

# Supervised Toothbrushing Scheme Risk Assessment – Option 1 Dry Brushing

Name of setting

*Please add, delete or amend any risks dependant on your individual setting*

Number	Identify Hazard	Who may be harmed?	What are the risks?	What can be done to remove or lessen the risk?	Completed by and date
<b>1. Potential hazards &amp; managing risks whilst preparing to implement toothbrushing</b>					
1a	Cuts and abrasions to staff and children.	All staff and children participating	Potential ingress and transfer of bacteria/germs	Ensure waterproof dressings are used to cover cuts and abrasions on staff and children. Ensure staff are trained and have read Infection Prevention guidelines.	
1b	Staff & children may not wash or sanitise hands thoroughly.	All staff and children participating	Transfer of bacteria/germs to children who are brushing	Ensure all staff have attended Brilliant Brushers training & read IPC guidelines in the toolkit. Children to be well supervised at all times. Regular QA monitoring undertaken by the supervised toothbrushing lead in the setting, using the Quality Assurance Monitoring Tool.	
1c	Toothpaste may spill onto the floor when lead/supervisor is dispensing paste onto a paper towel/plastic plate or when children transfer paste from paper towel to toothbrush.	All staff and children participating	Children touch or ingest paste resulting in potential contamination. Someone may slip on the paste.	Paste is only dispensed onto paper towel or plastic plate whilst on the table. Children are made aware of how to handle paper towel and transfer paste to brush. Any spillage is cleaned immediately.	
1d	A toothbrush may touch more than one amount of paste when transferring dispensed paste from a plastic plate to a toothbrush.	Children	Cross contamination.	Ensure adequate space between each amount of dispensed toothpaste if using a plastic plate or staff load the toothbrush (Sanitize hands in-between each application)	

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<b>2. Potential hazards &amp; managing risks whilst children are brushing</b>					
2a	Children picking up incorrect toothbrush.	Other participating children	Transfer of bacteria/germs	Children are well supervised at all times. <i>(and confirm to staff which is their toothbrush before removing it from the rack)</i>	
2b	Toothbrushes can touch if children are too close.	Other children	Spreading bacteria/germs	Ensure sufficient space between children.	
2c	Spillage or droplets created when spitting out excess paste during or after brushing.	Staff and children	Cross contamination	Ensure sufficient space between children. Encourage children to put paper towel to mouth before spitting out. Staff demonstrate process before commencing brushing.	
2d	Toothbrushes may drop onto the floor.	Children	Contamination from soiled brush to other children	Ensure any toothbrushes which fall onto the floor are immediately discarded and replaced. Ensure spare stock is readily available.	
2e	Used paper towels/tissues.	Staff and children	Cross contamination	Ensure any used tissues or paper towels are disposed of immediately after brushing in a refuse bag.	
<b>3. Potential hazards and managing risks during cleaning and storing of toothbrushes</b>					
3a	Children rinsing toothbrushes following use.	Staff and children	Cross contamination from brushes touching sink or taps, or from children frequently touching taps.	Staff closely supervise children at all times. Where possible taps are left running. Only one child rinses their own toothbrush at the sink at a time.	
3b	Toothbrush is not replaced in the correct place in the rack.	Children	Cross contamination if a child uses wrong toothbrush.	Staff closely supervise children at all times, and ensure each child replaces toothbrush into correct place/hole. Toothbrush Identification Record should be at hand.	

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<b>3. Potential hazards and managing risks during cleaning and storing of toothbrushes</b>					
3c	Rack used to transfer brushes to sink for rinsing.	Staff and children	Cross contamination to rack & brushes.	<p>Where possible children rinse their own toothbrush.</p> <p>Where racks are used to transfer brushes to a sink, these must be washed with warm water and household detergent before returning toothbrush to rack.</p> <p>Brushes MUST NOT come into contact with each other at any time, and should be placed on a clean paper towel, with adequate spacing, whilst rack is cleaned.</p>	
3d	Contamination to toothbrushes.	Children	Cross contamination via droplet.	<p>Storage racks MUST NOT be placed directly beside where brushing takes place or beside the toilet area.</p> <p>Lids must be placed onto racks once all brushes have been rinsed and replaced.</p>	
3e	Toothbrushes are incorrectly handled by other children.	Children	Cross contamination via droplet or contact spread.	<p>Children are made aware of their own number or symbol to locate their brush in the rack.</p> <p>Staff closely supervise children.</p> <p>Brushes in racks are stored out of reach of children, in designated toothbrush storage trolley, shelf or a clean, dry cupboard when not in use.</p>	
3f	Contamination on surfaces following brushing session.	Children and staff	Cross contamination	<p>All areas where brushing takes place should be easy to clean.</p> <p>All areas where brushing has taken place, including sinks, to be cleaned by staff using household detergent.</p> <p>Household gloves, dedicated for this purpose are used.</p> <p>Storage racks should be cleaned and dried weekly with warm water and household detergent.</p>	

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<b>3. Potential hazards and managing risks during cleaning and storing of toothbrushes</b>					
3g	Staff and children do not wash or sanitise hands following brushing.	Staff and children	Cross contamination	<p>All staff are trained prior to starting supervised toothbrushing and have read Brilliant Brushers toolkit.</p> <p>Summary guidance poster for staff is displayed for easy reference.</p> <p>Quality Assurance Monitoring is undertaken regularly by the supervised toothbrushing lead in the setting, using the Quality Assurance Monitoring Tool within the toolkit.</p> <p>Results are shared with all staff involved in supervised toothbrushing.</p> <p>Quality Assurance Monitoring visits undertaken at least annually by the oral health improvement practitioner.</p> <p>Results are shared with the lead in the setting and manager/headteacher if required.</p>	

Completed and signed by: (Manager/headteacher and Lead Person)

Date:

Review Date (within 3 months of commencement and annually thereafter):