

Special Educational Needs and Disability Schools Supervised Toothbrushing Programme

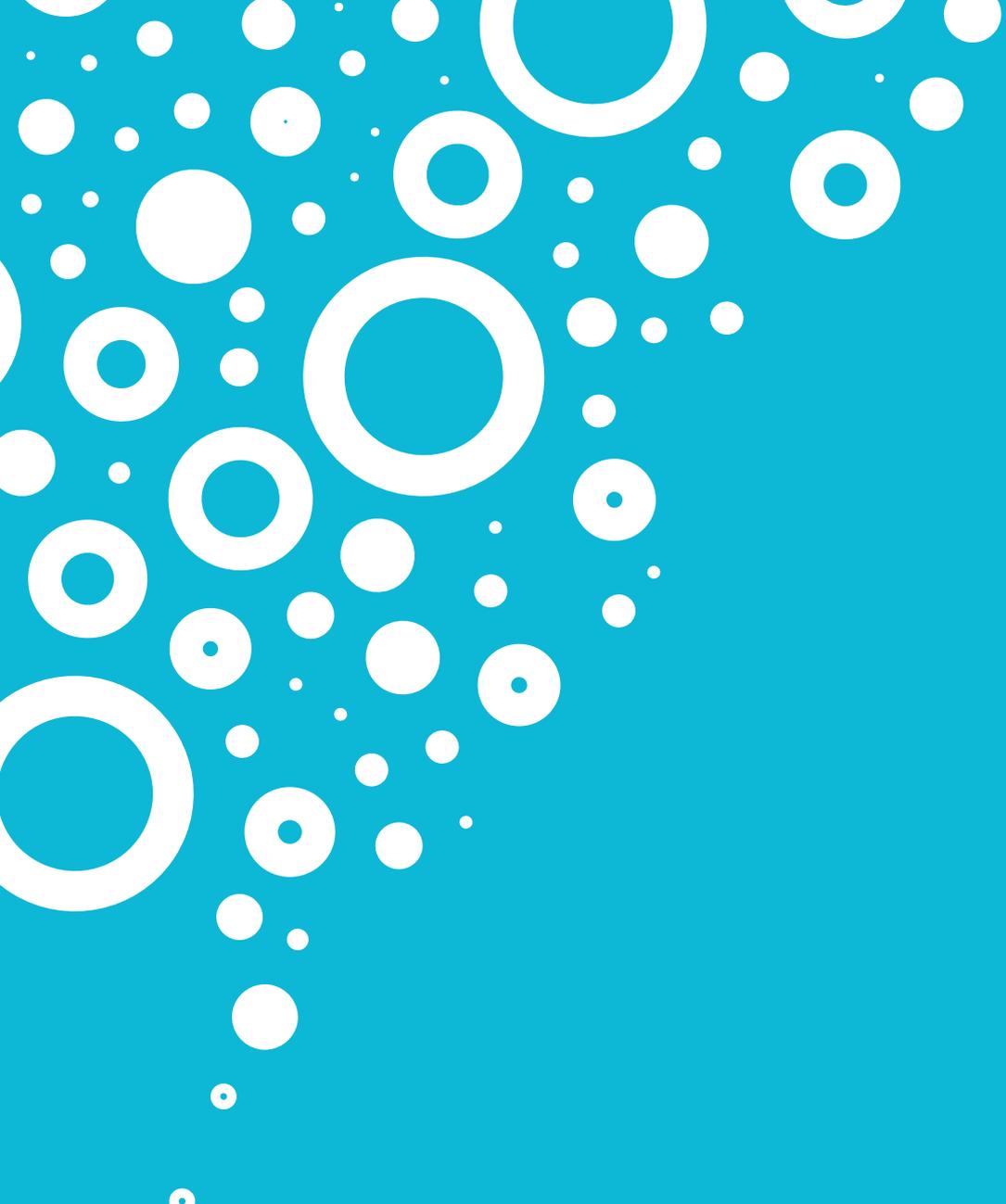


Oral
Health

NICE TO SMILE

St Helens 2021
Dental Public Health
North West





**For more information
contact the oral health team**

01744 371 111

StHelensWellbeing.org.uk/oralhealth
chcp.sthelens@nhs.net



St Helens College, Water Street, St Helens WA10 1PP

Please contact us to request translation of Council information
into Braille, audio tape or a foreign language.

ST HELENS WELLBEING

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Introduction and Background

Who is this resource pack designed for?

This pack has been devised for use by all staff involved in supervised toothbrushing programmes in special educational needs and disability schools.

What is the aim?

The aim is for every child to brush teeth with fluoride toothpaste once a day in nursery and ideally twice a day at home.

Why is children's dental health important?

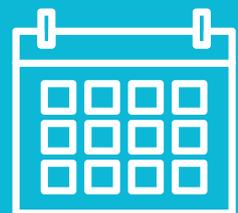
Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. The impacts can lead to children missing school and in addition can affect parents/carers who would need to take time off work to take their children to the dentist or for a hospital visit. Recent figures have shown that in 2016 there were over 160 operations per day in UK hospitals to remove teeth in children which accounted for 7% of all hospital based procedures in that age band.

Public Health England | Poor dental health harms school readiness

Research about extractions in children in North West hospitals found that **26%** had missed days from school because of dental pain and infection



An average of 3 days of school were missed due to dental problems



67% of parents reported their child had been in pain



38% of children had sleepless nights because of the pain



Many days of work were potentially lost. **41%** of parents/carers were employed.

How common is tooth decay?

Tooth decay is the most common reason for children aged 5-9 being admitted to hospital. This is more than twice as many hospital admissions as the next most common reason of tonsillitis. The number of preschool children undergoing a general anaesthetic for extractions in hospital has also increased by nearly a quarter in 10 years.

Dental health in children within the North West of England is the poorest in England. The most recent dental public health survey carried out in 2017 showed that 33.9% of five-year-old children in the North West have experience of decay, the highest figures in the country and nearly 10% higher than the English average.

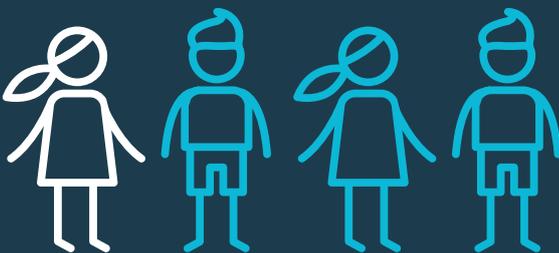
% Decayed, missing or filled teeth

Nationally	23.3%
North West	33.9%
St Helens	38.2%

In St Helens 38.2% of five year old children have experience of tooth decay (DMFT).



Public Health England | Levels of tooth decay in England



A quarter of 5-year-olds have tooth decay with on average 3 or 4 teeth affected



The majority of tooth decay in children under 6 was **untreated**

There were **7,926** episodes of children aged under 5 years having **1 or more teeth extracted** in hospital because of tooth decay



Why should we be involved in a toothbrushing programme?

- To minimise decay children should brush their teeth at least twice a day with a family fluoride toothpaste (containing 1350-1500 parts per million fluoride).
- Children in more deprived areas are less likely to brush their teeth twice daily.
- Nursery and school settings can provide a suitable supportive environment for children to take part in a supervised toothbrushing programme, teaching them to brush their teeth from a young age and encourage support for home brushing.

Why use fluoride?

Research shows that the daily application of fluoride toothpaste to teeth reduces the incidence and severity of tooth decay in children. Fluoride has a number of advantages including:

1. It helps to create stronger enamel when teeth are forming.
2. When in the saliva, it stops teeth demineralising (1st stage of decay) and helps teeth to remineralise (go back to normal strength).

Successful schemes in various parts of the UK include:

- Childsmile in Scotland.
- Brush Bus scheme in Manchester.
- Smile4Life in Lancaster.
- Healthy Teeth, Happy smiles in Leicester.
- Healthy Teeth Devon: Toothbrushing in Devon (TiD).
- Parts of England including LAs in Calderdale (Yorkshire) are supporting similar toothbrushing schemes in nursery setting including a locally awarded dental health award to venues best meeting the criteria.

Public Health England | Supervised tooth brushing



Targeting supervised tooth brushing to childhood setting in areas with high levels of tooth decay will help reduce oral health inequalities.

This helps to encourage children to brush their teeth from a young age and supports home brushing.



Fluoride toothpaste has been shown to prevent tooth decay

Supporting bodies:

- Public Health England (PHE) has published ‘Commissioning better oral health for children and young people, an evidence informed toolkit for local authorities.’ In this document PHE recommend supervised toothbrushing in targeted childhood settings to help reduce tooth decay.
- NICE (The National Institute for Health and Care Excellence) also recommend that targeted supervised toothbrushing programmes may be considered where levels of decay are higher.

What are the expected outcomes?

- Fewer children experiencing tooth decay and infection, leading to improved quality of life due to reduced incidence of pain, fewer sleepless nights, missed school days and days off work for parents.
- Treatment costs in primary and secondary dental care will be reduced, with fewer episodes of general anaesthetic required in hospitals.
- Children and parents will have improved oral health and dental awareness.

Is it sustainable?

Yes! Once the toothbrushing programme has been set up, few funds are required to keep it running in the long term. A recent neighbouring survey has shown that over two thirds of nursery settings have continued supervised toothbrushing in the past 4 years despite a reduction of funds and support by the local authority. This programme is supported by St Helens council.



Supervised toothbrushing: Overview of the programme

Key points about the programme

Organisation of the programme:

- Each child, whether full-time or part time, brushes once a day as part of the supervised toothbrushing programme. In addition, parents and carers are encouraged to brush with their child at home using SLS free toothpaste if required.
- There should be a signed consent form in place for every child taking part in the programme (Appendix B). The parents or carers should also be given an information leaflet on the programme (Appendix A).
- The staff who supervise the programme must have received appropriate training which ensures they understand and are competent in all the key stages of the programme. This should be undertaken on induction and annually thereafter.
- Quality assurance assessments are carried out by Oral health team annually using a quality assurance check list (Appendix C). Monitoring should include observation of the toothbrushing session and discussion of the toolkit guidance with designated lead.

1. Operation of the programme

Toothbrushing takes place at a time which is most suitable for each setting.

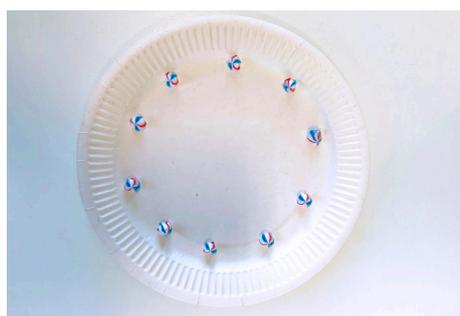
- 1.1 Toothbrushing takes place in groups or individually with children seated or standing.
- 1.2 The programme uses one of the two models; see flow charts of brushing at a sink or dry areas.
- 1.3 Children are closely supervised when brushing their teeth.
- 1.4 Toothpaste containing 1450ppm (parts per million fluoride) is used.
- 1.5 Fluoride toothpaste will be applied by a member of staff.

Nil by mouth children or PEG fed children will be offered SLS Free toothpaste. To reduce the risk of excess saliva flow and prevent the risk of saliva aspiration on tooth brushing movement

- 1.6 Toothpaste is dispensed by a supervisor (figure 1).
- 1.7 A smear of toothpaste is used for children under 3 years old (figure 2), and a pea size amount for children aged 3-6 (figure 3).
- 1.8 Children should be discouraged from swallowing toothpaste during or after brushing their teeth. Toothpaste is to be reapplied if swallowed.
- 1.9 Each child should collect their toothbrush from the storage system, toothpaste, a tissue or paper towel (so they can spit any excess toothpaste into this after brushing) and wipe their mouth. After brushing, do not rinse.
- 1.10 3-way toothbrushes will be offered to those individuals deemed to warrant additional support with toothbrushing i.e., NBM/Peg Fed/ Autism. To incur less disruption to the individual and decrease the tooth brushing time required.



Figure 1



For those who need assistance with toothbrushing, use toothbrush adaptors.

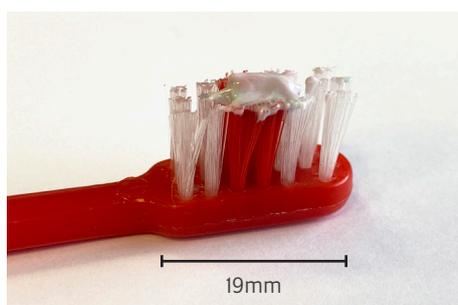
Toothbrushing

Toothpaste- 1350-1500ppm Fluoride

Under 3 years of age

A smear of toothpaste

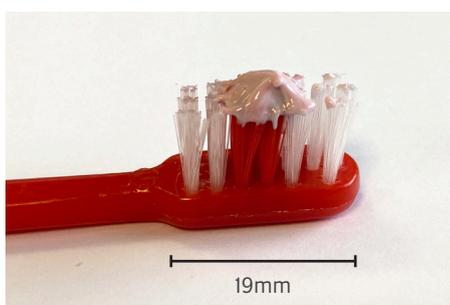
Figure 2



3 years old and over

A pea sized amount of toothpaste

Figure 3



How to brush

- Place the head of the toothbrush against the teeth.
- Tilt the bristles tips to a 45 degree angle against the gum line.
- Move the brush in circular movements several times, on the surfaces of every tooth.
- Brush the outer surfaces of each tooth, upper and lower, keeping the bristles angled against the gum line.
- To clean the inside surfaces of the front teeth, tilt the brush vertically and make several small circular strokes with the front part of the brush.
- **Spit don't rinse!!** - It is important not to rinse with water after brushing as this will wash the fluoride away. We want the toothpaste to stick to the teeth.
- This should take around 2 minutes (30 seconds per quadrant).

When to brush

- The best time to brush at home is **first thing in the morning and last thing before bed** so that fluoride is in the saliva before breakfast and before you sleep.
 - Supervised brushing schemes in nurseries/schools can be undertaken at **any time**.
 - Food and drink can soften the tooth enamel so ideally tooth brushing should not take place within one hour of a snack or meal.
 - It is understood that a child may not be in the educational/care environment for this to be practical. Therefore it is acknowledged that the benefit of toothbrushing and prevention of tooth decay, outweighs the risk of dental erosion **so it is better to brush at any point possible than not at all**.
-

Toothbrushing protocol and guidance

Toothbrushing in dry areas

Supervisors and children (under supervision) should wash their hands or use hand sanitiser before and after the toothbrushing session.

Children under supervision collect their toothbrushes from the storage system.

Individual smears of toothpaste are dispensed by the supervisor on to a paper towel or plate.

Children brush teeth either seating or standing using method as described previously However the area surrounding them should be easy clean.

Children spit out excess toothpaste into disposable tissue, papertowel or cup.
Tissue or paper towel and toothpaste should be disposed of immediately in a waste bag.

Toothbrushes

Observed by the supervisor

Each child should in turn rinse their own toothbrush and its handle at a sink under cold running water. Toothbrushes should be rinsed straight away. The toothpaste should not be allowed to dry on the brush. Water should be left running to avoid each child touching the tap.

Toothbrushes rinsed straight away and excess water shaken off into the sink.

Each child, under supervision, is responsible for returning their own toothbrush to the storage system to air dry.

Paper towels used to mop up visible drips on storage system and supervisor to clean sink. Staff wear disposable gloves for collection of contaminated tissues, paper towel and cups.
Supervisor wash their hands.

Toothbrushing at a sink

The wet brushing model is not recommended during the COVID-19 as it is considered more likely to risk droplet and contact transmission and offers no additional benefit to oral health over dry brushing

Supervisor and children wash their hands.

Children under supervision collect their toothbrushes from the storage system.

Individual smears of toothpaste are dispensed by the supervisor on to a paper towel or plate.

Toothbrushing at the identified sink area. Children should be closely supervised and encouraged to spit excess toothpaste into the sink.

Toothbrushes are either:

- a) Returned to storage system 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
- b) Rinsed at a identified sink area where each child is responsible for rinsing their own toothbrush under cold running water.

Toothbrushes rinsed straight away and excess water shaken off into the sink.

Each child, under supervision, is responsible for returning their own toothbrush to the storage system to air dry.

Paper towels used to mop up visible drips on storage system and supervisor to clean sink. Staff wear disposable gloves for collection of contaminated tissues, paper towel and cups. Supervisor wash their hands.

Storage guidance

How should we store brushes?

A good way to store a brush is using a 'Tooth train' Individual toothbrush ventilated holders can be used for storing brushes. If individual holders are used, ensure that excess water is removed from the toothbrushes before returning them to the holder. For full detail please read the next section (Infection prevention and control).

Looking after the tooth brushes

- 1 There should be a separate storage system for each 'group' or 'bubble' of children where applicable.
- 2 Store the tooth brushes in your 'Tooth train' with the bristles uppermost, this allows the brushes to air dry.
- 3 Once the brushes are looking tired, visibly stained or the bristles have splayed, they will need replacing.
- 4 Each toothbrush should always be replaced into the same hole in their storage system following toothbrushing, or individual toothbrush cases can be used if preferred.

Looking after a 'Tooth train'

Use a permanent marker - spirit based and waterproof to write the names of the children on the 'Tooth train', these may then be altered later using alcohol wipes, a vinyl eraser or a correction pen for overhead transparencies.

The trains need to be stored up high out of the way of little hands.

How do we clean a storage system?

The tooth train can be cleaned with soap and water or Milton's periodically.

Figure 4



Infection Prevention and Control

Rationale

Toothbrushes are a possible source of cross infection. Good hygiene practice should be an essential part of childcare in nursery and school settings. Toothbrush storage systems comply with best practice in the prevention of cross contamination.

2. Criteria

- 2.1 Supervisors should wash their hands before and after the session and cover any cuts, abrasions or breaks in their skin with a waterproof dressing before commencing a toothbrushing session.
 - 2.2 When a toothpaste tube is shared, the toothpaste must not be dispensed directly onto the toothbrushes. Supervisors should dispense the toothpaste onto a clean surface such as a plate or paper towel (see figure 1).
 - 2.3 There must be sufficient spacing between the quantities of dispensed toothpaste to allow transfer to each child's brush without cross-contamination.
 - 2.4 Toothbrushes are individually identifiable enabling each child to be able to recognise their own brush.
 - 2.5 After toothbrushing, brushes are rinsed thoroughly and individually under running water and replaced in the storage system to allow them to air dry. Toothbrushes should not be washed together in the sink and should not touch the taps or sink when being rinsed.
 - 2.6 Toothbrushes must not be soaked in bleach or other cleaner/disinfectant.
 - 2.7 Toothbrushes which are dropped on the floor should be discarded.
 - 2.8 Toothbrushes are stored in storage systems which enable brushes to stand in the upright position ensuring that toothbrushes are not in contact to avoid cross contamination.
 - 2.9 Storage systems display symbols corresponding with those on the toothbrushes to allow individual identification.
-

- 2.10 Storage systems should allow air-flow around the toothbrush heads to enable the toothbrushes to dry. Covers should only be used once brushes have dried or if they allow sufficient ventilation to allow drying.
- 2.11 Storage systems are stored within a designated toothbrush storage trolley or in a clean, dry cupboard. Storage systems in toilet areas should be avoided and must have manufacturer's covers which allow the free flow of air be stored at adult height or in a suitable toothbrush storage trolley.
- 2.12 Dedicated household gloves and disposable aprons should be worn when cleaning storage systems and sinks. After toothbrushing, sinks should be cleaned with neutral detergent or wipes.
- 2.13 Storage systems, trolleys and storage areas are cleaned, rinsed and dried at least once a week (more if soiled) by staff using warm water and householder detergent. Manufacturer's guidelines are followed when cleaning and maintaining storage systems including dishwasher cleaning where appropriate.
- 2.14 The storage system should not be placed directly beside where toothbrushing takes place or beside the toilet area to avoid contamination via aerosol spread.

FAQs

What toothpastes have the correct amount of fluoride?

Most high street brands but it is essential to check. Always ensure the toothpaste is free from animal derivatives.

What should we do if a child is not complying with brushing?

There are very few medical reasons why children should not participate in supervised toothbrushing programmes. If a child refuses brushing for over a week, ensure their parent/guardian is informed.

What to do if a child has bleeding gums or a tooth that is hurting?

Follow the same policy that you would use to discard any bloody tissues following nose bleeds and inform the parent so that they can contact their dentist.

How can we prevent the names rubbing off brushes?

The names should be written on brushes with a permanent pen such as Staedtler Lumocolor permanent 0.6mmF.

How can we make the 2 minutes of brushing more fun?

A song or theme can be useful. Many children love 'brushing apps' such as 'brush DJ' which will play a song from a phone or tablet for 2 minutes; many other toothpaste brands have their own app as well.

When should we throw away brushes?

When the bristles are splayed, brushes have been dropped on the floor or visibly unclean, if there is a concern of contagious/ infectious disease. Try and replace at the end of summer holidays as brushes would have been stagnant for over a month.

Should we spit or swallow toothpaste?

Children should be encouraged to spit out the toothpaste onto paper towels or into a cup to avoid ingestion of fluoride. It is understandable that children will on occasion swallow toothpaste and this is not a concern but try to avoid if possible.

Can we harm the teeth by brushing too often?

If a child is brushing twice at home and once in nursery/school setting this will not harm the teeth. A smear of toothpaste is advised for younger children as it will not harm if ingested or left on the teeth.

What shall we do in the event of an infection outbreak?

Discard all toothbrushes and set up again with new.



Appendices

- A) Parent information leaflet
- B) Parent consent letter
- C) Quality assurance form
- D) Staff training register
- E) Daily supervised toothbrushing register
- F) Weekly cleaning plan
- G) Finding a local dentist
- H) Further reading

Appendix A) Parent information leaflet



Appendix B) Parent consent letter (Overleaf)

St Helens Wellbeing
St Helens College
Water Street
St Helens WA10 1PP
01744 371 111
StHelensWellbeing.org.uk

Dear Parent / Guardian

Supervised Tooth Brushing Programme

We are inviting your child to take part in the Supervised Toothbrushing Programme which takes place at School. There is strong evidence that daily supervised toothbrushing with a family fluoride toothpaste can help keep to improve children's dental health.

Your child will be helped to brush their teeth each day and will be closely supervised to make sure they are doing this effectively. The staff at the school have been fully trained to help the children with tooth brushing.

It is very important that this does NOT replace your child's tooth brushing at home.

Every effort will be made to make this activity fun and enjoyable for your child. They will be given a toothbrush and toothpaste which will be labelled with their name and stored safely in a storage system.

If you would like your child to take part in this programme, please return the tear off slip below to your School. You can withdraw your child from this programme at any time.

If you have any questions or concerns about this programme please contact your child's Early Years Advisor or the number above.

Yours Sincerely,

Sarah Holden

Head of Public Health Service

St Helens Wellbeing Services



Please tick boxes below to give consent

- Yes I have read and understood the information leaflet and understand I have the right to withdraw my child from the supervised tooth brushing programme at any time.
- Yes I agree for my child to take part in the supervised tooth brushing programme.
- Yes I understand that this should not replace my child's toothbrushing routine at home.

Your child's name: _____ Date: _____

Does your child have any allergies? Please list here: _____

My child regularly attends the dentist - Yes/No. The dentist's name and address is:

Signature of adult with parental responsibility: _____

Supervised Toothbrushing Programme Quality Assurance Audit

Setting Name: _____ Date: _____

Management Questions	Please circle the appropriate answer or complete	
Do you have a copy of the 'protocol for the implementation of a supervised tooth brushing programme in your setting'?	Yes	No
Do you have a copy of the Infection Prevention and Control Manual?	Yes	No
There is a designated programme lead who is responsible for the scheme within the setting		
Oral Health Training is recorded and monitored on induction for each member of staff and annually thereafter	Yes	No
Do all parents receive an information/consent letter informing them that their child has the opportunity to take part in the programme?	Yes	No
Has every child taking part in the programme got positive consent from parent/carer?	Yes	No
How many children are currently participating in the programme?		
How many children do you currently have on roll?		
Toothbrushes are replaced termly or once the bristles become splayed, or if the toothbrush falls on the floor	Yes	No

Procedure Questions	Please circle the appropriate answer or complete	
Are children supervised at all times?	Yes	No
Are children encouraged to cover all surfaces of their teeth with their toothbrush and toothpaste?	Yes	No
What time of the day do children brush their teeth?		
Do children use a smear/pea sized amount of toothpaste? (amount relevant to age of child)	Yes	No
Are children encouraged to spit out rather than rinse at the end of toothbrushing?	Yes	No
Is the toothbrushing register completed daily?	Yes	No

Infection Control Procedures	Please circle the appropriate answer	
Are toothbrushes stored in a storage system?	Yes	No
Are the storage systems cleaned every day?	Yes	No
Are toothbrushes changed every three months or sooner if appear damaged or contamination that cannot be removed through cleaning?	Yes	No
Are toothbrushes clearly labelled with the child's name?	Yes	No
Are toothbrushes rinsed thoroughly after use?	Yes	No
Does each child have their own tube of toothpaste?	Yes	No
Is toothpaste placed on a napkin/paper plate?	Yes	No
Toothbrushes are stored in appropriate storage systems or individual ventilated holders which enable brushes to stand in the upright position ensuring that toothbrushes are not in contact to avoid cross contamination.	Yes	No
Storage systems are regularly checked for cracks, scratches or rough surfaces and replaced if required.	Yes	No

Children's Response	Please circle the appropriate answer	
Have any children refused to take part in the toothbrushing activity? (If yes, please state why)	Yes	No

Parental / Carer Response	Please circle the appropriate answer	
Have parents / carers raised concerns regarding the programme?	Yes	No
Has the programme prompted parents/carers to discuss oral health issues with staff? (If yes, please state any issues)	Yes	No
Have parents/carers given positive feedback? (If yes, please give examples) damaged or contamination that cannot be removed through cleaning?	Yes	No

Oral Health Improvement Officer's Observations	Please circle the appropriate answer	
Direct observation of the Protocol for the Implementation of a Supervised Toothbrushing Programme	Yes	No
Direct observation of the Infection Prevention and Control Manual	Yes	No
Evidence of how consents are distributed to parents	Yes	No
Direct observation of completed/returned signed consents	Yes	No
Direct observation of the following: <ul style="list-style-type: none"> • Each child having their own toothbrush • Brush bus clearly labelled • Correct toothbrush being selected by the child • Correct amount of toothpaste being dispensed • Children being supervised • Children being encouraged • Children spitting and not rinsing • Toothbrush rinsed with hot water after use • Toothbrush returned to correct holder 	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No
Direct observation of the following: <ul style="list-style-type: none"> • Storage units stored correctly • Storage units in good condition • Storage unit labelled correctly • Storage unit cleaned after each use • Storage unit out of reach of children • Storage unit kept in designated area • Storage units placed away from the children when brushing their teeth 	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No

Completed by: _____ Date: _____

Oral Health Improvement Officer : _____

Signature: _____

Name of staff member: _____

Designation: _____

Signature: _____

Any other comments: _____

Summary of Discussions
Actions for Staff
Actions for Oral Health Improvement Officer

Agreed date for completed actions: _____

Signature _____ Oral Health Improvement Officer

Signature _____ Staff Member

Appendix F)

Weekly cleaning plan

All tooth trains should be cleaned daily using a household detergent. Please sign the relevant box after each clean, upon completion.

Week commencing _____

Please tick each box below and sign date on completion

Day	Unused brushes removed	All brushes rinsed individually	Brush bus cleaned	Staff member initial and date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week commencing _____

Please tick each box below and sign date on completion

Day	Unused brushes removed	All brushes rinsed individually	Brush bus cleaned	Staff member initial and date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Week commencing _____

Please tick each box below and sign date on completion

Day	Unused brushes removed	All brushes rinsed individually	Brush bus cleaned	Staff member initial and date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Appendix G)

Finding a local dentist

For more information on dental health go to NHS Choices website www.nhs.uk

How do I find a dentist if I haven't already got one?

You can ask your family or friends to recommend a dentist. Alternatively you can ring the number below to find a NHS dentist in your area or ask any questions about St Helens dental services 03003 112233 (local rate number)

If you need help with an urgent dental problem, call the Emergency Helpline, available from 9am to 9.30pm every day, including weekends and Bank Holidays on 0161 476 9651.

For further information contact:

Oral Health Team
St Helens Wellbeing
St Helens College
Water Street
St Helens WA10 1PP

Tel: 01744 371 111 | StHelensWellbeing.org.uk | Email: chcp.sthelens@nhs.net

Appendix H) Further reading

Further Reading

COVID-19: guidance for supervised toothbrushing programmes in early years and school settings

Brushing and key oral health messages

Delivering better oral health toolkit

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf

Useful images as shown in the resource pack

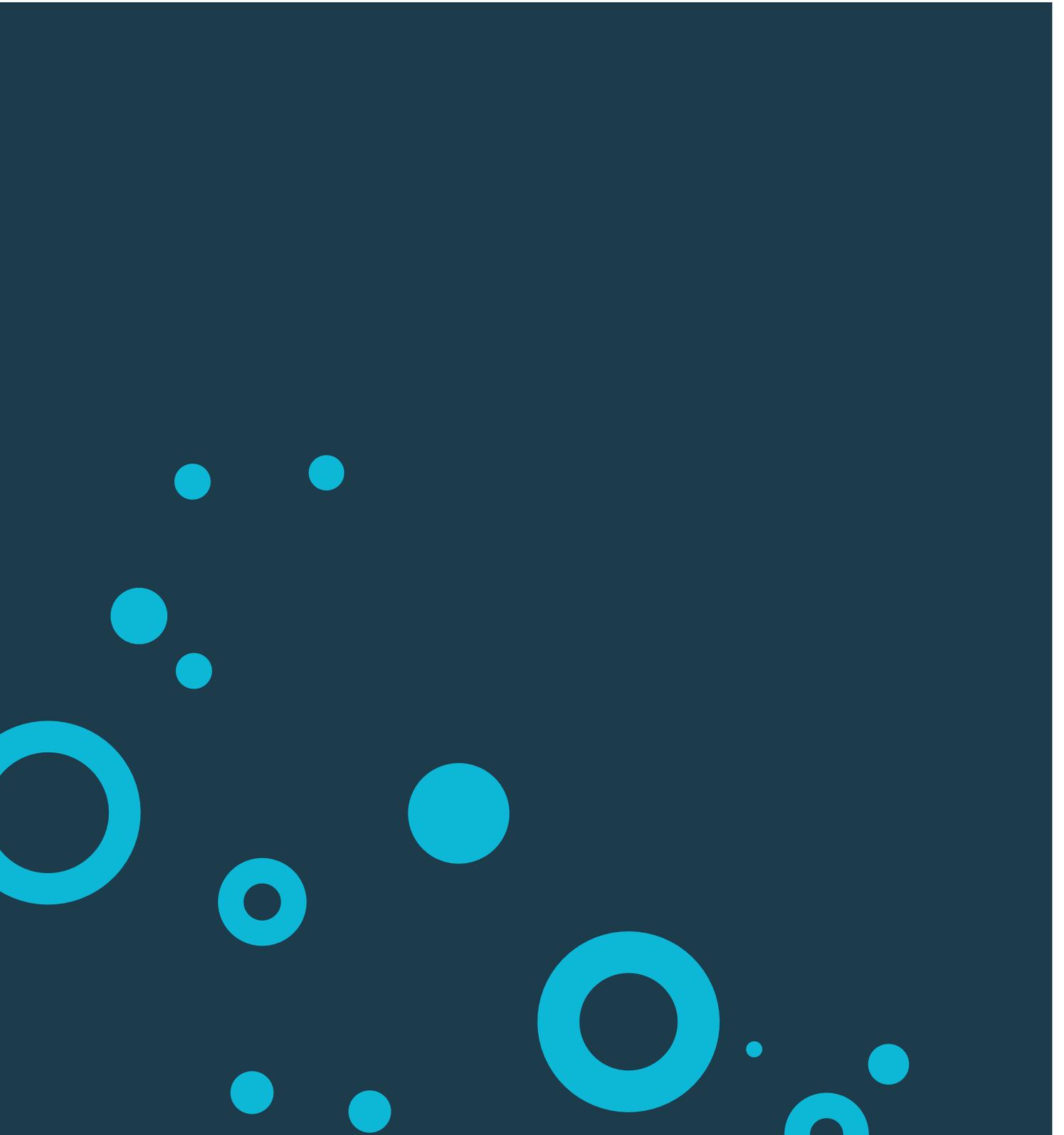
Health Matters. Child Dental Health. Public Health England, June 14, 2017

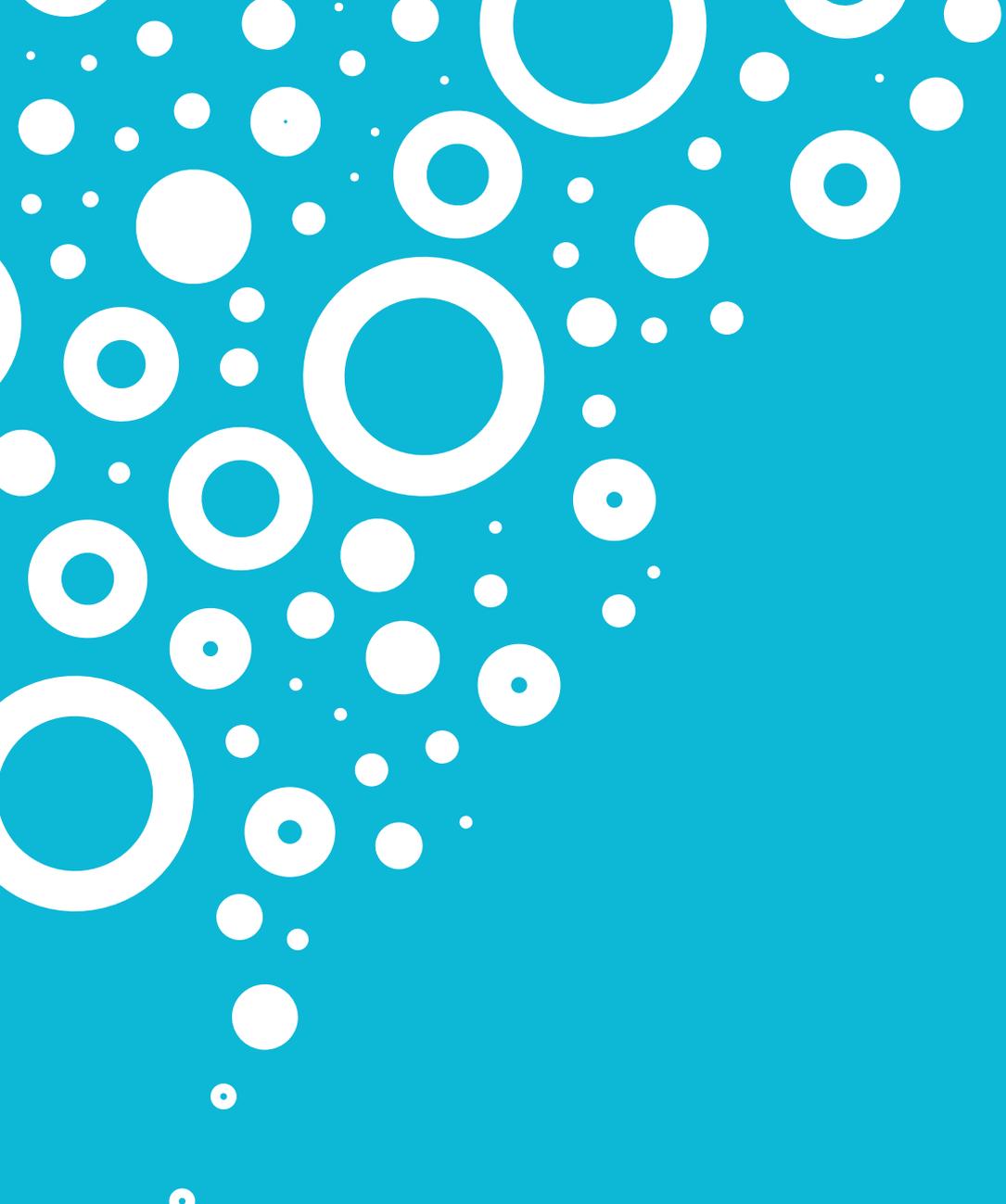
<https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

Statistics

Public Health England. Dental Public Health Epidemiology Programme for England, Oral Health Survey of five-year-old children 2017 Region & PHE Centre. London : Public Health England, 2017

<https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017>





**For more information
contact the oral health team**

01744 371 111

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