



Better Oral Health in Residential Care

Facilitator Portfolio

Education and Training Program



Government of South Australia
SA Health



Better Oral Health
in Residential Care

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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
- Umoona 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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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.

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Better Oral Health in Residential Care

Facilitator Portfolio

Education and Training Program

This Better Oral Health in Residential Care Portfolio is dedicated to the life and work of geriatric dentist Dr Jane Margaret Chalmers (1965 – 2008), who passionately and tirelessly strove to improve the oral health status of older people in residential care.

The *Facilitator Portfolio* is designed to assist with delivery of the Education and Training Program for residential aged care staff. It is part of a suite of three Better Oral Health in Residential Care Portfolios:

- The *Professional Portfolio* for GPs and RNs
- The *Facilitator Portfolio* for delivery of the Education and Training Program
- The *Staff Portfolio* for nurses and care workers.

The Portfolios were developed by the Better Oral Health in Residential Care Project funded by the Australian Government Department of Social Services under the Encouraging Better Practice in Aged Care (EBPAC) Program. This project was led by SA Dental Service with the support of Consortium members during 2008-09.

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Program Introduction

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes.

1. Oral Health Assessment

This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.

2. Oral Health Care Plan

RNs develop an oral care plan which is based on a simple protective oral health care regimen.

3. Daily Oral Hygiene

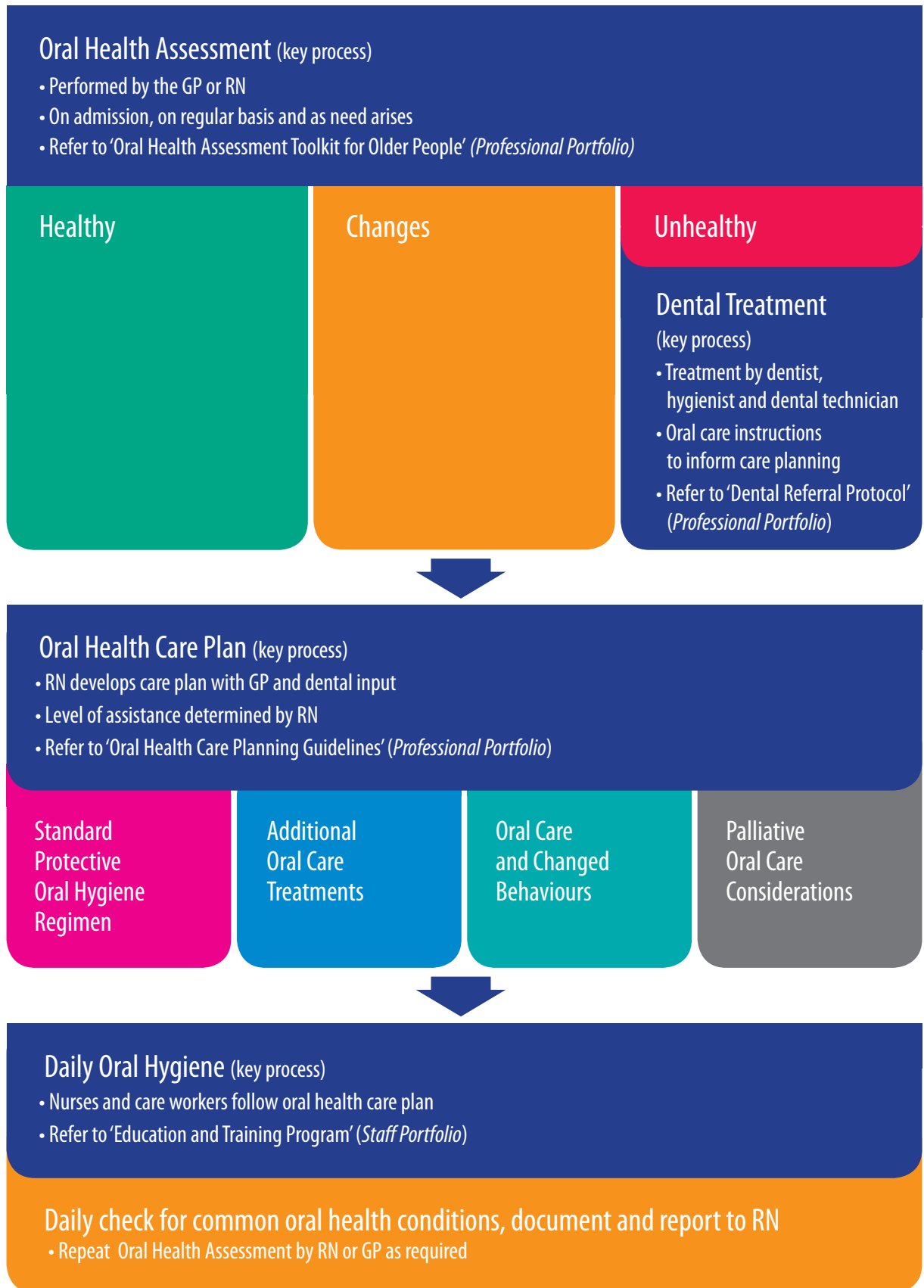
Nurses and care workers maintain daily oral hygiene according to the oral health care plan.

4. Dental Treatment

Dental referrals for a more detailed dental examination and treatment are made on the basis of an oral health assessment. (It is recognised that frail and dependent residents may be best treated at the residential aged care facility).

Program Introduction

Better Oral Health in Residential Care Model.



Program Introduction

Overview

Purpose

The Education and Training Program addresses the key process of daily oral hygiene.

Target group description

Nursing and care worker staff.

Facilitator

Qualified educator.

Duration

3 hours in total.

Learning outcomes

At the end of the Program nursing and care worker staff will have:

- Knowledge, understanding and appreciation of why good oral health is essential for healthy ageing.
- Knowledge, understanding and appreciation of daily checks for signs of common oral health conditions experienced by residents, documentation and reporting of these to the registered nurse.
- Knowledge and skills on the six best ways to maintain a resident's oral health.
- Knowledge and skills to manage changed behaviour and improve access to a resident's mouth.
- Knowledge and skills to use modified oral care application techniques.
- Knowledge, understanding and appreciation of the four key processes (oral health assessment, oral health care plan, daily oral hygiene and dental treatment) required to maintain a resident's oral health.

Regulatory Framework

Australian Government Accreditation Standards and Guidelines for Residential Aged Care Services: standard 2.15, oral and dental care.

Healthy Mouths, Healthy Lives, Australia's National Oral Health Plan 2004 - 2013.

Structure outline and delivery modes

The Program structure is based on three modules:

1. Module one (knowledge): good oral health is essential for healthy ageing.
2. Module two (skills): protect your residents' oral health – activities of daily oral hygiene.
3. Module three (reflective practice): it takes a team approach to maintain a healthy mouth.

The Program has been designed to encompass flexible delivery modes. For example:

- a workshop presentation of all modules (3 hours)
- sequential presentation of one module (one hour each) at a time over a designated timeframe
- sequential presentation of topics (15 minutes each) from each module working through the program over a designated timeframe.

Assessment

Assessment is based on completion of all three training modules and includes the following:

- completion of written self evaluation quiz (pre and post education and training).
- demonstration of oral health care skills
- participation in problem solving scenario group work (reflective practice).

Program Introduction

Overview (Continued)

Resources

- laptop computer and data projector
- Better Oral Health in Residential Care Education and Training Program resource materials:
 - *Dental Rescue*, a guide for carers of the elderly 2006, DVD written and directed by Dr PL King, Specialdental Pty, Ltd, Bongo Brain Productions, Australia.
 - AV Resource: *It takes a Team Approach*
 - *Facilitator Portfolio*
 - resource kit (consumables)
 - *Staff Portfolio*
 - posters

Ongoing monitoring and evaluation

- self evaluation quiz (pre and post education and training)
- oral health care skills audit
- oral health outcomes for residents.

References

Primary Source

The Program is based on information from the Better Oral Health in Residential Care *Staff Portfolio*.

Accompanying Information

For accompanying information refer to the residential aged care facility's policies and procedures:

- clinical practice manual
- infection control protocol
- palliative care protocol.

Program Introduction

Facilitating Adult Learning

The following adult learning principles have been incorporated into the structure of the Better Oral Health Education and Training Program.

Multi-sensory learning

Most adults learn a new skill or knowledge best by using a combination of visual, auditory and kinaesthetic (by doing) senses.

Oral health information has been supported with a variety of resources such as posters, PowerPoint presentations, audio-visual and printed resources, use of practical tasks, reflective practice discussions.

Active Learning

Adults learn by doing.

The Program has been structured in a way which provides opportunities to apply oral health skills and knowledge including reflective practice through a case scenario discussion.

First and Last Impressions

Adults tend to remember what they have seen and heard first and last.

An overview at the beginning of each session followed by summaries of key points throughout is embedded in the Program in order to break information into meaningful 'chunks' which is easier to remember.

Feedback

Many adults often lack self confidence and may have negative memories from previous learning experiences

Facilitators are encouraged to use constructive immediate, ongoing and informal feedback that builds confidence and motivates participants by showing them that they are contributing and progressing.

Reward

Training must include simple and tangible results for adult learners to feel positive and satisfied.

Practical and meaningful resources and activities are used. A highly visual *Staff Portfolio* is provided and a certificate on completion of the Program.

Program Introduction

Facilitating Adult Learning (Continued)

Meaningful Materials

Adults prefer materials that relate directly to their level of existing knowledge and experience and can be utilised in practical ways.

Resource materials have been designed to match level of knowledge and experience of care workers in the residential aged care setting. Materials are used to provide opportunities for participants to practise skills and apply knowledge.

Practice and Repetition

Reinforcement helps adult learners to retain and apply the knowledge and skills they are developing.

Oral health skills and knowledge have been pitched at a level relevant for participants. Opportunities to practise new skills are provided. Reflective practice is used to encourage the application of new knowledge and skills.

Respect

A mutual responsibility.

Facilitators and participants are encouraged to demonstrate tolerance, sensitivity and cooperation with regard to others previous experience, culture, learning styles and interests.

Holistic learning

Provide a big picture context and then specific detail provides a logical framework for thinking.

The best ways to maintain a resident's oral health is presented in relation to general health as well as the key processes required to promote Better Oral Health in Residential Care.

Program Introduction

Facilitator Presentation Tips

Be well prepared

Lack of organisation is a major cause of anxiety.

Make sure you know all the resources very well:

- AV resources
- PowerPoint presentation (Module 1)
- Facilitator notes (Module 1, 2, 3)
- Module 1,2 and 3 sections in *Staff Portfolio*.

Practice makes perfect

Rather than mentally rehearsing you should practise standing up as if in front of the participants using your visual aids.

At least 2 rehearsals are recommended.

Strive for minimal focus on notes and maximum focus on the participants.

Imagine yourself as confident, successful and doing a great job.

Reduce stage fright

Breathe

- When your muscles tighten and you feel nervous, you may not be breathing deep enough.
- First thing to do is to sit up tall but relaxed and inhale deeply a number of times.

Release tension

- Starting with your toes, then tighten your muscles up through your body finally making a fist.
- Immediately release all tension and take a deep breath.
- Repeat this until the tension starts to drain away.
- This can be done quietly so no one knows you're relaxing.

Move

- Move when you speak to stay relaxed and natural.
- If you find you are locking your arms then release them so they do the same as they would if you were in an animated one on one conversation.
- Moving your feet can also release tension. You should be able to take a few steps either side or toward the audience or to the side of the lectern.

Voice

Be aware of your volume.

Vary your pitch, volume and pacing as you would do in natural conversation or story telling.

Pace

When we become anxious we tend to talk fast and tend to trip over words.

Deliberately slow down your speech.

Pausing

Don't be afraid to pause.

Pausing can be an effective way to allow important points to sink in.

Use a pause to take a breath and relax a moment and to fill in those spaces that you might otherwise fill with sounds of 'umm' or 'you know'.

Posture

Keep your posture erect but relaxed.

You want to stand up straight but not stiff.

Your weight should be evenly distributed.

Don't place your weight on one hip then shift to the other and back again – shifting can be distracting.

Smile

Remember to smile.

Make eye contact

Rule of thumb for eye contact is 3 to 5 seconds per person.

Speak to one person at a time when you speak rather than the back of the wall or at the screen or at notes.

Try not to dart your eyes around the room.

With large groups make eye contact with individuals in different parts of the room.

Program Introduction

Facilitator Presentation Tips (Continued)

Where and how to stand

One major problem when using visual aides is that speakers often give their presentation to the visuals and not the participants.

Keep your body facing the participants as much as possible as this will help you keep your eye contact with them.

Look at the screen momentarily to recall the point you want to make and then turn to the participants and deliver it.

If you need to write something on a white board or butcher paper stop talking while you write.

Gestures

The importance of natural gestures cannot be overstated.

Often anxiety holds back this important means of communication.

Learn to gesture in front of the participants as if you were having an animated conversation with a friend.

Room set up

Computer and projector

- Set the screen at a 45 degrees angle to the participants to give the speaker centre stage.
- Always check you can use them and they are in working order before your presentation.
- Have a back up plan if you should have a technology break down.

Lighting

- If able adjust for visual presentation.

Seating arrangement

- If possible arrange seating so the exit and entrance to the room are at the back.
- Know how many people are expected and make sure there are as many seats as people this will stop them from sitting at the back of the room.
- Keeping the participants closer will focus their attention on you.



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 <ul style="list-style-type: none"> • pre-quiz to be completed 	Pre education & training quiz	10 min
Introduction Brief overview of Better Oral Health in Residential Care	Computer Projector Screen (or clear wall)	20 min
Good oral health is essential for healthy ageing <ul style="list-style-type: none"> • Facts - why residents are a high risk group • Relationship between oral health and general health and wellbeing. 	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)	
Better Oral Health key processes <ol style="list-style-type: none"> 1. oral health assessment 2. oral health care plan 3. daily oral hygiene 4. dental treatment 		
Daily oral hygiene <ul style="list-style-type: none"> • 6 best ways to protect a resident's oral health • Common oral conditions <ul style="list-style-type: none"> – why daily checks are important • Oral health care and changed behaviours 		
A guide for carers of the elderly	DVD – <i>Dental Rescue</i> (A guide for carers of the elderly)	25 min
Conclusion – summarise <ul style="list-style-type: none"> • 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.

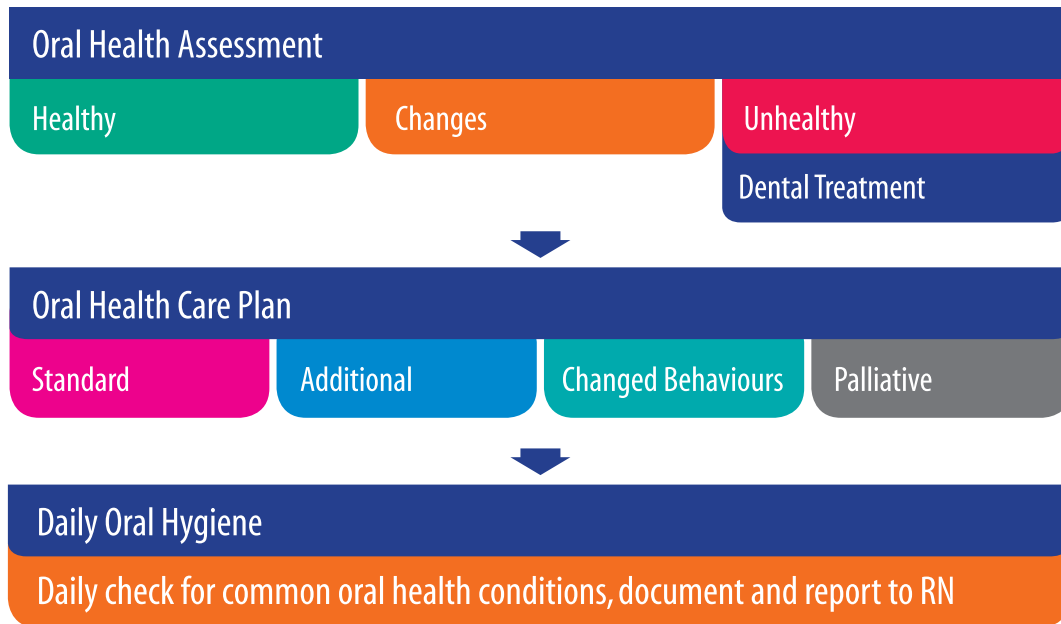
This Project involved a consortium involving 3 public dental providers (SA Dental Service as the lead organisation, Victorian Department of Human Services, Centre for Oral Strategy, NSW Health Department), University of Adelaide Australian Research Centre for Population Oral Health and 6 residential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

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
<input type="checkbox"/> Is independent <input type="checkbox"/> Needs reminding <input type="checkbox"/> Needs supervision <input type="checkbox"/> Needs full assistance			
<input type="checkbox"/> Will not open mouth <input type="checkbox"/> Coughing or choking <input type="checkbox"/> Head lurch down <input type="checkbox"/> Refuses treatment			
<input type="checkbox"/> Is aggressive <input type="checkbox"/> Bites <input type="checkbox"/> Excessive head movement <input type="checkbox"/> Cannot swallow well			
<input type="checkbox"/> Cannot close and latch <input type="checkbox"/> Will not take dentures out at night			
Healthy	Changes	Unhealthy	Dental Referral
Lips			
<input type="checkbox"/> Smooth, pink, moist	<input type="checkbox"/> Dry, chapped or red at corners	<input type="checkbox"/> Swelling or lump, red, white (leukoplakia), bleeding, ulcerated at corners*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Natural Teeth			
<input type="checkbox"/> No decay or broken teeth or roots	<input type="checkbox"/> 1-5 decayed or broken teeth/ roots or teeth very worn down	<input type="checkbox"/> 6 or more decayed or broken teeth/ roots or teeth more than 4 teeth, or very worn down teeth**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tongue			
<input type="checkbox"/> Normal moist, magenta pink	<input type="checkbox"/> Patchy fissured, red and white	<input type="checkbox"/> Patch that is red and white (leukoplakia), bleeding, ulcerated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dentures			
<input type="checkbox"/> No broken areas or teeth worn evenly and normal	<input type="checkbox"/> 1 broken area or teeth worn 1-2 hours per day only or not normal	<input type="checkbox"/> 2 broken areas or teeth damaged missing root more than 4 teeth, or very worn down teeth**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gums and Oral Tissue			
<input type="checkbox"/> Moist, pink, smooth, no bleeding	<input type="checkbox"/> Dry, shiny, rough, red, swollen, some sore above gum line	<input type="checkbox"/> Swollen, bleeding, white, red patches, gingivitis, periodontitis, redness under dentures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Cleanliness			
<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 area of dentures	<input type="checkbox"/> Food particles, tartar, plaque most areas of mouth or on most of dentures**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saliva			
<input type="checkbox"/> Moist, clear, watery and free flowing	<input type="checkbox"/> Dry, sticky, thick, white, saliva present, resident drinks they have a dry mouth	<input type="checkbox"/> Thick, purulent and bad, very thick, white, saliva present, resident drinks they have a dry mouth*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Pain			
<input type="checkbox"/> No behavioural, verbal or physical signs of dental pain	<input type="checkbox"/> Verbal for behavioural signs of pain such as grating, or face, chewing, lips not resting, aggression	<input type="checkbox"/> Physical pain signs (swelling of cheek or gum, broken teeth, ulcers, as well as verbal for behavioural signs (grating, 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.

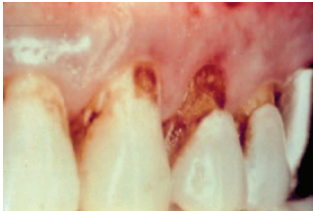
Check for:

- 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

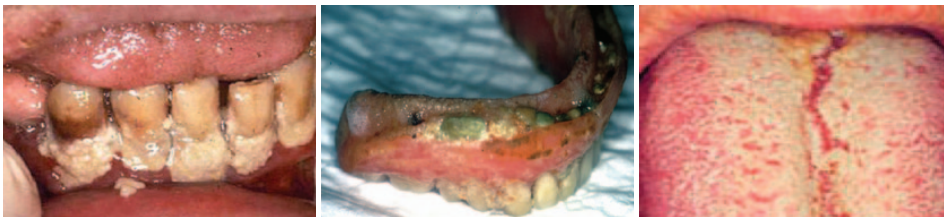
Cause of irritation and trauma to gums and soft tissues.

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.

Slide 21

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.

Staff Portfolio Resource

Module 1



Module 1

Good Oral Health is Essential for Healthy Ageing

Better Oral Health in Residential Care

Oral diseases and conditions can have social impacts on quality of life, including comfort, eating, pain and appearance, and are related to dentate status... Older adults need to eat and talk comfortably, to feel happy with their appearance, to stay pain free, to maintain self-esteem, and to maintain habits/standards of hygiene and care that they have had throughout their lives.

Chalmers, JM 2003, 'Oral health promotion for our ageing Australian population', Australian Dental Journal; vol. 48, no. 1, pp.2-9.

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.

As residents become frailer and more dependent, they are at high risk of their oral health worsening in a relatively short time if their daily oral hygiene is not maintained adequately.

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

Quality of Life

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.

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.

Impact on General Health

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes.

1. Oral Health Assessment

This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.

2. Oral Health Care Plan

RNs develop an oral care plan which is 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 health care plan.

4. Dental Treatment

Dental referrals for more detailed dental examination and treatment are made on the basis of an oral health assessment. It is recognised frail and dependent residents may be best treated at the residential aged care facility.



Common Oral Health Conditions experienced by Residents

This section examines common oral health conditions experienced by residents. When doing a resident's oral hygiene, nurses and care workers should check daily for signs of the following conditions. Changes should be documented and reported to the RN.

Daily Check, Document and Report to the RN

Lips

- sore corners of mouth (angular cheilitis)

Tongue

- sore tongue (glossitis)
- thrush (candidiasis)

Gums and Tissues

- gum disease (gingivitis)
- severe gum disease (periodontitis)
- oral cancers
- ulcers and sore spots
- sore mouth (stomatitis)

Saliva

- dry mouth (xerostomia)

Natural Teeth




- tooth decay (caries)
- root decay (root caries)
- retained tooth roots




Dentures

- requiring attention
- poorly fitting

Oral Cleanliness

- poor oral hygiene

Lips	Tongue	
		
<p>Sore Corners of Mouth (Angular Cheilitis)</p> <p>Bacterial or fungal infection which occurs at the corners of the mouth.</p> <p>Check for:</p> <ul style="list-style-type: none"> • soreness and cracks at corners of the mouth. 	<p>Sore Tongue (Glossitis)</p> <p>This is commonly caused by a fungal infection. It may be a sign of a general health problem.</p> <p>Check for:</p> <ul style="list-style-type: none"> • a reddened, smooth area of tongue • a tongue which is generally sore and swollen. 	<p>Thrush (Candidiasis)</p> <p>This is a fungal infection of oral tissues.</p> <p>Check for:</p> <ul style="list-style-type: none"> • patches of white film that leave a raw area when wiped away • red inflamed areas on the tongue.

Gums and Tissues		
		
<p>Gum Disease (Gingivitis)</p> <p>This is caused by the bacteria in dental plaque accumulating on the gum line at the base of the tooth. It gets worse and more common with age.</p> <p>Check for:</p> <ul style="list-style-type: none"> • swollen red gums that bleed easily when touched or brushed • bad breath. 	<p>Severe Gum Disease (Periodontitis)</p> <p>This causes gums and bone that support the teeth to breakdown. This condition can impact seriously on general health and wellbeing.</p> <p>Check for:</p> <ul style="list-style-type: none"> • receding gums • exposed roots of teeth • loose teeth • tooth sensitivity • bad breath. 	<p>Oral Cancers</p> <p>Oral cancer is a major cause of death. People who smoke and drink alcohol heavily are at higher risk.</p> <p>Check for:</p> <ul style="list-style-type: none"> • ulcers that do not heal within 14 days • a white or red patch or change in the texture of oral tissues • swelling • unexplained changes in speech • difficulty in swallowing.

Gums and Tissues (Continued)



Ulcers & Sore Spots

These are caused by chronic inflammation, a poorly fitting denture or trauma.

Ulcers may be a sign of a general health problem.

Check for:

- sensitive areas of raw tissue caused by rubbing of the denture (particularly under or at the edges of the denture)
- broken denture
- broken teeth
- difficulty eating meals
- changed behaviour.



Sore Mouth (Stomatitis)

Usually, this is caused by a fungal infection.

It is commonly found where oral tissue is covered by a denture.

It may be a sign of a general health problem.

Check for:

- red swollen mouth usually in an area which is covered by a denture.

Saliva



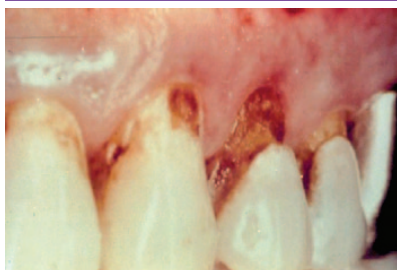
Dry Mouth (Xerostomia)

This can be a very uncomfortable condition caused by medications, radiation and chemotherapy or by medical conditions such as Sjögren's syndrome and Alzheimer's disease.

Check for:

- difficulty with eating and/or speaking
- dry oral tissues
- small amount of saliva in the mouth
- saliva which is thick, stringy or rope-like.

Natural Teeth



Tooth Decay (Caries)

Tooth decay 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 root is exposed.

Decay can develop very quickly because the tooth root is not as hard as tooth enamel.

Check for:

- tooth sensitivity
- brown discolouration near the gum line
- bad breath
- difficulty eating meals
- changed behaviour.



Retained Roots

The crown of the tooth has broken or decayed away.

Check for:

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

Dentures



Requiring Attention

The denture is in need of repair or attention.

Check for:

- resident's name on the denture
- chipped or missing teeth on the denture
- chipped or broken acrylic (pink) areas on the denture
- bent or broken metal wires or clips on a partial denture.



Poorly Fitting

A denture can cause irritation and trauma to gums and oral tissues.



Check for:

- denture belonging to resident
- dentures being a matching set, particularly if the resident has several sets of dentures
- denture movement when the resident is speaking or eating
- resident's refusal to wear the denture
- overgrowth of oral tissue under the denture
- ulcers and sore spots caused by wearing the denture.

Oral Cleanliness



Poor Oral Hygiene

Poor oral hygiene allows the bacteria in dental plaque to produce acids and other substances that damage the teeth, gums and surrounding bone.



Dental plaque begins as an invisible film that sticks to all surfaces of the teeth, including the spaces between the teeth and gums. It forms continuously and must be removed by regular brushing. If dental plaque is not removed, it hardens into calculus (tartar).



Check for:

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



Oral Health Care and Changed Behaviour

Changed Behaviour

Residents, especially residents suffering dementia, can behave in a way that makes it difficult to provide oral health care. They may display changed behaviour, such as the following:

- fear of being touched
- not opening the mouth
- not understanding or responding to directions
- biting the toothbrush
- grabbing or hitting out.

Oral Health Care

Establish effective verbal and non-verbal communication.

Develop ways to improve access to the resident's mouth.

Develop strategies to manage changed behaviour.

Use oral aids such as a modified toothbrush or mouth prop.

Use modified oral care application techniques as short-term alternatives to brushing.

Seek GP or dental referral to review oral care.

Oral Hygiene Products & Aids



Use a soft toothbrush suitable for bending.

Use a brightly coloured toothbrush.

Use mouth props (but only if trained in their use).

Use modified oral health care application techniques; for example, spray bottle.

Use a chlorhexidine mouthwash (alcohol free and non-teeth staining) as prescribed by the GP or dentist.

Effective Communication



Talk Clearly

Speak clearly and at the resident's pace.

Speak at a normal volume.

Always explain what you are doing.

Use words the resident can understand.

Ask questions that require a yes or no response.

Give one instruction or piece of information at a time.

Use reassuring words and positive feedback.

Use words that impart an emotion; for example, 'lovely' smile or 'sore' mouth.

Observe the resident closely when you are talking with him or her. A lack of response, signs of frustration, anger, disinterest or inappropriate responses can all suggest the communication being used is too complex.

Effective Communication Strategies (continued)



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.

Smile and give a warm greeting using the resident's given name. Using the given name is more likely to engage the resident.

Allow plenty of time for the resident to respond.

If you cannot remain calm, try again at another time or get assistance.

The Right Environment

Choose the location where the resident is most comfortable. This may be the bedroom where there are familiar things or the bathroom because this is the usual place for oral care.

Maintain regular routines.

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.

If possible, turn off competing background noise such as the television or radio.

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.

Be aware that the personal spaces of residents can vary.

Be consistent in your approach and maintain a positive expression and caring language.

Improve Access to the Mouth



Overcoming Fear of Being Touched

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

Firstly, concentrate on building up a relationship with the resident. Once you have engaged the resident, gently and smoothly stroke the resident's face. The aim is to relax the resident and create a sense of comfort and safety.

This process may need to be staged over time until the resident becomes trusting and ready to accept 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.

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.

Improve Access to the Mouth (Continued)



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 or a familiar item (such as a towel, cushion or activity board) in the resident's hand while you use the other toothbrush to brush the resident's teeth.

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.

Manage Changed Behaviour (First Stage Dementia)

Changed Behaviour

The resident has delusions.

The resident may think:

- you are not who you say you are
- you are trying to hurt or poison him or her
- he or she has cleaned their teeth already

What To Do

Mime what you want the resident to do.

Allow the resident to inspect the items.

Take the resident to another room; for example, move from the bedroom to the bathroom.

Manage Changed Behaviour (Second Stage Dementia)

Changed Behaviour

The resident grabs out at you or grabs your wrist.

What To Do

Pull back and give the resident space.

Ask if the resident is OK.

Offer the resident something to hold and restart oral care.

If grabbing continues, stop the oral care activity and try again later. In the meantime, offer the resident an activity he or she enjoys.

Changed Behaviour

The resident hits out.

What To Do

Think about what may have caused the resident's behaviour.

Was the resident startled?

Did something hurt?

Was the resident trying to help but the message was mixed?

Was the resident saying 'stop'?

Did the resident feel insecure or unsafe?

Changed Behaviour

The resident walks away.

What To Do

Allow the resident to perch rather than sit.

Perching is resting the bottom on a bench or table.

Manage Changed Behaviour (Third Stage Dementia)

Changed Behaviour

The resident does not open his or her mouth.

What To Do

Stimulate the resident's root reflex with your finger by stroking the resident's cheek in the direction of the mouth.

Place toothpaste on the top lip to prompt the resident to lick his or her lips.

Changed Behaviour

The resident keeps turning his or her face away.

What To Do

Reposition yourself.

Sit the resident upright.

Stimulate the resident's root reflex with your finger by stroking the resident's cheek in the direction of the mouth. The resident's head will turn to the side which is being stroked.

Changed Behaviour

The resident bites the toothbrush.

What To Do

Stop moving the toothbrush.

Ask the resident to release it.

Distract the resident with gentle strokes to the head or shoulder, using soothing words.

Changed Behaviour

The resident holds onto the toothbrush and does not let go.

What To Do

Stroke the resident's forearm in long, gentle rhythmic movements as a distraction and to help relax the resident.

Changed Behaviour

The resident spits.

What To Do

Ensure you are standing to the side or diagonal front.

Place a face washer or paper towel on the resident's chest so you can raise it to catch the spit.

Modified Oral Hygiene Methods



Wipe high fluoride toothpaste onto teeth

Instead of brushing teeth, try wiping a smear of toothpaste along the teeth with a toothbrush or oral swab.

Alternatively, a chlorhexidine gel can be applied the same way.

This does not replace brushing but is a short-term alternative.



Mouth props

Mouth props can be used for residents who clench or bite or who have difficulty opening their mouth. Use mouth props only if you have been trained to do so.

Caution

Never place your fingers between the teeth of a resident.

Modified Oral Hygiene Methods (Continued)



Modified Soft Toothbrush

A backward bent toothbrush can be used to retract the cheek, while another brush is used to brush the resident's teeth.

Use one hand in a 'pistol grip' to support the chin and roll down the lower lip while you insert a backward toothbrush and retract the cheek. Release your grip to hold the backward bent brush and use another toothbrush in your other hand to brush the resident's teeth.

To bend a soft toothbrush handle:

- place the brush in a cup of hot water to soften the plastic
- apply downward pressure on the brush until it bends to a 45 degree angle
- take care as some brands of toothbrush may snap
- clear plastic toothbrushes are the easiest to bend.



Use of a Spray Bottle

If it is difficult to brush or smear high fluoride toothpaste or chlorhexidine gel onto the teeth, a chlorhexidine mouthwash can be sprayed into the mouth.

This does not replace brushing but is a short-term alternative.

The mouthwash should be placed undiluted into a spray bottle. You must follow the residential aged care facility's infection control guidelines for decanting the mouthwash, or have a pharmacist do this for you.

The spray bottle must be labelled with the resident's name and the contents.

Spray four squirts directly into the mouth. Take care not to spray the resident's face.

If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.



Review what you are doing

Are you using the right oral hygiene aids?

Are you approaching with a caring attitude?

Is your language and expression effective?

Is the resident not concentrating or participating because of the environment?

Is it the right room or location for the resident?

Is your approach familiar to the person?

Is the time of the day best for the person, such as morning versus evening?

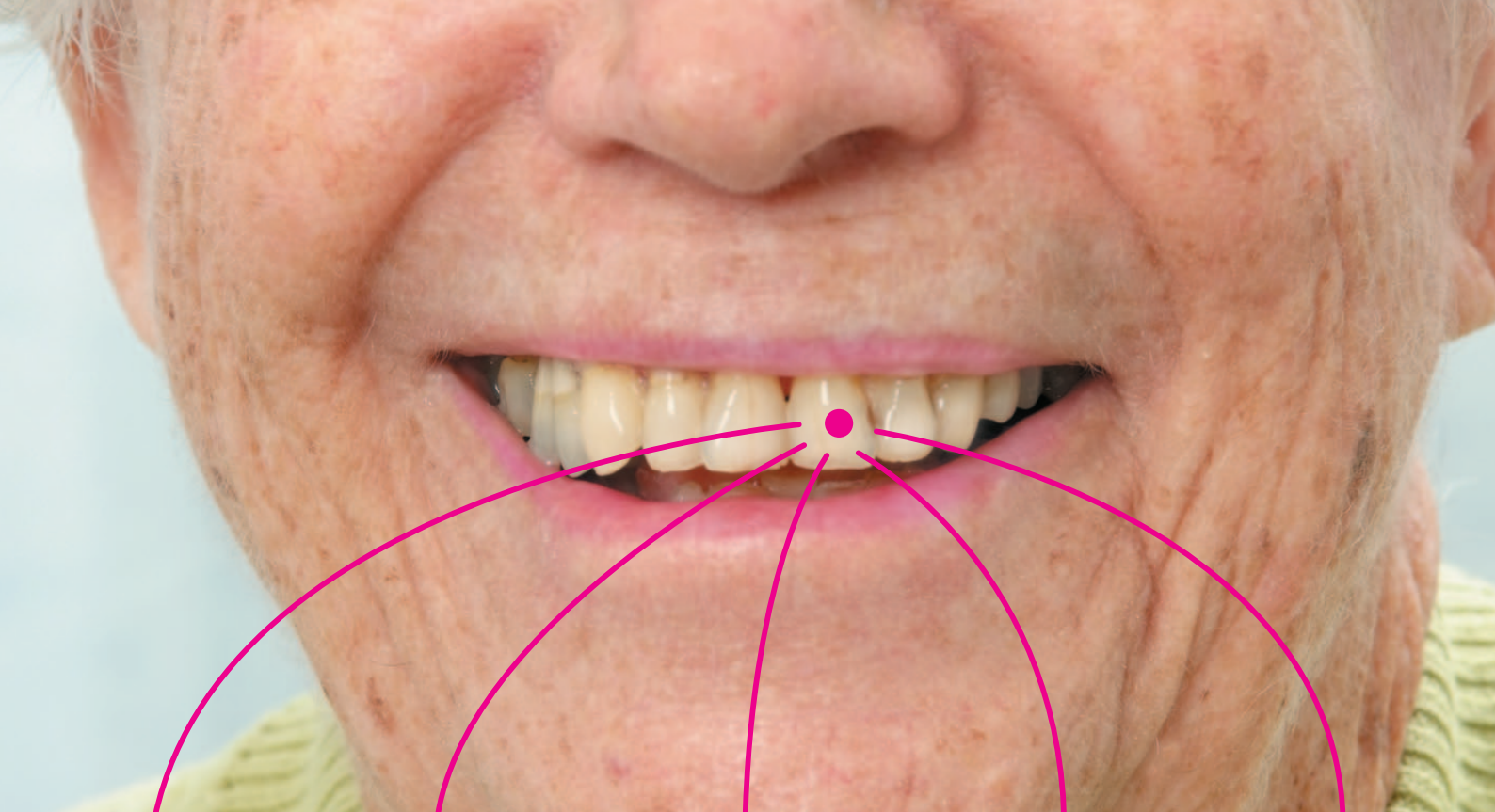
Ask others, including family, for ideas.

Ask for help.

Poster

Time the distribution of the Poster to coincide with the delivery of the Module.

Place it in key areas around the residential aged care facility to reinforce participant learning.



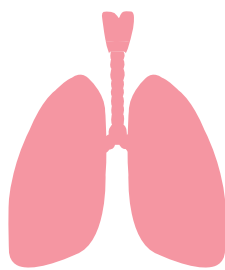
Reduce risk of
Stroke

Help prevent
Heart Disease

Avoid
Pneumonia

Prevent
Tooth Decay

Reduce
Gum Disease
& Bad Breath



A healthy mouth will improve overall health and well-being

Good oral health is essential for healthy ageing



Government of South Australia
SA Health



Better Oral Health
in Residential Care



www.ausgoal.gov.au/creative-commons
Public-11-A1

Pre-Quiz

The pre-quiz has been designed for participants to use as a self evaluation tool.

Print off the required number of copies and distribute at the beginning of Module 1.

Encourage the participants to keep their copy so they can compare it with the results of a post-quiz at the completion of the Program.



Education and Training Program

Name _____

Date _____

Pre - Quiz	Yes	No	Don't Know
1 When a resident refuses dental care it could mean they are experiencing dental pain			
2 When brushing a resident's teeth it is important to focus on the gum line.			
3 If a resident's gums bleed you should stop brushing the gums.			
4 It is important to rinse a resident's mouth with water after brushing their teeth.			
5 A resident with dementia may start brushing their teeth after holding a toothbrush for a few minutes.			
6 Residents' teeth or dentures, gums and tongues should be brushed morning and night.			
7 It is a good idea to have residents drink water after eating.			
8 When brushing a resident's teeth, apply a strip of toothpaste across the top surface of the brush.			
9 Chest infections may be caused by a build up of plaque in the mouth.			
10 Bad breath should be reported to the RN.			
11 Oral integrity is as important as skin integrity in protecting the body against infection.			
12 Dentures should be cleaned with toothpaste.			
13 The choice of denture disinfection product is important for partial dentures.			
14 The presence of stringy saliva in a resident's mouth is normal.			
15 Chlorhexidine products and toothpaste can be used at the same time.			
16 Drinking a lot of caffeine can affect a resident's oral health.			
17 It is best to try to reduce snacking on sugary foods between meal times.			
18 Toothbrushes should be replaced with the change of season (every three months).			
19 The daily application after lunch of an antibacterial product helps to prevent gum disease.			
20 Dentures should be taken out at night, cleaned and soaked in cold water.			



Module 2

Protect your Residents' Oral Health

Module 2 – Competency Outline

Topic

Six best ways to maintain a healthy mouth.
Protect your residents' oral health.

Purpose

To develop oral hygiene skills required to maintain a healthy mouth and how to use oral hygiene aids and products.

Element of Competency	Performance Criteria
1. Provide standard protective oral care	1.1 Describe the six best ways to maintain a healthy mouth: <ul style="list-style-type: none">• brush morning and night• use high fluoride toothpaste• use soft toothbrush• use antibacterial product after lunch• keep the mouth moist• reduce sugar.
2. Provide care of natural teeth	2.1 Demonstrate brushing technique for teeth, gums and tongue. 2.2 Demonstrate toothbrush modification. 2.3 Demonstrate toothbrush care. 2.4 Identify common oral conditions to check daily and report to RN.
3. Provide care of dentures	3.1 Demonstrate denture removal and reinsertion. 3.2 Demonstrate denture brushing and disinfection. 3.3 Demonstrate brushing of gums and tongue. 3.4 Identify common oral conditions to check daily and report to RN.
4. Provide oral care to prevent gum disease	4.1 Demonstrate how to apply antibacterial products.
5. Provide oral care for relief of dry mouth	5.1 Demonstrate how to keep mouth and lips moist. 5.2 Demonstrate how to apply dry mouth products.
6. Provide oral care to reduce tooth decay	6.1 Describe ways in which sugar intake can be reduced.

Module 2 – Session Plan

Module 2 – Protect your Residents' Oral Health - Activities of Daily Oral Hygiene Workshop		
Topic	Resources	Time
Introduction – Brief review Module 1 <ul style="list-style-type: none"> • quality of life • impact on general health • six best ways to protect a residents' oral health • daily checks – what to look for 	Computer Projector Screen (or clear wall) Module 2 Facilitator Notes Module 2 <i>Staff Portfolio</i> Poster 2 (Six best ways to maintain a healthy mouth) Resource Kit (oral hygiene aids and products)	5 min
Workshop		
Care of Natural Teeth <ul style="list-style-type: none"> • how to modify a toothbrush • how to use backward & forward bent toothbrush • toothpaste application • positioning alternatives • toothbrushing technique • bleeding gums advice • toothbrush care • other aids 	Optional: AV resource (care of natural teeth) Gloves Tissues Soft toothbrushes (enough for participants) Mug and hot water (to modify brushes) High fluoride toothpaste Tongue depressor for purposes of sampling toothpaste Interproximal brush Toothbrush hand grip Tongue scraper Plastic cup – toothbrush storage	15 min
Care of Dentures <ul style="list-style-type: none"> • denture labelling • daily denture care • how to take full dentures out • how to take partial dentures out • brush gums, tongue and if partial denture remaining teeth • cleaning technique (upper denture, lower denture and partial denture) • putting dentures back in • denture disinfection • removal of calculus and stains • denture adhesives • denture brush and toothbrush care 	Optional: AV resource (care of dentures) Gloves Denture models (full and partial) Denture labelling equipment Denture brush Denture container Liquid soap – mild Denture adhesives White vinegar – removal of calculus Chlorhexidine & denture tablets – denture disinfection Plastic cup – denture brush & toothbrush storage	15 min
Accompanying Oral Care Prevention of gum disease <ul style="list-style-type: none"> • antibacterial product application technique Relief of dry mouth <ul style="list-style-type: none"> • dry mouth product application technique Reduce tooth decay <ul style="list-style-type: none"> • sugar substitutes • treatment tooth mousse – application technique 	Tongue depressor for sampling oral care products Oral Chlorhexidine gel-toothpaste and mouth rinse Gloves Glass of water Spray bottle Lip moisturiser – KY Jelly Saliva substitutes Oral balance gel or liquid GC Dry mouth gel Aquae mouth spray Tooth mousse Xylitol Tooth friendly lollies	15 min
Conclusion - summarise <ul style="list-style-type: none"> • Ask what was new /interesting/different • Reinforce six best ways to protect a residents' oral health 		10 min

Total 60 min

Facilitator Notes

Participant Training Numbers

Module 2 is designed to be run as a skills workshop. In other words it is not a lecture but rather an opportunity for participants to interact, practise new skills and ask questions. Small group work at each station is preferred as it promotes greater participation.

You need to know in advance how many participants you will be expecting at the workshop as this will determine how you run the session:

- If numbers are less than 10, you can work through each station sequentially by yourself.

- If numbers are greater than 15, you will need other facilitators to help you (eg. a facilitator for each station). Divide participants into 3 groups and rotate at 15 minute intervals.
- If numbers are more than 20 then the running of a concurrent session is recommended. You will need to adjust for extra facilitators and space or rooms accordingly.

Room Preparation

Room set up needs to be flexible.

Check Resource Kit to ensure you have enough consumable oral hygiene products for participant numbers.

Introduction

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

- explain workshop plan
- provide brief review of module 1. Good oral health is essential for healthy ageing:
 - quality of life
 - impact on general health
 - daily checking and reporting of common oral health conditions
 - Six best ways to protect a resident's oral health.

Workshop setup

Organise 3 separate workstations (ie 3 tables set out with oral hygiene resources):

1. Care of natural teeth
2. Care of dentures
3. Accompanying oral care.

Noise can be a problem if you have 3 groups interacting at the same time. If possible each station should be set up in different spaces or rooms which are close together.

Conclusion

Bring group together at end of workshop.

Review session:

- ask what was new or interesting or different
- reinforce Six best ways to protect a resident's oral health.

Remind participants to bring their *Staff Portfolio* to next session. It will be important as participants will need to refer to scenario descriptions in Module 3.

Facilitator Notes

Care of Natural Teeth

Demonstrate

How to modify a soft toothbrush

Provide 2 sample toothbrushes to each participant (one for bending, the other for brushing).

A **forward bent** toothbrush can be used to brush the inner upper and lower teeth.

A **backward bent** toothbrush can be used to retract the cheek, while a second brush is used to brush the resident's teeth.

Show and ask participants to practise bending a soft toothbrush handle:

- **note:** some toothbrushes are soft enough to bend using your hands, others need to be placed in hot water
- clear plastic toothbrushes are the easiest to bend (for example Colgate professional soft toothbrush no.1228230 'cello wrapped').
- place the brush in a cup of hot water to soften the plastic
- apply downward pressure on the brush until it bends to a 45 degree angle
- take care as some brands of toothbrush may snap

Toothbrushing technique

- Put on gloves
- Pea-size application of high fluoride toothpaste
 - offer taste test using tongue depressor as a spatula, or participant can apply own sample on toothbrush
- Show both cuddle and standing in front positioning
- Demonstrate holding of chin and curling down lower lip often referred to as 'pistol grip' ask participants to practise with holding their own chin.
- Demonstrate toothbrush technique incorporating how to use a forward and backward bent toothbrush
- Stress importance of brushing at gum line
- Demonstrate tongue cleaning
- Spit not rinse.

Toothbrush care (talk this through)

- Rinse toothbrush under running water
- Tap toothbrush on sink
- Store uncovered in a dry place
- Replace when bristles become shaggy or at least every 3 months (eg. with change of each season).

Identify common oral conditions to check daily and report to RN.

- Ask participants what they should check for.

Show and talk through the following:

- Interproximal brush
- Handgrip
- Tongue cleaner.

Facilitator Notes

Care of Dentures

Demonstrate

Denture labelling

- All dentures should be labelled with the resident's name.

Daily cleaning of dentures

- Place cloth or bowl in sink
- Correct way to hold dentures and partial dentures
- Denture brush used to brush all surfaces, morning and night
- If the denture has been relined with a soft cushion liner, use a soft toothbrush to clean it gently
- Use soft toothbrush to clean partial dentures
- Use mild liquid soap – toothpaste can be abrasive and damage denture
- Rinse well and soak in cold water overnight
- Removal of dentures at night
- Clean gums and tongue also remaining teeth (if partial denture) with soft toothbrush.

Weekly denture disinfection

- Chlorhexidine (eg. Savacol) is suitable to use for both full and partial dentures (with metal components)
- Note: some cleaning agents (such as Miltons & denture tablets) will corrode metal parts – product must clearly identify that it is non corrosive if using on partial dentures
- Weekly disinfection of dentures and partial dentures is recommended to reduce risk of fungal infections (eg thrush). Only a short time (10 minutes) is needed rather than soaking overnight which may stain the denture. For example, disinfect dentures while resident is showering.

Denture disinfection – treatment of fungal infection

- If a resident is being treated for a fungal infection, dentures should be disinfected more frequently on a daily basis using chlorhexidine until the infection is resolved
- Denture brush and soft toothbrush should be replaced before and after treatment.

Removal of calculus

- Soak plastic dentures in full strength vinegar for 8 hours (overnight)
- Brush dentures to remove the softened calculus
- You may need to try this more than once if there is heavy staining or calculus deposits
- Not suitable for partial dentures, vinegar will cause corrosion of metal wires – professional cleaning recommended.

Denture brush and soft toothbrush care

- Rinse toothbrush under running water
- Tap toothbrush on sink
- Store uncovered in a dry place
- Replace when bristles become shaggy or at least every 3 months (eg. with change of each season).

Denture adhesives

- Used only if required for poorly fitting dentures
- Remind to only apply small amounts of paste or powder
- Adhesive must be cleaned off each time dentures are brushed.

Identify common oral conditions to check daily and report to RN.

- Ask participants what they should check for.

Facilitator Notes

Accompanying Oral Care

Give each participant a tongue depressor to be used for the purpose of sampling different oral care products. As each product is discussed, place a small amount of product on the tongue depressor so participants can use their finger to taste.

Commence by providing an overview of accompanying oral care products then describe application techniques.

Demonstrate

Prevention of gum disease (gingivitis)

Antibacterial (alcohol free) products for chemical control of dental plaque

Protective daily use:

- Low strength chlorhexidine Curasept (0.12 %) ADS 712 gel-toothpaste (alcohol free and non-teeth staining)
- Apply daily after lunch
- Explain rationale for doing this after lunch
 - chlorhexidine and toothpaste cannot be used with in 2 hours of each other

Treatment of gum disease:

- Higher strength chlorhexidine used
- Curasept (0.50 %) ADS 350 gel
- Curasept (0.20 %) ADS 220 mouth rinse

Relief of dry mouth

Keep mouth moist

- Emphasise the importance of frequently sipping water
- Lubricate lips with water based moisturiser (eg KY jelly)
- Saliva substitutes – provide taste sample of product
- Saliva stimulants show tooth - friendly lollies

Reduce tooth decay

- Emphasise the importance of drinking water to cleanse the mouth after eating
- Show Xylitol (sugar free) products
- Show tooth friendly symbol.

Treatment (strengthening teeth)

- GC Tooth Mousse (also relieves dry mouth).

Application techniques

- Apply pea-size amount of product onto resident's finger and ask the resident to rub the product over their teeth and gums. Never place your fingers between the teeth of a resident.
- Apply pea-size amount of product and wipe with soft toothbrush (rather than brush) over teeth and gums concentrating on gum line.
- In severe cases of gum disease (gingivitis) product can be applied to an interproximal brush and used to brush between the teeth.
- Mouth rinse can be decanted into a spray bottle (this may require a pharmacist and must be labelled). Spray 3 to 4 squirts of product into resident's mouth. This is particularly useful for residents with changed behaviours or residents who are unable to rinse mouth.

Resource Kit Components

Care of Natural Teeth

- Gloves
- High fluoride toothpaste 5000ppm (for example, Colgate NeutraFluor 5000 Plus)
- Soft toothbrushes – sufficient quantity for each participant to practise modifying a toothbrush and to also practise toothbrushing
- Clear plastic toothbrushes are the easiest to bend (for example Colgate professional soft toothbrush no.1228230 'cello wrapped')
- Tongue depressors for purposes of sampling toothpaste etc.
- Cups of hot water – sufficient quantity for staff to practise modifying a toothbrush
- Interproximal brush
- Hand grip
- Tongue cleaner

Care of Dentures

- Denture labelling equipment
- Sample dentures
 - Full upper denture
 - Partial denture (mental components)
- Denture container (denture bath)
- Denture brush
- Soft toothbrush
- Liquid soap
- Chlorhexidine (Savacol) and denture tablet (non-corrosive variety)
- White vinegar
- Denture adhesives
 - Paste – Polident adhesive cream
 - Powder – Polident adhesive powder
 - Strips – Polident comfort seal strips

Accompanying Oral Care

Tongue depressors for purpose of product sampling

Prevention of gum disease

- Curasept (0.12%) ADS 712 gel toothpaste – daily use
- Curasept (0.50%) ADS 350 gel – treatment of gingivitis
- Curasept (0.20%) ADS 220 mouth rinse
 - treatment of gingivitis
- Spray Bottle (opaque as non staining element is light sensitive)

Relief of dry mouth

- Glass of water
- Lip moisturisers (water based) eg KY jelly
- Hamilton Aquae dry mouth spray
- Biotene dry mouth moisturiser
- GC Dry Mouth Gel

Reduce tooth decay

- Xylitol
 - Small container of Xylitol
 - Tooth Friendly lollies
- GC Tooth Mousse

Staff Portfolio Resource

Module 2

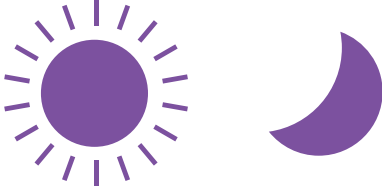




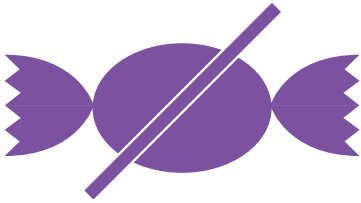


Module 2

Protect your Residents' Oral Health

Six of the Best Ways to Maintain a Healthy Mouth

Protect your Residents' Oral Health

Brush Morning and Night	High Fluoride Toothpaste on Teeth
	
Soft Toothbrush on Gums, Tongue and Teeth	Antibacterial Product After Lunch
	
Keep the Mouth Moist	Cut Down on Sugar
	



Care of Natural Teeth

Teeth are mainly made up of minerals including calcium. Bacteria in dental plaque convert sugars into acid, which can dissolve the minerals out of teeth. If the teeth are not cleaned, this can lead to decay (caries) in the teeth and lead to tooth infections and pain. Good oral hygiene is extremely important to help avoid tooth decay. High fluoride toothpaste helps strengthen teeth as well as reverse the effects of the acid produced by the bacteria in dental plaque.

Rationale

Strengthen Teeth

High fluoride toothpaste strengthens teeth.

Encourage the resident to spit and not rinse the mouth after brushing so the fluoride can soak into the teeth.

Brushing

Brushing is the best way to remove dental plaque.

A soft toothbrush is gentle on oral tissues and is more comfortable for the resident.

Brushing before bed is important as bacteria can grow in number by as much as 30 times overnight.

Recommended Oral Health Care

Use high fluoride toothpaste (5000 ppm) morning and night.

Use a soft toothbrush to brush teeth, gums and tongue morning and night.

Encourage the resident to spit and not to rinse the mouth after brushing, so the fluoride can soak into the teeth.

Encourage the resident to drink water after meals, medications, other drinks and snacks to keep the mouth clean.

Oral Hygiene Aids & Products



Use a high fluoride toothpaste (5000 ppm).

Use a soft toothbrush suitable for bending

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Mask
- Eye/facial protection (glasses/face shield)
- Gown

Toothbrush Alternatives



Modified Soft Toothbrush

A soft toothbrush can be bent to give better access to the mouth.

A forward bent toothbrush can be used to brush the inner upper and lower teeth.

A backward bent toothbrush can be used to retract the cheek, while another brush is used to brush the resident's teeth.



Electric Toothbrush

An electric toothbrush may help residents with limited manual dexterity, due to stroke or arthritis for example, to manage brushing by themselves.

Vibration can be a problem for some residents.

Cost and maintenance can be a barrier.

This type of brush is recommended if the resident is currently using one.



Interproximal Brush

This type of brush is ideal for cleaning the larger spaces between teeth, underneath bridges, around crowns and between tooth roots where gum recession has occurred.

The brush can also be used to apply antibacterial gels between the teeth.

Interproximal brushing does not replace normal toothbrushing. The brushing of teeth, gums and tongue must still take place with a soft toothbrush.

Additional Oral Hygiene Aids



Tongue Scraper

This can be used as an alternative when a toothbrush is not able to clean the surface of the tongue sufficiently; for example, when thrush is present.



Hand Grip

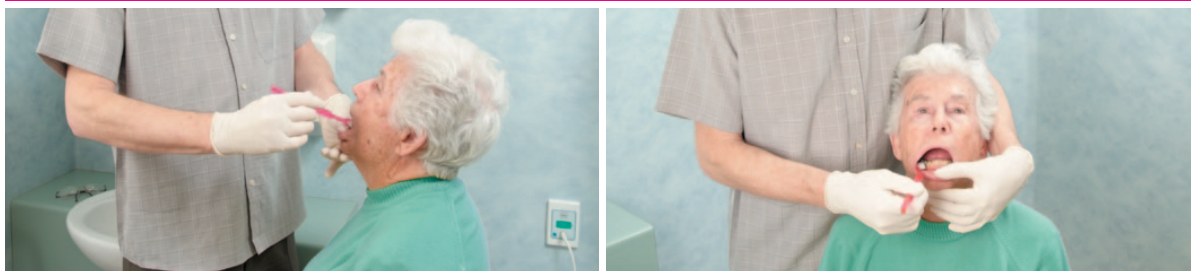
This is useful for residents with reduced grip strength.

Toothpaste Application



Use high fluoride toothpaste (5000 ppm) morning and night. Only a small pea-sized amount of toothpaste is required.

Positioning



When the resident requires assistance, try different positions to suit the situation.

Standing in front position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrushing Technique Lower Teeth



Toothbrushing Technique Upper Teeth



Toothbrushing

Place the toothbrush at a 45 degree angle to the gum line.

Gently brush front, back and chewing surfaces of the teeth and gums in a circular motion. Give particular attention to the gum line.

If some teeth are missing, make sure all surfaces of single teeth are cleaned.

Encourage the resident to spit and not rinse the mouth after brushing, so the fluoride soaks into the teeth.

Bleeding Gums

Report this to the RN as it may be a sign of a general health problem.

Bleeding is usually caused by the build up of dental plaque.

Brushing is the best way to remove the dental plaque and heal the gums.

Continue to brush teeth (with particular attention to the gum line) with a soft toothbrush twice a day. The bleeding should resolve in a week.

Tongue Cleaning



Ask the resident to stick out the tongue.
Scrape the tongue carefully from back to front.
Do not go too far back as it will cause the resident to gag.

Alternative Toothbrushing Techniques



Electric Toothbrush

Turn the brush on and off while it is in the mouth, to limit toothpaste splatter.
Use the vibrating brush to reach all surfaces of the teeth and gums.



Interproximal Brush

Brush into the space between the teeth at the level of the gum and gently move back and forth to remove dental plaque and food.
An interproximal brush can also be used to apply antibacterial product between the teeth.

Toothbrush Care



After Brushing

Thoroughly rinse the toothbrush under running water.
Tap the toothbrush on the sink to remove excess water.
Store the toothbrush uncovered in a dry place.
Replace the toothbrush with a new one when:

- bristles become shaggy
- with the change of seasons (every three months)
- following a resident's illness such as a 'bad cold'.

When a resident is being treated for a fungal infection (such as thrush), replace the toothbrush when the treatment starts and again when the treatment finishes.
If a toothbrush grip is used, remove the grip and wash and dry the toothbrush handle and grip after each use.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

- Lip blisters/sores/cracks
- Tongue for any coating/change in colour
- Sore mouth/gums/teeth
- Swelling of face or localised swelling
- Mouth ulcer
- Bleeding gums
- Sore teeth
- Broken or loose teeth
- Difficulty eating meals
- Excessive food left in mouth
- Bad breath
- Refusal of oral care



Care of Dentures

Many problems can occur in residents with dentures. If dentures are not removed, allowing for the tissues to rest, infections such as thrush, or denture sore mouth can develop. Poorly fitting dentures can also lead to soreness or cracking at the corners of the mouth. Over time, dentures can wear out and the shape of the gums and jaws can change. Because of this, dentures may need to be relined or re-made to cater for these changes. Reduced saliva flow can also affect the ability to wear dentures comfortably.

Protective Oral Hygiene	Recommended Oral Health Care
<p>Residents who wear dentures are at high risk of developing fungal infections (such as thrush).</p> <p>Dentures must be taken out and brushed to remove dental plaque.</p> <p>Gums and tongue should be brushed to remove dental plaque.</p> <p>Gum tissue needs time to rest from wearing dentures.</p>	<p>Label dentures with the resident’s name.</p> <p>Brush dentures with a denture brush morning and night, using a mild soap.</p> <p>Rinse dentures well under running water.</p> <p>Brush gums and tongue with a soft toothbrush morning and night.</p> <p>Take dentures out of the mouth overnight, clean and soak in cold water.</p> <p>Disinfect dentures once a week.</p> <p>Encourage the resident to drink water after meals, medications, other drinks and snacks to keep the mouth clean.</p>

Oral Hygiene Aids & Products



Use a soft toothbrush suitable for bending to brush gums, tongue and partial dentures.

Use a denture brush for full dentures.

Use mild soap (liquid or foam) for cleaning dentures – handwashing soap as supplied by the residential aged care facility should be suitable.

Provide a denture storage container (disposable or non-disposable).

Use a denture disinfection product (suitable for full or partial denture or both).

Soak dentures in white vinegar for calculus removal (not suitable for partial dentures).

Use a denture adhesive (if required).

Provide a denture labelling kit (if required).

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Eye/facial protection (glasses/face shield)
- Gown
- Mask

Denture Care



Label Dentures

Dentures must be labelled with the resident's name.

Dentures are best named permanently by a dental professional, ideally when the denture is made.

To temporarily name dentures:

- lightly sandpaper the pink acrylic on the outside (cheek side) of the denture
- write the resident's name in pencil
- using several coats of sealing liquid or clear nail polish to cover the name.

The denture storage container should also be labelled with the resident's name.

Daily Denture Care

Either remove dentures after each meal and rinse mouth and denture with water or encourage the resident to drink water after meals to help keep the mouth clean.

Brush dentures morning and night.

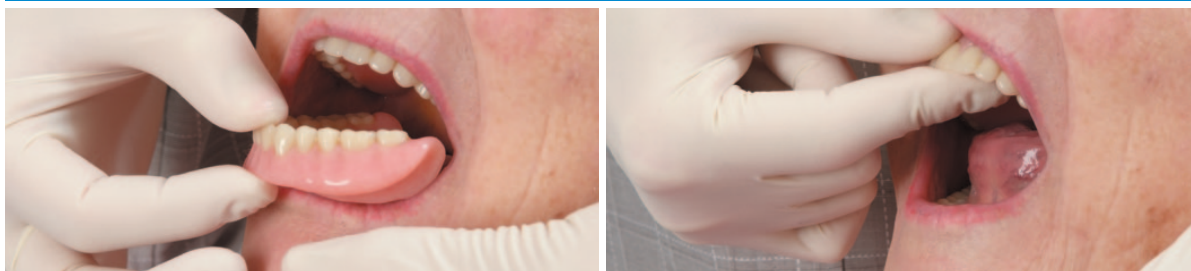
Encourage the resident to remove dentures overnight to rest the gums.

Soak cleaned dentures in a denture container of cold water.

Do not let dentures dry out completely.

Denture storage containers should be washed and dried daily.

Removing Denture



Before you start, ask the resident to take a sip of water to moisten the mouth.

Encourage the resident to remove his or her own dentures.

If the resident requires assistance, it is easier to take out the lower denture first by holding the lower front teeth with the thumb and index finger and lifting out.

To remove upper denture, break the seal by holding front teeth with the thumb and index finger and rocking the

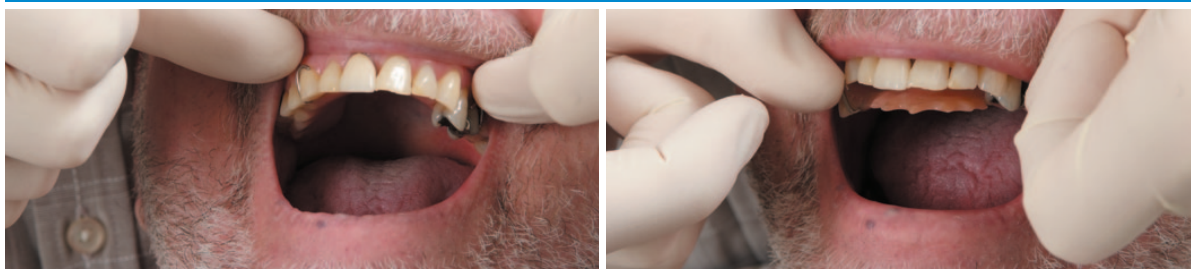
denture up and down until the back is dislodged.

Remove the denture at a sideways angle.

If you are unable to break the seal, use a backward bent toothbrush to carefully push down on the side of the denture towards the back of the mouth until the denture is loosened and can be easily removed.



Removing Partial Denture



Before you start, ask the resident to take a sip of water to moisten the mouth.

Encourage the resident to remove his or her own partial denture.

If the resident requires assistance, place your finger tips

under the clasps that cling onto the natural teeth and push down carefully.

Gently grasp the plastic part of the denture and lift it out of the resident's mouth, taking care not to bend the wire clasps.



Brush Gums, Tongue and Teeth (Partial Denture)



Use a soft toothbrush to brush the gums morning and night. This will remove dental plaque, any food particles and stimulate the gums.

Ask the resident to stick out the tongue and brush the tongue carefully from the back to the front.



Do not go too far back as it will cause the resident to gag.

For residents who wear a partial denture, give particular attention to the teeth that support the denture clasps.

Make sure all surfaces of single teeth are cleaned (including back, front and sides) with high fluoride toothpaste.

Residents Who Have No Teeth and Do Not Wear Dentures

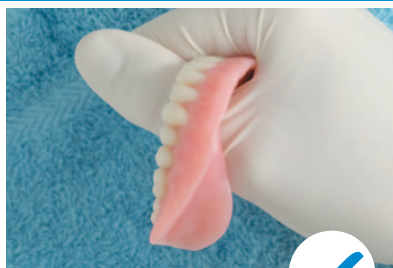
For residents who have no teeth and do not wear dentures, it is still important to brush the gums and tongue morning and night to maintain good oral health.

Use a soft toothbrush to brush the gums morning and night. This will remove dental plaque, any food particles and stimulate the gums.

Ask the resident to stick out the tongue and brush the tongue carefully from the back to the front.

Do not go too far back as it will cause the resident to gag.

Cleaning Dentures



Cleaning Technique

Clean the denture over a sink with a bowl filled with water or place a wash cloth in the base of the sink to protect the denture from breakage if dropped.

Use a denture brush and a mild soap (liquid or foam) to clean food, dental plaque and any denture adhesive from all surfaces of the denture. The handwashing soap as supplied by the residential aged care facility should be suitable for denture cleaning purposes.

Do not use normal toothpaste as it may be abrasive and over time will abrade and scratch the denture. A scratched denture can be a source of irritation and increase the risk of fungal infections.

Support the denture while cleaning as it can break very easily if dropped.

Holding a lower denture from end to end may apply force and cause the denture to break.

Cleaning Lower Denture



Cradle the lower denture between the thumb and the base of the index finger for a stable hold.

Brush all surfaces to remove dental plaque and any denture adhesive.

If the denture has been relined with a soft cushion liner, use a soft toothbrush to clean it gently.

Cleaning Upper Denture



Support the upper denture between the thumb and fingers for a stable hold.

Brush all surfaces to remove dental plaque and any denture adhesive.

If the denture has been relined with a soft cushion liner, use a soft toothbrush to clean it gently.

Cleaning Partial Denture



Use a soft toothbrush to clean metal clasps.

Gently brush around the metal clasps, taking care not to bend or move them as this will affect the denture fit.

Denture Adhesives



Residents with poorly fitting dentures may benefit from denture adhesives.

Denture adhesives can be used to hold dentures more firmly in place and prevent dentures from rubbing.

Denture adhesives come as a paste, powder or sticky strips.

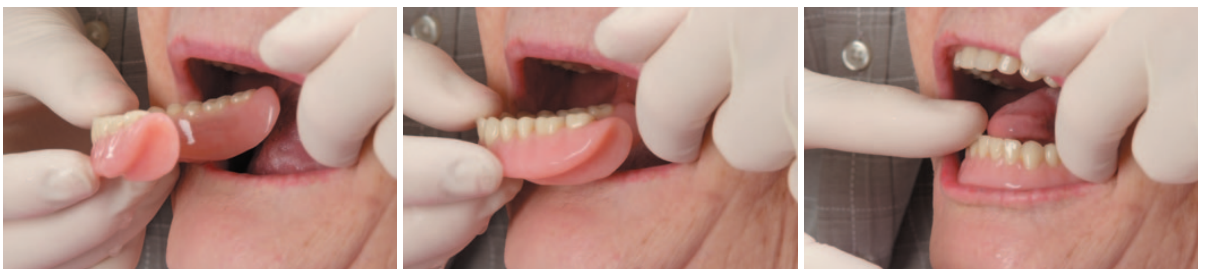
Follow the product instructions for directions on how to apply the denture adhesive.

Thoroughly remove all traces of the denture adhesive from both the denture and gums morning and night.

Putting Upper Denture In



Putting Lower Denture In



Dentures must always be rinsed well under running water before being placed in the resident's mouth.

Encourage the resident to insert his or her own dentures.

If the resident requires assistance, insert the upper denture first followed by the lower denture.

Ask the resident to open his or her mouth. Hold the denture at a sideways angle as it enters the mouth and then rotate into position.

Putting Partial Denture In



Partial dentures must always be rinsed well under running water before placing them in the resident's mouth.

Encourage the resident to insert his or her own dentures.

Ask the resident to open the mouth, hold the denture at a sideways angle as it enters the mouth and then rotate and click into position.

Denture Disinfection



Disinfect dentures once a week and as directed if the resident is being treated for a fungal infection (such as thrush).

Always rinse dentures well under running water before placing in the resident's mouth.

Take care with the choice of denture disinfection products as some may cause the metal components of a partial denture to corrode. The following may be used.

Chlorhexidine solution with or without alcohol (for example, Savacol):

- This is suitable for both full plastic and partial dentures.
- Alcohol content is acceptable for this purpose as it is not in direct contact with the mouth.
- Chlorhexidine has a low allergy risk.
- Disinfect by using enough solution to cover the denture, soak for no more than 10 minutes, then rinse well.
- Follow the residential aged care facility's infection control guidelines for decanting the solution.

Commercial denture cleansing tablet

(for example, Steradent):

- The product used should clearly identify whether it is suitable for either full plastic or metal partial dentures or both.
- Follow the manufacturer's instruction for soaking time.

Caution

Excessive soaking in chlorhexidine may cause discolouration. Soak no more than 10 minutes.

Allergy Alert

Persulphate (persulfate), a denture cleanser ingredient, may cause an allergic reaction. This may happen quickly or after many years, even with correct use.

Symptoms include irritation, tissue damage, gum tenderness, breathing problems and low blood pressure. If symptoms occur remove dentures and refer to a GP or dentist.

Removing Calculus and Stains



Calculus (tartar) is dental plaque that has been hardened by the minerals in saliva.

Thorough daily brushing should stop calculus from forming on the denture.

To remove calculus from a full plastic denture, soak denture in full strength white vinegar for 8 hours to soften calculus and then scrub off using a denture brush.

Caution

Vinegar has corrosive properties and is not suitable for partial dentures.

For heavy calculus, staining and for stain removal on partial dentures, cleaning by a dental professional is recommended.

Denture Brush and Toothbrush Care



After Brushing

Thoroughly rinse the toothbrush and denture brush under running water.

Tap the brushes on the sink to remove excess water.

Store the brushes uncovered in a dry place.

Replace the brushes when:

- bristles become shaggy
- with the change of seasons (every three months)
- following a resident's illness such as a 'bad cold'.

When a resident is being treated for a fungal infection (such as thrush), replace the toothbrush and denture brush when the treatment starts and again when the treatment finishes.

If a toothbrush grip is used, remove the grip and wash and dry the toothbrush handle and grip after each use.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document & Report to RN

- Lip blisters/sores/cracks
- Tongue for any coating/change in colour
- Sore mouth/gums/teeth
- Swelling of face or localised swelling
- Mouth ulcer
- Bleeding gums
- If partial denture, sore or broken teeth
- Broken denture or partial denture
- Lost denture
- Denture not named
- Poorly fitting denture
- Stained denture
- Difficulty eating meals
- Excessive food left in mouth
- Bad breath
- Refusal of oral care



Prevention of Gum Disease (Gingivitis)

Dental plaque is the major contributor to the two main dental diseases, tooth decay and gum disease. It forms continuously on the teeth and, if left on the teeth over a period of time, it can harden to become calculus (tartar).

Severe gum disease (periodontitis) results in the break down of the gums and bone that support the teeth. This condition affects general health and wellbeing.

Protective Oral Hygiene

Antibacterial Control of Dental Plaque

Daily application of an antibacterial product can reduce harmful bacteria in the dental plaque and help to prevent gum disease.

Chlorhexidine is a safe and effective antibacterial product.

Use an alcohol free product because alcohol can dry out the mouth and damage oral tissue.

Recommended Oral Health Care

Use a low-strength (0.12%) chlorhexidine product (alcohol free and non-teeth staining) applied daily after lunch for all residents.

Note

Higher-strength chlorhexidine products are used as a treatment for severe gum disease and are prescribed by the GP or dentist.

Oral Hygiene Aids & Products



Use a soft toothbrush suitable for bending.

Use a low-strength (0.12%) chlorhexidine product (alcohol free and non-teeth staining).

Use an interproximal brush (as directed by dentist).

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Mask
- Eye/facial protection (glasses/face shield)
- Gown

Application Techniques for Chlorhexidine Product



Resident Self Application

Before you start, ask the resident to have a drink of water or rinse the mouth with water before applying the chlorhexidine gel.

If the resident is able, put a small pea-size amount of gel on the finger and ask him or her to rub it over the teeth and gums.

If the resident has dentures, remove and rinse the dentures, apply a small pea-size amount of gel to the gums, and replace dentures.

Alternatively, the gel can be applied to the fitting side of the denture.

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Application Techniques for Chlorhexidine Product (Continued)



Use a Toothbrush to Wipe over Teeth

If the resident requires full assistance, apply a small pea-size amount of gel to a toothbrush and wipe over the teeth and gums.

In severe cases of gum disease, an interproximal brush can be used to apply the gel into the space between the teeth at the level of the gum.

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Never place your fingers between the teeth of a resident.

Application Techniques for Chlorhexidine Product (Continued)



Use of a Spray Bottle

If it is difficult to apply the chlorhexidine gel, an alternative is to spray a chlorhexidine mouthwash into the mouth.

The mouthwash should be placed undiluted into a spray bottle.

You must follow the residential aged care facility's infection control guidelines for decanting the mouthwash or a pharmacist may do this for you.

The spray bottle must be labelled with the resident's name and the contents.

Spray four squirts directly into the mouth. Take care not to spray the resident's face.

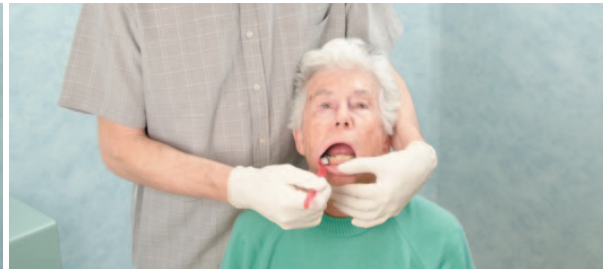
If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Some chlorhexidine mouthwashes, for example Curasept rinses, require an opaque spray bottle because the non-teeth staining formula is light sensitive.

Positioning



When the resident requires assistance, try different approaches or different positions to suit the situation.

Standing in Front Position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrush Care after Application of Chlorhexidine Product



After use, thoroughly rinse the toothbrush under running water.



Tap the toothbrush on the sink to remove excess water.



Store the toothbrush uncovered in a dry place.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

If a chlorhexidine product has not been applied according to the oral health care plan, document this and report it to the RN.



Relief of Dry Mouth (Xerostomia)

Reduced saliva flow is known as dry mouth or xerostomia and is common in residents of aged care facilities. Relief from dry mouth also reduces tooth decay, gum disease and other oral diseases.

Protective Oral Hygiene	Recommended Oral Health Care
<p>Relief of Dry Mouth</p> <p>Saliva is the key to maintaining a healthy mouth.</p> <p>Medications taken by residents contribute to dry mouth.</p> <p>When the quantity and quality of saliva is reduced, oral diseases can develop very quickly.</p> <p>Dry mouth increases the incidence of mouth ulcers and oral infection.</p> <p>Dry mouth can be very uncomfortable for the resident.</p>	<p>Keep the mouth moist by frequent rinsing and sipping with water (and increase water intake if appropriate).</p> <p>Keep the lips moist by frequently applying a water-based lip moisturiser.</p> <p>Discourage the resident from sipping fruit juices, cordial or sugary drinks.</p> <p>Reduce the intake of caffeine drinks.</p> <p>Stimulate saliva production with tooth friendly lollies as required.</p> <p>Encourage the resident to drink water after meals, medications, other drinks and snacks, to keep the mouth clean.</p>

Oral Hygiene Aids & Products



A dry mouth product best suited to the resident can be recommended by the dentist.

There are a variety of products available; for example:

- Oral Balance gel or liquid
- GC Dry Mouth gel
- Hamilton Aquae mouth spray.

Apply water-based lip moisturiser; for example, KY Jelly or Oral Base Gel.

A variety of tooth friendly xylitol lollies are available. Look for the 'happy tooth' symbol on the packet.

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Eye/facial protection (glasses/face shield)
- Gown
- Mask

Keep Mouth Moist



Encourage the resident to frequently sip cold water especially after meals, medications, other drinks and snacks.

Reduce intake of caffeine drinks such as coffee, tea.

Apply saliva substitutes according to the oral health care plan to teeth, gums, inside of cheeks, roof of mouth and the fitting surface of dentures.

Saliva substitutes are especially useful before bed, upon awakening and before eating.

If appropriate, tooth friendly lollies may be used to stimulate saliva. Look for the 'happy tooth' symbol on the packet.

Keep Lips Moist



Apply a water-based lip moisturiser before and after mouth care and as required.

If the resident is able, put a small pea-size amount of lip moisturiser on the finger and ask him or her to rub it over the lips.

If the resident requires full assistance, apply a small pea-size amount of lip moisturiser to your gloved finger or use a swab and rub it over the lips.

Caution

Petroleum-based lip moisturisers may increase the risk of inflammation and aspiration pneumonia and are contraindicated during oxygen therapy.

Never place your fingers between the teeth of a resident.

Protect Oral Tissue



Take care when choosing oral care products as some ingredients, in particular alcohol, can dry out the mouth and damage oral tissue.

Pineapple, lemon and other citric juices may over-stimulate and exhaust the salivary glands causing the dry mouth condition to worsen.

Dry mouth products are recommended and are particularly soothing for residents receiving palliative care.

Caution

Do not use mouthwashes and swabs containing the following as they may damage oral tissues and may increase the risk of infection:

- alcohol
- hydrogen peroxide
- sodium bicarbonate (high-strength)
- lemon and glycerine.

Application Techniques for Saliva Substitutes



Resident Self Application

Before you start, ask the resident to have a drink of water or rinse the mouth with water before applying the dry mouth gel.

If the resident is able, put a small pea-size amount of gel on the finger and ask him or her to rub it over the teeth and gums.

If the resident has dentures, remove and rinse the dentures, apply a small pea-size amount of gel to the gums, and replace dentures.

Alternatively, the gel can be applied to the fitting side of the denture.

Use a Toothbrush to Wipe over Teeth

If the resident requires full assistance, apply a small pea-size amount of dry mouth gel to a toothbrush and wipe over the teeth and gums.

Use a Spray Bottle

If it is difficult to apply a gel, an alternative is to use a dry mouth spray.

Follow the manufacturer's instructions.

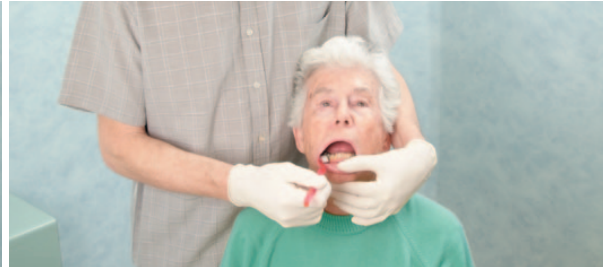
Take care not to spray the resident's face.

If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

Caution

Never place your fingers between the teeth of a resident.

Positioning



When the resident requires assistance, try different approaches or different positions to suit the situation.

Standing in Front Position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrush Care after Application of Saliva Substitutes



After use, thoroughly rinse the toothbrush under running water.



Tap the toothbrush on the sink to remove excess water.



Store the toothbrush uncovered in a dry place.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

If saliva substitutes have not been given as per the oral health care plan, document this and report it to the RN.



Reduce Tooth Decay

Tooth decay is directly related to the frequency of eating and drinking food and drinks containing sugar. Many foods contain sugar including bread and cereals. Foods and drinks containing sugar should be limited to meal times. Consider sugar substitutes between meals.

Protective Oral Hygiene	Recommended Oral Health Care
<p>Reduction of Sugar in Diet</p> <p>Sugars that are harmful to teeth include ordinary sugar (sucrose) which is added to many manufactured foods and fruit juice, and honey.</p> <p>Tooth decay is directly related to the frequency of sugar intake rather than the total amount of sugar eaten.</p> <p>Encourage the use of natural chemical free sweeteners such as xylitol, made from fruit and vegetables.</p>	<p>Encourage the resident to drink water to rinse the mouth after meals, medications, other drinks and snacks.</p> <p>Provide xylitol sugar substitute products. (Eating too many sugar substitute products may have a laxative effect.)</p> <p>Encourage tooth friendly products between meals.</p>

Rinse Mouth



Water reduces the acid that causes tooth decay.

Encourage the resident to drink water to rinse the mouth after meals, medications, other drinks and snacks.

A small drink of water before bed is also encouraged.

Sugar Substitute



Use xylitol instead of sugar for sweetening tea and coffee between meals.

Normal sugar may be used for drinks and cooking at meal times.

Xylitol does not leave an after-taste like other substitute sweeteners.

Xylitol also acts like other dietary fibre and improves the health of the digestive tract. However, if it is used in excessive amounts it may cause similar discomfort as other high fibre foods, such as diarrhoea.

Sugar Substitute (Continued)



Foods labelled 'no added sugar' or 'sugar free' do not necessarily mean they are tooth friendly.

Only products with the 'happy tooth' symbol are guaranteed to be tooth friendly.



Encourage residents' families to bring tooth friendly treats.

Xylitol products are safe for all consumers including children.

Caution
Foods containing xylitol may be harmful to pets.

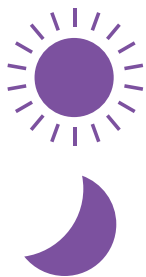
Poster

Time the distribution of the Poster to coincide with the delivery of the Module.

Place it in key areas around the residential aged care facility to reinforce participant learning.



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



Six of the best ways to maintain a healthy mouth

Protect your residents' oral health



Government of South Australia
SA Health



Better Oral Health
in Residential Care



www.ausgoal.gov.au/creative-commons
Public-I1-A1



Module 3

It Takes a Team Approach to Maintain a Healthy Mouth

Module 3 – Competency Outline

Topic

It takes a team approach to maintain a healthy mouth.
Better oral health reflective practice.

Purpose

Application of reflective practice to situations nurses and care workers meet in their everyday practice and to promote Better Oral Health in Residential Care.

Element of Competency		Performance Criteria	
1.	Apply reflective practice in oral health in residential aged care.	1.1	Demonstrate the ability to apply decision making skills in oral health care.
		1.2	Demonstrate the ability to apply oral hygiene knowledge and techniques to various situations.
2.	Implement team approach to Better Oral Health in Residential Care.	2.1	Describe the 4 key processes involved in Better Oral Health in Residential Care Model.
		2.2	Identify nurse and care worker roles in providing daily oral hygiene.

Module 3 – Session Plan

Module 3 It Takes a Team Approach to Maintain a Healthy Mouth: Better Oral Health Reflective Practice		
Topic	Resources	Time
Introduction Brings together Module 1 & Module 2 Explain purpose of guided questions and rules for small group work	Module 3 – Facilitator Notes Module 3 <i>Staff Portfolio</i> Poster 3 (It takes a team approach to maintain a healthy mouth) Optional – PowerPoint slides of scenario – Computer and projector	5 min
Oral Health Scenario Part 1 New resident Part 2 Changed Behaviour Part 3 Daily Checking & Reporting Part 4 Follow up OHA and treatment	Butcher paper Pens Blu Tack to display butcher paper	10 min 10 min 10 min 10 min
Conclusion - summarise It takes a team approach to maintain a healthy mouth Reinforce Better Oral Health In Residential Care 4 key processes	Optional: AV Resource (It takes a team approach)	10 min
Post education & training quiz • Post-quiz to be completed	Post education & training quiz and answer sheet	5 min
Total		60 min

Facilitator Notes

Module 3 Overview

Module 3 brings together the content from Module 1 (knowledge) and Module 2 (skills).

It uses clinically based situations and guided questions to encourage reflection and application to everyday practice using guided learning.

Guided learning is an approach to small group work which aims to help participants address situations they meet in their everyday practice and to enhance evidence based practice for better oral health in residential aged care.

Participant Training Numbers

You need to know in advance how many participants you will be expecting as this will determine how you run the session:

- If numbers are more than 10 it is recommended they be divided into 2 or 3 smaller groups
- A facilitator will be required to lead each group

Room Preparation

Group work setup

• One Group

- Arrange a circle of chairs facing where butcher paper is displayed

• More than one group

- A facilitator will be required for each group
- For each group arrange a circle of chairs facing where the butcher paper is to be displayed
- Noise can be a problem with several groups interacting at the same time. If possible each group should be set up in a different room

Note: Individual groups are to come together as one large group:

- Introduction section
- Conclusion section and to complete the post-quiz
- Remember to organise enough seating in one room to accommodate all participants for these sections of the presentation

Optional

A PowerPoint presentation of the scenario photos is available to set the scene for the session. You may like to have this set up just in case participants fail to bring the *Staff Portfolio* with them to refer to.

Facilitator Notes

Introduction

5 min

Explain the following

- Module 3 “Reflective oral health practice” brings together the content from Module 1 (knowledge) and Module 2 (skills).
- Reflecting on situations that occur everyday in residential aged care provides you with the opportunity to identify your knowledge, skills and attitudes and apply them to clinical practice.
- Today's session will focus on aspects of oral care by presenting a scenario to think about and discuss.
- A series of guided questions will be used to assist you to think about the situation, identify facts presented and to recognise the knowledge and skills you already have.
- You will then be asked to suggest ideas you have about what's going on and why and identify actions you would choose to respond to the situation.
- This involves working in a small group.
- When working as a group it is important to be respectful to beliefs and opinions of others.
- Following the scenario we summarise what is Better Oral Health in Residential Care and finish off by completing another quiz for you to check how much you have learnt.

Note: At this stage you should break out into smaller groups if participant numbers are more than 10.

Oral Health Scenario

Instructions

- As the facilitator, guide the discussions using the staged scenario description and questions.
- Read out aloud the scenario description (read slowly and clearly, use an interesting tone in your voice).
- Give the group about 2 minutes to think about the scenario description.
- Concentrate on one question at a time.
- Read out aloud the question and ask participants to respond.
- Your role is not to give right answers but to encourage discussion.
- Encourage discussion by using open questions e.g. Why do you think so? What makes you think that? What do you know about?
- Ask participants to identify knowledge and skills they have related to the scenario.
- Record responses on butcher paper (you can do this or ask someone to be a scribe).
- Once participants have explored the situation ensure that the key message for each question has been reached, if it has not – **state the key message as a summary for the section.**

Time management is important – make sure you follow the time allocation nominated for each stage of the scenario descriptions.

Guidelines for working in groups:

When working in small groups the facilitator needs to set the scene by encouraging staff to:

- Speak openly
- Contribute to the group
- Coach others and allow everyone time to have their say
- Ensure responses are not ridiculed or judged
- Encourage cooperation not competition
- Support a safe and non-threatening environment
- Ask why participants say/feel the way they do
- Ask if there is anything else the group would like to discuss.

Facilitator Notes

Scenario Description Part 1: New Resident

10 min



Mr Osmond is a new resident.

He is a frail, well mannered and cooperative gentleman.

Mr Osmond has settled well into his new surroundings.

He has a good appetite and loves sweet foods and treats.

He likes to drink coffee with two teaspoons of sugar.

Mr Osmond is sometimes forgetful but he is able to manage his activities of daily living with standby assistance and occasional prompting.

The GP has recently put him on several new medications.

On admission, the RN performed an Oral Health Assessment. Mr Osmond has natural teeth and an upper partial denture. His oral health was found to be 'healthy' and a referral to a dentist was not needed.

Based on this, the RN wrote up an Oral Health Care Plan for Mr Osmond.

Guided Questions

1. What information about Mr Osmond is relevant to his oral health care?
2. What oral health care would you give to Mr Osmond?

Key Messages

His oral health assessment is satisfactory, no dental follow up required

Need to care for both natural teeth and partial denture

He can self manage with stand by assist

He is forgetful, needs prompting

He has a good appetite, loves sweet food

Medications – implications for dry mouth

Six best ways to maintain a resident's oral health

1. brush teeth and partial denture morning and night
2. high fluoride toothpaste on teeth
3. soft toothbrush
4. antibacterial product after lunch
5. keep mouth moist
6. reduce sugar

Care of partial denture (metal components)

- daily cleaning of denture – soap and water
- weekly disinfection – to reduce risk of thrush – chlorhexidine
- take out overnight and soak in water

Facilitator Notes

Scenario Description Part 2: Changed Behaviour

10 min



Several months have passed.

Mr Osmond's behaviour has changed. He has recently become confused and uncooperative.

The GP is treating him for a suspected urinary tract infection.

Mr Osmond is not cleaning his teeth and he won't let you help him. If you try, he won't open his mouth.

When Mr Osmond is like this it is easier to leave him and not do his oral hygiene care. This seems to be happening a lot. Other staff members have been doing the same and leaving out his oral hygiene care.

You notice his breath smells and it is unpleasant to be around him.

You also notice Mr Osmond is having difficulty eating his food.

Guided Questions

1. What could or might be happening here?
2. How might this have happened?
3. What could you do to encourage Mr Osmond to open his mouth?

Key Messages

Oral infection (bad breath) rather than urinary tract infection
Dental pain (refusal of oral care and not eating)

Daily oral hygiene not being maintained
Continual refusal of oral care not being reported to RN

Effective Communication:

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

Techniques to gain access to mouth:

- Overcoming fear of being touched
- Bridging
- Chaining
- Hand over hand
- Distraction
- Rescuing

Facilitator Notes

Scenario Description Part 3: Daily Checking and Reporting to RN

10 min



You have been able to get Mr Osmond to open his mouth and you take out his partial upper denture which has metal wires.

You notice his denture is very dirty and one of the metal wires is broken.

When you look at Mr Osmond's mouth, you see the part of the mouth where the partial denture has been is red and sore.

When you brush his teeth his gums begin to bleed.

Guided Questions

1. Who should know about this?
2. What else should you look for and report?
3. What could happen to Mr Osmond if his oral health gets worse?

Key Messages

RN should know about:

- Poor oral cleanliness
- Bad breath
- Red inflamed upper palate
- Broken wire
- Bleeding gums

RN would need to do an Oral Health Assessment

Importance of daily checks

Report to RN if:

- Tongue for any coating /change of colour
- Lip blister, sores, cracks
- Sore mouth, gums/teeth
- Mouth ulcer
- Swelling of face or localised swelling
- Difficulty eating
- Excessive food left in mouth
- Continual refusal of oral care

Good oral health is essential for healthy ageing

Quality of life:

- Appearance, self esteem, social interaction
- Speech and swallowing
- Ability to eat, nutritional status and weight loss
- Pain and discomfort
- Changed behaviour

Impact on General health:

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

Facilitator Notes

Scenario Description Part 4: Follow Up Oral Health Assessment and Treatment

10 min



You assist the RN to do an oral health assessment.

The RN notifies the GP and arranges for Mr Osmond to see a dentist.

Treatment is prescribed and the Oral Health Care Plan is updated.

Guided Questions

Before asking this question

Tell participants the oral health assessment findings are:

- oral thrush
- gingivitis (gum disease) as indicated by bleeding gums
- confirms partial denture needs repair

1. What additional oral care could be required?
2. List the various ways you can apply the different types of oral care products?
3. List the types of aged care staff / health professions who have been involved in providing oral health care for Mr Osmond.

Key Messages

Treatment of thrush

- Oral medication for thrush
- Disinfection of partial denture
- Repair of partial denture
- Replacement of toothbrush/denture brush

Bleeding Gums

- Sign of gingivitis
- Best way to heal is to remove dental plaque by brushing twice a day with a soft toothbrush
- Should resolve within a week
- Antibacterial product – chlorhexidine gel (higher strength used as a treatment)

Application techniques

- Resident if able to apply with finger
- Use of toothbrush to apply, can also use a backward bent toothbrush as a retractor
- Spray bottle, can also use a backward bent toothbrush as a retractor

Team approach

- Care worker
- RN
- GP
- Dentist

Facilitator Notes

Conclusion

Summarise 10 min



Note: At this stage if you have broken out into smaller groups bring participants back together as one group.

Explain the scenario has highlighted the fact that:

- As residents become more frail they are at high risk of their oral health worsening in relatively short time periods if their daily oral hygiene is not adequately maintained.
- Simple daily protective oral health practices are important because they will maintain good oral health.
- A team approach is the best way to enhance evidence based practice for *Better Oral Health in Residential Care*.

As a summary (refer to poster 3 It takes a team approach to maintain a healthy mouth and the flowchart in the *Staff Portfolio* module 3) and reiterate the following:

It takes a team approach to maintain a healthy mouth. There are four key processes:

1. **Oral Health Assessment**
This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.
2. **Oral Health Care Plan**
RNs develop an oral care plan which is based on a simple protective oral health care regimen:
 - brush morning and night
 - use high fluoride toothpaste morning and night
 - use a soft toothbrush on gums, tongue and teeth
 - apply antibacterial product daily after lunch
 - keep the mouth moist
 - cut down on sugar intake.
3. **Daily Oral Hygiene**
Nurses and care workers maintain daily oral hygiene according to the oral health care plan.
4. **Dental Treatment**
Referral to a dental professional for a more detailed dental examination and treatment are made on the basis of an oral health assessment. (It is recognised that frail and dependent residents may be best treated at the residential aged care facility).

Quiz

5 min

Finish off session by asking participants to complete a post education and training quiz and provide answer sheet.

Staff Portfolio Resource

Module 3

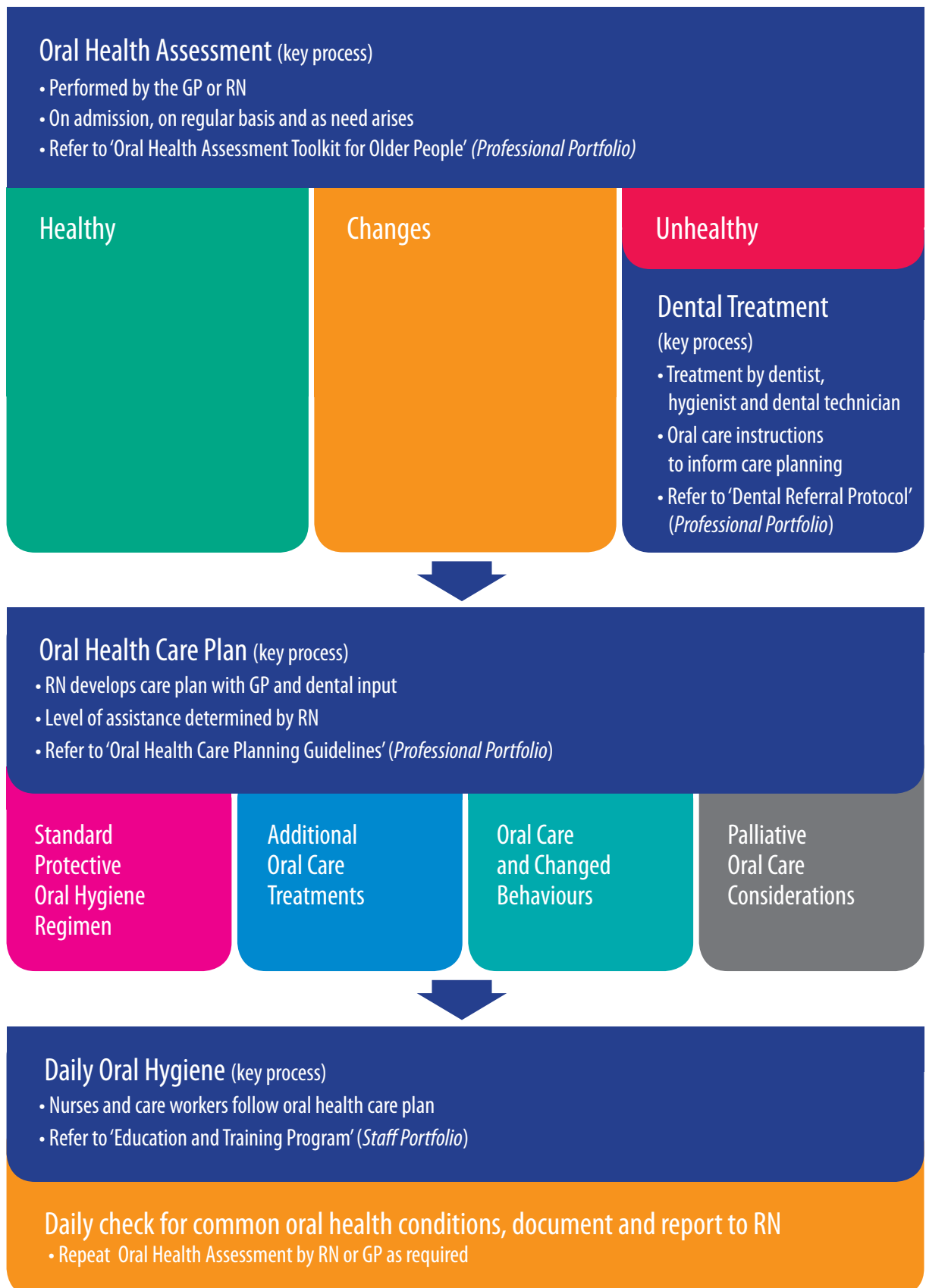


Module 3

It Takes a Team Approach to Maintain a Healthy Mouth

Better Oral Health in Residential Care Model

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes. This flowchart illustrates the Better Oral Health in Residential Care Model.





Better Oral Health Reflective Practice

Module 3 brings together the content from Module 1 (knowledge) and Module 2 (skills) in a guided learning approach conducted in small groups.

The module uses clinically-based situations and guided questions to encourage reflection on and application to everyday practice.

The aim is to help aged care staff members to address situations they meet in their everyday practice and to enhance evidence based practice for better oral health in residential care.

Guided Questions

Guided questions are provided in a sequential order to encourage discussion and reflection in the following way:

- think about the scenario presented
- respond to the questions provided
- identify what knowledge and skills you have already to respond to this scenario.

Working in Groups

When working in small groups:

- take time to think and reflect before responding
- work together and help one another
- share ideas and respect each other's views
- it is OK to disagree but do not be judgmental
- speak one person at a time.

Oral Health Scenario – Part 1



Description

Mr Osmond is a new resident.

He is a frail, well mannered and cooperative gentleman.

Mr Osmond has settled well into his new surroundings.

He has a good appetite and loves sweet foods and treats. He likes to drink coffee with two teaspoons of sugar.

Mr Osmond is sometimes forgetful but he is able to manage his activities of daily living with standby assistance and occasional prompting.

The GP has recently put him on several new medications.

On admission, the RN performed an Oral Health Assessment. Mr Osmond has natural teeth and an upper partial denture. His oral health was found to be 'healthy' and a referral to a dentist was not needed.

Based on this, the RN wrote up an Oral Health Care Plan for Mr Osmond.

Guided Questions

What information about Mr Osmond is relevant to his oral health care?

What oral health care should you give to Mr Osmond?

Oral Health Scenario – Part 2



Description

Several months have passed.

Mr Osmond's behaviour has changed. He has recently become confused and uncooperative.

The GP is treating him for a suspected urinary tract infection.

Mr Osmond is not cleaning his teeth and he won't let you help him. If you try, he won't open his mouth.

When Mr Osmond is like this it is easier to leave him and not do his oral hygiene care. This seems to be happening a lot. Other staff members have been doing the same and leaving out his oral hygiene care.

You notice his breath smells and it is unpleasant to be around him.

You also notice Mr Osmond is having difficulty eating his food.

Guided Questions

What could be happening here?

How might this have happened?

What could you do to encourage Mr Osmond to open his mouth?

Oral Health Scenario – Part 3



Description

You have been able to get Mr Osmond to open his mouth and you take out his partial upper denture which has metal wires.

You notice his denture is very dirty and one of the metal wires is broken.

When you look at Mr Osmond's mouth, you see the part of the mouth where the partial denture has been is red and sore.

When you brush his teeth his gums begin to bleed.

Guided Questions

Who should know about this?

What else should you look for and report?

What could happen to Mr Osmond if his oral health gets worse?



Description

You assist the RN to do an Oral Health Assessment.

The RN notifies the GP and arranges for Mr Osmond to see a dentist.

Treatment is prescribed and the Oral Health Care Plan is updated.

Guided Questions

What additional oral care could be required?

List the various ways you can apply the different types of oral care products?

List the types of aged care staff and health professionals who have been involved in the oral health care of Mr Osmond.

Conclusion



Facts

As residents become frailer, they are at high risk of their oral health worsening in a relatively short time if their daily oral hygiene is not adequately maintained.

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

Better Oral Health in Residential Care Model

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes.

1. Oral Health Assessment

This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.

2. Oral Health Care Plan

RNs develop an oral care plan which is based on a simple protective oral health care regimen:

- brush morning and night
- use high fluoride toothpaste morning and night
- use a soft toothbrush on gums, tongue and teeth
- apply antibacterial product daily after lunch
- keep the mouth moist
- cut down on sugar intake.

3. Daily Oral Hygiene

Nurses and care workers maintain daily oral hygiene according to the oral health care plan.

4. Dental Treatment

Dental referrals for more detailed dental examination and treatment are made on the basis of an oral health assessment. It is recognised frail and dependent residents may be best treated at the residential aged care facility.

Poster

Time the distribution of the Poster to coincide with the delivery of the Module.

Place it in key areas around the residential aged care facility to reinforce participant learning.



Dentist



Nurse



GP



Care Worker



It takes a team approach to maintain a healthy mouth

Work together to protect your residents' oral health



Government of South Australia
SA Health



Better Oral Health
in Residential Care



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Post-Quiz

Print off the required number of copies and distribute at the completion of Module 3.

Encourage participants to compare their results with the pre-quiz.

A quiz answer sheet is also available for participants.



Education and Training Program

Name _____

Date _____

Post - Quiz	Yes	No	Don't Know
1 When a resident refuses dental care it could mean they are experiencing dental pain			
2 When brushing a resident's teeth it is important to focus on the gum line.			
3 If a resident's gums bleed you should stop brushing the gums.			
4 It is important to rinse a resident's mouth with water after brushing their teeth.			
5 A resident with dementia may start brushing their teeth after holding a toothbrush for a few minutes.			
6 Residents' teeth or dentures, gums and tongues should be brushed morning and night.			
7 It is a good idea to have residents drink water after eating.			
8 When brushing a resident's teeth, apply a strip of toothpaste across the top surface of the brush.			
9 Chest infections may be caused by a build up of plaque in the mouth.			
10 Bad breath should be reported to the RN.			
11 Oral integrity is as important as skin integrity in protecting the body against infection.			
12 Dentures should be cleaned with toothpaste.			
13 The choice of denture disinfection product is important for partial dentures.			
14 The presence of stringy saliva in a resident's mouth is normal.			
15 Chlorhexidine products and toothpaste can be used at the same time.			
16 Drinking a lot of caffeine can affect a resident's oral health.			
17 It is best to try to reduce snacking on sugary foods between meal times.			
18 Toothbrushes should be replaced with the change of season (every three months).			
19 The daily application after lunch of an antibacterial product helps to prevent gum disease.			
20 Dentures should be taken out at night, cleaned and soaked in cold water.			

Education and Training Program

Quiz - Answers

<p>1 When a resident refuses dental care it could mean they are experiencing dental pain.</p> <p>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 which should be reported to the RN. An oral assessment should be done to check if there is a problem in the mouth that may be causing pain.</p>	Yes	
<p>2 When brushing a resident's teeth it is important to focus on the gum line.</p> <p>When brushing it is important to brush the front, back and chewing surfaces of the teeth and gums in a circular motion giving particular attention to the gum line. Bacteria in the dental plaque accumulates on the gum line at the base of the tooth and causes gum disease (gingivitis). Gum disease gets worse and more common with age. If it progresses to severe gum disease (periodontitis), this condition can impact seriously on general health and wellbeing.</p>	Yes	
<p>3 If a resident's gums bleed you should stop brushing the gums.</p> <p>Bleeding gums is usually caused by a build up of dental plaque. Brushing is the best way to remove the dental plaque and heal the gums. Continue to brush teeth, paying particular attention to the gum line with a soft tooth brush twice a day. This should resolve in a week. Bleeding gums should be reported to the RN as it may also be a sign of a general health problem.</p>		No
<p>4 It is important to rinse a resident's mouth with water after brushing their teeth.</p> <p>Encourage the resident to spit and not rinse the mouth after brushing so the fluoride soaks into the teeth. Fluoride is important as it helps to protect the teeth from decay.</p>		No
<p>5 A resident with dementia may start brushing their teeth after holding a toothbrush for a few minutes.</p> <p>This is referred to as bridging. Bridging aims to engage the resident's senses especially sight and touch and to help the resident to understand the task you are trying to do for him or her.</p>	Yes	
<p>6 Residents' teeth or dentures, gums and tongues should be brushed morning and night.</p> <p>Brushing morning and night is the most effective and economic method of physically removing dental plaque. Dental plaque forms continuously and sticks to all surfaces of the teeth, including spaces between the teeth and the gums and must be removed by regular brushing. Poor oral hygiene allows the bacteria in the dental plaque to produce acids and other substances that damage the teeth, gums and surrounding bone.</p>	Yes	
<p>7 It is a good idea to have residents drink water after eating.</p> <p>Water reduces the acid that causes tooth decay and helps to keep the mouth clean. Encourage the resident to drink water to rinse the mouth after meals, medications and other drinks and snacks. A small drink of water before bed is also encouraged.</p>	Yes	
<p>8 When brushing a resident's teeth, apply a strip of toothpaste across the top surface of the brush.</p> <p>Only use a small pea-sized amount of toothpaste.</p>		No
<p>9 Chest infections may be caused by a build up of plaque in the mouth.</p> <p>The bacteria in dental plaque can enter airways and cause a chest infection called aspiration pneumonia.</p>	Yes	
<p>10 Bad breath should be reported to the RN.</p> <p>Bad breath may indicate the presence of an oral health problem and should be reported to the RN. Bad breath can impact on a resident's quality of life.</p>	Yes	

Education and Training Program

Quiz - Answers

<p>11 Oral integrity is as important as skin integrity in protecting the body against infection.</p> <p>When oral integrity is impaired due to poor oral health the bacteria in dental plaque can enter the bloodstream and cause infection of tissues far away from the mouth and may contribute to heart attack, stroke, lowered immunity and poor diabetic control.</p>	Yes	
<p>12 Dentures should be cleaned with toothpaste.</p> <p>Do not use toothpaste to clean dentures as this can be abrasive and over time will abrade and scratch the denture. A scratched denture can be a source of irritation to soft oral tissues and can increase the risk of fungal infections such as thrush. Dentures should be brushed using a denture brush and a mild soap to clean food, dental plaque and any denture adhesive from all surfaces of the denture morning and night.</p>		No
<p>13 The choice of denture disinfection product is important for partial dentures.</p> <p>Take care with the choice of denture disinfection product as some products may cause the metal components of a partial denture to corrode. Partial dentures may be disinfected using a chlorhexidine product or a denture tablet identified as being non corrosive.</p>	Yes	
<p>14 The presence of stringy saliva in a resident's mouth is normal.</p> <p>This is a sign of Dry Mouth (Xerostomia) and should be reported to the RN. Saliva is important in maintaining a healthy mouth. This condition can be very uncomfortable for the resident. It can be caused by medications, radiation, chemotherapy or by medical conditions such as Sjorgren's syndrome and Alzheimers disease. Dry Mouth (Xerostomia) is also a common condition at the end stage of life.</p>		No
<p>15 Chlorhexidine products and toothpaste can be used at the same time.</p> <p>Chlorhexidine and toothpastes (containing sodium lauryl sulphate) should not be used within two hours of each other as the product effectiveness is reduced.</p>		No
<p>16 Drinking a lot of caffeine can affect a resident's oral health.</p> <p>Caffeine drinks such as coffee and tea can contribute to Dry Mouth (Xerostomia). When the quantity and quality of saliva is reduced oral diseases can develop very quickly.</p>	Yes	
<p>17 It is best to try to reduce snacking on sugary foods between meal times.</p> <p>Tooth decay is directly related to the frequency of sugar intake rather than the amount of sugar eaten. Encourage tooth friendly products between meals. Encourage the resident to drink water to rinse the mouth after meals, medications, other drinks and snacks.</p>	Yes	
<p>18 Toothbrushes should be replaced with the change of season (every three months).</p> <p>Toothbrushes carry bacteria and should be replaced every three months (with the change of seasons), when the bristles become shaggy or following an acute illness such as a bad cold. Toothbrushes should be thoroughly rinsed after use, tapped dry and stored uncovered in a dry place.</p>	Yes	
<p>19 The daily application after lunch of an antibacterial product helps to prevent gum disease.</p> <p>The daily application after lunch of a low strength concentration of chlorhexidine (which is alcohol free and non-teeth staining), can reduce harmful bacteria in the dental plaque and help to prevent gum disease.</p>	Yes	
<p>20 Dentures should be taken out at night, cleaned and soaked in cold water.</p> <p>Encourage the resident to remove dentures overnight to rest the gums. Soak cleaned dentures in a denture container of cold water overnight.</p>	Yes	

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