



Building Better Oral Health Communities

Better Oral Health in Home Care



Government of South Australia
SA Health



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- Helping Hand Aged Care Inc SA
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- BaptistCare NSW & ACT
- Hunter New England Oral Health, NSW
- The University of Adelaide, SA - School of Nursing & ARCPOH.

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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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

Better Oral Health in Home Care

Better Oral Health in Home Care is designed to assist home care workers encourage and support older people to maintain and enjoy good oral health.

Part 1 provides reference information.

Part 2 consists of a series of reflective practice activities linked to a set of oral health care audio-visual resources. This section is intended to promote learning by guiding the application of oral health knowledge to practice.

This resource was developed by the Building Better Oral Health Communities Project which was funded by the Australian Government Department of Social Services under the Encouraging Better Practice in Aged Care (EBPAC) Initiative (2012-2014). Led by SA Dental, with the support of home care partner organisations, it builds on the success of a previous EBPAC Initiative called Better Oral Health in Residential Care (2008-2009). In doing so, this work brings together models of oral health care that support the changing needs of older people as they transition from independence to formal care.

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What do you already know? (Quiz)

Please complete this questionnaire to check your level of understanding **before** you begin Part 1 and Part 2 of Better Oral Health in Home Care.

	I know this	I need to know more	I don't know
1 Why is good oral health important for a person's quality of life?			
2 Why is good oral health important for a person's general health?			
3 Why are older people more at risk of poor oral health?			
4 What are the 4 oral health processes required to maintain a person's oral health?			
5 List the types of health workers who can encourage and support older people to maintain good oral health?			
6 How do you care for natural teeth?			
7 How do you care for dentures?			
8 What is dry mouth and how can it be relieved?			
9 What is tooth friendly eating and why is it important?			
10 Why is it important to encourage and support an older person to quit smoking?			
11 When should an older person see a dental professional?			
12 What information and support considerations are required to prepare an older person for a dental appointment?			
13 How do you encourage an older person who has dementia to participate in oral health care?			
14 What are the common oral health problems suffered by older people?			
15 List the oral health changes that should be reported to the care coordinator for follow up oral health assessment and possible dental referral?			



Part 1

Better Oral Health in Home Care

Good oral health is essential for healthy ageing

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 older people are keeping their natural teeth.

Many older people take medications that contribute to dry mouth.

The onset of major oral health problems takes place as older people find their activities of daily living more difficult to manage.

When older people become frail and more dependent, they are at high risk of their oral health worsening in a relatively short time if their daily oral care is not maintained.

Good oral health begins at home with a simple Better Oral Health in Home Care routine.

Quality of life

Poor oral health will significantly affect 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.

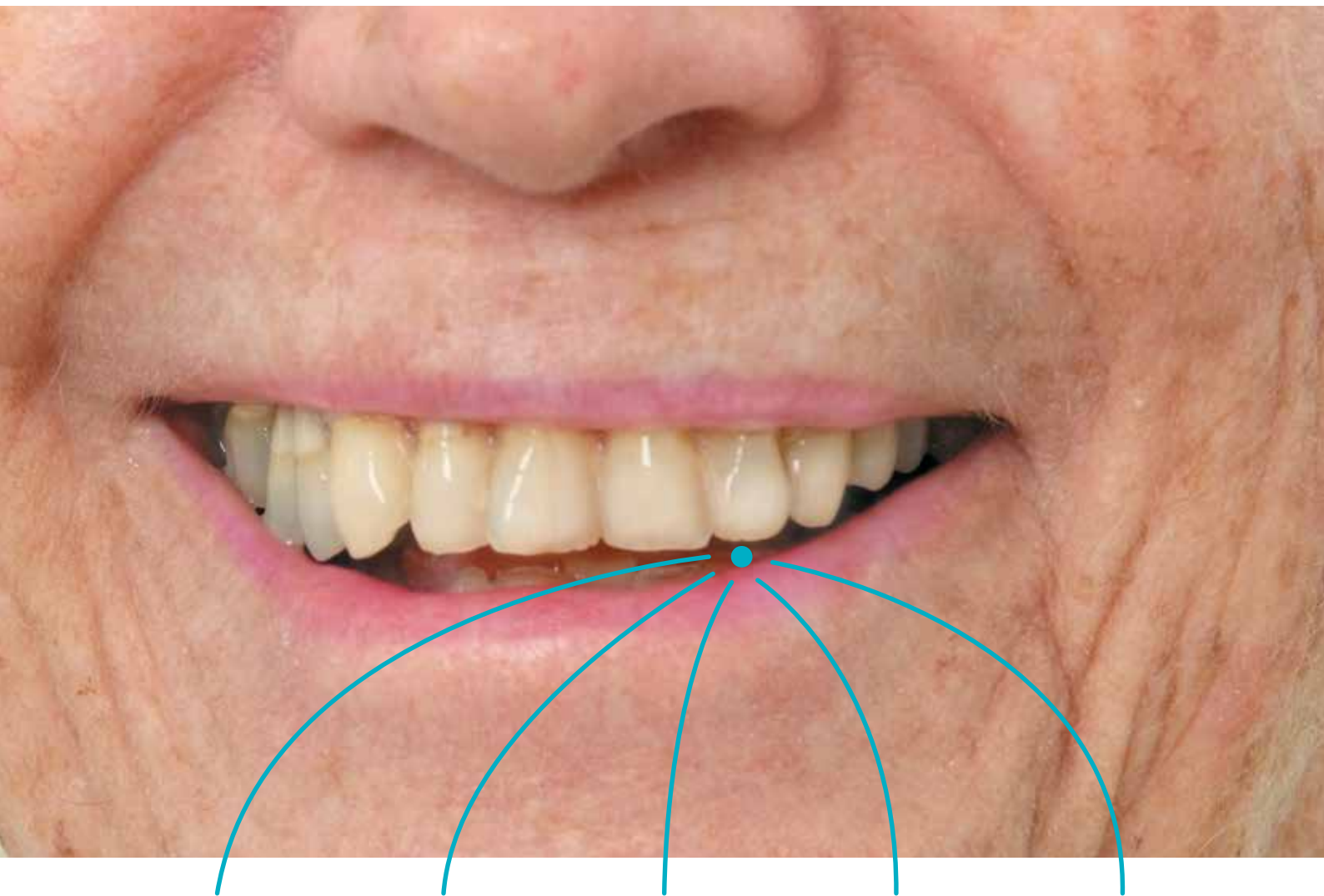
Impact on general health

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.

A healthy mouth will improve overall health and wellbeing



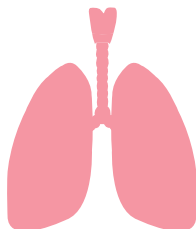
Help reduce risk of
stroke



Help prevent
heart disease



Help avoid
pneumonia



Help prevent
tooth decay



Help reduce
gum disease
& bad breath



It takes a team approach

Research has shown early oral health assessment, care planning, support with daily oral care and timely referral to a dental professional can provide many benefits to the oral and overall health of older people.

For clients receiving home care support, the Better Oral Health in Home Care model promotes a team approach to help maintain a client's oral health. GPs, nurses, care coordinators, home care workers, dental professionals, clients and their families all share responsibility for implementing one or more of four key oral health processes.

1 Oral health assessment

This may be performed by the **GP** as part of an older person's medical assessment or by the **nurse or care coordinator** on commencement of home care support and subsequently at the client's annual review and as the need arises.

The aim is to ensure oral health is a recognised and practiced part of health assessment and appropriate care planning and dental referral are delivered when required.

2 Oral health care plan

The **care coordinator** in consultation with the **client and or the client's family** develops an oral health care plan based on the outcome of the oral health assessment and implementation of a Better Oral Health in Home Care routine.

3 Oral health care

Home care workers encourage and support the client and or the client's family to maintain a Better Oral Health in Home Care routine based on the oral health care plan.

It is important **home care workers** report changes in a client's oral health to the care coordinator to ensure an appropriate client reassessment is made.

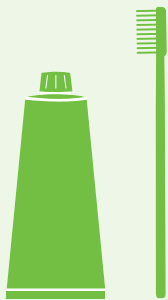
4 Dental treatment

Referral to a **dental professional** for dental examination and treatment is made on the basis of the oral health assessment with the **care coordinator and home care worker** assisting the client and or the client's family to attend their appointment.

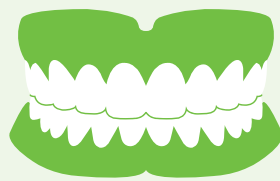
Good oral health begins at home

Good oral health is essential for healthy ageing and it begins at home. As people age retaining good standards of oral care becomes more difficult. This is complicated by functional dependence, physical frailty, chronic diseases and cognitive impairment. It is therefore not surprising that studies have shown an older person's oral health deteriorates most rapidly in the year or so prior to entering residential care. Poor oral health can easily be prevented by maintaining a Better Oral Health in Home Care routine.

Care of natural teeth



Care of dentures



Relief of dry mouth



Tooth friendly eating



See a dental professional



Quit smoking



Better oral health in home care

Encourage and support clients to maintain a simple self-care routine which includes:

- care of natural teeth
- care of dentures
- relief of dry mouth
- tooth friendly eating
- seeing a dental professional
- quit smoking.

This is important because:

- older people are more susceptible to oral health problems
- if they have natural teeth, tooth decay and gum disease are risks
- if they wear dentures, oral infections such as thrush can occur
- dry mouth contributes to oral health problems.
- tooth friendly foods and drinking water after eating help protect oral health
- seeing a dental professional will help avoid urgent dental problems
- smoking increases the risk of oral cancers and impacts on general health.

Care of natural teeth

Tooth enamel is mainly made up of minerals including calcium. When food is eaten, bacteria in dental plaque convert sugars and starches into acid, which can dissolve the minerals out of teeth. If the teeth are not cleaned, this can lead to tooth decay, infections and pain. Good oral care is extremely important to help avoid tooth decay. Fluoride toothpaste helps strengthen teeth as well as reverse the effects of acid produced by the bacteria in dental plaque. Bacteria in dental plaque also contribute to gum disease. Severe gum disease results in the breakdown of gums and bone that support the teeth causing tooth loss and pain. This affects general health and wellbeing.



Better oral health in home care

Encourage and support clients to:

- brush their teeth, gums and tongue twice a day
- use a soft toothbrush
- use a pea-sized amount of fluoride toothpaste
- spit but don't rinse after brushing
- replace the toothbrush every 3 months.

This is important because:

- brushing is the best way to remove dental plaque
- a soft toothbrush is gentle on the gums
- fluoride toothpaste protects teeth
- not rinsing allows fluoride to be absorbed by the teeth
- a frayed toothbrush is not effective.

Oral hygiene aids and products



Use a fluoride toothpaste.
Use a soft toothbrush.

Standard precautions



Wash hands before and after, and wear gloves for oral care.

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 toothbrush is used to brush the client's teeth.



Electric toothbrush

An electric toothbrush may help older people with limited manual dexterity, due to stroke or arthritis for example, to manage brushing by themselves.
Vibration can be a problem for some older people.
Cost and maintenance can be a barrier.

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 older people with reduced grip strength.

Toothpaste application



Use fluoride toothpaste morning and night.
Only a small pea-sized amount of toothpaste is required.

Positioning



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

Standing in front position

Sit the client in a chair facing you.

If the client is in bed you will need to support their head with pillows.

Support the client's chin with your index finger and thumb, being careful not to place pressure on the client'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 client is maintained with this position.

Cuddle Position

Stand behind and to the side of the client.

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

Support the client's chin with your index finger and thumb, being careful not to place pressure on the client'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



Outside



Biting side



Inside

Toothbrushing technique upper teeth



Outside



Biting side



Inside

Toothbrushing

Gently brush in a circular motion, the outside, biting side and inside of all teeth. Pay particular attention to where the tooth meets the gum.

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

Encourage the client to spit not rinse after brushing.

If the client finds this difficult to accept, encourage them to wipe a little bit of toothpaste on their front teeth after rinsing.

Bleeding gums

Bleeding is usually caused by a build-up of dental plaque.

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

Continue to brush teeth twice a day paying particular attention to where the tooth meets the gum.

Report bleeding gums to the care coordinator and in particular if the bleeding does not resolve within a week of correct brushing.

Retracting the cheek



A second bent toothbrush can be used to retract the client's cheek.

This technique provides better access and vision when brushing teeth or checking a client's mouth.

Tongue cleaning



Ask the client to stick out their tongue.

Scrape the tongue carefully from the back to the front.

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

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 frayed
- with the change of seasons (every three months)
- following an illness such as a 'bad cold'.

When a client 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.

Treatment for gum disease

If a client is being treated for gum disease, the dentist or GP may have prescribed the application of an antibacterial product such as chlorhexidine.

Chlorhexidine and fluoride toothpaste should not be used within 2 hours of each other as the product effectiveness is reduced.

The client may need to be reminded of this. An alternative suggestion is for the client to apply the chlorhexidine product after lunch.

Care of dentures

Many problems can occur for people who wear dentures. If dentures are not removed, allowing the tissues to rest, infections such as thrush, or denture sore spots 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.



Better oral health in home care

Encourage and support clients to:

- brush dentures twice a day
- use a denture brush with mild liquid soap and water or a denture paste to clean then rinse dentures well
- use a soft toothbrush to clean gums and tongue
- Therapeutic guidelines recommend dry storage for dentures overnight
- use a denture soaking tablet to disinfect dentures.

This is important because:

- brushing dentures protects against infections such as thrush
- using a denture brush gives better friction to clean the denture
- mild liquid soap is economical and effective
- toothpaste may scratch dentures increasing the risk of thrush
- brushing tongue and gums with a soft toothbrush removes dental plaque
- gums need time to rest from wearing dentures.

Oral hygiene aids and products



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

Use a denture brush for full dentures.

Use mild liquid soap or a denture paste for cleaning dentures.

Use a denture storage container.

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

Soak dentures in white vinegar overnight to remove calculus (not suitable for partial dentures).

Use a denture adhesive (if required).

Standard precautions



Wash hands before and after, and wear gloves for oral care

Denture care



Label dentures

It is recommended a client's dentures be labelled with their name. This becomes important when a client is admitted to hospital or respite care.

Dentures are best named permanently by a dental professional, ideally when they are made. If this has not taken place, the client and their family should be advised to contact their dentist for further information.



Daily denture care

Encourage the client to remove dentures after each meal and rinse their mouth and denture with water. Alternatively encourage drinking water after meals to help keep the mouth clean.

Brush dentures morning and night.

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

Therapeutic guidelines recommend dry storage for dentures overnight.

Denture storage containers should be washed and dried daily.

Removing denture



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

Encourage the client to remove their own dentures.

If the client 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 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 client to take a sip of water to moisten the mouth.

Encourage the client to remove their own partial denture.

If the client requires assistance, place your finger tips under the clasps that cling onto the natural teeth and push carefully.

Gently grasp the plastic part of the denture and lift it out of the client'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 client to stick out their tongue and brush it carefully from the back to the front.



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

For clients 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 (outside, biting side and inside) with fluoride toothpaste.

Clients who have no teeth and do not wear dentures

For clients 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 moistened with water to brush the gums. This will remove dental plaque and any food particles and stimulate the gums.

Ask the client to stick out their tongue and brush it carefully from the back to the front.

Do not go too far back as it will cause the client 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 mild liquid soap or denture paste to clean all surfaces of the denture.

Do not use normal toothpaste as it may be abrasive and over time will 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



Clients 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 placing them in the client's mouth.

Encourage the client to insert their own dentures.

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

Ask the client to open their 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 client's mouth.

Encourage the client to insert their own dentures.

Ask the client to open their 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 client is being treated for a fungal infection (such as thrush).

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

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

Commercial denture cleansing tablet

(for example, Steradent):

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

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 usually stops calculus forming on the denture.

To remove calculus from a full denture, soak 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 as it may damage the metal clasps.

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 toothbrush used for natural teeth when:

- bristles become frayed
- with the change of seasons (every three months)

- following an illness such as a 'bad cold'.

When a client 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.

Relief of dry mouth

Saliva is important to maintain a healthy mouth. When the quantity and quality of saliva is reduced, oral diseases can develop very quickly. Reduced saliva flow is known as dry mouth. This is a common and uncomfortable condition for older people. Many of the medications taken by older people contribute to dry mouth. Dry mouth can also affect a person's ability to speak, chew and swallow food comfortably.



Better oral health in home care

Encourage and support clients to:

- keep their mouth moist by sipping plain tap water
- limit sugary food or drinks, juice, tea, coffee and alcohol
- avoid foods that are dry or salty or spicy
- use a water-based lip moisturiser
- ask the dentist or pharmacist about dry mouth products.

This is important because:

- keeping the mouth and lips moist provides relief
- limiting foods and drinks that contribute to dry mouth helps relieve discomfort
- dry mouth products provide saliva support.

Dry mouth products



A dry mouth product best suited to the client can be recommended by a dental professional or pharmacist.

Apply the dry mouth product according to the manufacturer guidelines to teeth, gums, inside of the cheeks, roof of the mouth and the fitting surface of dentures.

Dry mouth products are especially useful before bed, upon awakening and before eating.

Increase saliva flow



If appropriate, chewing sugar free gum can be used to stimulate saliva flow.

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

Products made with xylitol (a sugar substitute) as well as products carrying the 'happy tooth' symbol are recommended.

Keep mouth moist



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

Limit food and drinks that contribute to dry mouth such as sugary food or drinks, juice, tea, coffee and alcohol.

Recommend caffeine free tea or coffee.

Avoid foods that are dry or salty or spicy.

Avoid mouth washes containing alcohol.

Keep lips moist



A water-based lip moisturiser can be used as often as needed.

Caution

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

Tooth friendly eating

What a person eats and drinks affects their oral health. Bacteria in the dental plaque convert sugars and starches from food into acids. This acid attacks the tooth enamel and begins the tooth decay process. Simple ways to reduce the effects of acid attack on teeth are to eat tooth friendly foods, limit snacking and make it a habit to swish and swallow plain tap water after eating.



Better oral health in home care

Encourage and support clients to:

- enjoy a variety of 'tooth friendly' foods such as fruit, vegetables and plain milk, yoghurt and cheese
- limit snacking and avoid continual sipping of sugary drinks and sucking of sugary lollies such as cough drops
- make it a habit to drink plain tap water to clean the mouth after meals, snacks, other drinks and medications.

This is important because:

- fresh fruit and vegetables help stimulate saliva flow
- plain dairy products, especially cheese, help protect tooth enamel
- a significant factor contributing to tooth decay is the frequency of eating and drinking sugary drinks
- drinking plain tap water after eating helps clear any remaining food, rinses away acid from the mouth and provides fluoride to remineralise teeth.

Understanding acid attack



The outside part of the tooth is made up of millions of crystals and one part of the crystal is calcium.

The tooth is also bathed in saliva and as long as the saliva is neutral, the tooth stays protected.



When food is eaten bacteria in the mouth convert sugars and starches into acid. This is called an acid attack.

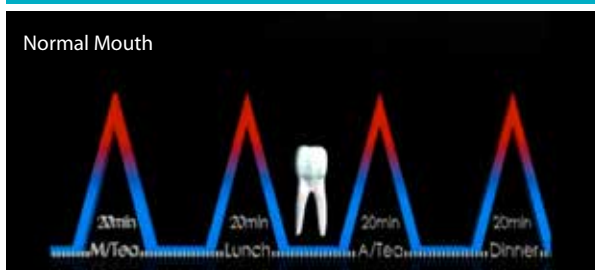
When this happens calcium from the tooth escapes into the saliva and begins the tooth decay process.



The tooth can be protected from acid attacks by brushing twice a day with fluoride toothpaste.



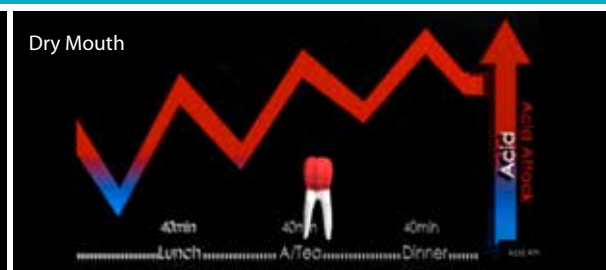
Fluoride is important as it combines with the calcium in saliva to reharden the tooth enamel.



In a healthy mouth, teeth can cope with about 5 acid attacks a day.

This is breakfast, morning tea, lunch, afternoon tea and dinner.

Healthy saliva washes away the acid in about 20 minutes so the mouth is under attack for about 100 minutes a day. A healthy mouth can cope with this.



Dry mouth means it takes twice as long to wash away the acid.

Frequent snacking or sugary drinks exposes teeth to continuous acid attack.

For people who need to eat small frequent meals and snacks, tooth friendly foods and drinking plain tap water after eating will help reduce the acid in the mouth.

Seeing a dental professional

Poor patterns of dental care undermine good oral health and compromises healthy ageing. Surveys have found people over 75 years of age visit a dentist less frequently than other age groups. Many older people only see a dental professional when they have a painful and urgent problem. Reasons for this are physical and cognitive impairment as well as difficulties with transport, past negative experiences, anxiety and cost.

A routine oral health assessment and support with assisting clients to see a dental professional will help them maintain good oral health.



Better oral health in home care

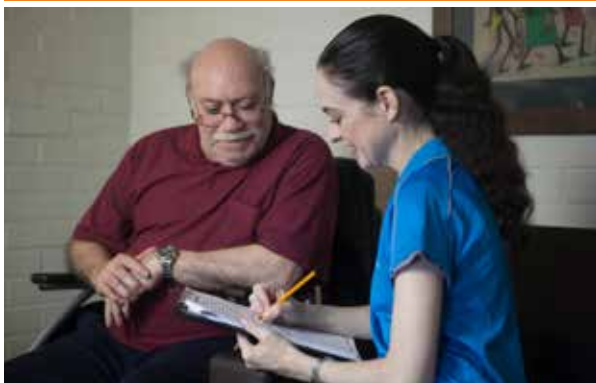
Encourage and support clients by working with the care coordinator and the client's family to ensure:

- an oral health assessment takes place on a regular basis and when the need arises
- when a dental referral is made the client is assisted to attend their dental appointment.

This is important because:

- seeing a dental professional for oral health care will help maintain a healthy mouth, quality of life and sense of wellbeing.

Six Question Oral Health Assessment Tool



An oral health assessment may be performed by the GP as part of an older person's medical assessment or by the nurse or care coordinator on commencement of home care support and subsequently at the client's annual review and as the need arises.

The aim of an oral health assessment is to ensure oral health is a recognised and practiced part of general health assessment and that appropriate care planning and dental referral are delivered when required.

1. Do you have any of your own natural teeth?
2. Have you had pain in your mouth while chewing?
3. Have you lost any fillings, or do you need a dental visit for any other reason?
4. Have you avoided laughing or smiling because of problems with your teeth, mouth or dentures?
5. Have you had to interrupt meals because of problems with your teeth, mouth or dentures?
6. Have you had difficulty relaxing because of problems with your teeth, mouth or dentures?

The six question oral health assessment tool was developed to help non-dental health workers identify older people who are experiencing or who are at risk of poor oral health.

These six simple questions are predictive of an older person's need for dental treatment. A 'yes' to any of the six questions indicates a dental referral is required.

This tool can be used for older people who can reliably self-report.

Oral Health Assessment Tool (OHAT)



For older people who cannot reliably self-report or who need a clinical assessment the Oral Health Assessment Tool (OHAT) can be used. The OHAT consists of a visual inspection of eight categories of oral health which are assessed as healthy, changes or unhealthy. An unhealthy check indicates the need for a dental referral.

This clinical assessment does not replace a comprehensive examination by a dentist but is to be used by non-dental health workers, such as the GP, nurse or care coordinator, as a screening tool to monitor a client's oral health, plan and evaluate oral care and trigger a dental referral.

1. Lips
2. Tongue
3. Gums and oral tissues
4. Saliva
5. Natural teeth
6. Dentures
7. Oral cleanliness
8. Dental pain

Healthy	Changes	Unhealthy	Dental Referral
---------	---------	-----------	-----------------

Lips			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smooth, pink, moist	Dry, chapped or red at corners	Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners *	

Tongue			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Normal moist, roughness, pink	Patchy, fissured, red, coated	Patch that is red and/or white/ulcerated, swollen *	

Gums and Oral Tissue			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moist, pink, smooth, no bleeding	Dry, shiny, rough, red, swollen, sore, one ulcer/sore spot, sore under dentures	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures *	

Saliva			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moist tissues watery and free flowing	Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth *	

Healthy	Changes	Unhealthy	Dental Referral
---------	---------	-----------	-----------------

Natural Teeth			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
No decayed or broken teeth or roots	1-3 decayed or broken teeth/roots, or teeth very worn down	4 or more decayed or broken teeth/roots or fewer than 4 teeth, or very worn down teeth *	

Dentures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
No broken areas or teeth, worn regularly, and named	1 broken area or tooth, or worn 1-2 hours per day only or not named	1 or more broken areas or teeth, denture missing /not worn, need adhesive, or not named *	

Oral Cleanliness			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clean and no food particles or tartar in mouth or on dentures	Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures	Food particles, tartar, plaque most areas of mouth, or on most of dentures *	

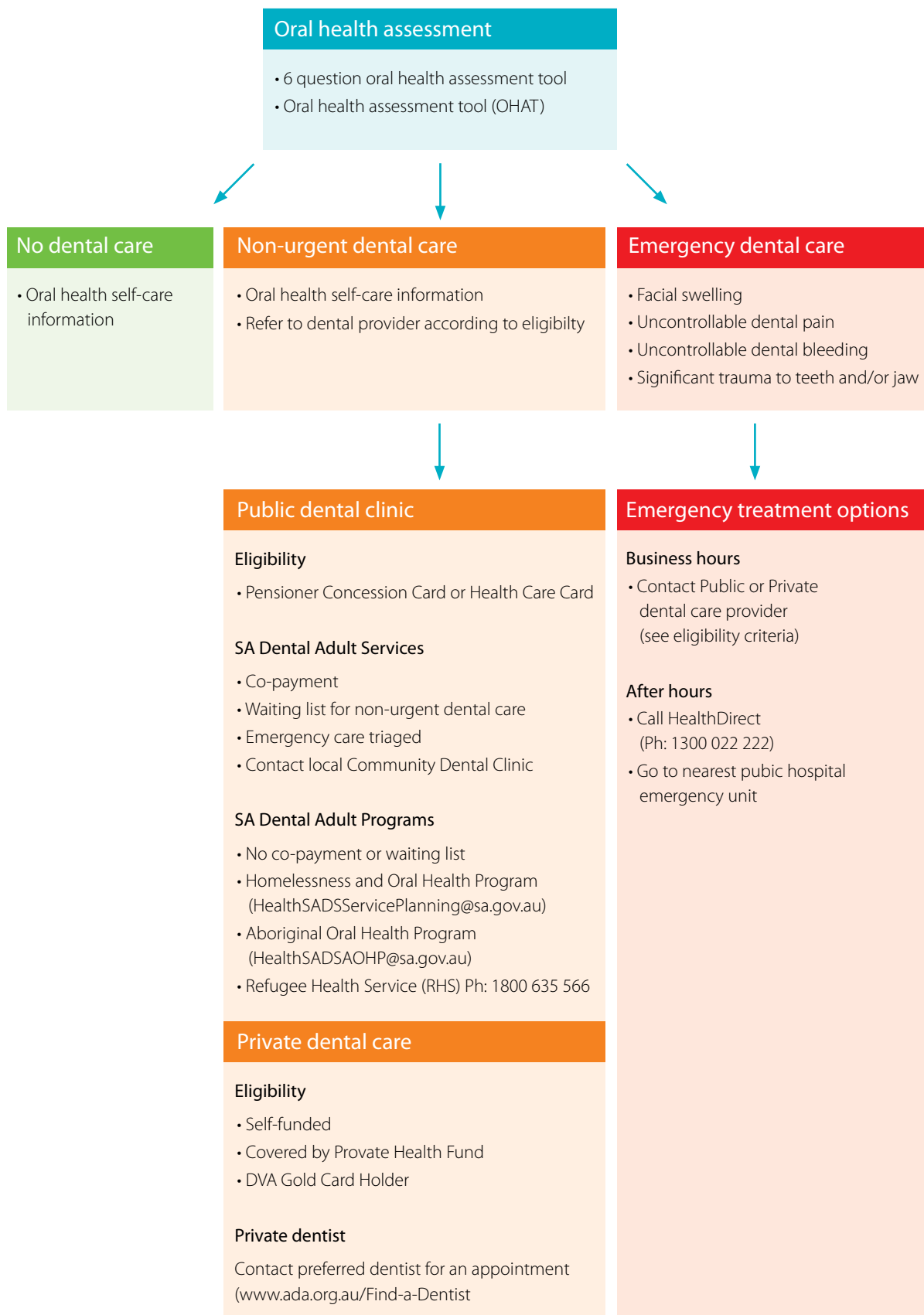
Dental Pain			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
No behavioural, verbal or physical signs of dental pain	Verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour.	Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioural signs (pulling at face, not eating, changed behaviour) *	

* Unhealthy signs usually indicate referral to a dentist is necessary

Dental referral pathway

If the client is the holder of a Centrelink pension or health care card they are eligible for public dental care. Be aware that public dental clinics may charge clients a small co-payment for dental treatment.

For clients who are not eligible for public dental care and who don't have a preferred private dentist, contact the Australian Dental Association for further information.



Dental visit preparation

If a client is unable to self-manage, coordinated planning and support between the family, care coordinator, care worker and dental clinic staff will be needed to ensure the client is able to attend their dental appointment.

This includes information such as consent, a current medical history, current medications, appropriate concession cards and assistance with transport or an escort if needed.

Check list

To ensure the dental visit is successful it is important to work out beforehand what assistance is needed and who is responsible for it.

Appointment

- ☐ Client can self-manage
- ☐ Family member to arrange
- ☐ Care coordinator to arrange

Transport

- ☐ Client can self-manage
- ☐ Family member to arrange
- ☐ Care worker required

Escort

- ☐ Client can self-manage
- ☐ Family member required
- ☐ Care worker required

Consent

- ☐ Client can self-consent
- ☐ Guardian consent required
- ☐ Guardian details provided to dentist

Current medical history

- ☐ Client can self-manage
- ☐ Family member to provide
- ☐ Care coordinator to provide

Current medications

- ☐ Client can self-manage
- ☐ Family member to provide
- ☐ Care coordinator to provide
- ☐ Webster pack to be taken to dental appointment

Interpreter

- ☐ Family to arrange with dental clinic
- ☐ Care coordinator to arrange with dental clinic

Wheelchair

- ☐ Does the client need a dental clinic with a wheelchair tilt?

Public dental clinic

- ☐ Medicare card
- ☐ Centrelink pension card or health care card
- ☐ Money for co-payment costs (check with dental clinic)

Private dental clinic

- ☐ Private health fund card
- ☐ DVA gold card
- ☐ Money to cover cost

Client unable to attend appointment

- ☐ Client can cancel and reschedule
- ☐ Family member to cancel and reschedule
- ☐ Care coordinator to cancel and reschedule

Quit smoking

Smoking is a preventable cause of illness. Toxins in tobacco smoke enter airways and the bloodstream causing harm to almost every organ and system of the body. Many of the medical conditions caused by smoking result in years of debilitating health issues including oral health problems.



Better oral health in home care

Encourage and support clients to:

- quit smoking
- talk to their doctor or pharmacist
- call the QUITLINE on 13 7848 or visit www.quitnow.info.au.

This is important because:

- smoking affects the whole body including the mouth
- quitting at any age has health benefits.

Effects of smoking

Stained teeth, smoker's breath and dry mouth

Smoking stains teeth, fillings and dentures.

Smoking causes bad breath and dry mouth.

Benefits of quitting

Reduces visible stains.

Fresher breath and reduces dry mouth.

Gum disease

Smoking restricts the blood and oxygen supply to gums.

Smokers are up to 6 times more likely to have gum disease and have more tooth loss than non-smokers.

Benefits of quitting

Stops gum disease progressing and prevents further damage.

Reduces the risk of tooth loss.

Loss of taste and smell

Smoking by-products coat the inside of the mouth, making it harder for taste buds to work. This can also affect the sense of smell.

Benefits of quitting

Improves sense of taste and smell within 48 hours of last cigarette.

Problems after dental treatment

Smoking contributes to poor wound healing after tooth extractions or oral surgery.

Benefits of quitting

Reduces the likelihood of problems after dental treatment.

Cancer

Smoking is a major cause of cancer of the mouth, throat, larynx, pharynx, oesophagus, tongue, lips, salivary glands and lungs.

This can lead to major surgery, problems with speech, eating, swallowing and disfigurement.

Benefits of quitting

Reduces the risk of cancer.

Impacts on general health

Smoking increases the risk of heart disease, stroke and high blood pressure, lowers immunity and makes other diseases such as diabetes harder to control.

Smoking causes lung damage and leads to lung disease such as emphysema, chronic bronchitis and repeated chest infections and makes asthma worse.

Smoking contributes to eye damage such as macular degeneration, which leads to loss of vision and irreversible blindness.

Benefits of quitting

Reduces the risk of cardiovascular disease, improves the immune system and makes diabetes easier to control.

Improves asthma and smoker's cough and reduces the number and severity of chest infections.

Reduces risk of eye damage.

Dementia and oral care

Some older people, especially those suffering dementia, may behave in ways that make it difficult to provide oral care. To encourage an older person's independence and get the best outcome for their oral health, it is important to think about their individual needs and how they can be supported to participate in their self-care. Routines are familiar and help reduce anxiety. In this way, establishing daily oral care as a pattern can help make it happen.



Better oral health in home care

Encourage and support clients by:

- communicating effectively
- choosing the right environment
- promoting participation
- responding appropriately to behaviours.

This is important because:

- helping people with dementia feel safe, secure and cared for will encourage participation during oral care.

Effective communication



Caring attitude

Focus on building a good relationship before you start oral care.

People with dementia are often sensitive to other people's emotions.

Use a calm, friendly and non-demanding manner.

Smile and give a warm greeting using the client's preferred name.

Continue to use their name at the start of your sentences.

Allow plenty of time for the client to respond.



Body language

Be mindful that people with dementia often pick up non-verbal cues easily such as body language, posture and facial expressions.

Approach from the diagonal 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 attention.

Position yourself at eye level and maintain eye contact if culturally appropriate.

Be aware personal spaces can vary.



Speak clearly

Speak at normal volume and at the client's pace.

Always explain what you are doing.

Use simple words and short sentences.

Ask questions that require a 'yes' or 'no'.

Give one instruction at a time.

Use positive feedback.

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

A lack of response, signs of frustration, anger, disinterest or inappropriate responses can all suggest the communication being used is too complex.

Right environment



Best time

Establish a daily routine to reinforce the pattern of oral care.

Think about what is the best time for the person.

It doesn't have to be first thing in the morning and last thing at night.

The best time is when the client is relaxed and able to focus on the task.



Best location

Dementia can cause perceptions to change and the bathroom may no longer be the best place for oral care.

A person with dementia may not be able to distinguish a white basin surrounded by white tiles.

Other places, such as the kitchen table, may be a better choice.

Cues to help you decide the best place are:

- Can the client sit or stand at the basin?
- Can they easily reach to pick things up and can they spit into the basin?
- Can you fit into the bathroom at the same time?
- Can the client see your face?



Setting up

If the bathroom is still the best place, make it feel safe and comfortable.

- Do you need to warm the room?
- Is the lighting bright enough?
- Colourful, familiar objects such as towels, a plant, a brightly-coloured toothbrush will help contrast the basin against the surroundings.
- Turn off the fan, add a thick, non-slip bath mat to help absorb sound.
- If seated, a chair with arms gives more security and stability.

Promoting participation



Overcoming fear

Having another person cleaning your teeth is a very intimate act.

You may need to spend more time building a trusting relationship.

Try gentle touching in a neutral place, such as the hand or lower arm.

Use calm, rhythmic movements to help them relax.

Once the client is relaxed, try stroking their face gently and smoothly.

This will help create a sense of comfort and safety and help the client accept oral care.



Bridging

Bridging aims to engage the person's senses (especially sight and touch) and to help the person understand the task you are trying to get them to do.

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

Describing and showing the client their toothbrush may be enough cues for them to brush their own teeth.

Give them the toothbrush to hold.

Find out if they are left or right-handed so the toothbrush is in the correct hand.

Also try sitting opposite the client and mimicking brushing your own teeth while the person mimics you.



Chaining

This technique is used if bridging doesn't work.

If the client does not initiate brushing, gently bring the person's hand holding the toothbrush to their mouth and describe what they need to do, while encouraging them to do it themselves.



Hand over hand

If chaining doesn't work, place your hand over the client's hand and start brushing so you are doing it together.

This gives the client some control while you guide them to make sure they are cleaning their teeth effectively.



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 person's hands while you use another toothbrush to clean their teeth.

Familiar music may also be useful to distract and relax the client.



Try again later

If your relationship with the client is not working and attempts at oral care are not going well, then tell the person you will leave if for now. Try again later.

Think about why this might be happening.

If resistance to oral care is an ongoing problem report this to the care coordinator.

Responding to changed behaviour

Changed behaviour

The client has delusions.

The client may think:

- you are not who you say you are
- you are trying to hurt or poison them
- they have cleaned their teeth already.

What to do

Mime what you want the client to do.

Allow the client to inspect the items.

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

Changed behaviour

The client grabs out at you or grabs your wrist.

What to do

Pull back and give the client space.

Ask if the client is OK.

Offer the client something to hold and restart oral care.

If grabbing continues, stop the oral care activity and try again later. In the meantime, offer the client an activity they enjoy.

Changed behaviour

The client hits out.

What to do

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

Was the client startled?

Did something hurt?

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

Was the client saying 'stop'?

Did the client feel insecure or unsafe?

Changed behaviour

The client walks away.

What to do

Allow the client to perch rather than sit.

Perching is resting the bottom on a bench or table.

Changed behaviour

The client does not open their mouth.

What to do

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

Place toothpaste on the top lip to prompt the client to lick their lips.

Responding to changed behaviour (continued)

Changed behaviour

The client keeps turning their face away.

What to do

Reposition yourself.

Sit the client upright.

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

Changed behaviour

The client bites the toothbrush.

What to do

Stop moving the toothbrush.

Ask the client to release it.

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

Changed behaviour

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

What to do

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

Changed behaviour

The client spits.

What to do

Ensure you are standing to the side or diagonal front.

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

Reporting oral health changes

There are a number of common oral health conditions that can affect older people's health and wellbeing. Your role as a home care worker is very important. Whether you are assisting with personal care, such as showering and dressing or with shopping, cleaning or meal preparation you are in a great position to notice changes in the person's oral health and report these to the care coordinator.



Better oral health in home care

Encourage and support clients to maintain better oral health by:

- observing for changes in oral health
- reporting the changes to the care coordinator.

This is important because:

- early observation of change alerts the care coordinator to do an oral health assessment and to initiate timely referral to a dental professional.

Stop, check, act

A simple **Stop, Check and Act** approach to thinking is an easy way to monitor and respond to changes in a client's oral health. To be able to do this well requires a good understanding of what is needed to deliver Better Oral Health in Home Care such as how to care for natural teeth or dentures as well as the ability to identify some common oral health conditions experienced by older people.

1. Stop

First of all, stop and think:

- Ask yourself if you have noticed anything about your client's oral health?
- Have there been any changes?

2. Check

Check your assumptions:

- Are the changes a problem?
- What could be causing them?

3. Act

Act by asking what you should do:

- Is this something I should report to the care coordinator?



When did this fridge become so full of left over food?



How long has that redness at the corner of the mouth been there?



Why is there so much food being thrown away?



Why does this saliva look so stringy?









Where is the toothbrush and toothpaste?



When were these dentures last cleaned?

Common oral health conditions

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.</p> <p>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.</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.</p> <p>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 and 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.

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

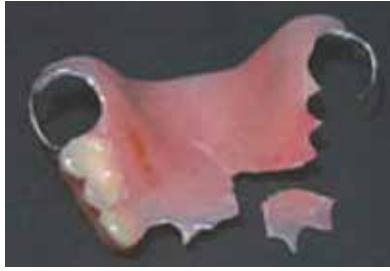


Requiring attention

The denture is in need of repair or attention.

Check for:

- client'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:

- dentures being a matching set, particularly if the client has several sets of dentures
- denture movement when the client is speaking or eating
- client'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 reporting guide

Reporting guide

Lips

- dry, chapped or red at corners of mouth.

Tongue

- a coated, red or sore tongue.

Gums and oral tissue

- bleeding gums
- ulcers and sore spots
- swollen face.

Saliva

- complaints of dry mouth
- lack of saliva
- saliva is thick or stringy
- difficulty with eating and or speaking.

Natural teeth

- broken or discoloured teeth
- loose teeth
- tooth sensitivity.

Dentures

- broken dentures
- loose dentures
- refusal to wear denture.

Oral cleanliness

- build-up of dental plaque/calculus on teeth
- unclean dentures
- food left in mouth
- constant bad breath.

Dental pain:

- complains of dental pain
- refuses oral care
- changes in behaviour (irritable, restless)
- appears to have lost weight.

Emergency

Report immediately

- swollen face
- uncontrollable pain
- uncontrollable bleeding
- trauma.

Other

Bathroom

- no toothbrush or toothpaste
- toothbrush and toothpaste not used
- toothbrush frayed
- blood on toothbrush or in basin.

Kitchen

- increased food wastage in bin
- increased left-over meals in fridge.

Shopping

- oral health care products not on list
- replace toothbrush every 3 months.

Meal preparation

- difficulty eating or not finishing meals
- change in food preferences.



Part 2

Promoting Better Oral Health in Home Care

Activity 1

Better oral health in home care

Learning Outcomes

Knowledge, appreciation and understanding of:

- factors contributing to poor oral health
- impact of poor oral health on quality of life and general health
- 4 key oral health processes
- role of the home care worker
- Better Oral Health in Home Care model
- STOP, CHECK and ACT thinking framework.

Instructions

Read

Read Better Oral Health in Home Care Part 1

Refer to:

- Oral health is essential for healthy ageing
- It takes a team approach
- Good oral health begins at home.

Watch

Watch Video

Care workers – oral health heroes (14 minutes)
(Find the video on the web page below, under 'Multimedia resources')

<https://www.dental.sa.gov.au/professionals/oral-health-resources/care-for-older-people-toolkit/home-care/daily-oral-care>

Answer

Characters



Sally

Wife of Henry



Henry

Client with dementia and Sally's husband



Julie

Care worker



Cathy

Care coordinator



Max

Wheelchair bound client

1. What are some of the things noticed by Julie about Henry that she reported to Cathy?

2. What are some of the things noticed by Sally that relate to Henry's oral health?

3. What are the benefits of better oral health?

4. What did Julie notice about Max that made her Stop, Check and Act?

5. What did Cathy look at to help her assess Max's oral health status?

6. What was needed to assist in getting Max to the dentist?

7. What is Julie's role in achieving better oral health for Henry?

8. As a care worker what skills did Julie need to be an oral health hero?

Activity 2

Dementia and oral care

Learning Outcomes

Knowledge, appreciation and understanding of:

- ways to promote effective communication
- how to create the right environment
- ways to promote participation
- how to respond to changed behaviour.

Instructions

Read

Read Better Oral Health in Home Care Part 1

Refer to:

- Dementia and oral care.

Watch

Watch Video

Dementia and oral care (9 minutes)

(Find the video on the web page below, under 'Multimedia resources')

<https://www.dental.sa.gov.au/professionals/oral-health-resources/care-for-older-people-toolkit/home-care/daily-oral-care>

Answer

Characters



Julie

Care worker



Henry

Client with dementia

1. How can you use your attitude, speech and body language to communicate more effectively with a client who has dementia?

- Attitude

- Speech

- Body language

2. What is the best time for oral care?

3. How do you decide the best location for oral care?

4. What can you do to help make the bathroom feel safe and comfortable for the client?

5. How can you help your client overcome fear of oral care?

6. What is bridging?

7. What is chaining?

8. What is the hand over hand technique?

9. What can you do to distract the client?

10. What can you do if oral care is not working?

11. What can you do if the client has delusions?

12. What can you do if the client grabs out at you or grabs your wrist?

13. What can you do if the client hits out?

14. What can you do if the client walks away?

15. What can you do if the client does not open their mouth?

16. What can you do if the client keeps turning their face away?

17. What can you do if the client bites the toothbrush?

18. What can you do if the client holds onto the toothbrush and does not let go?

19. What can you do if the client spits?

Activity 3

Understanding the mouth

Learning Outcomes

Knowledge, appreciation and understanding of:

- how an acid attack causes tooth decay
- tooth friendly eating and drinking
- prevention of gum disease
- dry mouth
- reporting oral health changes
- oral health assessment tools
- information and support considerations required for a client's dental appointment.

Instructions

Read

Read Better Oral Health in Home Care Part 1

Refer to:

- Care of natural teeth
- Relief of dry mouth
- Tooth friendly eating
- Seeing a dental professional
- Reporting oral health changes.

Watch

Watch Videos

It starts with the mouth (9 minutes)

(Find the video under 'Multimedia resources')

<https://www.dental.sa.gov.au/professionals/oral-health-resources/care-for-older-people-toolkit/home-care/daily-oral-care>

Oral health self-learning quiz (5 minutes)

(Find the quiz and assessment in the aged care training modules)

<https://www.dental.sa.gov.au/professionals/online-training/aged-care>

Oral health assessment (5 minutes).

(Find the quiz and assessment in the aged care training modules)

<https://www.dental.sa.gov.au/professionals/online-training/aged-care>

Answer

1. Describe the makeup of a tooth.

2. How does decay occur?

3. What is the benefit of fluoride?

4. How can you encourage and assist a client to protect their teeth?

5. What oral health changes would you report to the care coordinator?

• Lips

• Tongue

• Gums and oral tissue

• Saliva

• Natural teeth

• Dentures

• Oral cleanliness

- Dental pain

- Emergency

6. What other changes would you report?

- Bathroom

- Kitchen

- Shopping

- Meal Preparation

7. Describe the 6 Question Oral Health Assessment Tool.

8. What are the 8 categories of oral health checked as part of the Oral Health Assessment Tool?

9. What does a client need to be eligible for public dental care?

10. What information and support considerations are required to help prepare a client for a dental appointment?

Activity 4

Care of natural teeth

Learning Outcomes

Knowledge, appreciation and understanding of:

- client positioning
- toothbrushing technique
- toothbrush care
- oral health conditions related to natural teeth.

Instructions

Read

Read Better Oral Health in Home Care Part 1

Refer to:

- Care of natural teeth
- Quit smoking
- Reporting oral health changes.

Watch

Watch Video

Care of natural teeth (10 minutes)

(Find the video on the web page below, under 'Multimedia resources')

<https://www.dental.sa.gov.au/professionals/oral-health-resources/care-for-older-people-toolkit/home-care/daily-oral-care>

Answer

Characters



Julie

Care worker



Tim

Julie's partner

1. What are the effects of poor oral health?

2. Why should Tim try to quit smoking?

3. How does gum disease occur?

4. What can contribute to dry mouth?

5. Why is dry mouth a problem?

6. What techniques can you use when brushing a client's teeth?

7. Why do you brush the tongue?

8. Why is it important to spit and not rinse?

9. What can you do if a client insists on rinsing?

10. What is the recommended toothbrush care?

11. If Tim was a client what oral health changes would you report to the care coordinator?

Activity 5

Care of dentures

Learning Outcomes

Knowledge, appreciation and understanding of:

- removal and reinsertion of dentures (full and partial)
- denture brushing technique (full and partial)
- how to remove calculus
- oral health conditions related to dentures.

Read

Read Better Oral Health in Home Care Part 1

Refer to:

- Care of dentures
- Reporting oral health changes.

Watch

Watch Video

Care of dentures (5 minutes)

(Find the video on the page, under 'Multimedia resources')

<https://www.dental.sa.gov.au/professionals/oral-health-resources/care-for-older-people-toolkit/home-care/daily-oral-care>

Answer

Characters



Julie

Care worker



Older man

With full dentures



Older woman

With partial dentures

1. How do you remove dentures?

2. How do you put dentures in?

3. How do you remove a partial denture?

4. How do you put a partial denture in?

5. What should be used to clean dentures?

6. What precautions do you take to protect dentures when you are cleaning them?

7. Why is toothpaste not recommended for cleaning dentures?

8. Why is it recommended to remove dentures overnight and how should they be stored?

9. What is recommended for cleaning a denture with calculus build up?

10. What should you check before soaking a partial denture?

11. What denture problems should be reported to the coordinator?

What do you know now? (Quiz)

Please complete this questionnaire to check your level of understanding **after** you have completed Part 1 and Part 2 of Better Oral Health in Home Care. Keep going back over the resources until you know the answer to all of the questions.

	I know this	I need to know more	I don't know
1 Why is good oral health important for a person's quality of life?			
2 Why is good oral health important for a person's general health?			
3 Why are older people more at risk of poor oral health?			
4 What are the 4 oral health processes required to maintain a person's oral health?			
5 List the types of health workers who can encourage and support older people to maintain good oral health?			
6 How do you care for natural teeth?			
7 How do you care for dentures?			
8 What is dry mouth and how can it be relieved?			
9 What is tooth friendly eating and why is it important?			
10 Why is it important to encourage and support an older person to quit smoking?			
11 When should an older person see a dental professional?			
12 What information and support considerations are required to prepare an older person for a dental appointment?			
13 How do you encourage an older person who has dementia to participate in oral health care?			
14 What are the common oral health problems suffered by older people?			
15 List the oral health changes that should be reported to the care coordinator for follow up oral health assessment and possible dental referral?			

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