

# Oral health information for people with an intellectual disability

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services victoria

Dental Health Services Victoria is the state's leading public oral health agency, promoting oral health, purchasing services and providing care to Victorians.

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This document describes the generally accepted practice at the time of publication. It is a guide only and as such is a general summary of the clinical knowledge. Carers should regularly update their knowledge of the area and exercise their judgment when applying this information.

If you have any doubts as to the correct application of this information, you should obtain advice from a dental professional. Section 14 provides further information on dental services and contacts.

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## **1. Introduction**

This publication describes the importance of promoting oral health to people with disabilities living in residential care facilities, and to the people who care for them. The oral health of the general Victorian community has improved over the last 20 years due to factors such as water fluoridation, fluoride toothpaste, better education and more regular visits to oral health professionals. However, oral health problems are still of concern in the community, especially among vulnerable and marginalised groups, such as people with disabilities (DHS 2007; Australian Health Ministers Conference (AHMC) 2004).

## **2. Background**

### **2.1 Oral health in people with disabilities**

People with disabilities experience substantially more oral health problems that impact their overall health than people without disabilities; they receive reduced oral health care that is often of a lower quality (Davies, Bedi & Scully 2000; AHMC 2004; Stiefel et al. cited in Desai, Brearley Messer & Calache 2001). Indeed for those people with disabilities living in supported residential services, access to appropriate oral health care is limited even though they are at greater risk of developing oral disease in the future (Stiefel et al. cited in Desai et al. 2001; AHMC 2004; DHS 2007).

While there are a multitude of challenges to maintaining good oral health for people with disabilities, there are also several ways in which better oral health can be achieved.

### **2.2 Link between general health and oral health**

It is widely recognised that there are numerous components involved in achieving and maintaining good general health. Among these are physical exercise, appropriate nutrition and healthy lifestyle choices (particularly stress reduction, limiting alcohol and choosing not to smoke). The effect of oral health on general health is less well recognised, although research indicates that 'oral health is fundamental to overall health, wellbeing and quality of life' (DHS 2007, p. viii).

### **2.3 Other oral health risk factors**

#### **Diet**

Sugars differ in their ability to cause dental decay. Sugars that are relatively safe for teeth are those found naturally in unflavoured milk and milk products, and whole fruit and vegetables. Sugars that are harmful to teeth include those found in honey, dried fruit, sugars added to processed foods and fruit juice. Dental decay is influenced by how often sugar is consumed, and the length of time the teeth are exposed to sugar rather than the total amount of sugar eaten (Burt et al. cited in Pearson & Chalmers 2004; Johannsen cited in Pearson & Chalmers 2004).

Carers can foster sound food habits that also support oral health. The following behaviours support good oral health (Dieticians Association of Australia cited in DHS 2002):

- Clean teeth or dentures after consuming retentive sweet foodstuffs e.g. sweet biscuits and dried fruit, or at least twice daily, wherever possible
- Encourage consumption of sugar-free sweets as an alternative to sugary lollies
- Vary the texture of the diet to assist residents to obtain adequate nutrition
- Encourage residents to drink tap water (especially if it is fluoridated) as an alternative to sweetened, carbonated drinks and fruit juices
- Avoid restricting fluids for those with urinary incontinence. This can make the problem worse. Seek advice from an incontinence nurse for strategies on how to redistribute fluid intake (Victorian Continence Resource Centre cited in DHS 2002)
- Refer residents with suspected swallowing problems to a speech pathologist immediately. Those with identified dysphagia should be regularly reviewed.

There are a number of ways the negative effects of exposure to sugar on the teeth can be minimised.

#### **Practical ideas:**

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- Avoid continuous or regular exposure to retentive sweet foods and drinks, confectionery and carbonated soft drinks that can result in rapid demineralisation of enamel leading to decay and erosion
- It is best to limit sugar intake to meal times as salivary flow is higher at these times. Saliva assists in clearing sugars from the mouth so there is less time for acid production (DHS 2002). Saliva also neutralises acids formed by oral bacteria and replenishes lost minerals in demineralised enamel
- Discourage continuous grazing with desserts, biscuits and confectionery throughout the day as this encourages acid production by bacteria in the plaque, which causes dental decay
- Offer water and other fluids regularly (e.g. at medication rounds, for all meals and at snack times) but avoid sweet and acidic fluids
- Remind residents to drink water regularly, not just when they feel thirsty. Water is the best thirst quencher
- Ensure your facility offers a variety of fluids, not just tea and coffee. Avoid sweet, carbonated and acidic fluids
- Limit the use of, or find alternatives to, sugar-based medications when appropriate. Discuss this with the resident's general practitioner, pharmacist or dentist. If such medication is used, encourage residents to rinse the mouth with water immediately after taking the medication.

***Myth – Only the sugar in sweets, cakes, chocolates and fizzy drinks is bad for the teeth.***

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*While all these foods are bad for the teeth, dried fruit, fruit juice, cordial and honey also contain natural sugars that can cause tooth decay. Ideally consider these foods as 'sometime' foods and provide them on special occasions. Consume them at meal times and brush teeth regularly morning and night with a fluoridated toothpaste.*

***Myth – Drinking diet soft drinks does not damage the teeth.***

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*Carbonated diet soft drinks are extremely acidic, and drinking these can erode the top layer of the teeth, leaving the bottom layer of the teeth sensitive and much more prone to decay. It is best to consider diet soft drinks as an 'occasional' drink and follow with a glass of water to rinse the mouth. Using a straw may help to limit contact with the teeth.*

## **2.4 Oral disease**

### **Decay**

Dental decay is a diet-related infectious disease and is the most common disease affecting teeth. Although it is widespread in Australia, decay is avoidable by adopting simple preventive procedures.

Dental decay is caused by carbohydrates that ferment (including sugar) and the bacteria in plaque that interacts to produce acids, which demineralise the enamel (outer) layer of the tooth. Plaque is a biofilm which adheres to the teeth. It contains a large variety of bacteria together with food by-products and saliva proteins. It thickens and adheres to the teeth when oral hygiene is neglected. Plaque cannot be removed by rinsing or chewing on fibrous foods such as apples, carrots or celery.

Regular oral hygiene care consisting of thorough tooth brushing and cleaning between teeth (using dental floss, interproximal brushes or other aids) at least once each day and preferably at night, is the most effective way to remove plaque and prevent dental decay and gum disease. Professional cleaning is required to remove the build-up of calculus, also known as tartar (Hopcraft, personal communication 2008). Saliva assists in clearing acids from the mouth so there is less time for demineralisation of enamel and therefore reduced likelihood of decay (Papas et al. cited in Ciancio 2004; Beck et al. cited in Ciancio 2004).

## Gum disease

Advanced gum disease is a condition that is more common and severe in adults particularly as they age. It is caused by certain bacteria that build-up in the deeper layers of thick dental plaque situated along the gum line of teeth. These bacteria produce toxins that seep between the gum and the tooth, irritating the gum tissue and causing it to become reddened, inflamed and bleed. If the plaque is not cleaned away the toxins may gradually destroy the fibres and bone that hold teeth in place. This eventually leads to the loosening of teeth.



Advanced Periodontitis (Gum Disease)

***Myth – All adults are susceptible to severe periodontal (gum) disease.***

*While the risks may increase with age, the condition is totally preventable with good oral hygiene and early treatment where necessary.*

### 3. Specific disability issues that impact oral health

People who experience an intellectual disability also have additional risks for developing oral health problems (Pilcher cited in CDHA 2003; Isman & Newton cited in CDHA 2003). This is related to the ability of people with disabilities to undertake competent, regular oral hygiene practice. In addition, some behaviours and conditions may be present in people with a disability that can have a negative effect on oral health (Pilcher cited in CDHA 2003; Isman & Newton cited in CDHA 2003; Mitchell & Wood cited in CDHA 2003; Lawton 2002; Desai et al. 2001). Lack of normal swallowing and eating functions, such as reduced ability to clear food from the mouth, results in food remaining in the mouth and cheeks for long periods of time (Lawton 2002; Desai et al. 2001). Specific issues such as tooth grinding, tube feeding and aspiration pneumonia also greatly affect oral health and oral hygiene practices.

#### 3.1 Tooth grinding

Grinding of the teeth may be seen more frequently in people with an intellectual disability (King 2005). Grinding can lead to tooth wear (King 2005; Lawton 2002), gum disease and potentially tooth loss (King, 2005; Desai et al. 2001).

Maintaining good preventive oral hygiene and care is very important for people who grind their teeth (Tesini cited in Desai et al. 2001). It is important to visit a dental professional for an examination for individuals who excessively grind their teeth.



### 3.2 Tube feeding

***Myth – Clients who are nil by mouth don't need oral health care.***

*Clients who are fed by gastrostomy tubes, even if they do not ingest food or drink orally, have an increased risk of dental and gum disease. This is because natural cleaning mechanisms from chewing and associated saliva are absent. Tooth brushing is essential for maintaining these clients' natural teeth and healthy gums.*

Tube feeding, or Percutaneous Endoscopic Gastrostomy (PEG), allows food and fluids to be directly delivered to the stomach to increase a person's level of nutrition (Hemsley 2002). Tube feeding is often required for people with neurological disorders such as dementia and swallowing problems, due to the inability to take in food by mouth (Pearson & Chalmers 2004). People fed by tube are often dependent on a carer for oral health care and are at risk of increased plaque accumulation, decayed teeth, poor overall oral health conditions and the development of aspiration pneumonia (Pearson & Chalmers 2004; Dymont & Casas 1999).

It is important that caregivers are able to maintain the resident's daily oral hygiene routine when they are not able to do it themselves. Regular dental visits are recommended to prevent oral disease and allow individual needs and appropriate oral hygiene techniques to be determined. The use of suctioning and suction toothbrushes during oral hygiene procedures is useful for residents fed by tube. It is also still effective to brush teeth without the use of toothpaste – if this is an issue for the resident. Swabbing with a small amount of water is also a good idea to maintain oral hygiene.

Advice from a dental professional is essential in determining an appropriate oral hygiene routine for the resident fed by tube (Dymont & Casas 1999).

#### **What you can do:**

Discuss with a dental professional if it is appropriate to:

- Use a face washer to wipe gums and remove food pocketing, debris or plaque
- Use suction equipment if available for shallow suctioning
- Brush teeth and gums gently without toothpaste and very little fluid.

### 3.3 Aspiration pneumonia

Aspiration pneumonia is an inflammation of the lungs due to the inhalation of food, drinks, plaque, debris or other foreign material. It occurs most often in people who have difficulty swallowing or controlling their gag reflexes. The gag reflex prevents foreign material from entering the lungs and causing infection.

Higher rates of aspiration pneumonia have been reported to occur in adults who live in residential care and have poor oral hygiene (Shay cited in Pearson & Chalmers 2004; Terpenning cited in Pearson & Chalmers 2004). Plaque build-up (Yamaya et al. cited in Connell et al. 2002; Scannapieco & Mylotte cited in Connell et al. 2002), swallowing problems (Yoon and Steele 2007) and dependence with feeding can increase the risk of aspiration pneumonia (Loesche cited in Yoon & Steele 2007; Terpenning et al. cited in Yoon & Steele 2007; Langmore et al. cited in Yoon and Steele 2007). Aspiration pneumonia requires immediate medical treatment. Maintaining good oral hygiene in susceptible residents is an important preventive strategy (Yoon & Steele 2007).

Residents who experience regular bouts of pneumonia, frequent coughing or a gurgly voice after eating or drinking fluids are at very high risk of swallowing problems (dysphagia) and poor nutrition. For those with identified swallowing problems, modified texture foodstuffs, such as puree diets or thickened fluids, can be very unappealing and unappetizing. Consequently, the intake of food and liquids can be poor (DHS 2002).

A speech pathologist can assist a resident with swallowing problems however advice from a dental professional is essential in determining an appropriate oral hygiene routine.

### **3.4 Gastro-oesophageal reflux disorder, rumination, regurgitation**

Gastro-oesophageal reflux disorder (GORD) occurs when the stomach contents including acid move back up into the oesophagus and mouth. Residents with GORD have an increased incidence of dental erosion (tooth wear) due to acid eroding the tooth enamel.

Seek advice from a dental professional who will monitor the erosion; a referral to a gastroenterologist may be indicated if non-occluding surfaces are heavily worn (King 2005).

Rumination is a disorder characterised by the regurgitation of food, followed by the chewing and swallowing of some or all of it. This process can lead to dental erosion of the tooth enamel and should also be monitored by a dental professional.

#### **What you can do:**

- Give plenty of water to drink (water assists with rinsing the acid from the mouth and teeth)
- Monitor the teeth and progression of erosion
- Visit a dental professional if the teeth are sensitive.

## **4. Associated oral health effects and management approaches**

Many of the medications that are commonly taken by people with an intellectual disability have side effects that impact oral health (Ciancio 2004; Stiefel 1990; JBI 2004; Chalmers et al. cited in Pearson & Chalmers 2004; Loesche et al. cited in Pearson & Chalmers 2004; Chalmers cited in Pearson & Chalmers 2004). These include: dry mouth – leading to increased risk in dental decay and gum disease, demineralisation of enamel due to sweeteners added to syrups, and disturbance of the natural oral microflora leading to thrush.

## 4.1 Sugar-based medications

Long-term use of sugar-based medications can also lead to tooth decay and dry mouth.

### What you can do:

- Limit the use of, or find alternatives to, sugar-based medications when appropriate
- Check labels to determine whether a sugar-based medication is being taken
- Discuss medications with the general practitioner, pharmacist or dental professional
- If sugar-based medication is used, encourage rinsing out the mouth with water immediately after taking the medication
- Offer fluids regularly (for example, at medication rounds).

(Source: DHS 2002)

## 4.2 Dry mouth

Dry mouth is a significant side effect of many of the common medications used by people with an intellectual disability. Antidepressants, antipsychotics and sedative medications have been linked to dry mouth and reduced saliva flow (Stiefel 1990; JBI 2004; Chalmers cited in Pearson & Chalmers 2004; Guggenheimer & Moore cited in Ciancio 2004). Dry mouth is problematic because saliva is a great protector of teeth and mouth structures. Saliva helps to maintain a healthy mouth by buffering acids produced by bacteria, and replenishing lost minerals from enamel (Yoon & Steele 2007). Without adequate saliva, the risk of oral health problems such as decay (Papas et al. cited in Ciancio 2004; Beck et al. cited in Ciancio 2004) and gum disease increases substantially (Stiefel 1990; Yoon & Steele 2007; DHS 2002).

### What to look for:

- Tissues parched and red or dry and sticky tissue
- Very little or no saliva
- Thick ropy saliva
- Individual reports of a dry mouth
- Difficulty in swallowing and chewing.

(Descriptors sourced from Chalmers et al. 2005)



**What you can do:**

- Increase water intake before/after medication rounds
- Use water sprays and bottles throughout the day
- Use dry mouth products – Biotene oral balance gels and toothpastes can be rubbed on teeth, dentures and inside mouth (see products section below for more detail)
- Saliva stimulation – sucking on sugar-free lollies or sugar-free gum (if appropriate)
- Eating smaller meals more frequently to increase saliva flow
- Monitor medications – discourage sugar-based medications
- Avoid acidic foods and drinks such as tomatoes, oranges, lemons, kiwi fruit, pineapple, soft drinks and juices
- Butter or olive oil are often useful options to relieve dry mouth symptoms
- Visit a dental professional if problems persist.

(Adapted from Hulisz 2005; DHS 2002)

***Myth – Dry mouth is always age-related.***

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*Dry mouth may occur at any age, especially in response to long-term use of some medications, radiotherapy to the head and neck, and chemotherapy.*

**Products for dry mouth**

We have already discussed the causes, signs and basic management of dry mouth. The types of products that are used for relief of dry mouth are called 'saliva substitutes'. These products can be used before meals or when the resident reports a dry mouth (Chalmers & Pearson 2005). Below are some additional products that can be helpful in managing dry mouth.

<b>Products</b>	<b>Where to find</b>	<b>Uses</b>
Biotene Oral Balance Gel	Pharmacy, dentist	Very helpful in relieving itching, burning, pain and swallowing difficulties associated with dry mouth. Works under dentures to help with retention. Can provide relief of dry mouth for up to eight hours.
Biotene Dry Mouth Toothpaste	Pharmacy	Helps to kill bacteria, reduces inflammation and tooth sensitivity for patients with dry mouth.
Biotene Chewing Gum	Pharmacy	Stimulates saliva flow in dry mouth sufferers, fights bad breath and protects teeth between brushing. Will not stick to dentures.

### 4.3 Oral thrush

Oral thrush is a fungal infection that can be caused by a number of medications such as some antibiotics and steroids (e.g. asthma preventers) (Hulisz 2005). In addition, poor oral hygiene and wearing dentures for long periods can cause oral thrush (DHS 2002). Dentures should be brushed clean and placed in a glass of water at night, and should never be worn while sleeping.

#### What it looks like:

- Creamy, milky-white patches on tongue and inside mouth, or present as a red swollen patch on the oral mucosa (especially under dentures)
- Can be scraped off with gauze, leaving painful, raw, red, ulcerated surface exposed
- Can develop on dentures; forming a foul smelling, cottage cheese-like substance.

(Adapted from Hulisz 2005)

#### What you can do:

- Visit your dental professional for medication – an anti-fungal gel or cream will be prescribed
- Use a spacer with asthma inhalers
- Rinse mouth with water after use of asthma inhaler
- Dentures should be removed every night, brushed well, then placed in water overnight
- Promote good oral hygiene to prevent oral thrush.

(Adapted from Hulisz 2005; DHS 2002)

### Managing oral thrush

A visit to your dentist is essential once oral thrush has developed in the mouth. In managing the condition, an anti-fungal medication will be prescribed. This treatment consists of an anti-fungal cream or gel usually containing nystatin.

If oral thrush has developed on dentures, the dentist will treat the infection on the dentures as well as in the mouth. Dentures will be soaked in an anti-fungal treatment overnight and then resurfaced.

### 4.4 Enlarged gums

Gingival Hyperplasia, referred to as enlarged gums, can be a side effect of medications such as anticonvulsants (used in epilepsy) and immune system suppressants (used during organ transplant procedures). (Hulisz 2005; Ciancio 2004)

### What to look for:

Red, inflamed/swollen gums that:

- Can be severe enough to completely cover teeth
- Can be quite painful when gums are traumatised.



### What you can do:

- Visit a dental professional for treatment
- Discuss medications with the general practitioner who may be able to suggest alternatives that do not cause gum enlargement
- Maintain excellent oral hygiene to help prevent enlarged gums.

(Adapted from Hulisz 2005; Ciancio, 2004)

### Managing enlarged gums

If the gums are red or inflamed, a continued, regular oral hygiene routine is essential in managing this condition. If the oral health care routine does not seem to minimise the condition, it is important to visit a dental professional. Once enlarged gums are developed and symptoms cannot be minimised, the only treatment is surgery.

## 5. Role of support staff

Support staff can play a vital role in supporting residents to maintain their oral health. This extends beyond basic oral hygiene and can incorporate a much wider range of preventive strategies (Pearson & Chalmers 2004).

Such preventive strategies can include:

- Regular use of fluorides on natural teeth. This includes fluoridated tap water and toothpastes
- Providing regular reminders to residents and assisting with preventive oral hygiene care
- Monitoring and reducing sugar intake for people with natural teeth, including identification and use of sugar-free alternatives in food, drink and medications
- Regular dental examinations with dental professionals who understand and are experienced in caring for people with a disability.

## 6. Individualising oral health care

### 6.1 Oral health assessment

The oral health assessment and care plan (see Appendix A) can be a valuable tool to support residents. It is a particularly important strategy when they do not have the capacity to monitor and assess their own oral health (Pearson & Chalmers 2004). These assessments do not replace the importance of regular visits to a dental professional (Pearson & Chalmers 2004), but they provide a simple and useful method of determining the resident's oral health status and any existing conditions that may need managing.

Oral assessments can successfully be carried out by residential care staff (including nurses and personal care attendants) to:

- Monitor their resident's oral health and evaluate oral hygiene care interventions using the Oral Health Assessment and Care Plan
- Initiate a dental visit when required
- Assist with residents' individual oral hygiene care planning (especially when attendance of dental professionals at the facility is limited or costly), and
- Triage and prioritise residents' dental needs' (Chalmers & Pearson 2005, p. 414).

### 6.2 Oral health care plan

An individualised oral health care plan should be developed for each resident in consultation with them, their family, carers and other professional staff such as the local dentist (British Society for Disability and Oral Health 2004). Every resident is an individual with different needs, skills, abilities and preferences so a 'one size fits all' approach will not be appropriate. The oral health of an individual is not the sole responsibility of one person but the whole team supporting the client. This team needs to work closely and in collaboration with the resident to ensure an effective and successful oral health program. The oral health care plan should be reviewed periodically, perhaps annually, to reflect any changes in the needs of residents.

For these reasons an individually tailored care plan needs to reflect:

- Residents' abilities to participate in their oral care routine, for example, what can they do for themselves?
- Environmental set-up (including tools and product, positioning and physical set-up of environment)
- Timing and daily routine
- Communication approaches
- Specific management approaches (to overcome behaviour and cognitive issues).

(Adapted from Connell et al. 2002; Pearson & Chalmers 2004)

Following a clearly documented care plan will help to ensure consistency when multiple carers are responsible for a resident's oral care. It is also a valuable resource for staff to communicate strategies that have been effective in supporting an individual in their oral hygiene routine.

## 7. Residents' abilities and support needs

As a first step, it is important to identify which parts of the oral hygiene routine a resident can do without help. This will help to give a clear guide as to which parts of the routine staff will need to provide assistance with. An occupational therapist can assist in analysing the task and providing valuable support and advice to promote a resident's independence with their oral hygiene (Yoon & Steele 2007). This is an important step in developing an accurate care plan for the resident.

### 7.1 Environment and set-up

Although typically oral hygiene is performed in a bathroom, this is not a necessity. Consider whether another room (e.g. a resident's bedroom) might work better. Ideally, care needs to be completed in an environment where the resident is as relaxed and comfortable as possible. If appropriate, seat the client in a comfortable chair such as their favourite lounge chair (Chalmers cited in Pearson & Chalmers 2004). Ensure the resident is in a position that allows them to relax their mouth and jaws but remain relatively upright.

Depending on a resident's individual needs consider other environmental factors such as noise, distraction and lighting. For some residents it may be important to complete oral care in a quiet space free of distraction (JBI 2004). This may be as simple as shutting the door (Connell et al. 2002). Avoid harsh lighting that is glaring. Consider a level of lighting that is adequate for the task but has a more relaxing quality (e.g. lamp).

#### Practical ideas:

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- Consider introducing relaxation activities (such as aromatherapy (Lawton 2002) or massage, if appropriate) before starting the oral health program to calm and relax the resident
- Put up reminders to complete oral hygiene (use photos, brushing charts etc. as appropriate (Connell et al. 2002)
- Involve residents in choosing their own type and colour of toothbrush and paste (as appropriate)
- Lay out the oral hygiene aids in an order that enhances a resident's independence (Connell et al. 2002)
- Have a portable mirror so that the resident can see themselves during the oral hygiene routine in any location (Connell et al. 2002)
- Play some calming and familiar music that the resident enjoys (Lawton 2002; Connell et al. 2002; Chalmers 2004).



## 7.2 Timing and routine

It is also important to consider the best time to successfully complete a resident's oral hygiene routine. Again, it is important to get to know each resident individually to determine which times are likely to work, and communicate this in their care plan. For many residents, routine will be important and it will constitute best practice to complete the oral care routine at the same time and place each day (JBI 2004). While it is ideal to complete oral care after meals and before bed it may not always be possible to achieve this. What needs to be identified is a suitable time when the resident is relaxed and settled and when staff have time to assist with their oral hygiene (Chalmers cited in Pearson & Chalmers 2004). Scheduling adequate staff time to assist with oral care is important as some residents may benefit from more time (Lawton 2002) that includes rest breaks (Chalmers cited in Pearson & Chalmers 2004). For some residents having a second assistant available will be valuable (JBI 2004).

### Practical ideas:

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- It may be best to avoid the time when other personal care tasks are being completed (JBI 2004)
- For residents with a memory book, diary or timetable, ensure that oral hygiene is included in their daily schedule.

## 8. Communicating with residents with special needs

Effective communication is one of the key aspects of delivering oral health care to people with a disability. If individuals are able to gain an understanding of the reasons behind improving oral health routines, together with the consequences of poor oral health care practices, they are more likely to change their oral hygiene behaviour (Christensen 2005).

The communication of oral health messages should occur at a level of understanding appropriate to the individual. These messages should also be delivered in an appropriate manner, i.e. never rushed or in an aggressive tone but rather, calmly and at a relaxed pace. A gentle style of communication, using both verbal and non-verbal cues (such as written, visual and touch), may assist the client to relax if they are feeling anxious about the situation (Chalmers cited in Pearson & Chalmers 2004).

Using short simple sentences to explain the importance of oral health care will assist your client to understand the importance of the activity you will undertake together, such as brushing teeth. Breaking down the activity into step-by-step instructions, directions and demonstrations, may assist your client to feel more comfortable during the activity. Depending on the individual, repeating instructions calmly may also be of benefit. As always, effective communication is more likely if both parties feel understood. It is important to develop a rapport, and to be aware of individual differences such as preferred communication style, language use, and preference for the presence or absence of conversation during the activity (Chalmers cited in Pearson & Chalmers 2004).

### **Some helpful tips for effective communication**

- Begin each conversation by using the resident's name and introducing yourself in a friendly manner
- Always use simple sentences
- Try to avoid asking too many questions
- Always speak clearly and calmly
- Ask one question at a time, and allow time for the answer
- If needed, repeat your question
- Stand in front of, or beside, your client
- Don't speak when you are behind them
- Maintain eye contact
- Move slowly and calmly
- Be aware of your non-verbal communication, and use it to connect with your client
- Provide caring, nurturing cues
- Smile and use gentle touch
- Use praise and positive reinforcement
- Maintain patience and reassurance
- Engage your client in the activity.

Adapted from Chalmers (cited in Pearson & Chalmers 2004)

### **8.1 Differences in individuals' behaviour**

The skills and strategies used by carers when working with people with a disability can have an enormous impact on the success of oral hygiene sessions and the uptake of oral health routines by individuals. Some residents may be 'easy' to work with, while others may be more difficult (DHS 2002).

Behaviours that may impede carers in assisting residents with oral health care may include, but are not limited to (JBI 2004):

- Refusal to partake in oral health care – such as refusing to open the mouth
- Biting the toothbrush
- Being unable to rinse or participate in brushing
- Resistance to participate given a lack of understanding of the reasons behind intervention
- Aggression (which may be caused by anxiety/fear/uncertainty).

Some useful management strategies are outlined in the table below.

Technique	Application of approaches during the oral hygiene routine
<b>Rescuing</b>	A carer is unable to remove the resident's dentures. A second carer enters a situation and tells the first carer to leave so the second carer can 'help' his or her friend, the resident.
<b>Distracting</b>	A rummage box or busy apron/cushion/board (with a familiar theme) is used to occupy the active hands of a resident during the oral hygiene routine. The use of singing, music, holding items, gentle touch and talking can also be used to distract the resident.
<b>Bridging</b>	The resident holds a toothbrush while the carer uses a backward-bent toothbrush to assist in breaking peri-oral muscle spasms to gain access to the mouth. To improve sensory connection and task focus have the resident hold the same object as the carer while the carer carries out an activity.
<b>Hand-over-hand</b>	The carer places the lower denture in the resident's hands then places his/her hand over the resident's to guide the lower denture back into the mouth.
<b>Chaining</b>	A carer starts the oral hygiene routine by placing the toothpaste on the toothbrush and placing it in the resident's hands. The resident then completes the task by brushing his/her teeth.

(Table adapted from Kovach cited in Chalmers 2000).

## 8.2 Dealing with refusal to open the mouth

<p><b>Practical ideas:</b></p> <hr/> <ul style="list-style-type: none"> <li>▪ Conduct the oral health procedure in a positive and friendly manner and safe environment</li> <li>▪ Time the procedure to suit the resident – decide when they are likely to be most cooperative</li> <li>▪ Maintain a consistent daily oral hygiene routine so the resident can get used to the routine</li> <li>▪ Stand behind the resident to be less invasive and to allow carer control to be maintained</li> <li>▪ Use two toothbrushes – one to hold the mouth open and one to brush the teeth</li> <li>▪ There may be a reason why the resident does not want to open their mouth, whether it be persistent pain or holding something in the mouth</li> <li>▪ Brushing the teeth and completing a regular oral hygiene routine will also encourage the healing of potential oral health problems</li> <li>▪ Where a problem such as bleeding gums is evident, it is very important to continue the oral hygiene procedure. Visit a dental professional if problems persist or do not disappear after a few weeks.</li> </ul>
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### 8.3 Residents with fear and anxiety issues

If a resident feels they understand the oral health related activity before you assist, they are more likely to feel comfortable and their levels of anxiety and fear may be reduced.

If your client appears anxious, consider the following suggestions ideas.

#### Practical ideas:

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- After introducing yourself in a friendly manner, let the resident know about the oral hygiene activity you will be helping them with. Use clear communication strategies (as outlined earlier)
- Explain what you are doing, and show them the tools you will be using. Invite the resident to look at, touch and pick up the toothbrush to familiarise themselves with the feel of the bristles against their skin, or around their mouth
- Invite the resident to assist you in the activity, and give them clear step by step instructions as to how they can achieve this
- If they are not able to assist you physically with the activity, ensure that you continue to engage them in communication (verbal or non-verbal) during the activity, and make sure you talk them through each step of the process
- Make sure you do not present in a rushed manner. If you are calm, courteous, and spend some time building a rapport with your resident, they will be more likely to relax and feel in control.

(Adapted from Chalmers, cited in Pearson & Chalmers 2004)

## 9. Oral hygiene practice

Regular oral hygiene consisting of thorough tooth brushing and cleaning between teeth (using dental floss, interproximal brushes or other aids) at least once each day is the most effective way to remove plaque and prevent oral disease. Professional cleaning is required to remove the build-up of calculus (hardened plaque) also known as tartar (Hopcraft, personal communication 2008).

Effective tooth brushing is important because it is the brushing process that removes plaque; however tooth brushing alone is not effective at removing plaque from between teeth (DHS 2002). Instructing and motivating a person in oral hygiene, together with regular visits to a dental practice with professional feedback and reinforcement, seems to be the most successful approach to preventing relapse and disease progression. (Loe cited in DHS 2002)

The information in this section includes practical oral care advice. It includes tips on cleaning teeth and dentures, together with advice about aids to undertake these tasks.

## 9.1 Basic oral hygiene products

### What you will need:

- Toothbrush
- Toothpaste
- Flossing instrument.

The most basic tools for oral hygiene usually include a toothbrush, fluoridated toothpaste and dental floss, or another tool for cleaning between teeth. It is also important that the carer wears new disposable gloves (DHS 2002). Again, as part of individualising care for residents it will be important to identify which tools are most appropriate. This will often require support and advice from relevant health professionals such as a dental professional or occupational therapist, and may also include more specialised products. Both standard and electric toothbrushes can be equally as effective for cleaning teeth (Day et al. cited in Pearson & Chalmers 2004).

### Standard toothbrushes

A toothbrush with a small head and soft bristles is best for natural teeth – often children’s toothbrushes are best for comfort and access. This type of toothbrush can be easily modified to suit an individual’s needs. Small adaptations can enhance a resident’s independence when brushing teeth. For instance a larger grip on the toothbrush handle can be effective for residents who experience difficulties (JBI 2004). Alternatively, changing the angle of the toothbrush handle may improve independence or ease of oral hygiene care (Chalmers et al. 2005; Chalmers cited in Chalmers 2003).

### Practical ideas:

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- The angle of a toothbrush can be changed by gently manipulating the head of the toothbrush
- Immersing the toothbrush in hot water may assist in achieving the required ‘bend’.

### Electric toothbrushes

Electric toothbrushes are potentially a good option to consider. When used by carers, they have been shown to be beneficial (Kambhu; Day et al; Carr et al; Blahut all cited in Pearson and Chalmers 2004). Electric toothbrushes can be useful for residents with fine motor issues and can assist in maintaining independence. However, electric toothbrushes will not be appropriate for all residents due to the noise and vibration issues (Chalmers & Pearson 2005). For these reasons it will be important to assess at an individual level whether a resident prefers a standard or electric toothbrush (Chalmers & Pearson 2005).

### Flossing instrument

There are a range of flossing products available at supermarkets and pharmacists. Using standard floss may not be appropriate given the difficulty and potential safety hazards when flossing back teeth. It is important not to place your hands inside a resident’s mouth for safety reasons. Flossing handles or flossettes may be an option that aids the carer when flossing a resident’s teeth. These are available from supermarkets. Use dental floss, electric flosser, interproximal brushes (Hopcraft 2008), floss holders or ‘Interdens’ to clean between teeth. Do

not use wooden toothpicks as they can damage sensitive gum tissue between the teeth. Interdents should only be used when receding gums are present. It is most important to determine which flossing product is most effective and easy to use in each situation.

### **Toothpaste**

There are many different types of generic toothpaste available today. Fluoride toothpastes are recommended (JBI 2004). Toothpaste is not essential if the taste is difficult for the client to tolerate. Use low foaming toothpaste where possible, for example Biotene toothpaste. Tooth cleaning gels are sometimes a better option than paste.

#### **Practical ideas:**

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- Encourage the resident to choose their own toothbrush (colour, type and brand)
- Try a range of toothpastes to find the one the resident likes best
- If trialling an electric toothbrush do so in a careful and controlled way that is in line with the resident's comfort level and at their own pace
- Try a number of different flossing products to determine which is most useful, and easiest to use, for the resident.

## **10. Brushing someone else's teeth**

The way you brush your own teeth is unlikely to be appropriate when brushing a client's teeth:

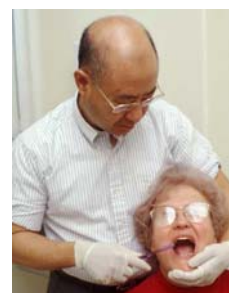
- Force must not be used on any resident who does not wish to have their teeth cleaned
- Never place your fingers between the teeth of a resident
- A modified method of cleaning teeth is acceptable if it removes plaque and does not damage teeth or gums.

#### **Equipment you will need:**

- Disposable gloves should be worn at all times – use a new pair of gloves for each procedure/patient
- Appropriate toothbrush (discussed earlier)
- Use as little toothpaste as possible – a small, pea-sized amount smeared on the toothbrush
- Cup of fresh water
- Towel
- Hand basin or appropriate dish
- Hand towel to be placed across client's chest to protect clothing.

### Before you start cleaning:

- Read the resident's care plan and history to familiarise yourself with them (Chalmers cited in Pearson & Chalmers 2004) and to be aware of any new changes to the care plan
- Explain what is going to happen. Talk through what you are doing and show the client what tools you are going to use. Using pictures and videos may be useful
- Let them familiarise themselves with the feel of the toothbrush on their hand or around the mouth before the routine starts
- Try to ensure the resident is in a position that allows them to relax their mouth and jaws but also remain relatively upright
- Make sure you position yourself so the resident can see you and be as close to their level as possible (Chalmers cited in Pearson & Chalmers 2004). Using a mirror can help both yourself and the resident
- Wrap a flannel/hand towel around the handle of the toothbrush to assist grip
- Assist the client from behind, either side or in front. This is dependent on the position of the resident and the need to support them and communicate
- Assistance is sometimes necessary to keep the head in a comfortable position, as in the photo on the right.
- Residents who pocket food in their cheeks or accumulate a lot of oral debris will need to have this removed prior to brushing. Gauze, swabs or a toothbrush can be used.



### Practical techniques and tips for cleaning teeth:

- Don't ask the client to open their mouth in the first instance. Instead, ask them to relax their lips and cheeks. The hand that is not holding the brush may be used to gently lift back the lips and cheeks to access the areas along the gum line. A second brush may be used for this purpose. A bite block or a bent-back toothbrush handle may be used for the client to bite on while the inside of the teeth are brushed
- A cooperative client can be asked to open and close their mouth during the procedure as the carer moves around the mouth with the brush. Having a wide open mouth throughout the whole procedure is not conducive to accessing many areas of the mouth
- Introduce the brush at the corner of the mouth with mouth closed or slightly open
- Work from the front of the mouth to the back, working on one or two teeth at a time
- Place the bristles of the toothbrush on the part of the tooth where the gums and teeth meet and brush all surfaces using a gentle, thorough and methodical approach



- Observe carefully and move around the mouth slowly, one tooth at a time, to improve client comfort. You may need to stop at times to allow the client to rest and relax before starting again
- Clean the mouth including gums and teeth, as well as removing food tucked under the tongue or deposited inside cheeks
- Gums often bleed if they haven't been properly cleaned – don't avoid brushing if you notice bleeding, check that the bristles are soft, and brush teeth and gums in the same circular movements making sure that you massage the gums with the bristle of the toothbrush
- Excessive horizontal brushing is not recommended
- Be aware of any loose teeth and brush with care
- It is not necessary for the client to spit or rinse – sometimes it is better to leave the toothpaste in the mouth. Alternatively, if it is safe to do so, the resident can drink a glass of water following the routine
- Finally, replace any partial dentures and dry the lips and chin.



*Backward bent toothbrush*



*Suction toothbrush*

### 10.1 Using an electric toothbrush

Read the instruction leaflet before use. Electric toothbrushes are useful for older people if they are available, but remember to be gentle on the gums. In general:

- Smear a pea-sized amount of toothpaste on the brush head
- Guide the brush head to the junction where the teeth and gums meet before switching it on
- Gently guide the brush head slowly from tooth to tooth, following the curve of the gum and the shape of each tooth, as shown, before proceeding to the next tooth
- Guide the brush head over the gums but do not press too hard or scrub them
- Let the brush do the work
- Refer to the leaflet within the toothbrush packaging for specific cleaning directions.



## Practical ideas

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- Let the resident hold the electric toothbrush, which is turned off
- The carer holds the toothbrush while it is turned on, so they can hear the noise it makes
- Once the resident is comfortable, get them to hold the toothbrush while it's turned on
- Let the resident feel the brush on their arm or in their palm, so they can get used to the vibration and sensation
- Do not use the toothbrush near the mouth until the client is entirely comfortable with the noise and vibration
- Let the resident feel the sensation of the toothbrush on the outer cheek, using the back of the toothbrush, before it is introduced into the mouth
- Some residents may not be comfortable with the electric toothbrush, and a standard toothbrush may be more appropriate.

## ***Myth – If the gums bleed, it is better not to brush the teeth.***

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*Bleeding gums are a sign that they are inflamed and unhealthy. This is because plaque and food by-products accumulate around the teeth and cause inflammation, and the gums will continue to bleed until the inflammation is resolved. Brushing the teeth with a soft toothbrush using the correct technique removes the plaque and helps the gums recover until bleeding reduces and finally stops.*

## ***Myth – The harder you brush, the cleaner your teeth are.***

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Teeth do not need to be scrubbed excessively. Gentle brushing with a soft toothbrush will clean teeth more effectively than aggressive brushing, which damages the gums and outer layer of the teeth and increases sensitivity.

## 11. Denture care

Residents who wear dentures are still susceptible to decay and gum disease (Chalmers & Pearson 2005). Maintaining oral hygiene standards is very important for denture wearers to ensure good oral and general health.

### General advice:

- Dentures should be clearly and permanently labelled with the owner's name (DHS 2002; Chalmers & Pearson 2005). This can happen at the point of manufacture or by a dental technician. Marker pens and denture labelling kits are also available for this purpose
- Ideally, dentures should be removed at night and cleaned (JBI 2004). Removal of dentures allows the mouth to rest and prevents fungal infection (such as thrush)
- Dentures should be stored in a labelled container of cold water in a safe, accessible place
- Check the resident's mouth for ulceration, ill-fitting dentures or food debris
- Seek advice from dental professionals about how to remove individual resident's partial metal dentures
- If denture(s) breaks or clasp(s) are damaged, do not glue together or bend or modify clasp(s) – contact the dental provider
- Regularly replace denture storage cases or ensure they are sterilised/cleaned regularly using warm soapy water (Chalmers & Pearson 2005).

### Equipment you will need:

- A denture brush is best for cleaning dentures (Hopcraft, personal communication 2008)
- Use mild soap and water to clean the dentures – denture pastes and toothpastes are too abrasive
- Do not use hot water, detergents, abrasives, bleaches, methylated sprits (or antiseptics unless instructed).

### Before you get started:

- Where possible ask the resident to remove their own dentures from their mouth in preparation for cleaning
- Half fill a basin of water or place a hand towel in the basin in preparation for denture cleaning. This will prevent the denture from being damaged if they are dropped in the basin during cleaning.

### How to clean the dentures:

- Clean the dentures over a hand basin half filled with water, or with a soft towel
- Carefully clean the dentures with a denture brush, mild soap and water (Chalmers and Pearson 2005; DHS 2002)
- A small amount of white vinegar can also be used to clean the dentures, although they must be rinsed with water immediately after vinegar use to discourage corrosion
- Clean all surfaces of the dentures removing plaque and food debris with the brush
- A double-sided denture brush (available from pharmacies) enables thorough denture cleaning – one side of the brush can be used for denture teeth and the other on the part which attaches to the gums
- Store dentures in a container of water overnight.



#### ***Myth – Toothpaste should be used for cleaning dentures.***

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*Toothpaste is too abrasive for cleaning dentures. Mild soap or a specialised denture paste should be used (King 1993).*

#### ***Myth – Denture wearers do not need routine oral health examinations by a dentist.***

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*As the mouth may slowly alter its shape and dentures wear, dentures need to be adjusted and corrected. They may need replacing after six to eight years depending on the individual's mouth.*

## **12. Other products for oral health management**

It is always valuable and important to talk to a dental professional with respect to any specialised oral care products. They will be able to provide valuable advice about products that would be safe and appropriate for an individual resident.

### **Fluoride products**

Fluoride protects teeth from dental decay and works directly on the surface of the teeth (Chalmers cited in Pearson & Chalmers 2004). The beneficial effects of fluoride on teeth continue throughout life. Low levels of fluoride in the mouth inhibits softening of the teeth and assists hardening of tooth enamel, thus helping prevent tooth decay (Wyatt et al. cited in Pearson & Chalmers 2004).

Using toothpaste that contains fluoride is effective in reducing tooth decay for people of all ages. Fluoride toothpaste should be used twice daily with a minimum amount of water used to rinse the mouth after brushing. This is especially important in areas that do not have fluoridated water supplies. Fluoride gels are useful for individuals at risk of tooth decay, although they must be applied by a dental professional (Clarkson & McLoughlin cited in DHS 2002).

<b>Products</b>	<b>Where to find</b>	<b>Uses</b>
Regular toothpaste e.g. Colgate Total, Macleans Protect (1000ppm)	Supermarkets, pharmacy	Protects teeth and gums against bacteria and the formation of holes.
Toothpaste for sensitive teeth e.g. Sensodyne (1000ppm)	Supermarkets, pharmacy	Contains special ingredients which protect teeth and help relieve sensitivity.
Colgate NeutraFluor 5000 Plus (5000ppm)	Pharmacy	Strongest available toothpaste with extra fluoride for those who are more prone to tooth decay.

***Myth – Fluoride is of no value as people get older.***

*Fluoride continues to be effective in preventing and assisting in the repair of dental decay at any age.*

### **Mouthwashes**

Mouthwash can assist in cleaning the mouth but it is not a substitute for tooth brushing. Most supermarket mouthwashes contain alcohol and are not usually appropriate for residents because they cause dryness. Using recommended mouthwashes may not be an alternative if the resident cannot rinse their mouth. A client may need to be taught how to rinse.

### **Antimicrobials**

Special products containing the ingredient chlorhexidine help reduce the growth of oral bacteria which cause tooth decay and gum disease (JBI 2004). It is important to consult with a dental professional prior to using antimicrobial products containing chlorhexidine such as mouth rinses (Fourrier et al. cited in Yoon & Steele; Winkel et al. cited in Yoon & Steele 2007). Antimicrobials may be used in instances of gum infection, mouth ulcers or infection after tooth extraction.

Fluoride and chlorhexidine products cannot be used at the same time – there will be no benefits from the oral health care routine. A fluoride toothpaste is recommended in the morning and an antimicrobial product (such as Colgate Savacol) in the evening.

Products	Where to find	Uses
Colgate Savacol mouth rinse	Pharmacy	Controls plaque and gum inflammation where maintaining good oral hygiene is difficult. DO NOT use after brushing teeth with a fluoride toothpaste. Use mouth rinse on its own – contains alcohol and chlorhexidine.
Curasept mouth rinse, gel and toothpaste	Pharmacy	Alcohol-free, non-staining products that inhibit plaque and prevent caries. Choose from a mouth rinse, gel or toothpaste. Not to be used with fluoride products – contains chlorhexidine.

### Tooth mousse

GC Tooth Mousse is a crème which is an excellent source of fluoride and Recaldent, both of which strengthen, protect and desensitise teeth for those patients at high risk of tooth decay. GC Tooth Mousse also restores the mineral balance caused by salivary deficiencies, or dry mouth. This product is only available through dental professionals.

Product	Where to Find	Uses
GC Tooth Mousse	Only available through dentists	Provides extra protection for teeth, and restores mineral imbalance to protect from decay.

## 13. Accessing professional dental health care

Regular dental visits are essential for everyone. They are important to assist in early detection of dental problems. Residents should visit the dentist for a regular check and professional teeth clean (JBI 2004).

***Myth – You should only see a dentist when in pain.***

*Some oral health conditions may not be painful or may only become painful after an extended period. Regular oral examinations are important to assist in early detection and early intervention of oral health problems.*

### 13.1 Working with local dental professionals

It is important to familiarise yourself with the local dental professionals (public and private) in your area, particularly any who may have experience in treating patients with special needs. Building a relationship with local dental practitioners can be valuable as they are an important contact and support for your resident’s oral health management.

**Some ideas for building relationships with local dental professionals:**

- Establish contact and introduce yourself and the residents in your care
- Visit the practitioner’s surgery and meet the staff
- Where possible, establish a relationship with several practitioners to ensure your residents have some options and can make a choice
- Involve a relative or carer in fostering the relationship of the resident and the dental provider
- Be conscious of the prerogative of individual residents to access private oral health care, including their dental insurance status
- Be aware of the individual resident’s eligibility for public oral health care.

## 14. Public dental services in Victoria

Dental Health Services Victoria (DHSV) provides a range of public oral health care services for Victorians. Information regarding adult and youth services is detailed below.

**Services directory**

Type of service	Who is eligible?	Where is it available?	How much do I pay? *
<b>Youth dental program</b>	Dependants or holders of a health care card aged under 18 or in school Years 9–12.	Community dental clinics across Victoria.	Free to health care cardholders, their dependants and dependants of education maintenance allowance recipients.
<b>General dental care</b> (Non-emergency – such as fillings, etc.)	Victorian health care cardholders and their dependants.	General dental care is available at community agency dental clinics across Victoria.	\$22.50 per visit capped at \$90 for a course of care for health care cardholders.
<b>Emergency dental care</b>	All Victorians are eligible to access emergency care at the Royal Dental Hospital of Melbourne.	The Royal Dental Hospital of Melbourne.	\$22.50 for health care cardholders. \$100 pre-payment for non-health care cardholders, with total cost based on treatment need.

<b>Type of service</b>	<b>Who is eligible?</b>	<b>Where is it available?</b>	<b>How much do I pay? *</b>
<b>Denture care</b>	Victorian health care cardholders and their dependants.	The Royal Dental Hospital of Melbourne; community dental clinics across Victoria.	Up to \$108 for a full (top and bottom) acrylic denture and approx. \$51 for partial dentures.
<b>Specialist care</b> (by referral only)	Victorian health care cardholders and their dependants (by referral only).	The Royal Dental Hospital of Melbourne.	Based on treatment needs to be discussed at your appointment.

(DHSV, 2007)

\*Fees are subject to annual review and may change. Some exemptions may apply; speak to your local service provider for details.

For more information visit [www.dhsv.org.au](http://www.dhsv.org.au) or call the Community Dental Information Line on **1300 360 054**.

### **Specialised services for people with special needs**

The special needs service is part of the Integrated Special Needs Department at the Royal Dental Hospital of Melbourne. It provides dental treatment to people with physical, intellectual and psychological disabilities that require more complex care than can be provided in a general dental community setting.

### **Treatment provided**

The Special Needs Dentistry Unit provides a wide range of treatments including examinations, scaling and cleaning, restorations, extractions and denture work. Both emergency and general dental treatment is provided to eligible patients. Patients are encouraged to seek regular recall, rather than rely on emergency visits to maintain their oral health. The majority of patients will obtain all treatment in the clinic. On occasion, patients will be referred to the Day Surgery Unit if they receive treatment under general anaesthesia, or if other specialist clinics are required.

### **Eligibility**

The special needs dental service is available for people who hold a current government Pensioner Concession Card or Health Care Card.

### **Access**

Access to this service can be obtained by referral. The general dentist would need to complete the 'Specialist Referral Form'. A completed 'Special Needs Application Form for Dental Examination and Treatment' is also required. These can be obtained by contacting: Ph (03) 9341 1261, or mail the request to:  
Special Needs Dentistry Unit  
Royal Dental Hospital of Melbourne  
720 Swanston Street, Carlton, VIC 3053

### **Referral requirement**

Completion of the application form is required. All questions should be completed. Failure to do so will delay processing the application. Make sure your medical practitioner completes all questions on the 'Medical History Form', provides their contact details including medical specialist contacts if applicable, and signs and dates the form. It is advisable to keep a copy of the application form for your own records.

### **Cost of service**

Co-payment fees are applicable for this service. Some exemptions may be applied to patients with a mental illness and/or intellectual disability. If you believe you are eligible for this exemption please discuss with your dentist at the first appointment. A completed 'Co-Payment Exemption Form' accompanied by supporting evidence should be submitted. Once approved, co-payment exemption is applicable for one course of care only.

### **What else you can do**

Besides the activities listed in this manual there are a range of other things you can do that will contribute to improving the oral health of residents in your care. These include:

- Talking to your colleagues to share ideas
- Problem-solve oral health issues
- Volunteer to be the 'Oral Health Champion' at your service
- Attend further professional development and training opportunities when they arise
- Follow-up and read/watch some of the additional resources.

(Adapted from Pearson & Chalmers 2004)



## 15. References

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- British Society for Disability and Oral Health. 2004. *Principles on intervention for people unable to comply with routine dental care*, British Society for Disability and Oral Health.
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## **Other useful resources**

### **Video/DVD**

Chalmers JM 2002, Practical oral care: A video for residential care staff, with accompanying booklet. Adelaide: Alzheimers Association of South Australia.

King P Dental rescue: A guide for carers of the elderly. Accessed <http://www.dentalrescue.com.au/>

### **Websites**

Department of Human Services [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

Dental Health Services Victoria [www.dhsv.org.au](http://www.dhsv.org.au)

## Appendix A: Oral health assessment and care plan

### Oral health assessment forms are designed to:

- Monitor the residents' oral health
- Evaluate oral hygiene care interventions
- Initiate a dental visit when required
- Assist with residents' individual oral hygiene care planning
- Prioritise residents' dental needs.

### Instructions:

Complete the oral health assessment in the week before the person's annual dental review and take to the dental appointment. Document any instructions for additional oral health care in the person's oral health care plan as a result of the annual dental review. Attach the oral health care plan to the person's other health care plans.

Category	Healthy	Unhealthy	Don't know
Daily oral health care	<input type="checkbox"/> Regular daily oral care	<input type="checkbox"/> Regularly refuses/misses daily oral care	<input type="checkbox"/>
Lips	<input type="checkbox"/> Moist	<input type="checkbox"/> Chapped	<input type="checkbox"/>
Tongue	<input type="checkbox"/> Pink <input type="checkbox"/> Moist	<input type="checkbox"/> Red <input type="checkbox"/> Dry	<input type="checkbox"/> <input type="checkbox"/>
Gums	<input type="checkbox"/> Pink <input type="checkbox"/> Firm	<input type="checkbox"/> Red <input type="checkbox"/> Spongy <input type="checkbox"/> Ulceration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Breath	<input type="checkbox"/> Ok	<input type="checkbox"/> Bad	<input type="checkbox"/>
Saliva	<input type="checkbox"/> Plentiful <input type="checkbox"/> Watery	<input type="checkbox"/> Dry <input type="checkbox"/> Sticky/frothy	<input type="checkbox"/> <input type="checkbox"/>
Natural teeth (if applicable)	<input type="checkbox"/> No decay <input type="checkbox"/> No broken teeth <input type="checkbox"/> All firm	<input type="checkbox"/> Decay <input type="checkbox"/> Broken teeth <input type="checkbox"/> Some loose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dentures (if applicable)	<input type="checkbox"/> Intact <input type="checkbox"/> Well fitting	<input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Loose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oral cleanliness	<input type="checkbox"/> No food particles <input type="checkbox"/> No tartar <input type="checkbox"/> Minimal plaque	<input type="checkbox"/> Food particles <input type="checkbox"/> Tartar <input type="checkbox"/> Thick plaque	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Category	Healthy	Unhealthy	Don't know
Dental pain	<input type="checkbox"/> No behavioural signs <input type="checkbox"/> No verbal signs <input type="checkbox"/> No physical signs	<input type="checkbox"/> Behavioural signs <input type="checkbox"/> Verbal signs <input type="checkbox"/> Ulcerations, swelling, decay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Other comments:

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**Appendix B: Oral health care plan**

- Every resident should have a completed oral health care plan.
- Every resident should be assisted to brush their natural teeth (if present), gums and tongue twice daily using a pea-sized amount of fluoride toothpaste.
- If the resident has dentures they are to be removed and cleaned daily.
- The following information describes oral health care specific to this person; include information so that all staff members will know how to support this person to complete oral care each day.

<b>1a. What parts of the oral health care routine can the person do themselves?</b>
<b>1b. What do staff need to do to support the person in regard to their oral health care routine?</b>
<b>2. Environmental set-up: What tools (electric toothbrush, bent toothbrush), positioning (seated or standing), products (low frothing toothpaste, floss, denture cleaning products, products recommended by the dentist) are needed?</b>
<b>3. What timing and daily routine is most effective (preferred time e.g. after meals, before bed, place where the person is relaxed and comfortable e.g. bathroom or bedroom, favourite chair)?</b>
<b>4. What are the best communication approaches?</b>
<b>5. What are the specific management approaches to overcome behaviour and cognitive issues?</b>

## Appendix C: Task breakdown

<b>What you will need:</b> <ul style="list-style-type: none"> <li>▪ Soft toothbrush</li> <li>▪ Fluoride toothpaste</li> <li>▪ Cup for rinsing</li> <li>▪ Bowl (if required)</li> <li>▪ Water</li> <li>▪ Towel</li> </ul>	<b>Can do all parts of the task (independent, needs no help)</b>	<b>Needs assistance with some aspect of tasks (verbal prompts, physical assistance)</b>	<b>Unable to do any part of task by self (full assistance required)</b>
<b>Getting started</b> Gather items for tooth brushing			
Position yourself in front of basin (with mirror) or with bowl in front of you			
Set-up items			
Pick up the toothbrush			
Turn the tap on			
Wet the toothbrush with water			
Turn the tap off			
Remove the cap of the toothpaste			
Squeeze a pea-sized amount of toothpaste onto the bristles of the toothbrush			
Close the toothpaste tube			
Put the toothpaste tube back in its holder			
<b>Brushing top teeth</b> Place the toothbrush on the front tooth of your top teeth where the teeth and gums meet			
Using a circular motion brush the outside surface of the top teeth and gums			
Using a circular motion brush the inside surface of the top teeth and gums			
Brush the biting surface of the top teeth using a back and forth motion			
Remove the toothbrush from the mouth			
Spit out the toothpaste			

<b>Brushing bottom teeth</b>			
Place the toothbrush on the front tooth of your bottom teeth where the teeth and gums meet			
Using a circular motion brush the outside surface of the bottom teeth and gums			
Using a circular motion brush the inside surface of the bottom teeth and gums			
Brush the biting surface of the bottom teeth using a back and forth motion			
Remove the toothbrush from the mouth			
Spit out the toothpaste			
Turn the tap on			
Rinse the toothbrush			
Turn the tap off			
Put the toothbrush back in its holder			
<b>Rinse</b>			
Grasp the cup			
Turn the tap on			
Fill the cup with water			
Turn the tap off			
Rinse your mouth with water			
Spit out the water			
Wipe the mouth with a towel			
Replace the cup in its holder			
<b>Finishing off</b>			
Put the toothbrush, toothpaste and rinsing cup away			
Put the towel away			