



THE TOOTH BRUSHING PROGRAMME

In association with
Henry Schein Cares & Colgate



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GUIDELINES

The 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 Brush Bus.
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.
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. Rinsing out should be discouraged.
6. Toothbrushes should be rinsed thoroughly under cold running water before replacing them in the Brush Bus. Brushes should not be soaked in Milton's diluted solution.
7. Brush Bus holders require regular cleaning once a week, using only warm water and soap.

Thank You for Your Help and Co-operation

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DENTAL HEALTH PROGRAMME

Questionnaire

BOY / GIRL (Please Circle)

Please colour in the face that best describes how you feel

1. Did you enjoy the dental health talk?



2. Did you learn anything?



3. Do you like brushing your teeth at school?



4. Do you brush your teeth at home?



5. Please write what you like best about the Programme?

The Colgate logo, featuring the word 'Colgate' in white on a red background.

The Henry Schein Dental logo, featuring a blue and red square icon followed by the text 'HENRY SCHEIN DENTAL'.

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TOOTH BRUSHING PROGRAMME

Questionnaire for Teachers

1. Have you found the implementation of the tooth brushing programme disruptive?

Yes

No

If **YES**, please specify:

2. Were there any specific difficulties (eg labelling of toothbrushes)?

Yes

No

If **YES**, please specify:

3. Were you happy with the storage of the toothbrushes?

Yes

No

If **NO**, what changes would you make:

4. Is there anything you would want to do differently if the programme was repeated?

Yes

No

If **YES**, please specify:

(Dentist Name)

(Practice Address)

5. Have you had any feedback from parents?

Yes

No

If **YES**, please specify:

6. Were you happy with the input from the Dental Services?

Yes

No

If **NO**, how could we improve this:

7. Are you aware of any increased awareness of dental care/health among the children since the start of the programme?

Yes

No

If **YES**, please specify:

Please add any further comments you would like to make about this programme -

Thank you for taking the time to complete this questionnaire and your support with the implementation of the Brush Bus Programme.

Please return this form to:

XX
XX.



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To the Parents/Guardians of:

As part of the Schools Programme your child had a Dental Assessment at school today.

It was noted he/she would benefit from a further examination and possibly dental treatment.

If you currently have a family dentist please telephone them to arrange an appointment as soon as possible so that any necessary treatment can be carried out.

If you do not have a family dentist please telephone (address and phone number) and a member of our team we will be more than happy to arrange an appointment for your child to see a dentist.

Please complete the tear off slip below and return it to your child's school to confirm you have received this letter.

If you require any further information please do not hesitate to contact me on the telephone number above.

Yours sincerely,

(Dentist Name)
(Address)



I confirm I have received notification informing me my child requires a further dental examination and possibly dental treatment.

Name of child: (print)

Signature: (of the PARENT/GUARDIAN)

Date:Relationship to child:.....

(Please return this slip to your child's school)



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CORE STANDARDS FOR 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. 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.
3. Children may be seated or standing whilst tooth brushing takes place.
4. After tooth brushing is completed, children can wipe away excess toothpaste into the disposable paper towel.
5. Tissues/paper towels must be disposed of immediately after use in a refuse bag.
6. Toothbrushes can either be:
 - a) returned to the brush bus by each child and taken to an identified sink area by the supervisor who is responsible for rinsing each toothbrush individually under cold running water, *or*
 - b) rinsed at a designated sink area where each child is responsible for rinsing their own toothbrush under running water.
7. After rinsing of the toothbrush is complete, the child or the supervisor is responsible for shaking off excess water into the sink.
8. Toothbrushes are returned to the storage system by the supervisor or child and allowed to air dry.
9. Disposable paper towels/medi wipes should be used to mop up any drips visible on the storage system and the storage systems must be cleaned once a week using warm water with soap and air dried.
10. Toothbrushes do not need to be soaked in Milton or any other cleaner/disinfectant.
11. Supervision must be present at all times.
12. Supervisors are responsible for rinsing sinks after tooth brushing is complete.
13. Local monitoring of tooth brushing programme will take place at least once every term, this will involve an observation of the tooth brushing session and to obtain feedback from staff involved in the programme.

(Adapted from National Standards for Tooth Brushing Programme – Child Smile NHS Scotland Jan 2006)

Colgate

HENRY SCHEIN[®]
DENTAL

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(Practice Address)

CONSENT FORM

The Tooth Brushing Programme

Dear Parent/Carer

(School Name) is taking part in the Tooth Brushing Programme and has been fortunate enough to be selected to take part in a study to see if the programme is helping to improve the health of children's teeth.

(Dentist address) and Henry Schein Dental Supplies will be sponsoring the toothbrushes and toothpaste for the school over the next two years. (Dentist address) will provide a dentist to come into your child's school to check the children's teeth every six months. This dental assessment will not replace your child's usual check up, as this is only a temporary arrangement, but you will be informed if your child needs to see your usual dentist before your next scheduled appointment.

Please would you sign the consent slip below and return it to your child's school so that your child can be included in the dental assessment.

Yours sincerely,

(Dentist Name)
(Address)



I give my permission for my child to have regular dental assessment in school as part of the Tooth Brushing Programme.

Name of child: (print) Child's Class:

Signature: (of the PARENT/GUARDIAN) Date:

(Please return this slip to your child's school)



(Dentist Name)

(Practice Address)

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CONSENT FORM

The Tooth Brushing Programme

I give permission for my child

(Child's name)

to brush their teeth every day at school as part of the Tooth Brushing Programme.

(0-6 year old with 1000ppm fluoride toothpaste and 7+ years with 1450ppm fluoride toothpaste)

Name of child: (print) Child's Class:

Signature: (of the PARENT/GUARDIAN) Date:

Please contact the school for any information regarding the Programme.



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CONSENT FORM

The Tooth Brushing Programme

Surname: Forenames:

Address: (of the PARENT/GUARDIAN).....

..... Postcode:

Date of Birth Daytime tel: (eg mobile)

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

3) Have you ever been told your child has asthma?

Yes No

2) Does your child have allergies?

Yes No

4) Has your child been treated in hospital for asthma or kept in hospital for severe allergies?

Yes No

If yes, please give details

Statement of Interpreter (where appropriate): I have interpreted the information above to the patient/parent to the best of my ability and in a way I believe to have been understood.

Name: (print) Signature:

Date: Relationship:

Statement of Patient/Parent/Guardian

- I give consent for my child (named above) to join the fluoridation pilot scheme.
- 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 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 mouth.
- I give permission for (Practice Name) to use my child's health information for the purposes of administration, monitoring and evaluation.
- I would like to be present when my child has the fluoride varnish applied Yes No

Name: (print) Signature: (of the PARENT/GUARDIAN)

Date: Relationship to child:



