project Facilitator for guidance and support.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff have attended initial training. When new staff join, the designated lead contacts their Project Facilitator to arrange training.	<input type="checkbox"/>	<input type="checkbox"/>	
Big Brush Club's toolkit is available and is read annually by staff.	<input type="checkbox"/>	<input type="checkbox"/>	
Consent is sought from parents or carers for their children to take part in the programme and records are maintained by the setting, including declined consent also.	<input type="checkbox"/>	<input type="checkbox"/>	
Quality assurance assessments are carried out by the Big Brush Club team annually	<input type="checkbox"/>	<input type="checkbox"/>	
There are enough supplies at the setting and when supplies run low the designated lead requests further supplies from their Project Facilitator.	<input type="checkbox"/>	<input type="checkbox"/>	
The designated lead updates their Project Facilitator on the number of children participating throughout the year.	<input type="checkbox"/>	<input type="checkbox"/>	
Effective Preventative Practice			
Children take part in supervised toothbrushing daily within the setting.	<input type="checkbox"/>	<input type="checkbox"/>	
Children brush their own teeth.	<input type="checkbox"/>	<input type="checkbox"/>	

Effective Preventative Practice (cont.)	Achieved	Not Achieved	Reason, if Not Achieved
Fluoride toothpaste containing 1,350 to 1,500ppm fluoride is used.	<input type="checkbox"/>	<input type="checkbox"/>	
Correct amount of toothpaste is used: • Children under three years of age have a smear of toothpaste. • Children over three have a pea-sized amount of toothpaste. • Toothpaste is not reapplied if swallowed by a child	<input type="checkbox"/>	<input type="checkbox"/>	
Children are supervised by an adult during brushing.	<input type="checkbox"/>	<input type="checkbox"/>	
Children are discouraged from swallowing toothpaste during or after toothbrushing.	<input type="checkbox"/>	<input type="checkbox"/>	
After brushing, children spit out residual toothpaste and do not rinse.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrushes are replaced termly, or sooner if the bristles become splayed or if they fall on the floor.	<input type="checkbox"/>	<input type="checkbox"/>	
The designated lead updates their Project Facilitator on the number of children participating throughout the year.	<input type="checkbox"/>	<input type="checkbox"/>	
Infection Prevention and Control			
Staff and children wash or sanitise their hands before and after the toothbrushing session.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff cover any cuts, abrasions or breaks in their skin with a waterproof dressing before commencing a toothbrushing session.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrushes are individually identifiable through use of unique symbols/colours.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff dispense toothpaste onto a clean surface such as a paper towel and not directly onto toothbrushes.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrushes are stored upright in appropriate toothbrush racks.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrushes do not touch other toothbrushes at any point during or between sessions.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrush racks display symbols corresponding with those on the toothbrushes to allow individual identification.	<input type="checkbox"/>	<input type="checkbox"/>	
Where multiple toothbrush racks are used, each rack is individually identifiable (e.g. different colours)	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols are fully visible on toothbrushes and toothbrush racks.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff do not need PPE unless there is a risk of exposure to bodily fluids like saliva or blood. When gloves are used, a new pair are worn for each child. When aprons are used, they are changed if they become heavily soiled or contaminated.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrush racks are stored in a suitable location (e.g. a clean, dry cupboard/ shelf at adult height, and not in a toilet area).	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrush racks and lids are free from any cracks, scratches or rough surfaces. Damaged racks or lids are reported to a Project Facilitator for replacement.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrushes are rinsed individually at the sink, not altogether, under cold running water and do not touch the sink, tap or surroundings when doing so.	<input type="checkbox"/>	<input type="checkbox"/>	
Toothbrushes are not soaked in any cleaning products like bleach or disinfectant.	<input type="checkbox"/>	<input type="checkbox"/>	

Infection Prevention and Control (cont.)	Achieved	Not Achieved	Reason, if Not Achieved
Toothbrushes that fall on the floor are discarded.	<input type="checkbox"/>	<input type="checkbox"/>	
Paper towels are disposed of in a bin immediately after brushing.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff clean used sinks and any other surfaces at the end of the toothbrushing session.	<input type="checkbox"/>	<input type="checkbox"/>	

Issues Identified and Actions Required to Resolve	Target Date for Completion	Resolved
(If issues cannot be resolved directly, the programme should be suspended until appropriate action is agreed upon with your Project Facilitator and carried out)		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Additional Comments		

Name of Person who Completed Checklist	Signature	Date

Name of Setting's Designated Lead*	Signature	Date

*To confirm they have reviewed the findings and agree to the action plan

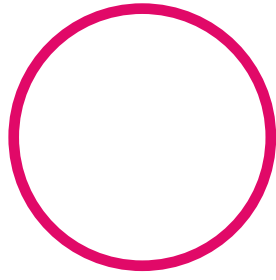
Toothbrush RePlacement Record

Toothbrushes should be replaced once a term or sooner if showing signs of wear. Please complete the log sheet below after each toothbrush replacement and keep in a file at the setting..

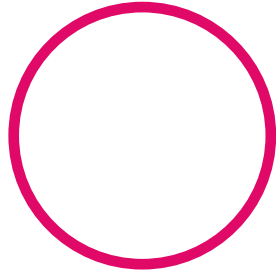
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Our weekly toothbrushing

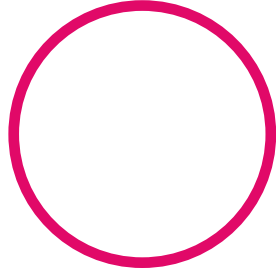
Class: _____



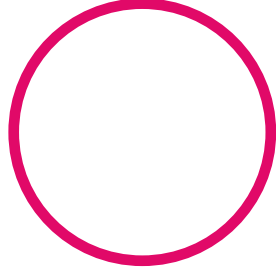
Monday



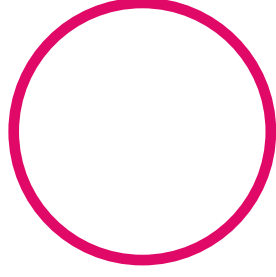
Tuesday



Wednesday



Thursday



Friday



Remember to
brush at home each
day and over the
weekend too!

Brushing together for healthy smiles