



SPECIFICATION

Ensuring Prevention, Access and Treatment are all delivered.

- **Supervised tooth brushing:** personalised toothbrushes and holders are provided so that each day, children brush their teeth alongside their classmates under supervision, embedding good dental care into their daily routines.
- **Dental assessments/ fluoride varnish application:** local dentists and dental nurses visit schools biannually to assess each child's oral health and provide fluoride varnish application. As a result, children are referred to primary and secondary care as necessary for further preventative and restorative treatment.
- **The application of fluoride varnish:** fluoride varnish is applied to children's teeth, increasing their protection against tooth decay.
- **Education:** to achieve long-term impact, practical guidance and clinical interventions are underpinned by oral health education, teaching children the benefits of healthy teeth and gums and normalising conversations around oral health to reduce or prevent fears around dental visits developing.



Consent Forms

Once a school has agreed to participate a consent form will need to be issued to all pupils, this can be used as a rolling consent when returned. This is essential for the children to participate; no child should be seen without positive parental consent.

The consent forms consist of multiple parts for the parent/carer to complete and return to the school; daily toothbrushing, dental assessment and application of fluoride varnish. The parent/guardian can opt in or out of either part to the programme (please see attached).

The parents/carers will need to fill out the child's name, date of birth, address, contact telephone number, ethnic origin, gender and whether they visit a family dentist regularly. This is so you can identify these children when you go into the school to carry out the dental assessment. There is also a social media aspect to this form in which the parent/carer can opt in or out for their child to be photographed or recorded for the use on either the school or your practice website or social media.

A brief medical questionnaire is required, this is so your team know which children can have fluoride varnish applied.

Once the consent forms have been completed and returned to the school the school will then photocopy them and either scan and email or post the originals to your designated administrator. Once received your designated administrator will have to marry them with class lists. It is imperative the forms are checked diligently for positive consent and medical history. A front sheet (please see attached) will need to be placed with the child consent form ready for the assessment day. A new front sheet will need to be attached after every visit so you can compare charting and check if treatment has been accessed.

Any new forms received after the initial signing will be handled in the same way.

If consent forms are given on the day of set up or assessment these children MUST NOT be seen until they have been dealt with via your administrator.

If a treatment need has been identified, a letter will need to go home with the child, as well as an information leaflet after fluoride varnish application (please see attached). This informs the parents/carers we have identified a treatment need and or they have had fluoride applied.



Setting up a school for tooth brushing

- Once the school has returned all the consent forms for the children back to your administrators, you can now identify which children are able to brush in school.
- Your administrators can now send a list across of all the children who can brush, in class order.
- Your administrator can now label the toothbrush racks keeping them in class order, with the child's name and place a corresponding sticker on the toothbrushes (e.g. blue policeman picture with blue policeman sticker) ready for your set up visit.
- All stock such as toothbrushes, toothpaste, wipes should be sent to the school.
- A stock order will need to be placed before the end of every school term for a new supply of toothbrushes, toothpaste and wipes to be sent to the school.
- The dental practice and the school will arrange a suitable day for the dental team to go in and set up the tooth brushing programme.
- The dental team will arrive at the school and go into each classroom to carry out the oral health education talk and the tooth brushing.
- In the classroom the dental team will carry out a brief oral health education session discussing the importance of brushing twice a day with a fluoride toothpaste and to limit sugar intake.

Oral Health Talks Kit

It is an advantage if the practice can have a simple kit made up to carry out oral health education sessions with the children. This is individual to your practice, but the basic kit should consist of:

- A large mouth with toothbrush
- Examples of high sugar drinks and food such as a can of coke and a chocolate bar.
- Information leaflets and tooth brushing charts.



How does the tooth brushing work in the classroom?

- Ask the class teacher to put the Brush Bus song or any 2-minute toothbrush timer onto the interactive white board; this becomes your brushing timer. The teacher can choose a timer of choice after the initial set up.
- The children and teachers will be shown the toothbrush racks and how the toothbrushes are to be stored.
- Each child is to have a paper towel with a pea sized amount of toothpaste on.
- Instruct children rack by rack to come and collect their toothbrush (with younger children it may be easier for the teacher to hand the child their toothbrush).
- The toothpaste is then to be scooped onto the brush from the paper towel. The children are then advised not to place anything down on desks. Hold their toothbrush in one hand and the paper towel in the other.
- Ask the children to take a big swallow and commence brushing to the timer. Your dental team are to observe brushing, demonstrating correct tooth brushing technique on a mouth model where required.
- Advise the children to brush slowly and with their mouth slightly open.
- If the children feel they need to spit, they can do so into their paper towel.
- Once the 2 minutes are up, ask the children to wipe any excess toothpaste into the paper towel.
- The children are then asked to come to a sink, a rack at a time. One at a time they will place their paper towel in a waste bin and will be asked to rinse their toothbrush under running water for 2 seconds. To ensure no cross-infection issues occur this must be done one child at a time so there is no risk of toothbrushes touching. The toothbrush is then placed in the rack in their allocated space.
- The racks are then wiped with a disinfectant wipe to remove any drips visible on the storage system.
- The toothbrushes and racks are left to air dry and then the lids are to be placed on the storage system and put away ready to be used the following day.
- Depending on the age of the children, the class teacher can ask for 2 toothbrush monitors who will oversee getting the racks out daily and place the tooth paste onto the paper towels. They will also oversee keeping the storage systems and sinks clean. If the children are younger this responsibility will normally fall on the teacher or teaching assistant.
- The storage racks will need to be deep cleaned weekly in warm soapy water; the toothbrushes are to be laid out well spaced in their correct order on a paper towel while this cleaning takes place.
- There are core standards and guidelines to follow and a copy of each must be available in each classroom on display (please see attached).
- Once this day is complete, an assessment/ fluoride varnish day should be booked for approx. 4-6 weeks after, so any problems with the brushing can be addressed.



Dental assessment and fluoride varnish application kit

- Disposable mouth mirrors - enough for the number of children in the school
- Latex free examination gloves – a size larger is an advantage and enough for the number of children in the school
- Cotton wool rolls
- Tray liners
- Microbrushes
- Duraphat Fluoride Varnish - approximately 1-2 tubes per class
- Alcohol gel
- Hard clinical waste box
- Clinical waste bag
- Parent letters with practice contact number
- Envelopes
- Stickers for the children

What the dentist needs to do on assessment day

The dentist attending the school will need to carry out a simple dental assessment on all children with positive parental consent.

All consents will have been checked by your administrator before the dentist attends the school so there will be no confusion on the day.

The dental assessment will consist of charting all teeth present that are sound, missing, decayed and filled.

Charting surfaces for filled or decayed teeth is not necessary, neither is the filling material used.

Once the child has had the dental check then the dentist can apply a fluoride varnish to the teeth, if the child has got positive parental consent and no medical contraindications.

Your practice will be responsible for completing treatment on any child that you have identified a treatment need for.



What the nurse needs to do

Prior to the dental assessment day, the nurse will put together the kit to take with the team to the school.

The consent forms MUST be taken on the day to the school as they inform the team which children can or cannot be seen and which children can have fluoride varnish applied.

When arriving at the school the nurse will set up the room ready for the dental assessments to begin. This must be carried out in one room.

The nurse will lay out on a table all the consent forms in class order.

The nurse will set up the assessment/fluoride varnish station for the dentist.

Each class will come down one at a time, the children should be given their consent form to hold until called forward by the dentist/nurse.

If a child is absent, you should mark their form as absent, and place the form with the others ready for your next visit.

If the child has a treatment need or has had fluoride applied, the nurse will then write the child's name on top of the post-operative instruction sheet and/or enveloped treatment need letter and either hand to the child or the class teacher to be distributed at the end of the school day.

Stickers can also be given to the teacher to give to each child once they have been seen.

Once all the class has been seen the nurse will put all the assessment sheets together with the class list and secure them with an elastic band. These are then to be placed in a box ready to be transported back to the practice for the transfer of data for your administrators.



Future visits

The same process should be repeated every 6 months.

A new front sheet should be placed on top of the old one once data has been recorded, this is so it can be used as a reference to identify if any treatment has been carried out or new decay identified.

It is not your responsibility to contact the parent/carer to book the children in for treatment. Your number will be given on the letter, and they will be left to contact you or return to their dentist if they have one.

If there are any children who you are particularly concerned about you may want to ask the teacher to speak with the parent.

If treatment has not been addressed then each school will have a safeguarding lead; we would advise you speak with them to try and work a plan out together.

Each consent is a rolling consent, however every year a consent form will need to be given to the new starters. We advise you ask the schools to put this in their starter packs and they can forward these across as new pupils join the school.



Data collated

- Child's name along with an id code.
- Age
- Consent given
- Sex
- Decay
- Missing
- Filled
- Sound
- Treatment needed
- Urgent (4 decay or more)
- Not accessed
- Fluoride varnish
- No fluoride varnish
- Reason for no fluoride varnish
- Absent
- Toothbrushing
- Number of children

When an assessment/fluoride varnish day has been completed the class lists along with all consent forms from the individual classes should be handed to the administrator.

Please find attached a fictitious template copy of our spread sheet detailing how we would record data.

This will need to be carried out after every visit.