NICE National Institute for Health and Care Excellence

NICE Pathways

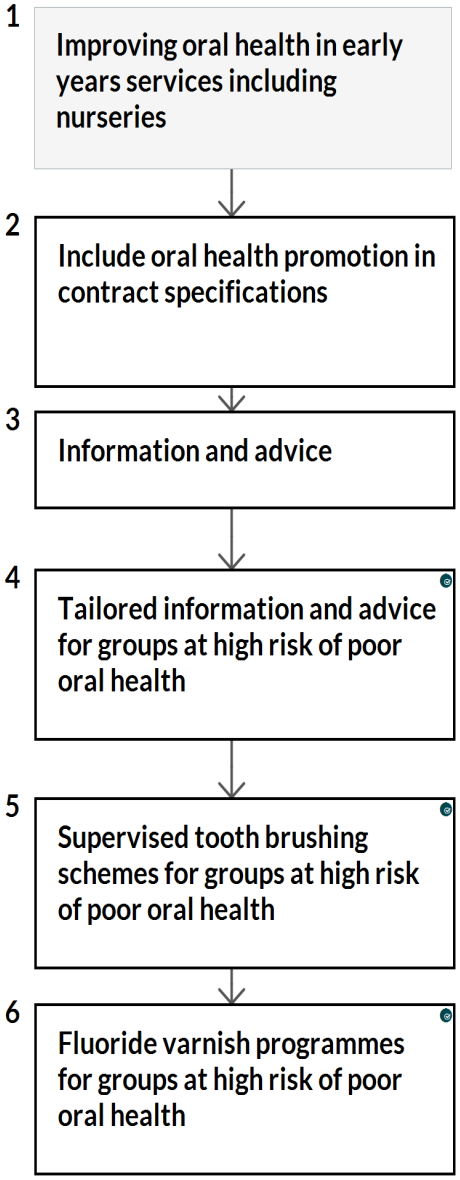
Improving oral health in early years services including nurseries

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/oral-health-improvement-for-local-authorities-and-their-partners
NICE Pathway last updated: 04 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Improving oral health in early years services including nurseries

No additional information

2 Include oral health promotion in contract specifications

Local authorities and health and wellbeing commissioning partners should:

- Ensure all contract specifications for early years services include a requirement to promote oral health and train staff in oral health promotion (see training, information and advice [See page 3] and tailored information and advice [See page 4]). This includes services delivered by:
  - Midwives and health visiting teams.
  - Early years services, children's centres and nurseries.
  - Child care services (including childminding services).
  - Frontline health and social care practitioners working with families who may be at high risk of poor oral health. (For example, families with complex needs, teenage parents and families from minority ethnic communities where poor oral health is prevalent and people may find it difficult to use services.)
- Ensure all frontline staff in early years services, including education and health, receive training at their induction and at regular intervals, so they can understand and apply the principles and practices that promote oral health.

3 Information and advice

Local authorities and health and wellbeing commissioning partners should:

- Ensure all early years services include advice about oral health in information provided on health, wellbeing, diet, nutrition and parenting. This should be in line with the 'advice for patients' in delivering better oral health [See page 7]. If possible, oral health activities such as tooth brushing should be listed with other general routines recommended for children by established parenting programmes (such as Parenting UK).
- Ensure all frontline staff can help parents, carers and other family members understand how good oral health contributes to children's overall health, wellbeing and development. For example, by:
  - promoting breastfeeding and healthy weaning, including how to move from breast or bottle feeding to using an open cup by 12 months (see delivering better oral health [See page 7])
  - promoting food, snacks (for example, fresh fruit) and drinks (water and milk) that

- are part of a healthier diet
- explaining that tooth decay is a preventable disease and how fluoride can help prevent it
- promoting the use of fluoride toothpaste as soon as teeth come through (see delivering better oral health [See page 7] for appropriate concentrations)
- encouraging people to regularly visit the dentist from when a child gets their first tooth
- giving a practical demonstration of how to achieve and maintain good oral hygiene and encouraging tooth brushing from an early age
- advising on alternatives to sugary foods, drinks and snacks as pacifiers and treats
- using sugar-free medicine
- giving details of how to access routine and emergency dental services
- explaining who is entitled to free dental treatment
- encouraging and supporting families to register with a dentist
- providing details of local advocacy services if needed.

4 Tailored information and advice for groups at high risk of poor oral health

Local authorities and health and wellbeing commissioning partners should:

- Use information from the oral health needs assessment to identify areas and groups where children are at high risk of poor oral health (see define scope of needs assessment and carry out needs assessment).
- Provide tailored services to meet the oral health needs of these groups (this includes young children who are not attending nursery).
- Ensure early years services identify and work in partnership with relevant local community organisations (see set up a group) to develop and deliver tailored oral health advice and information for families (see the NICE's recommendations on community engagement).
- Ensure health and social care practitioners can provide culturally appropriate advice and information on oral health for families with babies and young children.
- Consider giving midwives and health visitors free tooth brushing packs to offer to families in groups at high risk of poor oral health. (See Childsmile for an example of these packs.) Distribution of packs should be combined with information on when and how to brush teeth, a practical demonstration and information about local dental services.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Early years settings and schools

5 Supervised tooth brushing schemes for groups at high risk of poor oral health

Local authorities and health and wellbeing commissioning partners should:

- Use information from the oral health needs assessment to identify areas where children are at high risk of poor oral health (see define scope of needs assessment and carry out needs assessment).
- Consider commissioning a supervised tooth brushing scheme for early years settings (including children's centres) in these areas. The scheme should include:
    - arrangements for getting informed consent from parents or carers
    - supervised daily tooth brushing with fluoride toothpaste on the premises
    - collaborative working with parents or carers to encourage tooth brushing both at home and at the nursery
    - providing free toothbrushes and fluoride toothpaste (1 set to use on the premises and 1 set to take home)
    - a designated lead person for the scheme at all establishments
    - access to a dental professional for advice if needed
    - support and training for staff to deliver the scheme (this should be recorded and monitored)
    - performance monitoring at least once every school term (that is, at least 3 times a year), against a checklist drawn up and agreed with the group responsible for the local oral health needs assessment and strategy (see set up a group and develop local strategy based on needs assessment).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Early years settings and schools

6 Fluoride varnish programmes for groups at high risk of poor oral health

Local authorities and health and wellbeing commissioning partners should:

- Use information from the oral health needs assessment to identify areas where children are

- at high risk of poor oral health (see define scope of needs assessment and carry out needs assessment).
- If a supervised tooth brushing scheme is not feasible (see supervised tooth brushing schemes [See page 5]), consider commissioning a community-based fluoride varnish programme for nurseries as part of early years services for children aged 3 years and older. The programme should provide at least 2 applications of fluoride varnish a year.
- Ensure early years services work in collaboration with parents and carers to gain parental consent for as many children as possible to take part in the fluoride varnish programme.
- Ensure families of children who do not visit the dentist regularly are encouraged and helped to use dental services.
- Monitor uptake and seek parental feedback on the fluoride varnish scheme.
- If resources are available, consider commissioning both a supervised tooth brushing scheme and a fluoride varnish programme.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Early years settings and schools

Delivering better oral health

Below is an edited extract from: Delivering better oral health: an evidence-based toolkit for prevention (Public Health England 2017). This toolkit provides practical, evidence-based guidance to help dentists and their teams promote oral health and prevent oral disease among their patients.

Summary guidance for primary care dental teams: advice for patients

Prevention of caries in children aged 0-6 years

Children aged up to 3 years:

- Breastfeeding provides the best nutrition for babies
- From 6 months of age infants should be introduced to drinking from a free-flow cup, and from age 1 year feeding from a bottle should be discouraged
- Sugar should not be added to weaning foods or drinks
- Parents or carers should brush or supervise toothbrushing
- As soon as teeth erupt in the mouth brush them twice daily with a fluoridated toothpaste
- Brush last thing at night and on one other occasion
- Use toothpaste containing no less than 1000 parts per million (ppm) fluoride
- It is good practice to use only a smear of toothpaste
- The frequency and amount of sugary food and drinks should be reduced
- Sugar-free medicines should be recommended

All children aged 3-6 years:

- Brush at least twice daily, with a fluoridated toothpaste
- Brush last thing at night and at least on one other occasion
- Brushing should be supervised by a parent or carer
- Use fluoridated toothpaste containing more than 1000 ppm fluoride. It is good practice to use a pea-sized amount
- Spit out after brushing and do not rinse, to maintain fluoride concentration levels
- The frequency and amount of sugary food and drinks should be reduced
- Sugar-free medicines should be recommended

Children aged 0-6 years giving concern (for example, those likely to develop caries, those with

special needs). All advice as above, plus:

- Use fluoridated toothpaste containing 1350-1500 ppm fluoride
- It is good practice to use only a smear or pea-sized amount
- Where medication is given frequently or long term, request that it is sugar free, or used to minimise cariogenic effects.

Prevention of caries in children aged from 7 years and young adults

All children and young adults:

- Brush at least twice daily, with a fluoridated toothpaste
- Brush last thing at night and on at least 1 other occasion
- Use fluoridated toothpaste (1350-1500 ppm fluoride)
- Spit out after brushing and do not rinse, to maintain fluoride concentration levels
- The frequency and amount of sugary food and drinks should be reduced

Those giving concern (for example, those with obvious current active caries, those with ortho appliances, dry mouth, other predisposing factors, those with special needs). All the above, plus:

- Use a fluoride mouth rinse daily (0.05% NaF) at a different time to brushing.

Prevention of caries in adults

All adults

- Brush at least twice daily with fluoridated toothpaste
- Brush last thing at night and on at least 1 other occasion
- Use fluoridated toothpaste with at least 1350 ppm fluoride
- Spit out after brushing and do not rinse, to maintain fluoride concentration
- The frequency and amount of sugary food and drinks should be reduced

Those giving concern (for example, with obvious current active caries, dry mouth, other predisposing factors, those with special needs). All the above, plus:

- Use a fluoride mouth rinse daily (0.05% NaF) at a different time to brushing.

Prevention of periodontal disease – to be used in addition to caries

prevention

All adults and children:

Self-care plaque removal

- Remove plaque effectively using methods shown by dental team. This will prevent gingivitis and reduce the risk of periodontal disease
- Daily effective plaque removal is more important to periodontal health than tooth scaling and polishing by the clinical team

Tooth brushing and toothpaste

Brush gum line and each tooth twice daily (before bed and at least on 1 other occasion). Use either:

- a manual or powered toothbrush
- small toothbrush head, medium texture.

All adults and ages 12-17

Interdental plaque control

Clean daily between the teeth to below the gum line before toothbrushing:

- For small spaces between the teeth use dental floss or tape
- For larger spaces use interdental or single tufted brushes
- Around orthodontic appliances and bridges use kit suggested by the dental professional.

Risk factor control

Tobacco

All adults and adolescents:

- Do not smoke
- Smoking increases the risk of periodontal disease, reduces the benefits of treatment and increases the chance of losing teeth.

Diabetes

Patients with diabetes should try to maintain good diabetes control as they are:

- At greater risk of developing serious periodontal disease
- Less likely to benefit from periodontal treatment if the diabetes is not well controlled.

Medications

Some medications can affect gingival health.

Prevention of peri-implant disease

All adults with dental implants:

- Dental implants require the same level of oral hygiene and maintenance as natural teeth
- Clean both between and around the implants carefully with interdental kit and toothbrushes
- Attend for regular checks of the health of gum and bone around implants

Prevention of oral cancer

- Do not smoke
- Do not use smokeless tobacco (such as, paan, chewing tobacco, gutkha)
- Reduce alcohol consumption to lower risk levels
- Increase intake of non-starchy vegetables and fruit

All adolescents and adults:

Tobacco use, both smoking and chewing tobacco, seriously affects general and oral health. The most significant effect on the mouth is oral cancers and pre-cancers.

- Do not smoke or use shisha pipes
- Do not use smokeless tobacco (such as, paan, chewing tobacco, gutkha)

If the patient is not ready or willing to stop they may wish to consider reducing how much they smoke using a licensed nicotine-containing product to help reduce smoking. The health benefits to reducing are unclear but those who use these will be more likely to stop smoking in the future.

Evidence-based advice and professional intervention about alcohol and oral health

All adolescents and adults:

- Drinking alcohol above the recommended levels adversely affects general and oral health with the most significant oral health impact being the increased risk of oral cancer.
- Reduce alcohol consumption to low risk (recommended) levels.

The Chief Medical Officers' guidelines for alcohol consumption (2016)

- **All adults:** you are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a lower level If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more.
- **Young people:** young people under the age of 18, should normally drink less than adult men and women.
- **Pregnant women:** if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Evidence-based advice and professional intervention about healthier eating

All ages:

- The frequency and amount of consumption of sugars should be reduced
- Avoid sugar containing foods and drinks at bedtime when saliva flow is reduced and buffering capacity is lost.

Glossary

High risk

(people at high risk of poor oral health generally live in areas that are described as socially and economically disadvantaged; local authorities (and other agencies) define disadvantaged areas in a variety of ways, an example of which is the government's Index of Multiple Deprivation 2010 (ID 2010) which combines economic, social and housing indicators to produce a single deprivation score (see 'Indices of English deprivation 2010' Department for Communities and Local Government, 2011))

Parenting programmes

(teach parents and carers how to set effective boundaries and how to reward and praise children and young people in a way that promotes positive relationships and self-esteem; the aim is to improve children and young people's behaviour)

Sources

Oral health: local authorities and partners (2014) NICE guideline PH55

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.