



Better Oral Health in Residential Care

Facilitator Portfolio

Education and Training Program

Module 1: Facilitator Portfolio



Government of South Australia
SA Health



Better Oral Health
in Residential Care

Prepared by

Adrienne Lewis, SA Dental Service

Anne Fricker, SA Dental Service

This resource was developed by the Better Oral Health in Residential Care Project which was funded by the Australian Government Department of Social Services (previously Department of Health and Ageing) under the Encouraging Better Practice in Aged Care (EBPAC) Initiative (2008-2009).

The Better Oral Health in Residential Care Project was led by SA Dental Service in collaboration with:

- Australian Research Centre for Population Oral Health, The University of Adelaide
- Department of Human Services, Victoria
- Centre for Oral Health Strategy, NSW
- Kara Centre for the Aged, Baptist Community Services, NSW
- Kyabram and District Health Service –Sheridan, Victoria
- Umooona Aged Care Aboriginal Corporation, Coober Pedy, South Australia
- Tanunda Lutheran Home, South Australia
- Resthaven –Craigmore, South Australia
- Helping Hand –Parafield Gardens, South Australia

Disclaimer

While every effort was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed. In addition, the information in this resource is not intended as a substitute for a health professional's advice in relation to any oral health issues of concern.

ISBN 9780730897897

For more information

South Australian (SA) Dental Service

GPO Box 864

Adelaide, SA 5001

+61 8 8222 8222

Email: sadental@health.sa.gov.au



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Public-11-A1

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Module 1

Good Oral Health is Essential for Healthy Ageing

Module 1 – Competency Outline

Topic

A healthy mouth will improve overall health and wellbeing.
Good oral health is essential for healthy ageing.

Purpose

To inform and raise the profile of oral health and its interaction with general health and wellbeing of residents.

Element of Competency	Performance Criteria
1. Identify why residents are at high risk of poor oral health.	1.1 Describe the factors contributing to the poor oral health of frail and dependent residents.
2. Identify the relationship between oral health and general health and wellbeing.	2.1 Describe the impact of poor oral health on quality of life and general health.
3. Identify common oral health conditions experienced by residents.	3.1 Describe daily checking and reporting to RN of common oral health conditions.
4. Provide oral care to residents with changed behaviour.	4.1 Demonstrate ways to manage changed behaviour. 4.2 Demonstrate how to improve access to the resident's mouth. 4.3 Demonstrate modified oral care techniques.

Module 1 – Session Plan

Module 1: Good Oral Health is Essential for Healthy Ageing

Topic	Resources	Time
Pre education & training quiz • pre-quiz to be completed	Pre education & training quiz	10 min
Introduction Brief overview of Better Oral Health in Residential Care Good oral health is essential for healthy ageing • Facts - why residents are a high risk group • Relationship between oral health and general health and wellbeing. Better Oral Health key processes 1. oral health assessment 2. oral health care plan 3. daily oral hygiene 4. dental treatment Daily oral hygiene • 6 best ways to protect a resident's oral health • Common oral conditions – why daily checks are important • Oral health care and changed behaviours	Computer Projector Screen (or clear wall) Prepared PowerPoint presentation: Module 1 Module 1 Facilitator Notes Module 1 <i>Staff Portfolio</i> Poster 1 (Good oral health is essential for health ageing)	20 min
A guide for carers of the elderly	DVD – <i>Dental Rescue</i> (A guide for carers of the elderly)	25 min
Conclusion – summarise • 4 key processes • 6 best ways to maintain a healthy mouth • Importance of daily checks		5 min
	Total	60 min

PowerPoint Presentation – Facilitator Notes

Slide 1



Better Oral Health in Residential Care

Education and Training Program

Supports Key Process – Daily Oral Hygiene

Room preparation

The participants will need to be sitting as a group for this session.

Ensure there is enough comfortable seating and the participants can easily see the PowerPoint presentation and DVD.

Please give yourself enough time to set up

Make sure you know how to use the computer and projector, particularly note if you need speakers so the participants can hear the DVD.

Test the PowerPoint presentation and the DVD before beginning the session.

Make sure you are very familiar with the content of the PowerPoint presentation, the information in the *Staff Portfolio* and the DVD.

Start Session

Welcome participants.

Distribute pre-quiz for participants to complete. The pre-quiz can be found online.

Distribute *Staff Portfolio* to participants.

Give brief overview of the session – eg. “I will be presenting a PowerPoint presentation introducing Better Oral Health in Residential Care followed by a DVD.”

Better Oral Health in Residential Care

A project under the *Encouraging Better Practice in Aged Care* (EBPAC) Program

Australia's first Nursing Home Oral and Dental Plan

The Better Oral Health in Residential Care Project was funded by the Australian Government Department of Social Services under the Encouraging Better Practice in Aged Care (EBPAC) Program. The project was undertaken in 2008 – 2009.

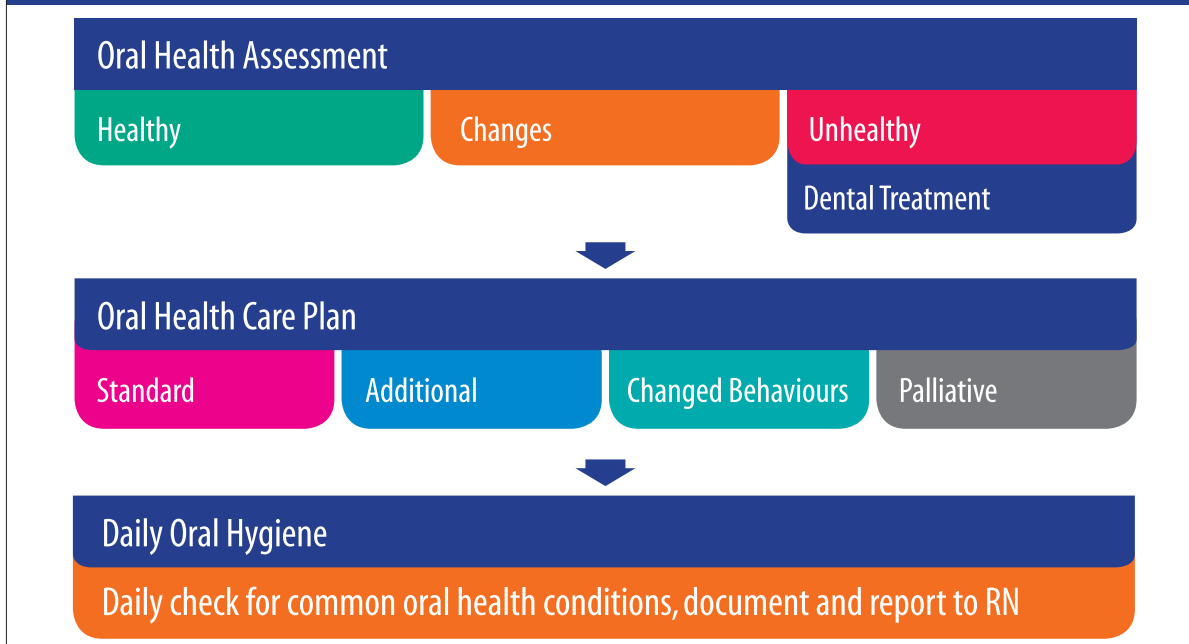
This Project involved a consortium involving 3 public dental providers (SA Dental Service as the lead organisation, Victorian Department of Human Services, Centre for Oral Strategy, NSW Health Department), University of Adelaide Australian Research Centre for Population Oral Health and 6 residential aged care facilities across the 3 states.

The oral hygiene education and training program developed by the Project is being disseminated as the training component of Australia's first Nursing Home Oral and Dental Plan announced by the Minister for Ageing in March 2009.

PowerPoint Presentation – Facilitator Notes

Slide 3

Flow Chart Showing Key Processes



Better Oral Health in Residential Care advocates a team approach to maintain a resident's oral health. GPs, RNs, nurses, and dental professionals having responsibility for one or more key processes.

There are 4 key processes

1. **Oral Health Assessment** – performed by GP or RN on admission, and subsequently on a regular basis and as the need arises (e.g. following an acute incident)
2. **Oral Health Care Plan** – RN develops an oral care plan based on a simple protective oral health care regimen
3. **Daily Oral Hygiene** – Nurses and care workers maintain daily oral hygiene according to the oral care plan
4. **Dental treatment** – dental referrals for a more detailed dental examination and treatment are made on the basis of the oral health assessment. (It is recognised that frail and dependent residents may be best treated at the residential aged care facility).

PowerPoint Presentation – Facilitator Notes

Slide 4

Education and Training Program

- Module 1** Good oral health is essential for healthy ageing
- Module 2** Protect your resident's oral health – daily oral hygiene
- Module 3** It takes a team approach to maintain a healthy mouth

Education and training of staff is important.

It is the **day to day practice of oral hygiene** which is essential in protecting a resident's oral health from deteriorating.

Module 1 Good oral health is essential for healthy ageing - which is today's session – is about setting the scene and describing why it is important to maintain good oral health.

Module 2 Protect your residents' oral health - daily oral hygiene - is about skills development and is a hands-on workshop.

Module 3 It takes a team approach to maintain a healthy mouth – is about reflective practice. This is about working through problems which might occur in day-to-day practice and what you would do about them.

Good Oral Health is essential for Healthy Ageing

Quality of Life

- Bad breath
- Bleeding gums
- Tooth decay
- Self esteem
- Speech
- Ability to eat
- Dental pain
- Changed Behaviour



Impact on General Health

- Aspiration pneumonia
- Heart attack
- Stroke
- Lowered immunity
- Poor diabetic control

This slide is animated

Quality of Life

Before showing the content of this slide, ask the participants what this might include.

Poor oral health will significantly affect a resident's quality of life in many ways:

- bad breath
- bleeding gums, tooth decay and tooth loss
- appearance, self-esteem and social interactions
- speech and swallowing
- ability to eat, nutritional status and weight loss
- pain and discomfort
- change in behaviour.

Impact on General Health

Before showing the content of this, ask the participants what this might include.

Oral integrity is as important as skin integrity in protecting the body against infection.

When this defence barrier is broken because of poor oral health, the bacteria in dental plaque can enter airways and the bloodstream. This can cause infection of tissues far away from the mouth and may contribute to:

- aspiration pneumonia
- heart attack
- stroke
- lowered immunity
- poor diabetic control.

PowerPoint Presentation – Facilitator Notes

Slide 6

The Facts

More aged care residents have their natural teeth.

Many residents take medications that contribute to dry mouth.

The onset of major oral health problems takes place well before an older person moves into residential aged care.

Frail and dependent residents are at high risk of their oral health worsening if their daily oral hygiene is not maintained adequately.

A simple protective oral health care regimen will maintain good oral health.

Why are residents at high risk of poor oral health?

Today more aged care residents have their **natural teeth**.

Many residents take medications that contribute to **dry mouth**.

The onset of **major oral health problems** takes place well before an older person moves into residential aged care.

Frail and dependent residents are at **high risk** of their oral health worsening if their daily oral hygiene is not maintained adequately.

A **simple protective oral health care** regimen will maintain good oral health.

The important message here is that residents are in a high risk group for oral health problems and need to have preventative measures in place to protect their oral health from deteriorating.

PowerPoint Presentation – Facilitator Notes

Slide 7

Oral Health Assessment by GP or RN

Oral Health Assessment Tool

Resident: _____ Completed by: _____ Date: _____

Resident: Independent Needs reminding Needs supervision Needs full assistance

Will not open mouth Coughing or chewing Head lurch down Refuses treatment

Is aggressive Bites Excessive head movement Cannot swallow well

Control oral and diet Will not take dentures out at night

Healthy	Changes	Unhealthy	Dental Referral	Healthy	Changes	Unhealthy	Dental Referral
Lips				Natural Teeth			
<input type="checkbox"/> Smooth, pink, moist	<input type="checkbox"/> Dry, chapped or red at corners	<input type="checkbox"/> Swelling or lump, red, white ulceration, bleeding, ulcerated at corners*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No decay or broken teeth or roots	<input type="checkbox"/> 1-2 decayed or broken teeth/ roots or roots very worn down	<input type="checkbox"/> 4 or more decayed or broken teeth/ roots or roots more than 4 teeth, or very worn down teeth*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tongue				Dentures			
<input type="checkbox"/> Normal pink, moist, adapts quickly	<input type="checkbox"/> Patchy, fissured, red, white	<input type="checkbox"/> Patch that is not typical white (leukoplakia, melanoma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No broken areas or teeth worn regularly and evenly	<input type="checkbox"/> 1 broken area or teeth worn 1-2 hours per day only or not method	<input type="checkbox"/> 2 broken areas or teeth, denture missing, not adjusted, or not named*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gums and Oral Tissue				Oral Cleanliness			
<input type="checkbox"/> Gums pink, smooth, no bleeding	<input type="checkbox"/> Dry, shiny, rough, and swollen, some sore above and below dentures	<input type="checkbox"/> Swollen, bleeding, white, yellow and patches, generalized redness, white patches under dentures*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clean and no food particles or tartar in mouth or on dentures	<input type="checkbox"/> Food, tartar, plaque 1-2 areas of mouth, or on small areas of dentures	<input type="checkbox"/> Food particles, tartar, plaque recent areas of mouth, or on most of dentures*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saliva				Dental Pain			
<input type="checkbox"/> Minor drool, watery and free flowing	<input type="checkbox"/> Dry, sticky, thick, sticky saliva present, resident drools, they have a dry mouth	<input type="checkbox"/> Throat pain and red, very little or no saliva present, general redness, thick, residents drool, they have a dry mouth*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No behavioral, verbal or physical signs of dental pain	<input type="checkbox"/> Verbal &/or behavioral signs of pain such as grinding or face chewing	<input type="checkbox"/> Physical pain signs (swelling of cheek or gum, broken teeth, ulcers) as well as verbal, facial or behavioral signs (grimacing, moaning, aggression)	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Unhealthy signs usually indicate referral to a dentist is necessary

Assessor Comments: _____

This is an example of Oral Health Assessment form. You may see this form in the residents’ notes.

An **Oral Health Assessment** should be performed by GP or RN on admission, and subsequently on a regular basis and as the need arises (e.g. following an acute incident).

8 categories of oral health are checked – lips, tongue, gums and soft tissues, saliva, natural teeth, dentures, oral cleanliness and dental pain.

Each category is assessed as being healthy, changes or unhealthy. An unhealthy assessment generally would indicate the resident should be seen by a dentist.

Standard Protective Care

Six of the best ways to maintain a healthy mouth

Brush morning
and night



High fluoride
toothpaste
on teeth



Soft toothbrush
on gums, tongue
& teeth



Antibacterial
product after
lunch



Keep the
mouth moist



Cut down
on sugar



Oral Care Plans are developed by the RN and should be based on the 6 best ways to protect a resident's oral health:

1. Brushing teeth and or dentures morning and night
2. High fluoride toothpaste on teeth
3. Use a soft toothbrush on gums, tongue and teeth
4. Apply an antibacterial product after lunch
5. Keep the resident's mouth moist
6. Cut down on sugar.

Daily check, document and report to RN

There are many common oral health conditions experienced by residents.

Early detection means early treatment and relief for the resident.

As mentioned residents are in a **high risk group** and many are likely to experience oral health conditions.

The earlier these are noticed the better.

It is **very important to check every day** when you clean a resident's mouth and report any changes you see to the RN. The RN can then do another Oral Health Assessment and organise treatment and quick relief for the resident.

Lips

Sore corners of the mouth

Angular Cheilitis



This slide is animated

Angular Cheilitis

Bacterial or fungal infection at the corner of the mouth.

Check for

- soreness and cracks at corners of mouth.

Tongue

Sore Tongue

Glossitis



Thrush

Candidiasis



This slide is animated

Sore Tongue (Glossitis)

Commonly caused by fungal infection.
May be a sign of a general health problem.

Check for:

- reddened, smooth area of tongue
- tongue generally sore and swollen.

Thrush (Candidiasis)

Fungal infection of oral tissues.

Check for:

- patches of white film that leave a raw area when wiped away
- red inflamed areas on the tongue.

Gums and Oral Tissue

Gum Disease

Gingivitis



Severe Gum Disease

Periodontitis



Oral Cancers



This slide is animated

Gum Disease (Gingivitis)

Inflammation of the gums caused by bacteria in dental plaque accumulating on the gum line at the base of the tooth. It gets worse and more common with age.

Check for:

- bright red gums that bleed easily when touched or brushed
- bad breath.

Severe gum disease (Periodontitis)

Severe gum disease that causes gum recession and breakdown of the bone that supports the teeth. This can impact seriously on general health and wellbeing.

Check for:

- receding gums, exposed roots
- loose teeth
- tooth sensitivity
- bad breath.

Oral Cancers

Oral cancer is a major cause of death. People who smoke and drink alcohol heavily are at higher risk.

Check for:

- ulcerations that do not heal within 14 days
- white or red patch or change in texture of oral tissues
- swelling
- unexplained speech patterns
- difficulty in swallowing.

Gums and Oral Tissue

Ulcers and Sore Spots



Sore Mouth

Stomatitis



This slide is animated

Ulcers & Sore Spots

May be caused from chronic inflammation, poorly fitting dentures or trauma. May also be a sign of a general health problem.

Check for:

- sensitive areas of raw tissue, particularly under dentures
- broken dentures
- broken teeth
- difficulty eating meals
- changed behaviour.

Sore Mouth (Stomatitis)

A fungal inflammatory infection of tissues commonly found where oral tissue is covered by a denture. May also be a sign of a general health problem.

Check for:

- red inflamed gums and palate.

Saliva

Dry Mouth

Xerostomia



This slide is animated

Dry Mouth (Xerostomia)

Is a very common and uncomfortable condition that may be caused by medications, radiation and chemotherapy or by medical conditions such as Sjogren's syndrome and Alzheimer's disease. It is also commonly experienced by palliative care residents.

Check for:

- difficulty with eating and or speaking
- dry oral tissues
- little saliva present in mouth or thick stringy saliva.

Natural Teeth

Tooth Decay

Caries



Root Decay

Root Caries



Retained Roots



This slide is animated

Tooth Decay (Caries)

Is a diet and oral hygiene related infectious disease which affects the teeth and causes pain.

Check for:

- holes in teeth
- brown or discoloured teeth
- broken teeth
- bad breath
- oral pain and tooth sensitivity
- difficulty eating meals
- changed behaviour.

Root Decay (Root Caries)

Gums recede and the surface of the tooth is exposed. Decay can develop quickly because the tooth root is not as hard as tooth enamel.

Check for:

- tooth sensitivity
- brown discolouration near the gum line
- exposed roots
- bad breath
- difficulty eating food
- changed behaviour

Retained Roots

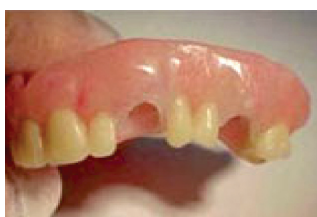
The crown of the tooth has broken or decayed away leaving the root behind

Check for:

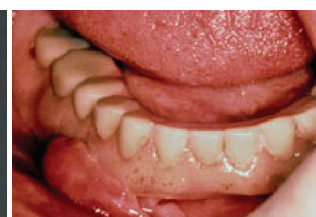
- broken teeth
- pain
- swelling
- bad breath
- trauma to surrounding tissues from sharp tooth edges
- difficulty eating meals
- changed behaviour

Dentures

Requiring Attention



Poorly Fitting



This slide is animated

Requiring Attention

Check for:

- resident's name marked on denture
- chipped or missing teeth
- chipped or broken acrylic (pink) areas
- bent or broken metal wires or clips
- damage of soft tissues.

Poorly Fitting

Cause of irritation and trauma to gums and soft tissues.

Check for:

- denture belongs to resident
- denture is a matching set if resident has several sets of dentures
- denture movement when the resident is speaking or eating
- resident refuses to wear denture
- overgrowth of tissue
- ulcers and sore spots.

Oral Cleanliness

Poor Oral Hygiene



This slide is animated

Poor Oral Hygiene

Poor oral hygiene allows bacteria in dental plaque to produce acids and other substances which are damaging to teeth, gums and surrounding bone.

Dental plaque is an invisible film that sticks to all surfaces of the teeth and mouth including the tongue.

It forms continually and can only be removed by brushing.

Check for:

- build up of plaque on the teeth particularly at the gum line
- unclean dentures
- bleeding gums
- coated tongue
- bad breath
- food left in the mouth.

Dental Pain

Changed behaviour

Refusing to open mouth

Fear of being touched

Confused

Uncooperative

Grabbing or hitting out

A resident may not be able to say he or she is in pain.

This is particularly so with residents who have dementia.

Often a change in behaviour is a sign. Instead of thinking urinary track infection, perhaps consider whether it is dental pain.

Changed Behaviour

Effective Communication

- Talk clearly
- Caring attitude
- Right environment
- Body language

We know it's not easy but sometimes a change of approach can make a difference.

Some behaviours, particularly concerning residents with dementia, make it difficult for staff to perform oral hygiene care.

Ask the participants to give some examples of effective communication using the headings in the slide as prompts.

Caring Attitude

Firstly, focus on building a good relationship with the resident before you start oral care. Use a calm, friendly and non-demanding manner.

Talk Clearly

Always explain what you are doing and give one instruction at a time. Ask questions that require a yes or no response. Use reassuring words and positive feedback.

The Right Environment

Choose the location where the resident is most comfortable. Ensure there is good lighting as residents with dementia need higher levels of lighting. Use a brightly coloured toothbrush so it can be seen easily by the resident.

Body Language

Approach the resident from the diagonal front and at eye level. By standing directly in front you can look big and are more likely to be grabbed or hit. Touch a neutral place such as the hand or lower arm to get the resident's attention. Position yourself at eye level and maintain eye contact if culturally appropriate.

Improving access to the mouth

- Overcoming fear of being touched
- Bridging
- Chaining
- Hand over hand
- Rescuing
- Distraction
- Modified oral care techniques

Overcoming Fear of Being Touched

The resident may respond fearfully to intimate contact when the relationship with you has not been established.

This process may need to be staged over time until the resident becomes trusting and ready to accept oral care. Start by slowly introducing a small amount of toothpaste on the resident's top lip so that it can be tasted. Then, gently try introducing a toothbrush to the mouth and progress with other types of oral care.

Bridging

Bridging aims to engage the resident's senses, especially sight and touch, and to help the resident understand the task you are trying to do for him or her.

Undertake this method only if the resident is engaged with you.

Describe the toothbrush and show it to the resident.

Mimic brushing your own teeth so the resident sees physical prompts, and smile at the same time.

Place a brightly coloured toothbrush in the resident's preferred hand (usually the right hand).

The resident is likely to mirror your behaviour and begin to brush his or her teeth.

Continued on following page

PowerPoint Presentation – Facilitator Notes

Slide 20 (Continued)

Chaining

If the resident does not initiate brushing his or her teeth through bridging, gently bring the resident's hand and toothbrush to his or her mouth, describing the activity and then letting the resident take over and continue.

Hand over Hand

If chaining does not work, then place your hand over the resident's hand and start brushing the resident's teeth so you are doing it together.

Distraction

If the hand over hand method is not successful, place a toothbrush in the resident's hand while you use the other toothbrush to brush the resident's teeth.

Alternatively, place a familiar item such as a towel, cushion or activity board in the resident's hands to distract the resident's attention from the oral care.

Familiar music may also be useful to distract and relax the resident during oral care.

Rescuing

If your relationship with the resident is not working and attempts at oral care are not going well, then tell the resident that you will leave it for now. Ask for help and have someone else take over the oral care.

Modified oral care techniques

This includes how to use a bent toothbrush to gain better access to the mouth, smearing of toothpaste over the teeth as a short term alternative to brushing and also the use of a spray bottle. Module 2 will show you how to do this.

Show DVD

Dental Rescue: A Guide for Carers of the Elderly

Close off out of this presentation

Play DVD *Dental Rescue: A Guide for Carers of the Elderly* - duration 23 mins

After DVD has finished conclude session by asking audience what was new or useful information that they would take away from the session.

Summarise key take home messages: importance of 4 key processes, 6 best ways to maintain oral health and the significance of daily reporting.

Remind participants to bring their *Staff Portfolio* to each session.

