



National standards for nursery and school toothbrushing programmes



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Introduction

Toothbrushing with a suitable strength fluoride toothpaste is an effective¹ way of helping to prevent tooth decay.

The establishment of daily supervised toothbrushing programmes in nursery and school settings is central to the Scottish Government's oral health initiatives for children. These Toothbrushing standards have been developed from an earlier version, first published in March 2005, and have been subjected to wide consultation.

The standards in this document apply to all establishments offering Childsmile daily supervised toothbrushing, including independent nurseries, local authority nurseries and local authority schools. Performance against the standards is monitored in each establishment twice per school year by a member of the Childsmile team with a checklist. More frequent visits should be undertaken when appropriate.

In this publication we use the term 'nursery/nurseries' to mean all early learning and childcare establishments where the Childsmile supervised toothbrushing programme is delivered.

The Childsmile Toothbrushing standards are recognised as best practice guidance for delivering a supervised toothbrushing programme. Early years providers should use the Health and social care standards² to complement this guidance to ensure the provision of high-quality toothbrushing programmes.

These standards have been reviewed for accuracy and relevance by the Care Inspectorate and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland (Public Services Delivery Scotland).

Grateful thanks go to all colleagues who have contributed to this document.

Version 6, 2026

¹ Scottish Intercollegiate Guidelines Network (SIGN). Dental interventions to prevent caries in children. Edinburgh: SIGN; 2014. Available from:

www.sign.ac.uk/guidelines/dental-interventions-to-prevent-caries-in-children

² Scottish Government. Health and social care standards: My support, my life. Edinburgh: Scottish Government; 2017. Available from:

www.gov.scot/publications/health-social-care-standards-support-life

Standards for nursery and school toothbrushing programmes

Standard 1: Organisation

Statement 1(a)

There is an area-wide toothbrushing programme in place which meets national recommendations and has clear reporting and accountability arrangements.

Rationale

Nursery and school-based toothbrushing programmes are a key priority in the Scottish Government's Oral health improvement plan.³ Effective programmes will involve health and local authority partnerships and are seen as an integral part of health-promoting activity in nursery and school settings. All nurseries should participate in the toothbrushing programme. The percentage of primary schools participating is determined locally but is at least 20% of all primary schools in each local authority area.

Criteria

- 1.1 The programme is available for all children who attend targeted primary schools or nursery full time or part time.
- 1.2 Children brush their teeth daily in the toothbrushing programme.
- 1.3 All establishments have a designated lead person who is responsible for the toothbrushing programme.
- 1.4 Dental support and guidance is available to all establishments.
- 1.5 All toothbrushing supervisors have received training in effective toothbrushing and infection prevention and control precautions.
- 1.6 Staff training is recorded and monitored.
- 1.7 Appropriate arrangements for consent are in place and records maintained.
- 1.8 Full Toothbrushing standards are available for all establishments (by downloading a copy at **www.childsmile.nhs.scot/professionals/childsmile-toothbrushing/toothbrushing-programme-national-standards**).
Abbreviated standards are displayed in all establishments for reference.

³ Scottish Government. Oral health improvement plan. Edinburgh: Scottish Government; 2018. Available from: www.gov.scot/publications/oral-health-improvement-plan/

Standard 2: Effective preventive practice

Statement 2(a)

Children use an appropriate and effective quantity of toothpaste.

Rationale

Regular daily toothbrushing with an appropriate fluoride toothpaste is highly effective in preventing dental decay.⁴ Good oral hygiene practice should be established at an early stage in a child's life and become an integral part of normal daily hygiene.

Criteria

- 2.1 Toothpaste provided by the programme, containing 1,450 ppm (parts per million) fluoride, is used.
- 2.2 A smear of toothpaste is used for children under 3 years and a pea-sized amount for children 3 years and over.
- 2.3 Where toothpaste is shared, a supervisor dispenses it onto a clean surface such as a plate or paper towel which is disposed of after use or at the earliest opportunity.
- 2.4 There is sufficient spacing between the quantities of dispensed toothpaste to allow collection without cross-contamination.
- 2.5 Toothpaste must only be dispensed at the time the child is ready to brush.
- 2.6 Where children have their own tubes of toothpaste and dispense it themselves, they should be closely supervised. Tubes of toothpaste belonging to individual children should be labelled.
- 2.7 Supervisors should cover any cuts, abrasions or breaks in their skin with a waterproof dressing. 2.8 Encourage children to cover cuts, abrasions or breaks in their skin with a waterproof dressing

⁴ Scottish Intercollegiate Guidelines Network (SIGN). Dental interventions to prevent caries in children. Edinburgh: SIGN; 2014. Available from: www.sign.ac.uk/guidelines/dental-interventions-to-prevent-caries-in-children

Statement 2(b)

Toothbrushes and brushing techniques are appropriate and can be used effectively by each child.

Rationale

Toothbrush size and shape influences the effectiveness of brushing. Toothbrushes and brushing techniques are appropriate and can be used effectively by each child.

Criteria

- 2.9 Toothbrushes and brushing techniques are appropriate to the age and ability of the child. Younger children, and children with additional support needs, may need a higher level of supervision. In some cases this may involve direct assistance.
- 2.10 Toothbrushes are replaced once a term, or sooner if required (for example, if a toothbrush is dropped, or the bristles become splayed).
- 2.11 Toothbrushes are individually identifiable for each child.
- 2.12 Once a toothpaste tube is opened, dispose of it after 12 months if still in use. Add the date of opening to the toothpaste tube to support appropriate disposal.
- 2.13 All toothbrushes and toothpaste tubes should be recycled if possible. Your Childsmile team will provide information on the best available options.

Statement 2(c)

Toothbrushing is organised in a safe and effective way which is integrated with nursery, school and home routines. Where possible, children are encouraged to wash their hands with soap and warm water, and dry them thoroughly before brushing. The toothbrushing programme uses one of the models outlined in the appendices. This includes a model for brushing in an additional support needs nursery or school.

Rationale

Children should be supervised while brushing their teeth. Toothbrushing programmes should be integrated into normal nursery and school routines to ensure maximum compliance.

Criteria

- 2.14 Children are supervised when brushing their teeth. Younger children, and children with additional support needs, may need a higher level of supervision. In some cases this may involve direct assistance.
- 2.15 Toothbrushing takes place at a time which is most suitable for each establishment (**see Appendix 1.2**).
- 2.16 Toothbrushing takes place in groups or individually with children seated or standing.
- 2.17 Children are discouraged from swallowing toothpaste during or after brushing their teeth.
- 2.18 After toothbrushing, brushes are rinsed thoroughly and individually under cold running water and replaced in the storage system to allow them to air dry.

Standard 3: Infection prevention and control (IPC)

Statement 3(a)

Toothbrush storage systems should comply with IPC precautions.

Rationale

Toothbrushes are a potential source of infection.

Criteria

- 3.1 Toothbrushes are stored in appropriate storage systems or individual ventilated holders (**see Appendix 1.6**).
- 3.2 Storage systems enable brushes to stand in the upright position.
- 3.3 Storage systems allow sufficient distance between toothbrushes to avoid cross-contamination.
- 3.4 Storage systems display symbols corresponding with those on the toothbrushes to allow individual identification.
- 3.5 Storage systems which do not have covers are stored within a designated trolley or in a clean, dry cupboard.
- 3.6 Storage systems in toilet areas must have manufacturers' covers and are stored at adult height or in a suitable trolley.

Statement 3(b)

Ensure appropriate cleaning procedures are in place.

Rationale

Toothbrushes are a potential source of infection. Good cleaning practice should be an integral part of childcare in the nursery and school setting.

Criteria

- 3.7 Manufacturers' guidelines are followed when cleaning and maintaining storage systems, including dishwasher cleaning, where appropriate.
- 3.8 Follow your employer's cleaning protocols when cleaning storage systems and sinks. All staff cuts, abrasions and breaks in the skin are covered with a waterproof dressing before toothbrushing and cleaning is carried out.
- 3.9 Storage systems, trolleys and storage areas are cleaned, rinsed and dried at least once a week (more if soiled) by nursery or school staff using warm water and household detergent, for example, dishwashing soap (**see Appendix 1.4**).
- 3.10 Toothbrushes **must not** be soaked in bleach or other cleaner or disinfectant. Tubes of toothpaste can be cleaned with a single-use damp tissue.
- 3.11 Care is taken to ensure that toothbrushes do not cross-contaminate when being removed from or replaced in storage systems.
- 3.12 The storage system should not be placed directly beside the children while toothbrushing takes place to avoid contamination via spray.
- 3.13 Storage systems are replaced if cracks, scratches or rough surfaces develop (**see Appendix 1.5**).
- 3.14 Any toothbrushes dropped are recycled if possible. Your Childsmile team will provide information on the best available options.
- 3.15 During an outbreak of illness, toothbrushing usually does not need to stop.
- 3.16 During an outbreak of illness, toothbrushes do not usually need to be thrown away.

Supporting information

Appendix 1

General information

- 1.1 The toothpaste provided to nurseries and schools as part of the Childsmile Core Programme is free from animal derivatives, gluten and parabens. Flavourless non-foaming toothpaste is used when required e.g. children with additional support needs.
- 1.2 While it is usually recommended that toothbrushing should not directly follow the consumption of acidic foods or beverages, it is acceptable for establishments providing toothbrushing programmes to opt to brush at any time throughout the day. In these circumstances, it is considered that the benefits of decay prevention outweigh concerns about dental erosion and abrasion.
- 1.3 Children are discouraged from actively rinsing their mouths after toothbrushing. Rinsing the mouth after toothbrushing significantly decreases the benefits of fluoride.
- 1.4 Storage systems should be washed with household detergent (for example, dishwashing soap) and warm water, as per local cleaning protocols. Disinfectant wipes or sprays should not be used for storage systems.
- 1.5 Rough surfaces, including labels on storage or dispensing systems, can encourage the growth of harmful microorganisms. Damaged racks, lids and trolleys therefore need replacing.
- 1.6 Individual toothbrush ventilated holders can be used for storing brushes, although most establishments involved in toothbrushing programmes elect to use a toothbrushing storage system. If individual holders are used, ensure that excess water is removed from the toothbrushes before returning them to the holder. The standards apply equally to individual holders as to the storage systems.
- 1.7 While some tap water supplies in nursery and school settings are not technically of drinking water quality, they are considered suitable for rinsing toothbrushes as the water is not ingested.
- 1.8 Ideally, nurseries and schools participating in the toothbrushing programme should have sinks available that are designated for toothbrushing and personal hygiene. Sinks should be cleaned with household detergent after brushing and with disinfectant at the end of working day, as part of routine cleaning schedules.
- 1.9 Nurseries and schools involved in toothbrushing programmes should have an abbreviated version of the standards on display for reference.

- 1.10 Local monitoring of toothbrushing programmes by Childsmile staff should take place twice per school year. Monitoring should include observation of the toothbrushing session, discussion of the standards with the key nursery or school lead, feedback to the local Childsmile coordinator and arrangement of a follow-up visit.
- 1.11 There are very few medical reasons why children should not participate in supervised toothbrushing programmes. In specific cases where there is a medical diagnosis of infection or oral ulceration, children may be temporarily excluded from the programme. Toothbrushing at home can continue as this will usually aid healing.
- 1.12 If parents inform the nursery of specific medical conditions (for example, cystic fibrosis, blood-borne viruses) the risk for individual children can be discussed with the public health nursing staff who support the school.
- 1.13 During outbreaks of childhood illness, toothbrushing usually does not need to stop. There is no strong evidence to support mass disposal of toothbrushes following an outbreak. However, health protection teams may advise a pause or disposal of toothbrushes as part of specific outbreak management.
- 1.14 For further information on health protection for education settings, please see the Public Health Scotland guidance at:
<https://publichealthscotland.scot/publications/health-protection-in-children-and-young-people-settings-including-education/health-protection-in-children-and-young-people-settings-including-education-version-1/overview>
- 1.15 Ideally, all paper products should be recyclable and biodegradable. All toothbrush and toothbrushing pack wrapping is recyclable. All toothbrushes and toothpaste tubes should be recycled if possible. Your Childsmile team will provide information on the best available options.

Appendix 2

Nursery and school toothbrushing models

Model A – toothbrushing at a sink

- 2.1 The supervisor should wash their hands with soap and warm water, and thoroughly dry them, before and after the toothbrushing session. Where possible, children should be encouraged to wash their hands before brushing too.
- 2.2 The child (under supervision) is responsible for collecting the toothbrush from the storage system. Adaptations should be considered if a child has additional support needs.
- 2.3 Toothpaste is dispensed following the appropriate methods (standard 2).
- 2.4 Toothbrushing takes place at the identified sink area.
- 2.5 Ideally, no more than two children are permitted at each available sink. They should be supervised and encouraged to spit excess toothpaste into the sink.
- 2.6 Tissues and paper towels must be disposed of immediately after use in a bin.
- 2.7 Toothbrushes should be rinsed at a designated sink area where each child is responsible for rinsing their own toothbrush under cold running water. The supervisor or the child can be responsible for the control of the running tap.
- 2.8 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.
- 2.9 Each child (under supervision) is responsible for returning their own toothbrush to the storage system to air dry. Adaptations should be considered if a child has additional support needs. Lids should be replaced at this stage provided that there is sufficient air circulation.
- 2.10 Disposable paper towels should be used to mop up all visible drips on the storage system.
- 2.11 Children should be supervised.
- 2.12 Supervisors are responsible for cleaning sinks with detergent after toothbrushing is completed. Sinks must be cleaned with disinfectant at the end of the working day, as part of routine cleaning schedules.

Model B – toothbrushing in dry areas

- 2.13 The supervisor should wash their hands with soap and warm water, and thoroughly dry them, before and after the toothbrushing session. Where possible, children should be encouraged to wash their hands before brushing too.
- 2.14 The child (under supervision) is responsible for collecting the toothbrush from the storage system. Adaptations should be considered if a child has additional support needs.
- 2.15 Toothpaste is dispensed following the appropriate methods (standard 2).
- 2.16 Children may be seated or standing while toothbrushing takes place.
- 2.17 After toothbrushing is completed, children should spit excess toothpaste into either a disposable tissue, disposable paper towel or disposable cup. Children should be encouraged to wash their hands.
- 2.18 Tissues and paper towels or cups must be disposed of immediately after use in a bin.
- 2.19 Toothbrushes should be returned to the storage system by each child. The system is then taken to an identified sink area by the supervisor, who is responsible for rinsing each toothbrush individually under cold running water and cleaning the storage system.
- 2.20 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.
- 2.21 Each child (under supervision) is responsible for returning their own toothbrush to the storage system to air dry. Adaptations should be considered if a child has additional support needs. Lids should be replaced at this stage provided that there is sufficient air circulation.
- 2.22 Paper towels should be used to mop up all visible drips on the storage system.
- 2.23 Children should be supervised.
- 2.24 Supervisors are responsible for cleaning sinks with detergent after toothbrushing is completed. Sinks must be cleaned with disinfectant at the end of the working day, as part of routine cleaning procedures.

Model C – toothbrushing in an additional support needs (ASN) school or nursery

Model A or B should be combined with the following guidance:

- 2.25 In ASN establishments, the decision to safely brush teeth for an individual should be collaborative and involve the child, their parents and other professionals such as speech and language therapists and school nurses when required.
- 2.26 All supervised toothbrushing programmes must implement a local process which takes into consideration specific medical conditions and the willingness and ability of the child to participate on any given day.
- 2.27 Non-foaming, flavour-free toothpaste is provided to ASN classes and stand-alone schools, where required. The toothpaste is also free from animal derivatives, gluten and parabens.
- 2.28 Children are discouraged from actively rinsing their mouths after toothbrushing. Rinsing the mouth after toothbrushing significantly decreases the benefits of fluoride. Children with a swallowing difficulty must not rinse their mouths as this could pose a choking risk.
- 2.29 Training and support should be provided to all staff who have a role in supporting children to brush.
- 2.30 Children should not participate in the toothbrushing programme once they have reached their 16th birthday unless all adults with incapacity responsibilities are fully discharged.

Appendix 3

Outdoor early learning and childcare (ELC) provision and toothbrushing

A balanced approach to risk

The Care Inspectorate promotes a risk–benefit approach to the provision of outdoor ELC services.

‘The Care Inspectorate supports care providers taking a positive approach to risk in order to achieve the best outcomes for children. This means moving away from a traditional deficit model that takes a risk-averse approach, which can unnecessarily restrict children’s experiences attending registered services, to a more holistic risk–benefit model.’

Care Inspectorate (2015)

A balanced approach to risk takes into account the potential to have equal or more focus on the benefits of toothbrushing as opposed to an approach solely focused on reduction or elimination of perceived risks. Services need to identify the main physical and environmental risks while embracing the benefits.

Among the aims of providing access to a range of outdoor activities is a desire to ensure children:

- participate in a wide range of activities that will support a healthy lifestyle
- experience personal achievements and increased confidence
- benefit from a risk–benefit approach to providing supervised toothbrushing

Flexibility and creativity

All outdoor children's services will have their own unique circumstances meaning imagination and creativity are important.

The following points are examples of ways in which participating outdoor ELC services have approached local challenges.

Storage

- Use individual brush holders instead of racks.
- In the absence of standard facilities to address storage, consider the use of a lockable box to keep racks in when not in use.

Running water

- All services should have access to running water although this does not have to be plumbed in. Some services use fresh water butts and mini-sinks.
- Use building access (if available) for example, brush at lunchtime for access to sinks.

Cleaning

- Brushes might not be rinsed immediately after brushing. Take brushes to another place for rinsing and cleaning as soon as a convenient time is possible. racks at a later, more convenient time.
- Repurpose nappy sacks for collecting paper towels used by children to wipe excess toothpaste from their mouths.

These examples are not an exhaustive list. Your local Childsmile team can provide help to support establishments with their own unique circumstances.

Acknowledgements

These Toothbrushing standards were originally produced through a National Core Programme Toothbrushing Group and were subject to wide consultation, including the Scottish Oral Health Promoters Action Group.

These standards were reviewed and updated by the Childsmile Programme in 2026 following consultation involving Childsmile coordinators, ARHAI (Public Services Delivery Scotland) and the Care Inspectorate.

The authors of these standards have endeavoured to ensure that they reflect relevant guidance and evidence, current at the time of publication.

For further information, contact your local Childsmile team or go to **www.childsmile.nhs.scot**



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