While a toothbrushing program is optional, it provides a valuable tool for reinforcing good oral hygiene. Children learn the importance of washing their hands before eating and brushing their teeth after eating, especially before going to bed.

**Steps for starting a toothbrushing program**

**Before starting the program**

It will be important for the facility to consider all policies and practices that either promote or negate good oral health. Where food is brought to the facility from home, it is essential parents/carers are encouraged to limit treats and juice. Where the facility provides food for the children, it is much easier to ensure healthy food choices are provided.

If you are planning to introduce a toothbrushing program at your facility, a dental professional can be invited to demonstrate correct toothbrushing technique to the children and carers. This will help to ensure that good toothbrushing technique is regularly reinforced by carers.

**Remember...**

- carers should be provided with training on how to run the program
- toothbrush, toothpaste and toothbrush bag must be clearly labeled with child’s name
- a regular time should be set for daily brushing (ideally after a food break)
- a storage area with good ventilation will need to be set up
- advice should be provided to parents/carers on a regular basis regarding the need for home brushing.
Information and training

Dental staff should provide information and training for carers in:

- the toothbrushing program routine
- correct toothbrushing technique
- infection control procedures.

Equipment

Each child will need:

- one small soft toothbrush (per term)
- individual tube of low fluoride toothpaste (500ppm fluoride)
- two sealable cloth bags for storage of brush and paste (see Toothbrush bag pattern in the Educator resources section) or a toothbrush case that can also hold a toothpaste tube.

All items must be clearly named. Masking tape and a permanent marker are useful for both brush and paste and the cloth bag or case.

Here’s a little tip... toothbrushes are more prone to mould growth if stored in plastic cases. For this reason, ventilation of cases is essential.

Environment

There must be:

- an area to store cases, whilst drying
- a suitable sink for rinsing brushes (not a bubbler trough).

Cleaning equipment

- Detergent and gloves for cleaning sinks after daily brushing
- Paper towels for wiping the sinks after cleaning
- Soap for hand washing
- Individual cup with water for children to drink and then place the used toothbrush in
- Marking pens for marking each child’s equipment
- Laundry for cleaning the toothbrush bags
- Sink for cleaning toothbrush cases.

What time of day should it be done?

Staff should establish a routine that works well for the facility, ensuring that children’s teeth are brushed once every day.

The best time to brush is after the midday meal and before sleeping.

As this can be a busy time for staff, another time may be more efficient for your facility. Please discuss this with your oral health contact.
Steps for effective toothbrushing

While this routine is provided as a guide, your facility may need to modify it slightly to suit your environment. A case study is provided on page 43.

Daily toothbrushing routine

All children and carers need to wash their hands with soap and water before lunch. Then they simply follow the steps outlined below.

**Step 1** Carer places a smear (small pea-size) of toothpaste onto each child’s brush using child’s individual toothpaste. Toothpaste is returned to bag. A single tube of toothpaste should last more than three months. It is important only a smear of toothpaste is used since children may not spit out.

**Step 2** After eating, children should be encouraged to drink as much water as they feel like.

**Step 3** After a drink, the children can brush their teeth, swallowing any saliva and paste as they go. Children should be encouraged to clean their teeth using the demonstrated technique and should brush for approximately one minute (some groups have found it useful to play a song during this time).

**Step 4** When the children are finished brushing, they either:
   a. rinse their toothbrush individually and shake off excess water, or
   b. place their toothbrush in the cup for carers to clear and rinse.

**Step 5** Toothbrushes are replaced in child’s bag/case with toothpaste.

**Step 6** Bags must be stored in a dry area to allow them to dry thoroughly or cases must be stored with lids open for a couple of hours to allow brushes to dry (this will help to prevent mould and bacterial growth).

**Step 7** A solution of detergent and water should be used to wash down the sink where the toothbrushes have been rinsed. Gloves should be worn to do this. Wipe the sink dry with paper towels.
Hygiene and infection control

Since infectious disease can be transmitted via saliva, the following infection control principles are necessary to prevent the spread of disease.

Infection control protocols

• Children and staff must wash their hands prior to eating or brushing their teeth.
• Toothbrushing must be supervised to ensure toothbrushes are not shared and are handled correctly.
• Toothpaste tubes must not be shared. Toothbrushes touch the toothpaste tube and there is the potential for cross infection from sharing toothpaste.
• Each child must have his or her own toothbrush, toothpaste and bag/case.
• Toothbrushes must be rinsed under running water, one at a time, then gently shaken to remove excess water. Toothbrushes must not come into contact with the basin.
• To prevent mould, toothbrush cases must be allowed to dry thoroughly.
• Bags must be laundered every six weeks.
• Cases must be cleaned every four weeks.

Cleaning routine

Bags must be cleaned every six weeks as follows:

• remove toothpaste and brush, and place in a clean bag
• used bags are washed in a general washing cycle using laundry detergent and then dried in either a dryer or hung out to dry in sunlight.

Cases must be cleaned every four weeks as follows:

• remove toothpaste and brush, wrap in a paper towel
• cases are washed with detergent and water (can be put through a dishwasher cycle)
• cases are then cleaned with an anti-bacterial solution and left to dry.

Every effort has been made to ensure the above routine will provide a safe toothbrushing environment for children. If facilities are not able to follow the infection control protocols, it is recommended they do not undertake a toothbrushing program.

Replacement toothbrushes

A new toothbrush should be provided every three to six months, depending on the number of times per week the child attends care. If a toothbrush gets shaggy, it should be replaced sooner. Discourage children from chewing their toothbrushes as this causes shaggy bristles. Remember to mark new toothbrushes with the child’s name. Used toothbrushes should be discarded.
Toothbrush bag

Toothbrush bag – sewing instructions

The following information is provided as a guide for those who wish to make toothbrushing bags for a toothbrushing program. These bags were developed as a part of the TIPS toothbrushing study (Queensland Health, 2004) and were found to be extremely successful for storing toothbrush and paste for daily toothbrushing programs. Please see the Educator resources section for the toothbrush bag pattern (page R34).

Materials required

- 14cm (115cm wide) of cotton drill for every bag.
- 9cm strip of Velcro per bag.

Step by step instructions

- Cut a strip of cotton drill 84cm x 14cm.
- Fold strip in half and sew along side seams 1cm from long edges.
- Turn inside out and fold end raw edge in 2cm. Stitch down to hold. No raw edge seams should be visible.
- Stitch a strip of velcro at either end so that when folded in half the bag ends will secure.
- Fold in half and stitch side seams.
- Write the child’s name on the bag using a permanent marker.
- Names may need to be re-written occasionally as laundering can slowly wash out marker.
Case study: Happy Hours child care facility

Happy Hours child care facility (Brisbane) has a daily toothbrushing program operating with their preschoolers and kindergarten. Their Director, Victoria Tupicoff, worked with Queensland Health staff to work out the best system for them. At Happy Hours, each child keeps their toothpaste and toothbrush in a single container clearly labeled with their name.

After lunch, children and carers move through the easy-to-follow steps outlined below.

- **Step 1**: Children wash and dry their hands before lunch.
- **Step 2**: Children eat lunch (comprised of lots of tooth-friendly foods) seated at tables.
- **Step 3**: Children remain seated and as each child finishes eating, a staff member places a smear of low fluoride toothpaste from the child’s tube onto the child’s brush and hands them the brush.
- **Step 4**: The child remains seated and brushes their teeth as they have been shown previously.
- **Step 5**: Preschool-aged children rinse their brush, and spit out if necessary, using a basin in the bathroom, one at a time (for younger children, staff collect the brush and rinse for them).
- **Step 6**: Excess water is removed from toothbrush by shaking into the basin.
- **Step 7**: The toothbrush is returned to its case and cases are left open to dry on a table in the room under a fan while the children are having a rest.
- **Step 8**: Cases are stored in a basket in the room.
- **Step 9**: Containers and brushes are cleaned with an antibacterial solution on a weekly basis.

Victoria admits she was very skeptical about tackling a daily program as the facility has approximately 40 children and is always hectic.

“I must say this system has proved quite manageable,” said Victoria.
Case study (continued)

According to Victoria, at first, staff were unsure about brushing teeth at the table as this is not how teeth are cleaned at home.

“We chose this way, after speaking with the dental clinic staff, because it is simple, easy to supervise and minimises the risk of cross infection. Staff know it is important to point out the difference to children, and to discuss how they would brush at home.”

Happy Hours staff have noticed that being seated and task-orientated has meant that toothbrushing skills are learnt very quickly.

Alternatives

Happy Hours are satisfied with their program, but there are a number of alternatives.

For example:

- if children are able to recognise their name, toothbrushes can be placed on a table (with their own smear of toothpaste) and the children can collect them after eating and return them after brushing
- if children use a cup during lunch, the brushes can be placed in the cup for collection by staff once brushing is completed (useful for younger age groups)
- cloth bags can be used to store toothbrush and paste as the material allows ongoing ventilation
- cases can be placed on a tray covered with elasticised netting and put in the sun for thorough drying following toothbrushing.

Storage of cases varies according to what is available. Some facilities use material pockets, others plastic crates (which allow cases to stand upright). Others have shelving available which allows cases to lie horizontally, and still others have put up shelves for storage.