



## DENTAL PRACTICE HANDBOOK

The aim of the **Teeth Team Tooth Brushing and Fluoride Varnish Programme** is to reduce dental inequality and ensure that every child has the same access to daily toothbrushing and dental care.

In addition to daily toothbrushing in school, dental practices will visit schools bi-annually to carry out basic dental assessments and apply a fluoride varnish to children with positive parental consent and no medical implications. Dental assessments will identify the children who require further investigation/treatment and those children can then be referred to their nominated dental practice if they do not have their own family dentist for a full examination and potential treatment.

Dental teams will also go into schools to carry out oral health education sessions with all the children. They can also carry out parent sessions on request of the school.

### Consent forms

Dental teams will provide the participating school with the consent forms needed for the children to take part in the programme.

The consent forms, which are a rolling consent, are carried throughout the child's time in the school and consist of several parts for the parent/guardian to complete and return. **Only children with positive parental consent will be able to take part in the programme. An information leaflet will also go home with the children; this informs the parents/carers of what the programme is and what it consists of (see Appendix 1).**

Parents/carers 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 we can identify these children when we go into the school to carry out the dental assessments. There is also a social media aspect to the form in which the parent/guardian can opt in or out of their child being photographed or recorded for use on the school or dental practice website.

A brief medical questionnaire needs to be completed so the team know which child can have fluoride varnish applied.

Parents/carers can opt in to all three parts of the programme - tooth brushing, dental assessment and fluoride varnish application - or they can opt out of any or all three parts.

Once the consent forms have been completed and returned, the school will photocopy them and either scan and email or post the originals to the dental practice administrators. The forms can also be collected from the school. Practices will need up-to-date class lists from the school. These will be required at the beginning of each new school year.



The dental team administrators will need to create a spreadsheet once class lists and consent forms have been received.

On this spreadsheet you need to record:

- Child's name – this should be coded for confidentiality if you are forwarding the data elsewhere
- Consent gained or not
- Gender
- Age
- How many teeth are decayed, missing, filled and sound
- How many children need treatment
- How many are urgent (4 or more decayed teeth)
- If the child has accessed treatment since your last visit
- If they had fluoride or not
- If they did not have fluoride record, why
- If the child was absent
- If the child can brush at school
- How many children are in the school

Each visit you will record the same details and then you can compare the previous visits' data.

If you have a child who was deemed urgent on the last visit and on your next visit the child hasn't accessed treatment, you can then work with the safeguarding lead at the school to ensure the child accesses treatment. *(See Appendix 2)*

New class lists and consents for new starters need to be collected. At this point any Year 6 leavers can be removed from the spreadsheet and their consent forms shredded.

There are two charting sheets available, one for pupils who cannot have fluoride and one for those who can *(see Appendix 3)*. The correct form must be stapled to the front of the pupil's consent form.

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

If consent forms are given to you on the day of set up or assessment these children **MUST NOT** be seen until the dental team administrators have processed the form.



### Setting up a school for tooth brushing

Once the school has returned the consent forms to the dental team administrators, they will identify which children are able to brush in school.

The team will label the toothbrush racks with the children's names and place a corresponding sticker on the toothbrushes i.e., blue policeman picture with blue policeman sticker. These will then be taken into the school for the set up.

All stock such as toothbrushes and toothpaste should be sent directly to the school from the dental team administrators.

The dental practice and the school will arrange a suitable day for the dental team to go in and set up the toothbrushing programme.

The dental team will arrive at the school and arrange to go into the first class to carry out an oral health education talk and toothbrushing.

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 tooth paste and to limit sugar intake.

**The school must be given the following information sheets to be displayed in each class (see Appendix 4):**

- **Core Standards for Toothbrushing Programme**
- **The Guidelines**
- **Infection Prevention and Control**

### How does toothbrushing work in the classroom?

Toothbrushing is generally carried out after lunch at registration, so it should have no impact on teaching time once a good routine is in place.

- Show the children and teachers the toothbrush racks and how the toothbrushes are to be stored.
- Ask the teacher to put the Brush Bus song on the interactive white board so it is ready for when brushing begins; this is the brushing timer. The teacher can choose a timer of choice after the initial set up.
- Give each child 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 tooth brush).
- The toothpaste is scooped onto the brush from the paper towel. The children are 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. The dental team supervisor is to observe brushing and to correct toothbrushing technique 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.
- After two minutes ask the children to wipe any excess toothpaste into the paper towel.
- Ask the children to come to the sink a rack at a time. Ask them to place their paper towel in the bin and rinse their toothbrush under running water for 2 seconds (one child at a time to prevent cross contamination). The toothbrush is then placed in the rack in their allocated space.

The racks should then be wiped with a disinfectant wipe to remove any drips visible on the storage system. The toothbrushes and racks are left to air-dry. The lids can then be placed on the storage system and put away ready to be used the following day.

Depending on the age of the children the teacher can ask for two toothbrush monitors to be in charge of getting the racks out on a daily basis and place the toothpaste onto the paper towels. They will also be in charge of 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, by staff, in warm water and household detergent. The toothbrushes are to be laid out, well-spaced in their correct order, on a paper towel while this cleaning takes place.

Toothbrushes should be replaced termly, or once the bristles become splayed or if the toothbrush falls on the floor.

### What kit will you need?

#### Dental assessment and fluoride varnish application kit

- Disposable mouth mirrors - enough for the number of children in the school
- Face masks
- Latex-free examination gloves. Changing the gloves after every child, the hands will become warm, and it can become difficult getting new gloves on. A larger size helps with replacing the gloves quickly. Please ensure you have enough for the number of children in the school.
- Cotton wool rolls
- Tray liners
- Microbrushes
- Duraphat Fluoride Varnish
- Alcohol gel
- Hard clinical waste box for the mirrors
- Clinical waste bag
- Parent letters with practice contact number



- Envelopes
- Stickers for the children

### **Oral health talks kit**

It is advantageous if the practice can make up a kit to carry out oral health education sessions with the children. This is individual to your practice but 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 toothbrushing charts.

The list is endless!

### **The role of the dentist/therapist on assessment day**

The dentist/therapist attending the school will carry out a simple dental assessment on all children with parental consent. All consents will have been checked by the dental team administration staff beforehand so there will be no confusion on the day.

### **Please ensure you check the consent forms carefully.**

- Some parents/carers tick the child has allergies and do not inform us as to what the allergy is – **do not apply the fluoride.**
- Hospitalisation for allergic reactions and/or asthma – **do not apply the fluoride.**
- If a parent/carer does not consent to the assessment part of the programme – **do not apply the fluoride.**

The dental assessment consists of charting all teeth present that are sound, missing, decayed, and filled. The dentist/therapist doesn't need to chart which tooth surface is decayed/filled, only the tooth. In addition, missing and sound teeth present are charted.

Once the child has had the dental assessment, the dentist/therapist and/or fluoride varnish qualified nurse can apply a fluoride varnish if the child has positive parental consent and no medical contraindications.



## The role of the nurse

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

The dental team administration staff will have prepared all the consent forms, keeping them in class order with their respective charting forms attached, along with their corresponding class list on the front of the full classes consent forms. These 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.

On arrival at the school the nurse will set up the room ready for the dental assessments to begin. This includes an assessment station for the dentist/therapist, with gloves and cotton wool rolls, and a charting station next to the dentist/therapist, which will include parent letters with practice contact number for those children who require further investigation, envelopes addressed to "the parent and guardian of:" and a pen.

The nurse will set up a fluoride varnish station which will include gloves, micro brushes, post-operative instruction sheets and a pen. When you set up a charting/fluoride varnish station please be mindful that you need to be close to each other as noise levels can increase whilst the assessments are taking place.

Classes are brought in one at a time to the allocated area and each child is given their consent form. They are then requested to approach for their assessment one at a time.

The charting nurse will record which teeth are decayed, missing, filled, and sound on the assessment form. If the child is identified as having dental decay the nurse will write the child's name on the parent letter, place it in a sealed envelope with the child's name on and either hand it to the child or the class teacher - this is age-dependant.

The charting nurse will instruct the dentist/therapist to apply fluoride or pass the child's assessment form across to the fluoride nurse once the child has been assessed so the child can have the varnish applied. The fluoride nurse/charting nurse will then write the child's name on top of the post-operative instruction sheet and either hand to the child or the class teacher so that it goes home with the child.

Stickers can 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 placed in a box ready to be taken back to the practice for the transfer of data to the spreadsheet by the dental team administrators.



Please ensure that when you hand over the consent forms to the teacher to hand out to the pupils, that you are given the forms for the pupils who have left the school or are absent that day back and mark the forms appropriately. These forms are needed for data collection even if you haven't seen the child that day.

### **Ordering stock for the programme – school**

This will be handled directly by the dental team administrators.

Racks can be sourced from [www.thetoothbrushrack.co.uk](http://www.thetoothbrushrack.co.uk) for the initial set ups.

Check with the school what stock they need towards the end of each term and order accordingly.

A stock order should be placed before the end of each school term for a new supply of toothbrushes, toothpaste and wipes to be sent directly from your supplier to the school.



The Teeth Team  
543-549 Anlaby Road,  
Hull, HU3 6HP  
**01482 565 488**

## APPENDIX I

### CONSENT FORM

#### The Teeth Team Tooth Brushing and Fluoride Varnish Programme

**Dear Parent/Carer**

Your child's school is taking part in the Teeth Team Programme which aims to improve the dental health of local children.

We will provide a dentist/therapist to come into your child's school annually to check the children's teeth and apply fluoride varnish every six months. This dental assessment will not replace your child's usual check-up and you will be informed if your child needs to see your usual dentist before your next scheduled appointment.

This Consent is a rolling consent and will last for the duration of your child attending this school, all we ask is that you inform the school if there are any changes to your child's medical history. If at any time you wish to withdraw consent you can do so by contacting Teeth Team at 543 Dental Centre on **01482 565 488**.

**Please note:** Teeth Team will not share any details of your child with 3rd party organisations.

Please would you sign the consent forms overleaf and return it to your child's school so that your child can be included in the dental health programme.

Yours faithfully,

Teeth Team





# CONSENT FORM

## The Teeth Team Tooth Brushing and Fluoride Varnish Programme



### TO THE TEETH TEAM + THE SCHOOL

Full Name  
(CHILD)

Date of Birth  
(CHILD)

Ethnicity  
(CHILD)

Male  Female

Do you visit a dentist regularly?  Yes  No

Please tell us of any problems or barriers you have experienced in gaining access to dental care.

Address

Postcode

Contact tel no.

### Your child will be screened by a dentist and a fluoride treatment plan will be prepared if necessary.

- 1) Does your child take fluoride drops or tablets?  Yes  No
- 2) Does your child have any allergies?  Yes  No
- 3) Does your child have a Latex allergy?  Yes  No
- 4) Have you ever been told your child has asthma?  Yes  No
- 5) Has your child been treated in hospital for asthma or kept in hospital for severe allergies?  Yes  No
- 6) I agree for my child to brush their teeth every day at school  Yes  No
- 7) I agree for my child to have an annual dental assessment at school  Yes  No
- 8) I agree for my child to have fluoride varnish applied 2 x yearly at school this will also include an annual assessment carried out by a dentist.  Yes  No

IF YES, PLEASE GIVE DETAILS

### STATEMENT OF PATIENT/PARENT/GUARDIAN

- I give consent for my child (named above) to join the fluoride varnish programme.
- I acknowledge that I have read and understood all the information in the leaflet provided, I have received written instructions and I have had the opportunity to ask questions.
- I understand that Fluoride varnish will be applied to my child's teeth every 6 months.
- I understand that my child should not take fluoride drops or tablets once they join this scheme.
- I understand that the procedure will not be carried out if my child has a sore in their mouth.
- I give permission for Teeth Team to use my child's health information for the purposes of administration, monitoring and evaluation.

Full Name  
(PARENT/GUARDIAN)

Relationship to child

Signature  
(of the PARENT/GUARDIAN)

Date

### CONSENT FOR PROMOTIONAL MATERIAL

- I give consent for photography and videography in relation to Teeth Team. I consent to the images of my child being used in the press/ social media and Teeth Team's websites.

Full Name  
(PARENT/GUARDIAN)

Relationship to child

Signature  
(of the PARENT/GUARDIAN)

Date

CLASS 1 - RECEPTION	SURNAME	FORENAME	ID CODE	CONSENT	M/F	AGE	D	M	F	S	TMT	URGENT	NOT ACCESS	FV	NO FV	REASON	ABSENT	TB	NO.OF PUPILS
	BLOGGS	JOE	B1	1	M	6	1	0	0	19	1	0	0	1	0	0	0	1	1
	JONES	SAMANTHA	J2	1	F	6	4	0	1	15	0	1	0	1	0	0	0	1	1
	SMITH	COLIN	S3	1	M	7	5	0	0	15	0	1	1	1	0	0	0	0	1
	THOMPSON	BETH	T4	1	F	6	0	0	0	0	0	0	0	0	0	0	1	1	1
	WILSON	TIM	W5	1	M	6	0	0	0	20	0	0	0	0	1	MH	0	1	1
	<b>NO CONSENT AT ALL</b>																		
	<b>SMITH</b>	<b>BEN</b>	<b>S6</b>																<b>1</b>

**1** IS TREATMENT NEED

**1** 4 OR MORE DECAYED TEETH IS CLASSED AS URGENT

**1** MEANS CHILD HAS NOT ACCESSED TREATMENT SINCE LAST VISIT

**NO FV 1** MEANS CHILD HAS NOT HAD FLUORIDE PLACED AND THEN THE REASON IS PLACED IN THE NEXT COLUMN

**0** CHILD WAS ABSENT

**0** CHILD CANNOT TOOTHBRUSH AT SCHOOL

**0** CHILD CANNOT PARTICIPATE



# The Teeth Team Tooth Brushing and Fluoride Varnish Programme

## APPENDIX 3

D

M

### DURAPHAT

F

S

SCHOOL

DATE

DENTIST

CHILD NAME								AGE									
UR																	UL
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
LR																	LL

DURAPHAT APPLIED BN - EXP

DURAPHAT NOT APPLIED – REASON -

ACCESSED

URGENT

#### KEY



MISSING TOOTH



DECAYED TOOTH

R R

RETAINED ROOT

C R

CROWN



FILLED TOOTH

P E

PARTIALLY ERUPTED





# The Teeth Team Tooth Brushing and Fluoride Varnish Programme

**NO FLUORIDE**

**D M**  
**F S**

SCHOOL

DATE

DENTIST

CHILD NAME

UR UL

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

LR LL

**NO FLUORIDE VARNISH TO BE APPLIED – MH, DROPS, GDP, CONSENT**  
(please circle as appropriate)

ACCESSED

URGENT

**KEY**

- MISSING TOOTH
- DECAYED TOOTH
- R R** RETAINED ROOT
- C R** CROWN
- FILLED TOOTH
- P E** PARTIALLY ERUPTED



## APPENDIX 4

### Improving oral health: A toolkit to support commissioning of supervised toothbrushing programmes in early years and school settings

## INFECTION PREVENTION AND CONTROL

- Staff wash their hands before and after each toothbrushing session and all cuts, abrasions and breaks in the skin are covered with a waterproof dressing before toothbrushing and cleaning is carried out
- Supervisors dispense the toothpaste onto a clean surface such as a plate or paper towel
- There is sufficient spacing between the quantities of dispensed toothpaste to allow collection without cross-contamination
- Care is taken to ensure that toothbrushes do not touch each other and cross-contaminate when being removed from or replaced in storage systems
- Toothbrushes are individually identifiable enabling each child to be able to recognise their own brush
- After brushing, toothbrushes are rinsed thoroughly and individually under cold water and replaced in the storage system to allow them to air dry
- Any toothbrushes dropped onto the floor are discarded
- Storage systems should allow air-flow around the toothbrush heads to enable the toothbrushes to dry. Storage systems are stored within a designated toothbrush storage trolley or in a clean, dry cupboard
- Storage systems in toilet areas must have manufacturers' covers however it is important that the covers allow the free-flow of air and are stored at adult height or in a suitable toothbrush storage trolley
- Dedicated household gloves are worn when cleaning storage systems and sinks
- Manufacturers' guidelines are followed when cleaning and maintaining storage systems
- Storage systems, trolleys and storage areas are cleaned, rinsed and dried at least once a week by staff using warm water and household detergent. Storage systems are replaced if cracks, scratches or rough surfaces develop



## CORE STANDARDS FOR TEETH TEAM

### TOOTH BRUSHING PROGRAMME

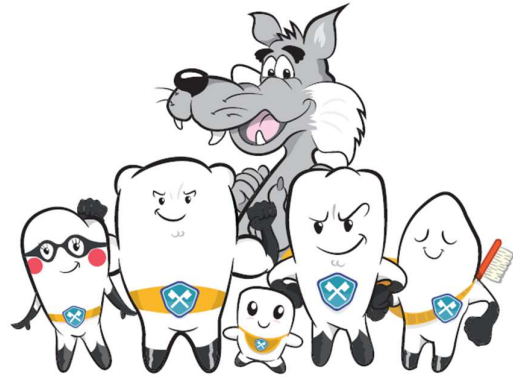
#### Tooth brushing in a dry area

1. The supervisor or child is responsible for collecting the toothbrush from the storage system.
2. The supervisor should wash their hands before and after the toothbrushing session and cover any cuts abrasions or breaks in the skin with a waterproof dressing to prevent cross infection.
3. An unfolded disposable paper towel is placed on the desk in front of the child and a pea sized amount of toothpaste is dispensed onto the paper towel by the supervisor.
4. Children may be seated or standing whilst toothbrushing takes place.
5. After toothbrushing is completed, children can wipe away excess toothpaste into the disposable paper towel.
6. Tissues/paper towels must be disposed of immediately after use in a refuse bag.
7. Toothbrushes can either be:
  - a) returned to the storage system by each child and taken to an identified sink area by the supervisor
  - b) rinsed at a designated sink area where each child is responsible for rinsing their own toothbrush under running water.
8. After rinsing of the toothbrushes is complete, the child or the supervisor is responsible for shaking off excess water into the sink. Toothbrushes should not come into contact with the sink or tap.
9. Toothbrushes should be rinsed straight away. The toothpaste should not be allowed to dry on the brush.
10. Toothbrushes are only to be rinsed under taps that meet drinking water standards.
11. Toothbrushes are returned to the storage system by the supervisor or child and allowed to air dry.
12. Disposable paper towels/mediwipes should be used to mop up any visible drips on the storage system and the storage systems cleaned once a week, by staff, using warm water and household detergent and air dried.
13. The storage systems should not be placed directly beside where toothbrushing takes place or beside the toilet area to avoid contamination via aerosol spread.
14. Supervisors are responsible for cleaning sinks with neutral detergent or wipes after toothbrushing is completed.
15. Toothbrushes do not need to be soaked in Milton or other cleaner/disinfectant.
16. Supervision must be present at all times.
17. Local monitoring of tooth brushing programme will take place at least once every term, this will involve an observation of the toothbrushing session and to obtain feedback from staff involved in the programme.



## GUIDELINES

### The Teeth Team Tooth Brushing Programme



1. Staff are responsible for the tooth brushing programme on a daily basis and all staff should be familiar with the Core Standards.
2. Tooth brushing programmes must be supervised by a member of staff.
3. Each child will be allocated his/her own brush which corresponds to the colours/symbol on the storage system.
4. A member of staff will be responsible for placing the fluoride toothpaste (a pea sized amount) on to a paper towel before transferring to a dry toothbrush.  
(1450 ppm fluoride toothpaste will be used).
5. Children should be asked to swallow any saliva in their mouth prior to commencing brushing and should be encouraged to use the paper towel to wipe away any excess toothpaste afterwards.
6. Rinsing out should be discouraged.
7. Toothbrushes should be rinsed thoroughly under cold running water before replacing them in the storage system. Brushes should not be soaked in Milton's diluted solution.
8. Storage systems require regular cleaning once a week, by staff, using only warm water and household detergent.

**Thank you for your help and co-operation.**