

Brushing Up on Mouth Care

Facilitator Guide

**For facilitators to
promote the uptake
of optimal mouth
care practices in
continuing care**



**DALHOUSIE
UNIVERSITY**

Healthy Populations Institute

ACKNOWLEDGEMENTS

This facilitator guide was developed as part of the following project:

Brushing Up on Mouth Care: Facilitating uptake of a daily oral care program in continuing care (2012-2013)

Project funded by:

the Canadian Institutes of Health Research (CIHR)

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Sincere appreciation to the individuals & organizations that assisted with this project:

Marilyn Klein - *Photography*

Bev Baillie - *Volunteer*

Linda Cochrane - *Volunteer*

Kim Berkers - *Volunteer*

Nova Scotia Challenging Behaviours Resource Consultants

Nova Scotia Community College

Health Association of Nova Scotia

Nova Scotia Hearing & Speech Centres

Eastern Shore Tri-Facilities, Capital District Health Authority

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INTRODUCTION

Welcome to the “Brushing Up on Mouth Care” facilitator guide.

This guide has been developed to provide information, resources, and detailed steps for introducing the ‘Brushing Up on Mouth Care’ program into your continuing care workplace. This facilitator guide is divided into three parts located behind tabs 6, 7, and 8 in the ‘Brushing Up on Mouth Care’ resource manual.

Part A - OVERVIEW

Part A is a detailed overview for facilitators.

Here, you will find a summary about how and why the ‘Brushing Up on Mouth Care’ resource manual was developed; a description of your role as Facilitator; “Guiding Principles” for personal mouth care in continuing care settings; and a comprehensive “how to” for the facilitated education sessions provided in Part B.

Part B - FACILITATED EDUCATION SESSIONS

Part B includes PowerPoint slides with facilitator notes for four education sessions.

- SESSION 1:** Oral Health Basics, Assessment & Care Planning
- SESSION 2:** Oral Health Basics, Brushing Technique & Oral Health Products
- SESSION 3:** Considerations for Dementia & Palliative Care
- SESSION 4a** Implementing an Oral Care Program in LONG-TERM CARE SETTINGS
- SESSION 4b:** Implementing an Oral Care Program in HOME CARE SETTINGS

To ensure that these materials are relevant to your workplace, Session 4 provides specifics for both long-term care (4a) and home care (4b). The education sessions were developed with the input of personal care-providers as well as nursing, dental, and health promotion experts in order to highlight key priorities for the work place.

Part C - GUIDE FOR EDUCATORS OF CCA STUDENTS

Part C has been developed specifically for those who educate Continuing Care Assistant (CCA) students.

A recent update of the Continuing Care Assistants Program Curriculum Standards for Nova Scotia (2013) includes a new oral care learning outcome (10.4) with six detailed objectives. The ‘Brushing Up on Mouth Care’ resource manual and facilitator guide provide resources that educators can use to achieve this learning outcome. This section of the facilitator guide provides some guidance on which resources can be used to help achieve each objective.

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Why the oral health of older adults is a concern
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- *Using the Facilitator Notes*
- *Closing the session*

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Background on ‘Brushing Up On Mouth Care’

Importance of providing good mouth care

Good oral health is important for staying healthy at every stage of life. Many older adults have high rates of oral disease and poor oral hygiene. This is especially true for those who rely on others to help with their personal care needs.

Oral diseases can lead to pain, discomfort, an inability to chew and swallow, and can even cause people to remove themselves from social activities. Poor oral health can also have a negative impact on nutrition status and other health concerns such as diabetes and aspiration pneumonia.

While it is fortunate that people are keeping their natural teeth well into old age, it also leads to significant challenges. Proper care of natural teeth requires care providers to have adequate skills and resources.

Developing the ‘Brushing Up on Mouth Care’ Program

Resources for the ‘Brushing Up on Mouth Care’ program were developed as part of a NSHRF-funded research project at Dalhousie University that set out to examine *Oral Care in Continuing Care Settings in Nova Scotia (2008-2012)*.

To carry out this research project, researchers worked in partnership with personal care providers, nurse managers and directors of care from three long-term care facilities in rural Nova Scotia. Together, the partners planned, developed, implemented, and evaluated a daily oral care program for these facilities. The user-friendly resources (print, video, and web-based materials) that were created to educate and support personal care providers provide the basis for the ‘Brushing Up on Mouth Care’ program.



Why is oral health status in continuing care settings a concern?

Residents often enter continuing care with poor oral health:

Oral health is known to decline when frail older adults living at home become less able to attend to their own personal care needs.

The prevalence of dementia is increasing:

People with dementia may be forgetful or resistant to receiving oral care. They may also have difficulty communicating when they have oral pain or discomfort.

Mouth care takes time:

As more and more older adults are keeping their natural teeth, continuing care settings have not adjusted to the increased time and resources it takes for care providers to support optimal mouth care.



Facilitator Strategies & Methods

Your Role as a Facilitator

As a facilitator, think of your role as **managing** or **guiding** the oral health education sessions and being an advocate for the uptake of optimal mouth care practices in your workplace.

As a Facilitator, you are responsible for:

- logistics of education session and delivery
- hands on instruction
- guidance and encouragement

The Facilitator:

1. Provides structure, keeps the session on topic and moving along (*this includes setting and getting agreement on the session agenda and time limits*);
2. Ensures a safe and comfortable learning environment;
3. Opens the discussion by setting the context and outlining the learning objectives;
4. Manages participation, including the flow of conversation and ensuring all participants have an opportunity to speak (*this includes managing participants who may dominate or hijack the discussion*);
5. Manages conflicts constructively to generate learning around the issue and not disagreement;
6. Summarizes discussions and confirms understanding of the information presented before moving on;
7. Intervenes if the group gets off track, or fragments into multiple conversations – the Facilitator should step in to bring participants back on topic.

Tips for effective facilitation

- * Build credibility with participants by sharing what you have in common
- * Make eye contact
- * Call participants by name
- * Speak clearly and directly - be aware of your “ums” and “ahs” and of your tone
- * Ensure that the physical environment is comfortable, that participants have the opportunity to move and stretch and are not sitting for long periods of time (*most people have an attention span of about 15 minutes*)
- * Be aware of signs of participant stress or discomfort
- * Show enthusiasm for the topic you are presenting
- * Present information in an interesting and meaningful way
- * Be organized and monitor your time – ensure that you leave enough time at the end to summarize and address questions
- * Use a variety of teaching methods including discussions, group activities, and lectures (time permitting)
- * Relate the information back to the participants’ work environment
- * Include activities to help participants apply what they are learning
- * Take time to find out how participants have interpreted the information
- * Encourage participants to draw from their own experiences and values and to convey how they feel about this topic
- * Listen empathetically to participants’ stories of their own learning and experiences

Facilitator Strategies & Methods

Your Audience

Adult learners

As a facilitator, it is important to remember that your audience for the education sessions will be comprised of adult learners. Adults accumulate experiences and prior learning over their lifetime. They draw upon past experiences and knowledge to learn new things. Unlike learners who are younger, adults are likely to have an established sense of self. They may also have developed an inclination to protect themselves from perceived challenges to current knowledge that may arise in learning interactions. Both self-directedness and relatedness to others contribute to how adults prefer to learn.

Confidentiality

As you draw on your own experiences and hear those of participants, it is important to keep the names of residents and clients private. Confidentiality should also be respected amongst the group of participants. Participants should be asked not to share another person's comments or personal stories outside the session.

References

Belzer, A. (2004). *Blundering toward critical pedagogy: true tales from the adult literacy classroom*. New directions for Adult and Continuing Education (102), Summer. San Francisco: Jossey-Bass.

Herron, J. (1996). Helping whole people learn. In D. Boud & N. Miller (Eds), *Working with experience: animating learning*. London: Routledge.

MacKeracher, D. (2004). *Making sense of adult learning*. (2nd ed). Toronto: University of Toronto.

Merriweather Hunn, L. (2004). *Africentric philosophy: a remedy for Eurocentric dominance*. New directions for Adult and Continuing Education (102), Summer. San Francisco: Jossey-Bass.

THE LEARNING CYCLE

The basic learning cycle involves **5 phases**



The learner:

1. **Participates in experiences and activities resulting in new information**
2. **Makes sense of this new information by giving it meaning and value**
3. **Uses meanings and values to problem-solve, make choices and develop actions**
4. **Implements action plans**
5. **Receives feedback from others and from observing ones own behaviour**

Guiding Principles

Guiding Principles Overview

In the absence of formal standards or policies regarding responsibility and delivery of optimal oral care in continuing care, 'guiding principles' were developed with the aim of providing a comprehensive approach to reduce oral discomfort and disease for residents and clients. These principles provide clear expectations for what recipients of care can expect as well as the responsibilities of various members of the care team.

The 'Brushing Up on Mouth Care' resource and education package is designed to support long-term care facilities and home care agencies in implementing these guiding principles. The principles listed below provide guidance and flexibility to support mouth care in different long-term care and home care environments. **A Glossary of Terms is available at the end of this section.**

GUIDING PRINCIPLES FOR LONG-TERM CARE

LTC

- 1) The goal of oral hygiene is to provide comfort and enhance quality of life.
- 2) Every resident will have optimum daily mouth care as part of personal care.
- 3) The protection of independence and self-determination of the resident is a priority in decision-making, but is about treating residents of all ages as persons worthy of respect.
- 4) An oral health assessment and evaluation will be completed upon admission and annually thereafter. This assessment will identify oral health needs and guide individualized care planning.
- 5) Each resident will be provided with an oral health toolkit containing a daily mouth care card and supplies appropriate for their needs.
- 6) Oral health will be monitored on a daily basis. Any oral health concerns will be reported in a timely manner.

- 7) Nursing staff and care providers will remain up to date on current accepted mouth care practices and will receive a minimum of one continuing education session on mouth care practices in every two-year period.

Upon admission to a long-term care facility, each resident can expect:

- * An oral health assessment within three weeks of admission and annually thereafter (unless more frequent assessments are indicated).
- * A personalized oral care plan that will be developed, and updated after each assessment.
- * A review and discussion of their oral care plan at annual care conferences.
- * To be provided with an oral health toolkit to house their personal oral care supplies and a daily mouth care card.

Guiding Principles

Roles & Responsibilities of Care Team Members

The guiding principles also define staff roles and responsibilities in delivering optimal mouth care.

Nurse Manager/Registered Nurses (RNs):

- Complete oral health assessments
- Orient new staff on oral health best practices
- Arrange continuing education sessions on oral care
- Arrange for residents to see an oral health professional (when required)
- Designate and support an Oral Health “Champion”

Oral Health “Champion”:

- Oversee distribution of oral care cards
- Ensure toolkits are stocked, clean and maintained
- Ensure oral care supplies are labeled with each resident’s name or initials
- Change toothbrushes as required

Licensed Practical Nurses (LPNs):

- Complete oral health assessments
- Support RNs, CCAs/PCWs and Oral Care “Champion” to carry out daily oral care
- Act as an oral health champion for residents in their care*

** In some facilities LPNs may be assigned to oversee care for a small number of residents. In these instances they can act as a champion.*

Care Providers (CCAs & PCWs):

- Provide resident daily oral care as outlined in care plan
- Check for abnormalities daily (LOOK, FEEL, TELL)
- Report concerns to a supervisor in a timely manner

Administrators:

- Support the Guiding Principles as key to optimum oral care for residents
- Support all staff in their roles & responsibilities
- Allot time for continuing education on oral care
- Ensure appropriate oral care supplies are available
- Monitor assessment and care planning activities

Other Long-Term Care Staff Members:

- Includes: environmental, food & nutrition, recreation staff etc.
- Report any concerns regarding resident oral health
 - raised by residents
 - noticed during daily duties

DISCLAIMER

The 'Brushing Up on Mouth Care' resource manual was originally designed for use in long-term care. All printed materials and videos refer to the recipient of care as a '**resident**'. Please take the term **resident** to mean client, patient, loved one, or whatever term best describes the recipient of care in the home care setting.

GUIDING PRINCIPLES FOR HOME CARE

HC

- 1) The goal of oral hygiene is to provide comfort and enhance quality of life.
- 2) Every client will have optimum mouth care as part of personal care.
- 3) The protection of independence and self-determination of the client is a priority in decision-making, but also treating clients of all ages as persons worthy of respect.
- 4) A discussion with the client about their oral health status and needs will be initiated at each visit where personal care is to be delivered.
- 5) Each client receiving personal care will have their oral care resources audited by a member of the care team during each visit. Notification to an appropriate person (i.e. family member, caregiver, etc.) will be made when oral care supplies are needed.
- 6) Oral health will be monitored during each visit where personal care is provided. Any oral health concerns will be reported in a timely manner.
- 7) Nursing staff and care providers will remain up to date on current accepted mouth care practices and will receive a minimum of one continuing education session on mouth care practices in every two-year period.

Upon acceptance into home care, each client can expect to:

- * Receive a master oral care card in their file to guide care planning.
- * Have their oral health status and needs addressed during each home care visit and during their annual RN visit (*based on four oral health assessment questions described in the **Glossary of Terms***).
- * Have oral care supplies audited during each visit.
- * Have oral health concerns reported in a timely manner.

Guiding Principles

Roles & Responsibilities of Care Team Members

The guiding principles also define staff roles and responsibilities in delivering optimal mouth care.

Nurse Manager/Registered Nurses (RNs)/ Licensed Practical Nurses (LPNs)*:

- *Oral health baseline assessment based on four oral health assessment questions (initially and whenever comprehensive care planning is undertaken)*
- *Ensure new staff are oriented on oral health best practices*
- *Arrange continuing education sessions on oral care*
- *Refer clients to a dental health professional (when required)*

** Where LPNs are available, they can assist the nurse managers and RNs with their roles and responsibilities*

Care Providers (CCAs & HSWs):

- *Discuss oral health status and needs with clients at each visit (based on four oral health assessment questions)*
- *Provide client with oral care appropriate for their oral health status*
- *Audit oral care supplies at each visit*
- *Check for oral abnormalities at each visit*
- *Report oral health concerns to supervisor in a timely manner*

Care Coordinators:

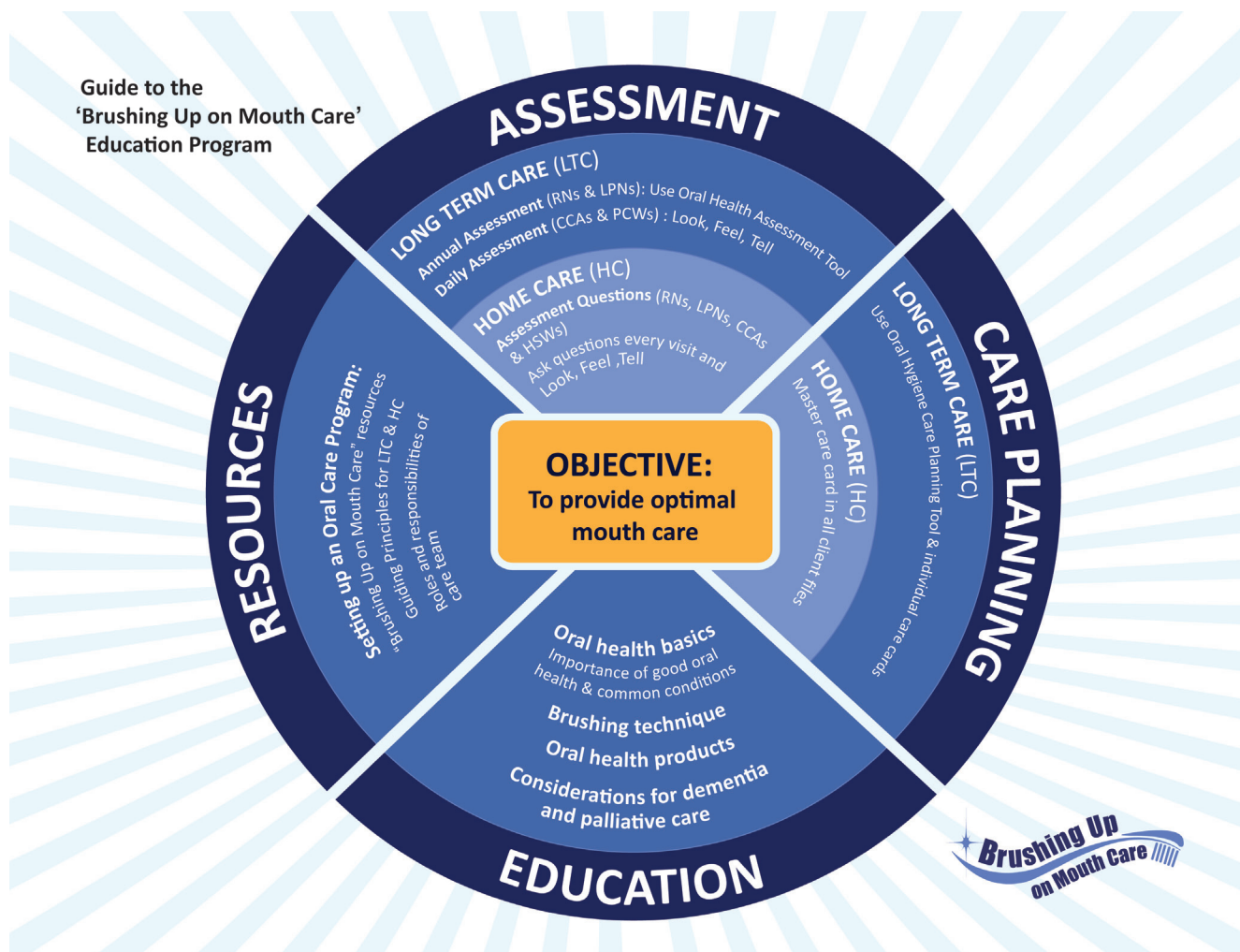
- *Complete oral care section of Minimum Data Set (MDS) accurately*
- *Record any additional information about oral health that clients provide*
- *Make appropriate referrals for clients who have oral health concerns*

Administrators:

- *Promote good oral health as a vital aspect of optimum overall health*
- *Support staff in their roles & responsibilities*
- *Allot time for continuing education on oral care*
- *Provide master oral care cards for all client files*

“How To” use the Facilitated Education Sessions

Guide to the ‘Brushing Up on Mouth Care’ Education Program



The ‘Brushing Up on Mouth Care’ education series has been created to assist facilitators in bringing oral health education and support to nursing staff and care providers in both long-term care and home care settings. The facilitated education sessions will enable all members of the care team to provide optimal mouth care to their residents/clients. This model highlights four key themes for optimal mouth care that include: Assessment, Care Planning, Education and Resources.

“How to” use the Facilitated Education Sessions

Detailed Instructions to Guide Facilitators:

This section provides detailed instructions to guide facilitators in conducting facilitated education sessions tailored to specific audiences. The facilitated education sessions are comprised of a PowerPoint presentation and complimentary notes to accompany each slide (the PowerPoint presentations are provided on a DVD). The appropriate audience, setting and learning objectives are outlined for each education session. The presentations are meant to be used by facilitators to address the key themes and to support uptake of optimal mouth care practices. *These instructions include information on: preparing for and starting a session, how to use the PowerPoint presentations, closing a session, and evaluation.* An outline of each education session is provided at the end of this section.



Preparing for a Facilitated Education Session

1. Familiarize yourself with the content of the presentation and facilitator notes.
2. Watch the corresponding educational videos in advance of the session.
 - *The videos contain more information than is included in the education sessions. Watching the videos may help to prepare you for potential questions from participants.*
3. If you plan to hand out copies of the presentation to participants and/or have them complete evaluation forms, make enough copies of these materials to bring to the session.
4. Take additional pens for participants to complete group activities or evaluation forms.
5. Try to arrange the room so that everyone can see each other and you.
6. Make sure that all participants can see the screen to view the presentation.
7. Take an attendance sheet for participants to sign-in.

If you are conducting training at an unfamiliar location:

- Arrive early to allow time for set up
- Ensure adequate seating for participants
- For sessions that include video clips (Sessions 1 & 2), ensure that there is audio visual equipment available with adequate sound
 - o *You may wish to bring your own portable speakers if you are unsure*
- Test the presentation and video clips before the session

Required Equipment:

- Copy of the 'Brushing Up on Mouth Care' manual (and your Facilitator Guide)
- Computer
- LCD Projector
 - o If an LCD Projector is not available:
 - *print copies of the presentation for the participants and have them follow along*
 - *use a television and DVD player to show video clips (where directed)*
- Flip chart OR whiteboard and markers (for 'parking lot' questions and issues)
- Attendance or sign-in sheet
- Evaluation forms (*if using*)
- Extra pens/pencils
- Handouts
 - o *Session 1 requires copies of the Oral Health Assessment Tool and Care Planning Tool to be printed for participants*
 - o *If you would like participants to have printed copies of the presentation, make sure you bring enough copies with you.*

Starting a session

1. Have participants sign the attendance sheet as they arrive
2. Welcome participants
3. Introduce yourself
4. Have participants introduce themselves
5. Provide an overview of the 'Brushing Up on Mouth Care' education series
6. Introduce the topic of the current session and start a conversation with participants about the current topic
 - o *Each session has "ice-breaker" questions that you can use to get the conversation started and to get participants thinking about how the topic of the education session relates to their work*
7. Review the learning objectives for the session
8. Begin the session

Engage with nursing staff and care providers by empathizing regarding the challenges they face in their work. Use your own examples of working in that environment to bond with the participants.

HINT: Avoid the "we don't have time" discussion. This can take you off track and waste time. Explain to participants that oral care is not an additional task - it is part of personal care and should always be a consideration when providing personal care. The time is already there as part of the personal care routine. Learning proper techniques for providing oral care may in fact save time and certainly contributes to an improved quality of life for the residents/clients.

“How to” use the Facilitated Education Sessions

The ‘Parking Lot’:

The ‘Parking Lot’ is a place to record any outstanding questions or issues that arise throughout the session that you cannot address at the time. Mark the words ‘Parking Lot’ on a piece of paper, white board or flip chart. Tell participants that issues placed in the ‘Parking Lot’ will be reviewed at the end of the session. If a question arises that you do not know the answer to, provide guidance (as best you can) as to where the participant may find the answer or offer to look it up and get back to them.

Using the Facilitator Notes:

Each slide in each presentation is laid out with facilitator notes provided below. The notes build upon the information provided in the slide. Use the facilitator guide to assist you as you make your way through the presentation.

Closing a Session

At the end of the session:

- Review the learning objectives and ask participants, ‘*have we achieved these learning objectives?*’ If not, make note of shortcomings and try to address if possible.
- Address any issues from the ‘Parking Lot’.
- Provide an overview of the ‘next steps’ (i.e. what education session will be provided next and to whom). This will help participants to follow the progression of the education series and to know what to expect.
- Allow participants to ask any last questions.
- Thank participants for attending.



This icon indicates something you should DO or something you should be aware of and not something you should SAY



Underlined text indicates something that you should emphasize

Probing questions for participants are *italicized*



Some oral care terminology that may be difficult to pronounce is ‘sounded out’ in the facilitator notes (e.g Angular Chelitis (Chee-lie-tis))

‘Time checks’ are provided in the session notes. This will help you to gauge your time during the presentation

EVALUATION FORMS: If you would like participants to evaluate the education session, provide them with an evaluation form. **A sample evaluation form is provided on the next page and can be downloaded from the project website at www.ahprc.dal.ca/projects/oral-care/pdfs/facilitator-guide/EvaluationForm_FacilitatorGuide.pdf.** Provide participants with the evaluation forms and then leave the room. Leave a large envelope in the room and ask participants to put their completed forms in the envelope. After the participants have left the room you may re-enter to collect the envelope. Use feedback from participants to improve your facilitation skills.

SESSION EVALUATION

'Brushing Up On Mouth Care'

SESSION: _____

DATE: _____

Thank you for attending this education session!

I would appreciate your feedback so that I can ensure that these sessions are beneficial for you and the important work that you do.

Please take a few minutes to circle the number that best explains your reaction to each question. Please provide any additional comments you may have below.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1) The session was well organized	3	2	1	0
2) The session was interesting	3	2	1	0
3) The length of the session was appropriate	3	2	1	0
4) The facilitator was pleasant and approachable	3	2	1	0
5) The facilitator was knowledgeable on the subject matter	3	2	1	0
6) The information presented was clear and easy to understand	3	2	1	0
7) The activities were appropriate and relevant to the topic	3	2	1	0
8) The activities enhanced my learning	3	2	1	0
9) I have learned something new from today's session	3	2	1	0
10) I felt comfortable in the learning environment	3	2	1	0
11) The information presented in this session will be helpful to me in my job	3	2	1	0

12) My favourite part of the session was:

13) To make the session better, I would:

14) Additional comments:

Thank you for your feedback!

“How to” use the Facilitated Education Sessions

Overview of Education Sessions

SESSION 1: Oral Health Basics, Assessment & Care Planning

AUDIENCE: Registered & Licensed Practical Nurses

SETTING: Long-Term Care

LTC

Learning Objectives:

This session will help to develop knowledge, understanding and appreciation of:

- why good oral health is essential for healthy aging
- steps to provide optimal oral care for residents
- how to use the Oral Health Assessment and the Oral Care Planning tools to optimize oral health

Session overview

Oral Health Basics

- *Importance of Oral Care*
Daily Oral Health Assessment

Assessment & Planning

- *Annual Oral Health Assessment Tool (OHAT)*
- *Oral Care Planning Tool*

SESSION 2: Oral Health Basics, Brushing Technique & Oral Health Products

AUDIENCE: Care Providers (e.g. Continuing Care Assistants, Home Support, Workers & Personal Care Workers)

SETTING: Long-Term Care & Home Care

LTC

HC

Learning Objectives:

This session will help to develop knowledge, understanding and appreciation of:

- why good oral health is essential for healthy aging
- essential steps to provide optimal oral care for residents/clients
- proper techniques for brushing teeth, flossing, cleaning dentures and using mouth rinse
- mouth care products and their appropriate use

Session Overview

Oral Health Basics

- *Importance of Oral Care*
- *Effective Oral Care*

Oral Care Products & Techniques

- *Toothbrushes & Brushing Technique*
- *Floss, Floss Alternatives & Flossing*
- *Technique Mouth Rinses*
- *Denture Products & Denture Care*
- *Other Oral Care Products*

SESSION 3: Considerations for Dementia & Palliative Care

AUDIENCE: Care Providers (e.g. Continuing Care Assistants, Home Support Workers, Personal Care Workers)

SETTING: Long-Term Care & Home Care

LTC

HC

Learning Objectives:

This session will help to develop knowledge, understanding and appreciation of:

- the impact of dementia on memory, behaviour, language and reasoning as it relates to oral care
- the steps and processes needed to develop an effective oral care routine for a person with dementia
- strategies for communication with a person with dementia
- how to manage challenging behaviour in order to deliver oral care
- oral conditions common to persons in palliative care
- modifications necessary for providing oral care and ensuring comfort for persons receiving palliative care

Session overview

Dementia

- *Understanding dementia*
- *Tips and techniques for providing oral care*

Palliative Care

- *Importance of oral care during palliative care*
- *Providing oral care to palliative resident/clients/clients*



SESSION 4a: Implementing an Oral Care Program in LONG-TERM CARE

AUDIENCE: All members of the care team (e.g. Care Providers, Registered & Licensed Practical Nurses, Administrators, Environmental Staff)

SETTING: Long-Term Care

LTC

Learning Objectives:

This session will help to develop knowledge, understanding and appreciation of:

- the elements of the 'Brushing Up on Mouth Care' program
- guiding principles to assist with the implementation of an oral care program
- roles and responsibilities for various staff positions in maintaining the oral care program

Session overview

'Brushing Up on Mouth Care' Program

- *Overview of resources available*

Guiding Principles

Roles & Responsibilities

- *Nurse Manager/RN*
- *LPNs*
- *Care Providers (CCAs & PCWs)*
- *Oral Care Champion*
- *Other long-term care staff members*
- *Administrators*

SESSION 4b: Implementing an Oral Care Program in HOME CARE

AUDIENCE: All members of the care team (e.g. Care providers, Care Coordinators, Nurses, Administrators)

SETTING: Home Care

HC

Learning Objectives:

This session will help to develop knowledge, understanding and appreciation of:

- the elements of the 'Brushing Up on Mouth Care' program
- guiding principles to assist with the implementation of an oral care program
- roles and responsibilities for various staff positions in maintaining the oral care program

Session overview

'Brushing Up on Mouth Care' Program

- *Overview of resources available*

Guiding Principles

Roles & Responsibilities

- *Nurse Manager/RN/LPN*
- *Care Providers (CCAs & PCWs)*
- *Care Coordinators*
- *Administrators*

Glossary of Terms

Long-term Care

Oral Health Toolkit

LTC

- A deep basket made of mesh or wire (so that it can be cleaned and moisture does not get trapped inside)
- A disposable plastic cup (to stand toothbrush and other tools upright to dry; can be discarded and replaced regularly).
- Supplies required for daily oral care (e.g. toothbrush, toothpaste, etc.)
- All materials in the toolkit should be labeled with the resident's name or initials

Oral Care Cards

Oral Care Cards outline the necessary steps required for daily oral care given the resident's oral health status. There are separate cards available for residents with the following:

- **NATURAL TEETH**
- **NATURAL TEETH & PARTIAL DENTURES**
- **NATURAL TEETH & DENTURES**
- **NO NATURAL TEETH & DENTURES**
- **NO NATURAL TEETH & NO DENTURES**
- **UNABLE TO SWALLOW**

There is additional space on the card to write:

- Individual preferences of a resident (example: the time of day they prefer mouth care)
- The date of their last visit to a dental professional
- The date their toothbrush was last changed

Daily Oral Health Assessment Tool

Designed to facilitate the reporting of oral health issues that may arise between annual oral health assessments. Care providers are encouraged to check the resident's mouth everyday for any abnormalities such as bleeding, swelling, or loose/broken teeth. Record and date the abnormality was found using the tool.

Oral Health Assessment Tool (OHAT)

A validated tool for assessing a resident's oral health status on admission, annually or whenever comprehensive care planning is undertaken. It is a one-page tool used to identify common healthy and unhealthy conditions associated with the mouth tissues and dentures.

Oral Care Planning Tool

Used in conjunction with the OHAT and should be updated each time the OHAT is completed. The planning tool facilitates the care planning process by outlining information specific to following categories:

- a) Assessment of dentures and/or natural teeth
- b) Level of assistance required with daily oral care
- c) Recommended interventions
- d) Regular barriers to oral care



Glossary of Terms continued & Additional Resources

Home Care

HC

Master Oral Care Card

Is filed with individual clients' to outline appropriate steps for oral care. There are 6 different types of oral health status outlined on the card:

- **NATURAL TEETH**
- **NATURAL TEETH & PARTIAL DENTURES**
- **NATURAL TEETH & DENTURES**
- **NO NATURAL TEETH & DENTURES**
- **NO NATURAL TEETH & NO DENTURES**
- **UNABLE TO SWALLOW**

Oral Health Assessment Questions

Care providers should ask the following four assessment questions during each home visit where they are delivering personal care. The RN/LPN should also ask these questions during their regularly scheduled visits with the client.

1. Dentures, partial dentures and/or natural teeth?
 - a. If Dentures:
 - i. Upper and/or lower?
 - ii. Fit properly? Broken?
 - iii. Does the client wear them? If not, why not?
2. Level of assistance required?
 - a. Independent
 - b. Some assistance
 - c. Fully dependent
3. Necessary oral care supplies available?
 - a. If not, notify appropriate person (family, caregiver, etc.)
4. Experiencing any oral pain or discomfort?
 - a. If yes notify family and/or caregiver and list in progress note and forward to supervisor

Additional Resources

Web:

'Brushing Up on Mouth Care' website: <http://www.ahprc.dal.ca/projects/oral-care/>.
All of the resources from this manual are available on the website.

Video:

Teepa Snow (2012), "Dental Care for People with Dementia". www.pinesofsarasota.org
(Available for purchase on Amazon.com).

Print:

Registered Nurses' Association of Ontario (2008). "Oral Health: Nursing assessment and intervention".
Download the PDF at: <http://rnao.ca/bpg/guidelines/oral-health-nursing-assessment-and-intervention>.

Other:

Nova Scotia Challenging Behaviour Resource Consultants (www.piecescanada.com). The Challenging Behaviour Resource Consultant (CBRC) is a mental health professional who works with Continuing Care Providers to give care to older persons with complex cognitive/mental health needs and associated challenging or disruptive behaviours. There is a CBRC in each of the nine district health authorities in Nova Scotia.

PART B

FACILITATED EDUCATION SESSIONS

There are four education sessions included in this facilitator guide. The sessions you choose to present to your staff will depend on whether you work in long-term care or home care. Appropriate sessions for each audience are outlined below.

Facilitators in...

LONG-TERM CARE

LTC

- Session 1: Oral Health Basics, Assessment & Care Planning
- Session 2: Oral Health Basics, Brushing Technique & Oral Health Products
- Session 3: Considerations for Dementia and Palliative Care
- Session 4a: Implementing an Oral Health Program in LONG-TERM CARE

Facilitators in...

HOME CARE

HC

- Session 2: Oral Health Basics, Brushing Technique & Oral Health Products
- Session 3: Considerations for Dementia and Palliative Care
- Session 4b: Implementing an Oral Health Program in HOME CARE



Session 1

AUDIENCE: LONG-TERM CARE - RNs & PNs



Oral Health Basics

**Assessment and
Care Planning**

This session is for NURSING STAFF who work in LONG-TERM CARE

Everything that you need to say for each slide is written in your facilitator notes.

You do not need to read the content on the slide itself. If you read the facilitator notes, you will address the content of each slide.



When this icon indicates something you should DO or something you should be aware of and not something you should SAY (e. g. Click on black box to start video)

The PowerPoint for this session can be found on the 'Facilitator Guide Presentations' disk located with the educational videos behind Tab 5 of this manual.



This session should take approximately 1 – 1.5 hours to complete

This session includes video clips:

- Test the video clips ahead of time to ensure they are working properly
- Check your speaker volume (set up external speakers if necessary)

This session includes a group activity:

- Ensure the room is set up so that participants can work in pairs or small groups
- Bring printed copies of the Oral Health Assessment Tool and the Oral Care Planning Tool with you

Ensure you have a white board or flip chart and markers to record items for the 'Parking Lot'.

If you plan to have participants evaluate the session, ensure you have copies of the evaluation form printed (and pens/pencils available). The evaluation form template can be found at www.ahprc.dal.ca/projects/oral-care/pdfs/facilitator-guide/EvaluationForm_FacilitatorGuide.pdf.




SLIDE 01

Session 1

Audience: Long Term Care - RNs & LPNs

'Brushing Up on Mouth Care' Education Series



Oral Health Basics

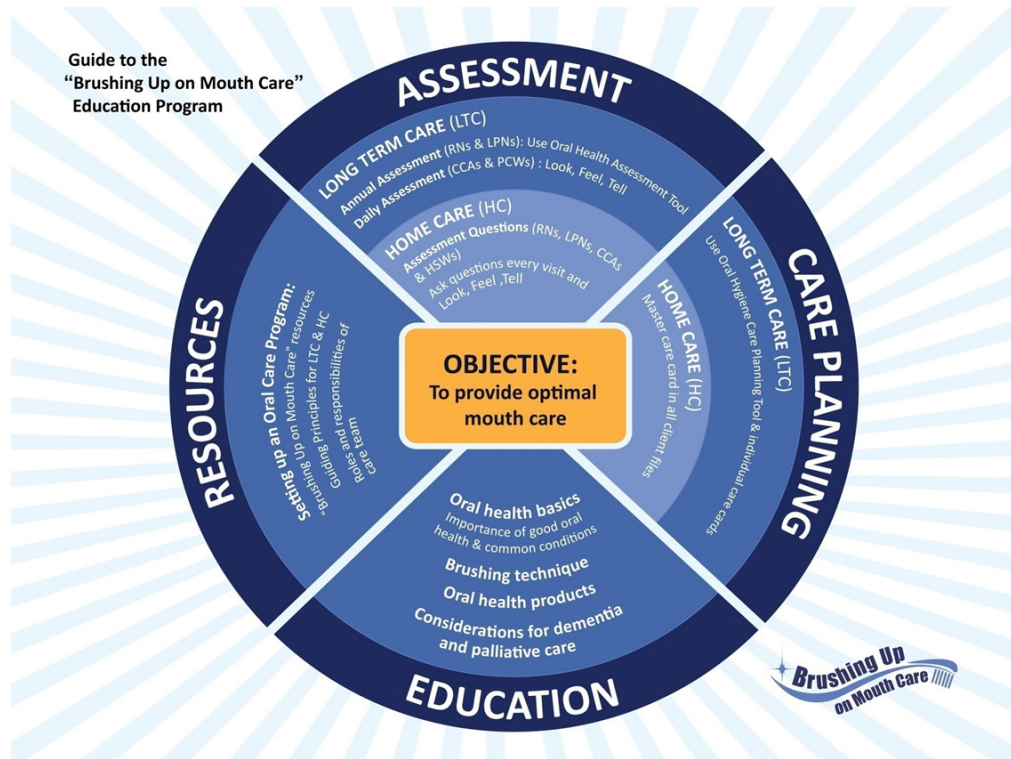
Assessment and Care Planning

- This is session one of the 'Brushing Up on Mouth Care' education series.
- We will be discussing the basics of oral health, as well as oral care assessment and care planning.




- Introduce yourself
- Welcome participants

SLIDE 02



- The Brushing Up on Mouth Care program was developed through a research project at Dalhousie University (Faculty of Dentistry and the Atlantic Health Promotion Research Centre) and Capital District Health Authority. The project was funded by the Nova Scotia Health Research Foundation and the Canadian Institutes of Health Research.
- To carry out this research project, researchers worked in partnership with personal care providers, nurse managers and directors of care from three long-term care facilities in rural Nova Scotia. Together, the partners planned, developed, implemented and evaluated a daily oral care program for these facilities. The user-friendly resources that were created to educate and support personal care providers provide the basis for the 'Brushing Up on Mouth Care' program.
- This model provides a guide to the 'Brushing Up on Mouth Care' education program. The overall objective of this program is to provide optimal mouth care for older adults who require assistance with personal care in both long term care and at home. 'Brushing Up on Mouth Care' focuses on assessment, care planning, education and resources. You will see these four themes come up throughout the various education sessions.

SLIDE 03

Session 1

Introductions

- **Logistics**
- **Parking Lot**
- **Introductions**



Logistics:

- Tell participants the session will take about a hour to complete.
- Tell them where washrooms are located (if they are in an unfamiliar location).
- Discuss any other logistics (e.g. turn off cell phones/pagers, breaks, etc.)

PARKING LOT:

- The 'Parking Lot' is a place to record any outstanding questions or issues that arise throughout the session
- Mark the words 'Parking Lot' on a piece of paper, white board or flip chart
- Tell the participants that issues placed in the 'Parking Lot' will be reviewed at the end of the session



If participants are not familiar with each other, go around the room and let them introduce themselves.

SLIDE 04

Session 1

Overview



Oral Health Basics

- Importance of Oral Care
- Daily Oral Health Assessment



Assessment & Planning

- Annual Oral Health Assessment Tool (OHAT)
- Oral Care Planning Tool

Conclusion

- Take Home Messages

In this session we will discuss:

- the importance of oral health and how it relates to overall health
- the prevention of dental disease
- daily oral health assessment and the concept of “Look, Feel, and Tell”
- The annual Oral Health Assessment and oral care planning tools will also be reviewed in depth

SLIDE 05

Session 1

Learning Objectives

This session will develop knowledge, understanding and appreciation of:

- Why good oral health is essential for healthy aging
- How to use the Oral Health Assessment and the Oral Care Planning tools to optimize a resident's oral health



This session will develop knowledge, understanding and appreciation of:

- Why good oral health is essential for healthy aging
- How to use the Oral Health Assessment and the Oral Care Planning tools to optimize a resident's oral health

SLIDE 06

Session 1

Oral Health Basics

Session 1, Part 1

*Do you feel you are providing optimal oral care to your residents?
Why or why not?*



- We will start by reviewing some of the basics of oral health.
- More information on oral health basics can be found on video #1 of the 'Brushing Up on Mouth Care' video series.



- Ask the participants:
*Do you feel you are providing optimal oral care to your residents?
Why or why not?*

SLIDE 07

Session 1

Oral Health Basics
Importance of Oral Care

Oral Health and Overall Health
= HAND IN HAND

Poor oral health can lead to:

- Dental cavities
- Gum disease
- Poor nutrition
- Social isolation
- Other health conditions (e.g. pneumonia)

- The population is aging and maintaining natural teeth. This will result in greater challenges for providing oral care.
- Oral health and overall health go HAND IN HAND.
- **The important message here is that the frail elderly population are a high-risk group for oral health problems and need to have proper preventive measures in place.**
- Frail and dependent people are at high risk of poor oral health if their daily oral hygiene is not maintained. This can lead to:
 - o Dental cavities
 - o Gum disease
 - o Poor nutrition
 - o Social isolation
 - o Other health conditions (like pneumonia)

SLIDE 08

Session 1

Oral Health Basics
Importance of Oral Care

- **Teeth are part of the digestive system**
 - Fewer teeth** = Difficulty chewing
 - Difficulty chewing** = Poor digestion
 - Poor digestion** = Poor nutrition
 - Poor nutrition** = Poor health
- **Poor oral health = Poor health**


- The teeth are the beginning of the digestive system.
- The food enters the mouth and the saliva glands are activated. The saliva softens the food as the teeth grind and mash causing the food to break apart into smaller particles.
- The tongue then pushes the small particles to the back of the mouth to be swallowed.
- Therefore, the fewer teeth the resident has - the less chewing they can do. The food is not ground into small particles so the digestive system has to work harder and may not be able to properly digest. This creates problems with nutrition which leads to reduced health.
- Some residents may pocket food in their mouths which could be the result of an inability to chew adequately to allow food to be swallowed.
- The bottom line is, poor oral health = poor health.

SLIDE 09

Session 1

Oral Health Basics

Importance of Oral Care



Dental Cavities

- Sugar causes cavities
- Acid results from eating sugar and starchy foods
- Acid attack lasts 5-15 minutes after eating
- Acid softens tooth enamel forming cavities
- Eating sweets with meals is better than between meals

- If there was no sugar there would be fewer cavities.
- Each time you eat food that contains sugar or starch, bacteria in the mouth break down this sugar and starch to produce acid. This acid attacks and softens tooth enamel for 5-15 minutes each time you eat.
- Cavities develop when the enamel on your teeth is destroyed with repeated acid attacks.
- When residents snack on sweets throughout the day, their mouth stays acidic for long periods of time. This allows cavities to form on the teeth.
- Eating sweets with meals is better than between meals.

SLIDE 10

Session 1

Oral Health Basics
Importance of Oral Care

Gingivitis OR Gum Disease

- Inflammation caused by bacteria found in plaque
- Causes red, swollen, bleeding gums (no pain)
- Can be reversed **but** can lead to **periodontal disease** if left untreated



- Gingivitis or gum disease is very common. It is an inflammation of the gums that causes the gums to become red and swollen.
- Gingivitis is caused by bacteria found in plaque, the sticky film on the teeth. This plaque forms on the teeth and around the gums, and it can also form on dentures.
- Plaque forms on the teeth everyday and therefore needs to be removed everyday.
- Gingivitis can be reversed with daily mouth care.
 - o If the resident's gums bleed when brushed, they likely have gingivitis.
 - o This bleeding will decrease with regular brushing.
- If plaque is not removed with daily mouth care, gingivitis can lead to periodontal disease; which is a more serious problem.

SLIDE 11

Session 1

Oral Health Basics

Importance of Oral Care



Periodontal Disease

- Leading cause of tooth loss in adults
- Causes the bone surrounding the teeth to break down
- Has been linked to heart disease, stroke, diabetes & pneumonia

- Periodontal disease is the leading cause of tooth loss in adults. This is because the bone around the teeth breaks down and can no longer support the teeth in the jaw.
- While gingivitis can be reversed, periodontal disease cannot. Once the bone has been lost it cannot be regained or built up except by special surgery.
- Periodontal disease has been linked to heart disease, stroke, diabetes and pneumonia.
- Managing gingivitis with daily mouth care is the most important step for preventing more serious gum disease.

SLIDE 12


Session 1

Oral Health Basics

Importance of Good Oral Health

Pneumonia

- Effective daily mouth care has been shown to reduce the risk of pneumonia for frail older adults



- Older adults with poor oral hygiene may have a higher risk of developing pneumonia because **plaque and bacteria in the mouth can be inhaled into the lungs. Having bacteria in the lungs can lead to pneumonia.**

SLIDE 13

Session 1

Oral Health Basics
Effective Oral Care

Steps for optimal oral care:

1. Brush regularly
2. Floss and use mouth rinse when possible
3. Have a yearly dental check up
4. Eat a healthy balanced diet
5. Limit sugary snacks and drinks between meals

Steps for optimal oral care include brushing, flossing, regular dental checkups, and a healthy diet with limited amounts of sugary snacks and drinks.

1. Brushing after every meal is recommended. All residents should have their teeth brushed thoroughly at least once each day. Brush with a soft toothbrush to help to stimulate gums and keep teeth healthy.
2. Floss each day when possible. Rinse with alcohol free mouth rinse, preferably one with fluoride. Many residents have dry mouths and using mouth rinses with alcohol can make this worse.
3. Ideally, residents should have a dental check up once a year.
4. Encourage residents to eat a healthy balanced diet.
5. While limiting sugary snacks and drinks may be difficult, they should be consumed with meals when possible.

SLIDE 14

Session 1

Oral Health Basics

Effective Oral Care

DAILY ASSESSMENT:

- Encourage care providers to LOOK, FEEL, TELL every time oral care is done
- Remove any dentures before providing oral care

- The main message here is to LOOK, FEEL, and TELL.
- Providing daily oral care to residents also presents an important opportunity to check the mouth for any changes or abnormalities.
- Encourage the care providers to use this opportunity to look for any abnormalities.
- Remove any dentures and **before providing daily oral care, do a quick 'check' of the resident's mouth - look at teeth, gums, tongue, roof & floor of mouth, inside of cheeks, and lips**
 - o Look for any abnormalities such as red or white patches, swelling, lumps, or loose teeth
 - o Have residents check their own mouth if possible
 - o Care providers should check for residents who are unable to check themselves

SLIDE 15

Session 1

Oral Health Basics Effective Oral Care

 DVD 1
Oral health assessments (runs 2:58)

ASSESSMENT



- We will now watch a 3 minute video clip about daily oral health assessment.

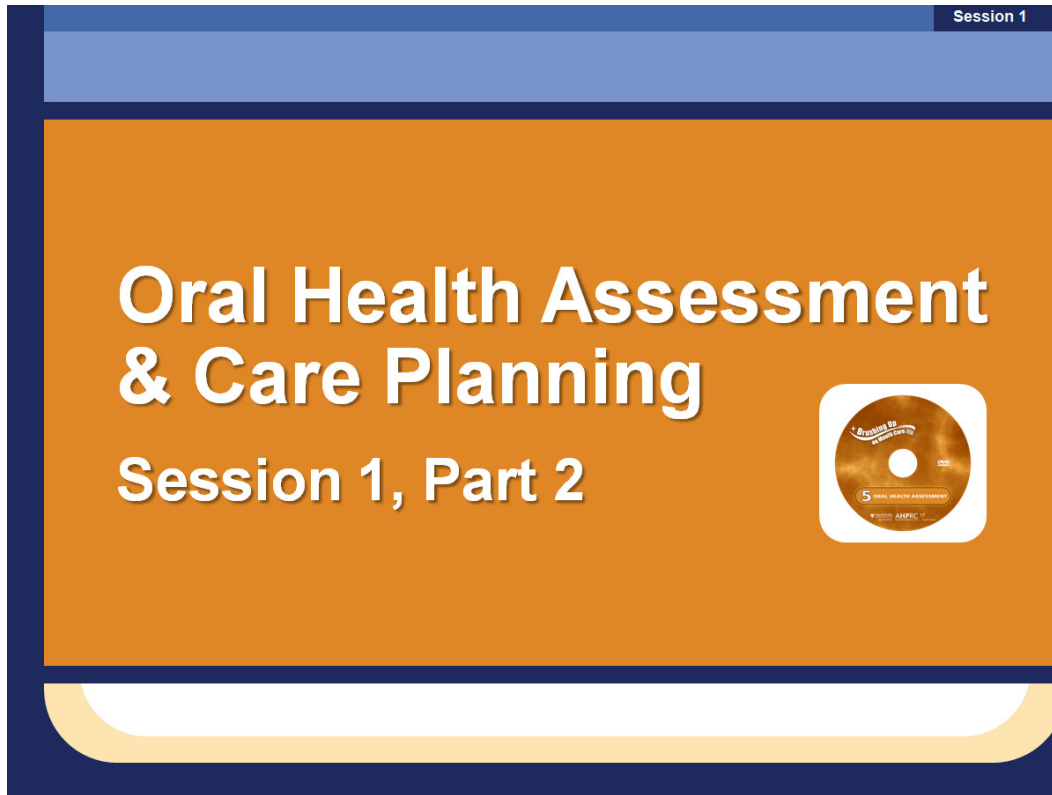


- Click on black box to start video – the video will open in full screen.
- When video ends press the ESC key to return back to the PowerPoint view.



- This is the last slide for Oral Health Basics.

SLIDE 16



- Depending on your time, you may wish to give participants a short 5-10 minute break to go to the washroom, fill water bottles, etc.
- *Any questions about Oral Health Basics before we move on?*
- More information on oral health assessment and care planning can be found on video #5 of the Brushing Up on Mouth Care video series.

SLIDE 17

Session 1

Oral Health Assessment



- We will now discuss formal oral health assessment tools and procedures.

SLIDE 18

Session 1

Annual Oral Health Assessment Purpose

A resident's oral status should be assessed routinely and methodically on a regular basis
(i.e. annually and after referrals)

WHY?

- To develop and update their oral hygiene care plan
- To determine if a referral is necessary
- To provide a record of their oral health status over time

- **A resident's oral status should be assessed routinely and methodically on a regular basis.**
- Each new resident entering a care facility should have an assessment completed prior to the development of their initial care plan.
- All residents should have their oral health assessed annually by a member of the nursing staff. These assessments will help to determine if referral to a dental professional is necessary and will provide a record of their oral health over time.
- Ideally annual assessments should be completed to coincide with annual care conferences.

SLIDE 19

Session 1

Annual Oral Health Assessment Tool Overview (OHAT)

- **WHO?**
RN or LPN
- **WHEN?**
 - within 3 weeks of admission and annually thereafter
- **WHAT?**
 - a validated tool
 - provides guidance to care planning

- Oral health assessments should be completed by a member of the nursing staff – an RN or LPN within 3 weeks of a resident being admitted to the facility and annually thereafter.
- The Oral Health Assessment Tool (OHAT) is a quick and easy one page document used to identify common healthy and unhealthy conditions associated with the mouth tissues and dentures.
- This is a validated tool - meaning it has been tested with thousands of health professionals to ensure consistency.
- The OHAT has 8 categories:
 - o LIPS
 - o TONGUE
 - o GUM & TISSUES
 - o TEETH
 - o DENTURE(S)
 - o SALIVA
 - o ORAL CLEANLINESS
 - o DENTAL PAIN

SLIDE 20

Session 1

Annual Oral Health Assessment Tool Overview (OHAT)

ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG TERM CARE

Resident: _____

Admission Assessment ☐ Annual Assessment ☐ Follow-up Assessment 1-3 ☐ 3-6 ☐ Date: _____

NOTE: A Star* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, dentist) is required.

Category	0 = HEALTHY	1 = CHANGES	2 = UNHEALTHY	Score	Action Required	Action Completed
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	Swelling or lumps, whitened/ulcerated patch; bleeding/ulcerated at corners*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gums & Tissues	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*	Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	Tissues parched and red, very little or no saliva present, saliva is thick, foamy, resident complains of dry mouth*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Natural Teeth	No decayed or broken teeth/roots <input type="checkbox"/> Y <input type="checkbox"/> N	1 to 3 decayed or broken teeth/roots*	4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Denture(s) <input type="checkbox"/> Y <input type="checkbox"/> N	No broken areas/teeth, dentures worn regularly and labeled	1 broken area/teeth, or dentures only worn for 1 to 2 hours daily, or no name on denture(s)	More than 1 broken area/teeth, denture missing or not worn due to poor fit, or worn only with denture adhesive*		1=D denture 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/ tartar/ debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath	Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dental Pain	No behavioural, verbal or physical signs of pain	Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*	Physical signs such as swelling of cheek or gum, broken teeth, ulcers, gum boil, as well as verbal and/or behavioural signs*		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Completed by: _____						
<p>FOLLOW UP:</p> <p>1) Oral Hygiene Care Plan updated - <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Date: _____</p> <p>2) OHAT to be repeated - <input type="checkbox"/> in one year <input type="checkbox"/> on date _____</p> <p>REFERRAL:</p> <p>a) REFERRAL to an oral health professional required <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>b) REFERRAL made <input type="checkbox"/> Y (appointment date: _____) <input type="checkbox"/> N (see below)</p> <p>c) REFERRAL refused by resident/family/guardian <input type="checkbox"/> Y</p> <p>Reason for refusal: _____</p> <p>Signature: _____</p>						

(OHAT Tool, Chalmers 2004)
This version is based on modifications from the Halton Region's Health Department (2007)

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www.ahprc.dal.ca/projects/oral-care/

Biting Up on Waste Care

- We will now watch two video clips about the Oral Health Assessment tool.




DISTRIBUTE COPIES of the OHAT to participants

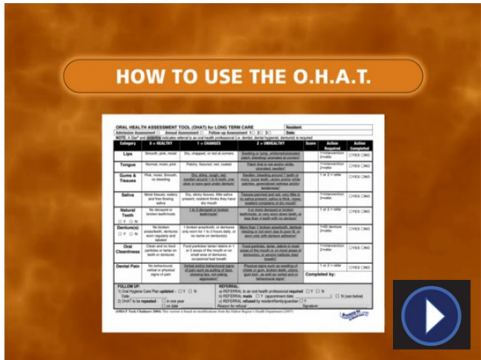
SLIDE 21

Session 1

Annual Oral Health Assessment Using the OHAT



DVD 5
How to use the OHAT (runs 4:59)



- The first video clip discusses how to use the Oral Health Assessment Tool.



- Participants should have a copy of the Oral Health Assessment Tool to follow along with the video clip.




- Click on black box to start video – the video will open in full screen.
- When video ends press the ESC key to return back to the PowerPoint view.

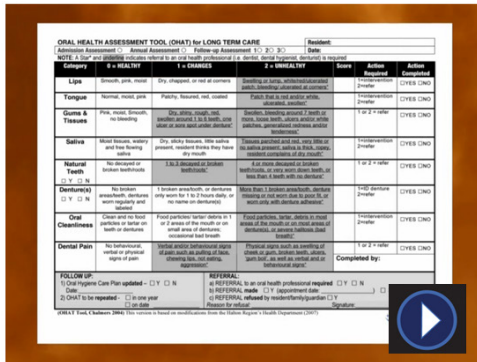
SLIDE 22

Session 1

Annual Oral Health Assessment Using the OHAT



DVD 5
The OHAT (runs 16:03)



- This next clip is about 16 minutes and reviews the tool in detail.



- Participants should have a copy of the Oral Health Assessment Tool to follow along with the video clip.



- Click on black box to start video – the video will open in full screen.
- When video ends press the ESC key to return back to the PowerPoint view.

SLIDE 23

Session 1

Oral Care Planning

A photograph showing two healthcare professionals, a woman in a dark blue scrub top and a man in light blue scrubs, standing at a desk and reviewing documents. The woman is pointing at a document on the desk, and the man is looking at it. They are in a clinical setting with shelves in the background.

- We will now discuss oral health care planning tools and procedures.

SLIDE 24

Session 1

Oral Care Planning Tool Overview

- **WHO?**
 - RN or LPN
- **WHEN?**
 - Reviewed and updated each time an Oral Health Assessment is completed
- **WHAT?**
 - A tool that provides guidance to oral care planning

- A member of the nursing staff should review and update a resident's oral care plan each time an oral health assessment is completed.
- The Oral Care Planning Tool provides guidance to oral care planning. It can be used to outline what each resident will need to ensure they are receiving adequate and appropriate oral care on a daily basis.
- It identifies what helps and hinders mouth care for each resident and provides an opportunity for the care team to communicate about a resident's oral care needs.

SLIDE 25

Session 1

Oral Care Planning Tool Overview

ORAL HYGIENE CARE PLAN for LONG TERM CARE					Resident:
Completed by:				Date:	
Dentist:				Dentist Phone #:	
Date of last dental appointment:				Date for next oral hygiene care plan review:	
Assessment of Dentures: (please circle)	UPPER	FULL	PARTIAL	NOT WORN	NO DENTURE
	LOWER	FULL	PARTIAL	NOT WORN	NO DENTURE
Assessment of Natural Teeth: (please circle)	UPPER	YES	NO	Root tips present	
	LOWER	YES	NO	Root tips present	
Interventions for oral hygiene care (check all that apply and indicate frequency as needed)					Level of Assistance (please circle)
<input type="checkbox"/> Mouth swab..... o a.m. o p.m. <input type="checkbox"/> Electric toothbrush..... o a.m. o p.m. <input type="checkbox"/> Suction toothbrush..... o a.m. o p.m. <input type="checkbox"/> Regular toothbrush..... o a.m. o p.m. <input type="checkbox"/> Use 2 toothbrushes..... o a.m. o p.m. <input type="checkbox"/> Interproximal toothbrush / floss..... o a.m. o p.m. <input type="checkbox"/> Regular fluoride toothpaste..... o a.m. o p.m. <input type="checkbox"/> Do not use toothpaste <input type="checkbox"/> Scrub denture/s with denture brush..... o a.m. o p.m. <input type="checkbox"/> Soak denture/s over night in water with denture tablet <input type="checkbox"/> Scrub denture bath weekly <input type="checkbox"/> Dry mouth products as needed <input type="checkbox"/> Fluoride varnish or other fluoride products (Rx by dentist or physician) <input type="checkbox"/> Chlorhexidine mouth rinse (Rx by dentist or physician) <input type="checkbox"/> Other:					Denture Cleaning: Independent some assistance fully dependent
Regular barriers to oral care (check all that apply)					Teeth Cleaning: Independent some assistance fully dependent
<input type="checkbox"/> Forgets to do oral hygiene care <input type="checkbox"/> Refuses oral hygiene care <input type="checkbox"/> Won't open mouth <input type="checkbox"/> No compliance with directions <input type="checkbox"/> Aggressive / kicks / hits <input type="checkbox"/> Bites toothbrush and/or staff <input type="checkbox"/> Can't swallow properly <input type="checkbox"/> Can't rinse / spit <input type="checkbox"/> Constantly grinding / chewing <input type="checkbox"/> Head faces downwards / moves <input type="checkbox"/> Won't take dentures out at night <input type="checkbox"/> Dexterity or hand problems / arthritis <input type="checkbox"/> Requires financial assistance <input type="checkbox"/> Other:					

(Modified from Chalmers, 2004)

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www.alhpcu.dal.ca/projects/oral-care/



- DISTRIBUTE COPIES of oral care planning tool

SLIDE 26

Session 1

Oral Care Planning Providing Oral Care



DVD 5
Oral Hygiene Care Planning Tool
 (runs 4:13)

ORAL HYGIENE CARE PLAN



THIS CARE SHOULD BE
REVIEWED AND UPDATED
WITH EVERY ORAL HEALTH
ASSESSMENT



- We will now watch a brief video clip about the Oral Hygiene Care Planning Tool.



- Each participant should have a copy of the care plan to follow along with the video clip.



- Click on black box to start video – the video will open in full screen.
- When video ends press the ESC key to return back to the PowerPoint view.

SLIDE 27

Session 1

Case Study

Mrs. Fraser is an 81 year old woman who has been living on her own for the past 5 years.

She has entered your care facility because of advanced Parkinson's disease.

She is eating a modified diet, having complained, "My teeth are loose and they hurt when I eat something hard or chewy".

She mostly wears her upper denture.

She puts her lower partial denture in rarely and only when socializing.

- We will now complete a case study activity. You can work in groups of two.
- Please take a moment to read the Case Study above. I will then show you a series of pictures. Please complete the Oral Health Assessment tool based on the information provided and what you see in the pictures.



- Ensure all participants have a copy of the OHAT.



- Once participants have read the case study, move on to the next slide.

SLIDE 28

Session 1

Case Study



- Show participants this slide for 2-3 minutes and let them complete the Oral Health Assessment in pairs.

SLIDE 29

Session 1

Case Study

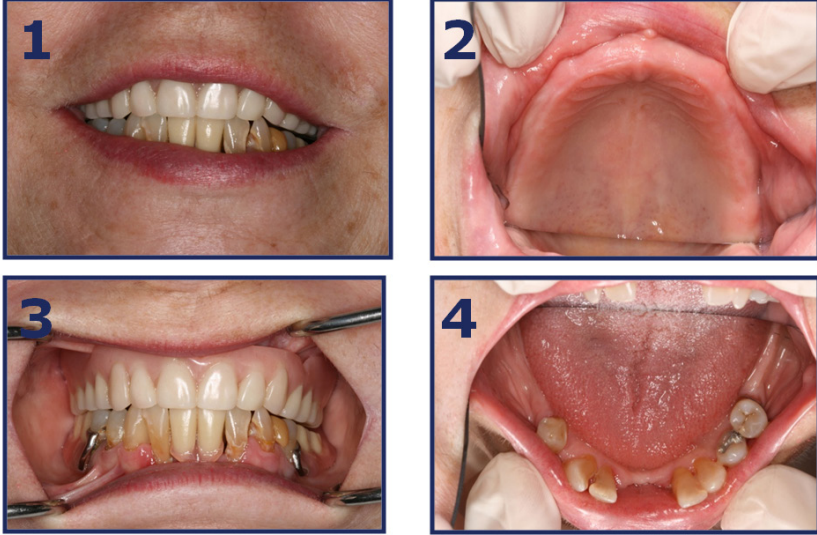


- Show participants this slide for 2-3 minutes and let them complete the Oral Health Assessment in pairs.

SLIDE 30

Session 1

Case Study - Debrief

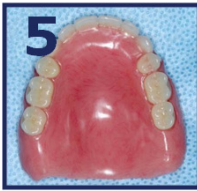


- Ask participants *what information they can gather about Mrs. Fraser's oral health from each picture.*
- **Picture 1:** Shows Mrs. Fraser's lips. They appear healthy (i.e. smooth, pink and moist).
- **Picture 2:** Shows the roof of Mrs. Fraser's mouth. This would be part of our examination of her gums and tissues.
- **Picture 3:** Shows Mrs. Fraser's teeth. *What do you notice in this picture?* She has an upper and lower denture.
- **Picture 4:** Shows Mrs. Fraser's tongue. It appears to be healthy (i.e. normal, moist and pink).


SLIDE 31

Session 1

Case Study - Debrief




5



6



7



8



- Ask participants what *information they can gather about Mrs. Fraser's oral health from each picture.*
- **Picture 5:** Shows Mrs. Fraser's upper denture. It does not appear broken but we can see her name is not on the denture.
- **Picture 6:** Shows Mrs. Fraser's lower partial denture. Again it does not appear broken but from our previous description we know she rarely wears this denture.
- **Picture 7:** Shows Mrs. Fraser's teeth and gums. *What do you notice in this picture?* We see the gums are red and swollen around the teeth. There also appears to be tartar and calculus build up on the tooth.
- **Picture 8:** Shows more of Mrs. Fraser's teeth. You can see plaque and calculus build up on the teeth and a large cavity between the two teeth.

SLIDE 32

Session 1

Case Study

ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG TERM CARE Resident: Mrs. Fraser

Admission Assessment ☒ Annual Assessment ☐ Follow-up Assessment ☐ 1 ☐ 2 ☐ 3 ☐ Date: _____

NOTE: A Star* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, dentist) is required.

Category	0 = HEALTHY	1 = CHANGING	2 = UNHEALTHY	Score	Action Required	Action Completed
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	Swelling or lump, whitened/ulcerated patch; bleeding/ulcerated at corners*	0	1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen*	0	1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gums & Tissues	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*	Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*	1	1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	Tissues parched and red, very little or no saliva present; saliva is thick, ropey, resident complains of dry mouth*	0	1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Natural Teeth	No decayed or broken teeth/roots <input type="checkbox"/> Y <input type="checkbox"/> N	1 to 3 decayed or broken teeth/roots*	4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*	1	1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Denture(s)	No broken areas/teeth, denture worn regularly and labeled <input type="checkbox"/> Y <input type="checkbox"/> N	1 broken area/teeth, or dentures only worn for 1 to 2 hours daily, or no name on denture(s)	More than 1 broken area/teeth, denture missing or not worn due to poor fit, or worn only with denture adhesive*	1	1=D denture 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/ tartar/ debris in 1 or 2 areas of the mouth or on small area of dentures; noticeable bad breath	Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*	1	1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dental Pain	No behavioural, verbal or physical signs of pain	Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*	Physical signs such as swelling of cheek or gum, broken teeth, ulcers, 'gum boil', as well as verbal and/or behavioural signs*	1	1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO

Completed by: _____

FOLLOW UP:
 1) Oral Hygiene Care Plan updated - ☐ Y ☐ N
 Date: _____
 2) OHAT to be repeated - ☐ in one year ☐ on date _____

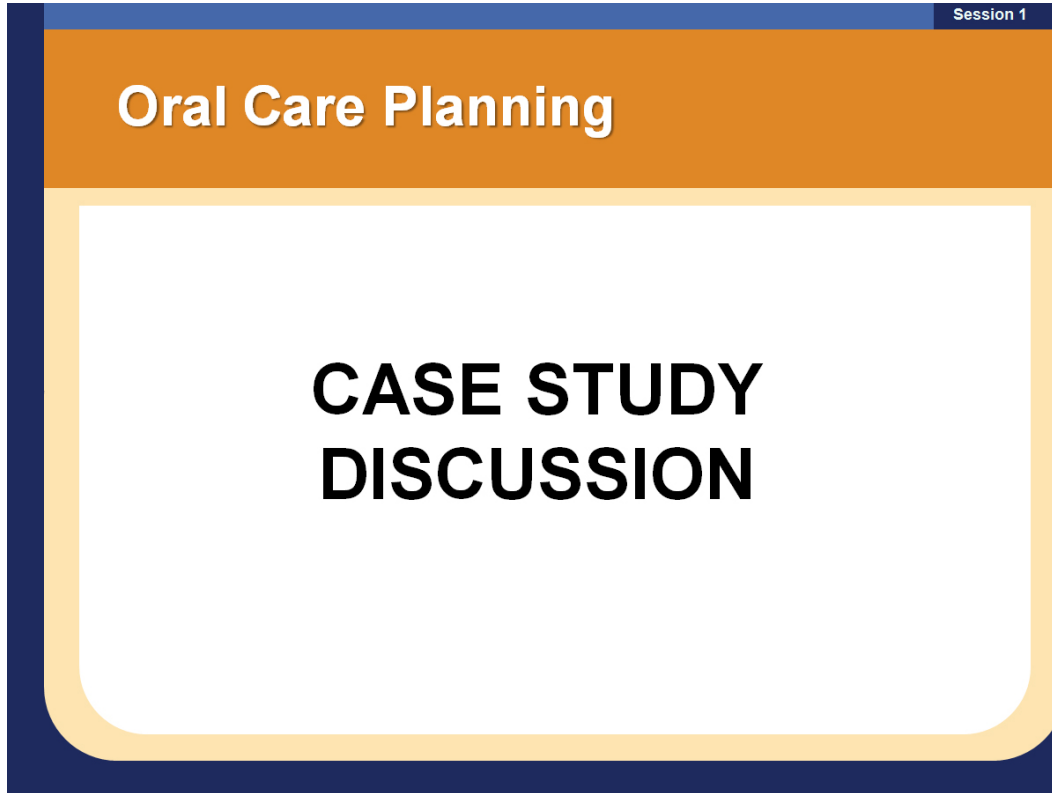
REFERRAL:
 a) REFERRAL to an oral health professional required ☒ Y ☐ N
 b) REFERRAL made ☐ Y (appointment date: _____) ☐ N (see below)
 c) REFERRAL refused by resident/family/guardian ☐ Y
 Reason for refusal: _____ Signature: _____

(OHAT Tool, Chalmers 2004)
 This version is based on modifications from the Halton Region's Health Department (2007)

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 www.ahprc.dal.ca/projects/oral-care/

- So how does Mrs. Fraser score overall?
- Discuss each category with participants before revealing the appropriate score. Each time you click to advance the slide, the correct response and corresponding score for each category will be revealed.
- We see that Mrs. Fraser will require a referral as well as some other interventions like labeling her denture.
- Once the referral has been made and the denture labeled, this should be identified in the 'Action Completed' column.

SLIDE 33



Session 1

Oral Care Planning

CASE STUDY DISCUSSION



- Ask participants how they found the exercise. *Did everyone get the same scores? Is it something they feel they could adopt into practice at their facility?*



- This is the last slide for Assessment. Next slide outlines 'Take Home Messages'.

Conclusions

Take Home Messages

- Oral health plays an important role in overall health
- It is important to monitor oral health and check for abnormalities DAILY
- Oral health should be formally assessed and care plans updated annually
- All members of the care team have an important role to play to improve oral care

Let's review the take home messages from this session:

- **Oral health plays an important role in overall health**
- It is important to monitor oral health and check for abnormalities DAILY
- Oral health should be formally assessed and care plans updated annually
- All members of the care team have an important role to play to improve oral care

SLIDE 35

Session 1

QUESTIONS?

- *Are there any questions before we wrap-up?*



- Check the 'Parking Lot' for lingering issues and questions and address them now.

Learning Objectives

Did we meet the learning objectives?

Purpose of this session was to develop knowledge, understanding and appreciation of:

- Why good oral health is essential for healthy aging
- How to use the Oral Health Assessment and the Oral Care Planning tools to optimize a resident's oral health



- Ask participants *if they feel they have obtained the required knowledge.*

SLIDE 37

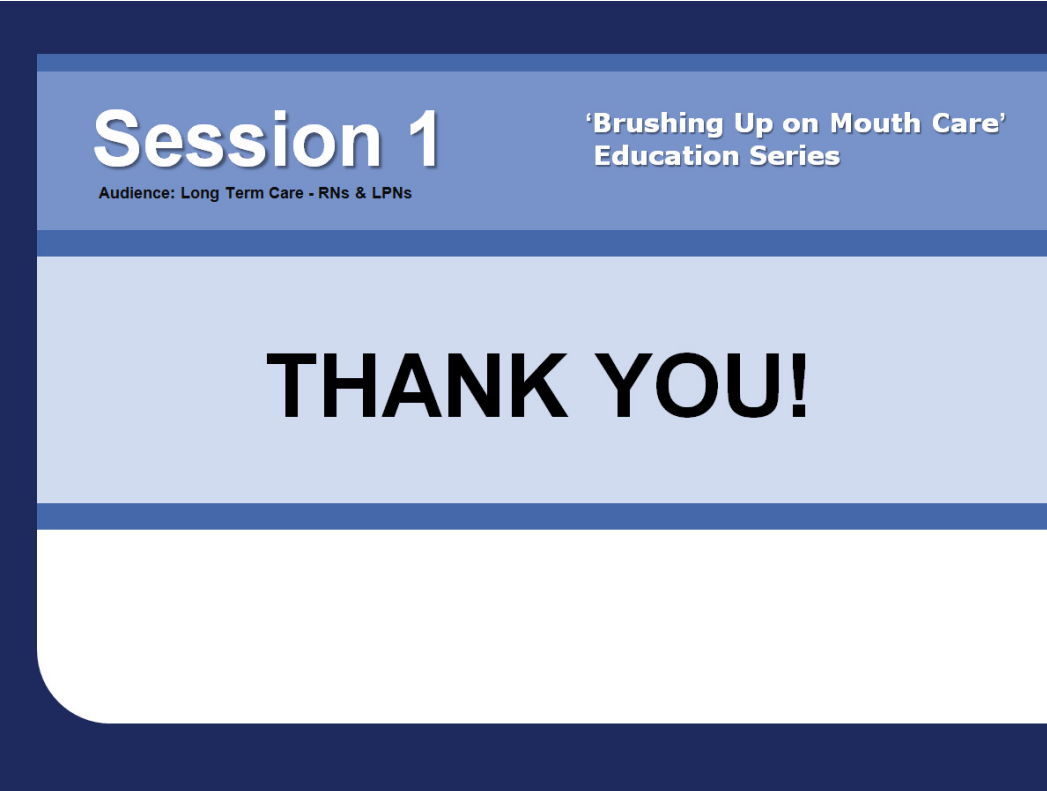
Next Steps

Session 1

- CCAs/PCWs will receive two education sessions
- A final session on implementing an oral care program will be offered to all members of the care team and administrators

- This concludes Session 1 of the 'Brushing Up on Mouth Care' education series. The next two education sessions will be directed toward care providers - CCAs and PCWs.
- Covered in the two sessions for care providers will be:
 - o Basics of oral health
 - o Daily assessment
 - o Brushing technique and oral health products
 - o Considerations for dementia and palliative care
- This will be followed by a final session on implementing an oral care program for all members of the care team and administrators.

SLIDE 38

A graphic representing a presentation slide. It has a dark blue header with the text 'Session 1' in large white font, 'Audience: Long Term Care - RNs & LPNs' in smaller white font, and '‘Brushing Up on Mouth Care’ Education Series' in white font. The main body of the slide is light blue and contains the text 'THANK YOU!' in large, bold, black capital letters.

Session 1
Audience: Long Term Care - RNs & LPNs
**‘Brushing Up on Mouth Care’
Education Series**

THANK YOU!



Distribute session evaluation forms:

- Leave a large envelope for participants to place completed forms
- Leave the room for 5 minutes to permit participants to submit anonymous evaluation forms

Session 2

AUDIENCE: Care providers (e.g. CCAs, HSWs, PCWs)



Oral Health Basics

Brushing Technique & Oral Health Products

This session is for CARE PROVIDERS (CCAs, PCWs, & HSWs) who work in LONG-TERM CARE and HOME CARE

Everything that you need to say for each slide is written in your facilitator notes. You do not need to read the content on the slide itself. If you read the facilitator notes, you will address the content of each slide.



When this icon indicates something you should DO or something you should be aware of and not something you should SAY (e. g. Click on black box to start video).

The PowerPoint for this session can be found on the 'Facilitator Guide Presentations' disk located with the educational videos behind Tab 5 of this manual.



This session should take approximately 1 hour to complete

This session includes video clips:

- Test the video clips ahead of time to ensure they are working properly
- Check your speaker volume (set up external speakers if necessary)

Ensure you have a white board or flip chart and markers to record items for the 'Parking Lot'.

If you plan to have participants evaluate the session, ensure you have copies of the evaluation form printed (and pens/pencils available). The evaluation form template can be found at www.ahprc.dal.ca/projects/oral-care/pdfs/facilitator-guide/EvaluationForm_FacilitatorGuide.pdf.

Since this session will be used in both long-term care and home care settings, the term 'resident/client' is used throughout. Please use whichever term best describes the recipient of care in your organization.




SLIDE 01

Session 2

Audience: Care providers (e.g. CCAs, HSWs, PCWs)

'Brushing Up on Mouth Care' Education Series



Oral Health Basics

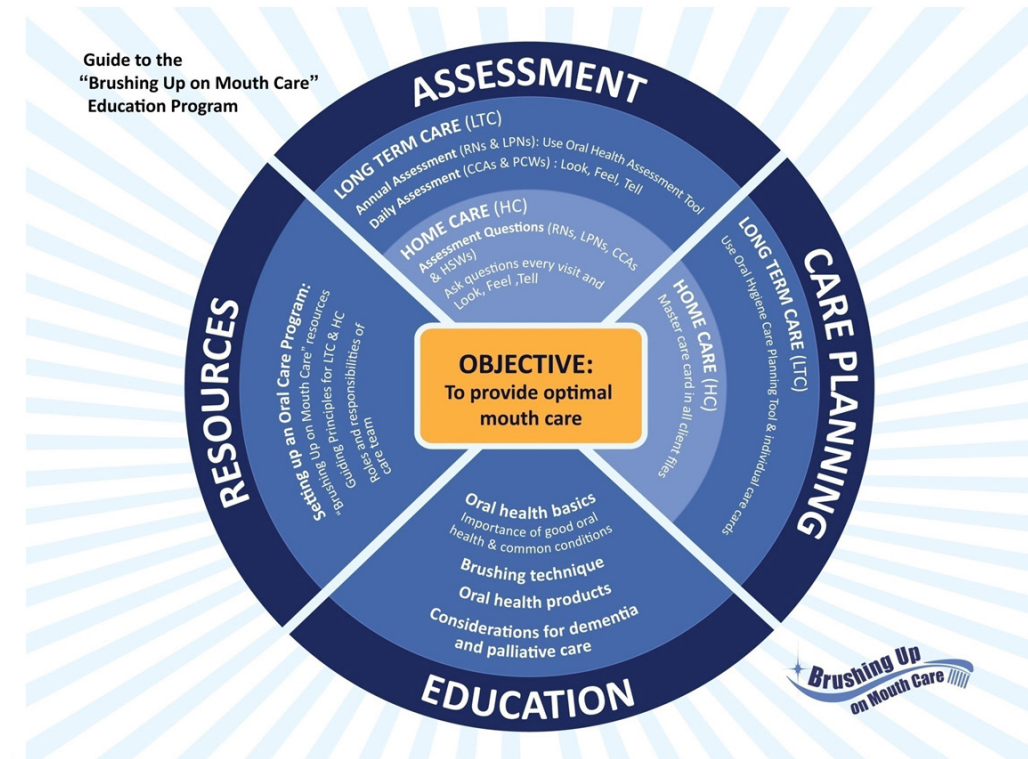
Brushing Technique & Oral Health Products

- This is session two of the 'Brushing Up on Mouth Care' education series.
- We will be discussing the basics of oral health, as well as techniques and products for brushing, flossing, rinsing and denture care




- Introduce yourself
- Welcome participants

SLIDE 02



- The Brushing Up on Mouth Care program was developed through a research project at Dalhousie University (Faculty of Dentistry and the Atlantic Health Promotion Research Centre) and Capital District Health Authority. The project was funded by the Nova Scotia Health Research Foundation and the Canadian Institutes of Health Research.
- To carry out this research project, researchers worked in partnership with personal care providers, nurse managers and directors of care from three long-term care facilities in rural Nova Scotia. Together, the partners planned, developed, implemented and evaluated a daily oral care program for these facilities. The user-friendly resources that were created to educate and support personal care providers provide the basis for the 'Brushing Up on Mouth Care' program.
- This model provides a guide to the 'Brushing Up on Mouth Care' education program. The overall objective of this program is to provide optimal mouth care for older adults who require assistance with personal care in both long term care and at home. 'Brushing Up on Mouth Care' focuses on assessment, care planning, education and resources. You will see these four themes come up throughout the various education sessions.

SLIDE 03

Session 2

Introductions

- **Logistics**
- **Parking Lot**
- **Introductions**



Logistics:

- Tell participants the session will take about a hour to complete.
- Tell them where washrooms are located (if they are in an unfamiliar location).
- Discuss any other logistics (e.g. turn off cell phones/pagers, breaks, etc.)

PARKING LOT:

- The 'Parking Lot' is a place to record any outstanding questions or issues that arise throughout the session
- Mark the words 'Parking Lot' on a piece of paper, white board or flip chart
- Tell the participants that issues placed in the 'Parking Lot' will be reviewed at the end of the session



If participants are not familiar with each other, go around the room and let them introduce themselves.

SLIDE 04

Session 2

Overview



Oral Health Basics

- Importance of Oral Care
- Effective Oral Care



Oral Care Techniques & Products

- Toothbrushes & Brushing Technique
- Floss, Floss Alternatives & Flossing Technique
- Mouth Rinses
- Denture Products & Denture Care
- Other Oral Care Products

Conclusion

- Take Home Messages

In this session we will discuss:

- the importance of oral health and how it relates to overall health
- the prevention of dental disease
- toothbrushes, toothpaste and brushing technique
- floss ,floss alternatives and flossing technique
- mouth rinses, denture care products, denture cleaning techniques and
- other conditions and products.

SLIDE 05

Session 2

Learning Objectives

This session will develop knowledge, understanding and appreciation of:

- Why good oral health is essential for healthy aging
- Essential steps to provide optimal oral care for residents/clients
- Proper techniques for brushing teeth, flossing, cleaning dentures and using mouth rinse
- Mouth care products and their appropriate use

This session will develop knowledge, understanding and appreciation of:

- Why good oral health is essential for healthy aging
- Essential steps to provide optimal oral care for residents/clients
- Proper techniques for brushing teeth, flossing, cleaning dentures and using mouth rinse
- Mouth care products and their appropriate use

SLIDE 06

Session 2

Oral Health Basics

Session 1, Part 1

Do you feel you are providing optimal oral care to your Residents/clients? Why or why not?



- We will start by reviewing some of the basics of oral health.
- More information on oral health basics can be found on video #1 of the 'Brushing Up on Mouth Care' video series.



- Ask the participants:
*Do you feel you are providing optimal oral care to your residents/clients?
Why or why not?*

SLIDE 07

Session 2

Oral Health Basics
Importance of Oral Care

Oral Health and Overall Health
= HAND IN HAND

Poor oral health can lead to:

- Dental cavities
- Gum disease
- Poor nutrition
- Social isolation
- Other health conditions (e.g. pneumonia)

- The population is aging and maintaining natural teeth. This will result in greater challenges for providing oral care.
- Oral health and overall health go HAND IN HAND.
- **The important message here is that the frail elderly population are a high-risk group for oral health problems and need to have proper preventive measures in place.**
- Frail and dependent people are at high risk of poor oral health if their daily oral hygiene is not maintained. This can lead to:
 - o Dental cavities
 - o Gum disease
 - o Poor nutrition
 - o Social isolation
 - o Other health conditions (like pneumonia)

SLIDE 08

Session 2

Oral Health Basics

Importance of Oral Care

- **Teeth are part of the digestive system**

Fewer teeth = Difficulty chewing

Difficulty chewing = Poor digestion

Poor digestion = Poor nutrition

Poor nutrition = Poor health

- **Poor oral health = Poor health**


- The teeth are the beginning of the digestive system.
- The food enters the mouth and the saliva glands are activated. The saliva softens the food as the teeth grind and mash causing the food to break apart into smaller particles.
- The tongue then pushes the small particles to the back of the mouth to be swallowed.
- Therefore, the fewer teeth the resident/client has - the less chewing they can do. The food is not ground into small particles so the digestive system has to work harder and may not be able to properly digest. This creates problems with nutrition which leads to reduced health.
- Some residents/clients may pocket food in their mouths which could be the result of an inability to chew adequately to allow food to be swallowed.
- The bottom line is, poor oral health = poor health.

SLIDE 09

Session 2

Oral Health Basics

Importance of Oral Care



Dental Cavities

- Sugar causes cavities
- Acid results from eating sugar and starchy foods
- Acid attack lasts 5-15 minutes after eating
- Acid softens tooth enamel forming cavities
- Eating sweets with meals is better than between meals

- If there was no sugar there would be fewer cavities.
- Each time you eat food that contains sugar or starch, bacteria in the mouth break down this sugar and starch to produce acid. This acid attacks and softens tooth enamel for 5-15 minutes each time you eat.
- Cavities develop when the enamel on your teeth is destroyed with repeated acid attacks.
- When residents/clients snack on sweets throughout the day, their mouth stays acidic for long periods of time. This allows cavities to form on the teeth.
- Eating sweets with meals is better than between meals.

SLIDE 10

Session 2

Oral Health Basics

Importance of Oral Care

Gingivitis OR Gum Disease

- Inflammation caused by bacteria found in plaque
- Causes red, swollen, bleeding gums (no pain)
- Can be reversed **but** can lead to **periodontal disease** if left untreated




- Gingivitis or gum disease is very common. It is an inflammation of the gums that causes the gums to become red and swollen.
- Gingivitis is caused by bacteria found in plaque, the sticky film on the teeth. This plaque forms on the teeth and around the gums, and it can also form on dentures.
- Plaque forms on the teeth everyday and therefore needs to be removed everyday.
- Gingivitis can be reversed with daily mouth care.
 - o If the resident/client's gums bleed when brushed, they likely have gingivitis.
 - o This bleeding will decrease with regular brushing.
- If plaque is not removed with daily mouth care, gingivitis can lead to periodontal disease; which is a more serious problem.

SLIDE 11

Session 2

Oral Health Basics

Importance of Oral Care



Periodontal Disease

- Leading cause of tooth loss in adults
- Causes the bone surrounding the teeth to break down
- Has been linked to heart disease, stroke, diabetes & pneumonia

- Periodontal disease is the leading cause of tooth loss in adults. This is because the bone around the teeth breaks down and can no longer support the teeth in the jaw.
- While gingivitis can be reversed, periodontal disease cannot. Once the bone has been lost it cannot be regained or built up except by special surgery.
- Periodontal disease has been linked to heart disease, stroke, diabetes and pneumonia.
- Managing gingivitis with daily mouth care is the most important step for preventing more serious gum disease.

SLIDE 12


Session 2

Oral Health Basics

Importance of Good Oral Health

Pneumonia

- Effective daily mouth care has been shown to reduce the risk of pneumonia for frail older adults



- Older adults with poor oral hygiene may have a higher risk of developing pneumonia because **plaque and bacteria in the mouth can be inhaled into the lungs. Having bacteria in the lungs can lead to pneumonia.**

SLIDE 13

Session 2

Oral Health Basics
Effective Oral Care

Steps for optimal oral care:

1. Brush regularly
2. Floss and use mouth rinse when possible
3. Have a yearly dental check up
4. Eat a healthy balanced diet
5. Limit sugary snacks and drinks between meals

Steps for optimal oral care include brushing, flossing, regular dental checkups, and a healthy diet with limited amounts of sugary snacks and drinks.

1. Brushing after every meal is recommended. All residents/clients should have their teeth brushed thoroughly at least once each day. Brush with a soft toothbrush to help to stimulate gums and keep teeth healthy.
2. Floss each day when possible. Rinse with alcohol free mouth rinse, preferably one with fluoride. Many residents/clients have dry mouths and using mouth rinses with alcohol can make this worse.
3. Ideally, residents/clients should have a dental check up once a year.
4. Encourage residents/clients to eat a healthy balanced diet.
5. While limiting sugary snacks and drinks may be difficult, they should be consumed with meals when possible.

SLIDE 14

Session 2

Oral Health Basics
Effective Oral Care

DAILY ASSESSMENT:


- Encourage care providers to LOOK, FEEL, TELL every time oral care is done
- Remove any dentures before providing oral care

- The main message here is to LOOK, FEEL, and TELL.
- Providing daily oral care to residents/clients also presents an important opportunity to check the mouth for any changes or abnormalities.
- As care providers, you should use this opportunity to look for any abnormalities.
- Remove any dentures and **before providing daily oral care, do a quick 'check' of the resident/client's mouth - look at teeth, gums, tongue, roof & floor of mouth, inside of cheeks, and lips**
 - o Look for any abnormalities such as red or white patches, swelling, lumps, or loose teeth
 - o Have residents/clients check their own mouth if possible
 - o Check for residents/clients who are unable to check themselves


SLIDE 15

Session 2

Oral Health Basics Effective Oral Care

 DVD 1
Oral health assessments (runs 2:58)

ASSESSMENT



Play button icon

- We will now watch a 3 minute video clip about daily oral health assessment.



- Click on black box to start video – the video will open in full screen.
- When video ends press the ESC key to return back to the PowerPoint view.



- This is the last slide for Oral Health Basics.

SLIDE 16




- Depending on your time, you may wish to give participants a short 5-10 minute break to go to the washroom, fill water bottles, etc.
- *Any questions about Oral Health Basics before we move on?*
- More information on oral care techniques and products can be found on video #2 of the 'Brushing Up on Mouth Care' video series.

SLIDE 17

Session 2

Toothbrushes & Brushing Technique



- We will now discuss toothbrushes and brushing technique.

SLIDE 18

Session 2

Brushing Technique Overview

Not all toothbrushes are appropriate for all people

- Residents/clients should have a toothbrush for their teeth and a different toothbrush or denture brush for their dentures.
- Toothbrushes should be replaced at least every 3 months or immediately after an illness.

- Not all toothbrushes are appropriate for all people.
- There are a number of factors to consider when choosing an appropriate toothbrush for a resident/client.
 - o What is their ability to use a brush effectively without causing damage?
 - o Are there physical conditions to consider such as problems with mobility, manual dexterity, vision and so on?
 - o Are they motivated and willing to do their own oral care?
- There are many different kinds of toothbrushes.
- No one model of a manual brush is known to be more effective than another, but soft bristles are recommended.
- When used properly, certain electric toothbrushes can be more effective than manual brushes at removing plaque.
- Residents/clients should have a toothbrush for their teeth and a different toothbrush or denture brush for their dentures.
- Toothbrushes should be replaced every three months and immediately following an illness to ensure that residents/clients are not re-exposed to bacteria or viruses associated with their illness.
- Always replace a brush that looks worn or frayed.


SLIDE 19

Session 2

Brushing Technique Toothbrushes & Toothpaste

TOOTHBRUSHES

- Soft or ultra soft bristles
- Specialty grips
- Child's brush, Collis Curve, electric brushes



TOOTHPASTE

- Abrasive (to remove plaque)
- Do not use on dentures
- Choose a toothpaste with fluoride
- Use only a pea-sized amount

TOOTHBRUSHES

Toothbrushes should be:

- **SOFT:** It is always best to use a soft or ultra soft toothbrush. The gums of older individuals are often tender and can bleed easily – especially if they have signs of gingivitis. Softer toothbrush bristles are more effective in cleaning the area close to the gum-line. This is the area where the gum meets the tooth.
- **HAVE A LIGHTWEIGHT HANDLE & MAYBE A SPECIAL GRIP:** Specialty grips can be custom made to meet the needs of individual residents/clients. Some examples are:
 - **A rubber bike handle:** This provides a better grip for residents/clients that do not have good manual control.
 - **A tennis ball:** This is good for residents/clients that cannot grasp the small handle of a regular toothbrush.
 - **Long handled toothbrushes** are also available for residents/clients that cannot fully bend their arms.
- These are simple adaptations that can greatly improve a resident/client's ability to brush their own teeth.

SLIDE 19 continued

- A TOOTHBRUSH SHOULD MEET INDIVIDUAL NEEDS:
 - o A child size toothbrush is a good idea for residents/clients who have difficulty opening their mouths wide or have a small mouth.
 - o A Collis Curve brush is specially designed so that the bristles are curved. These curved bristles surround the tooth. This is meant to clean both the inside and outside surfaces of the teeth at the same time.
 - o Electric toothbrushes have speeds and motions that cannot be reproduced using a manual brush. They have larger handles that may be good for some residents/clients.

TOOTHPASTE



- The abrasive found in toothpaste removes plaque from natural teeth but should not be used on dentures.
- Choose a toothpaste with fluoride. Fluoride is important to prevent tooth decay.
- A small pea-sized amount of toothpaste is all that is needed.
- If toothpaste causes a burning sensation, try a different brand.

SLIDE 20

Session 2

Brushing Technique Considerations

- Brushing someone else's teeth is not the same as brushing your own teeth!
- Be aware of any feedback (verbal or non-verbal) from the resident/client




- Brushing another person's teeth is a very different experience than brushing your own teeth.
- When brushing your own teeth, you are getting feedback from within your own mouth which lets you know how clean your mouth feels or if there are any tender or painful areas. You do not have this benefit when brushing someone else's teeth. You must rely on verbal or non-verbal feedback from the resident/client.
- Paying attention to non-verbal cues is especially important for residents/clients with limited communication skills.

SLIDE 21


Session 2

Brushing Technique Positioning

1



2



3



4



Resident/clients should be seated during oral care.

1. To minimize stress strain on your neck and back, stand slightly behind resident/client. Standing behind allows better access to the mouth.
2. If the is resident/client in bed, sit or stand beside their head.
3. Stabilize mouth by resting thumb gently on resident/client's chin.
4. For people with dementia, position yourself in front of the resident/client; in this case, standing beside or behind the resident/client does not allow them to anticipate what might happen and may discourage their participation.



SLIDE 22

Session 2

Brushing Technique
Other tools

Mouth Props

- Help to keep mouth open




MOUTH PROPS

- Some residents/clients have difficulty in opening mouth. Mouth props can help to keep the mouth open while oral care is carried out.
- Mouth props can be comfortably wedged between front teeth and rest on the back teeth then turned to help open the mouth.
- For information on these, and many other products, please see video 2 in the 'Brushing Up on Mouth Care' video series or the handout on 'other oral care products' in the 'Brushing Up' manual.


SLIDE 23

Session 2

Brushing Technique Technique

 **DVD 2**
Brushing technique & positioning (runs 4:14)

POSITIONING



- We will now watch a brief video clip about tooth brushing.

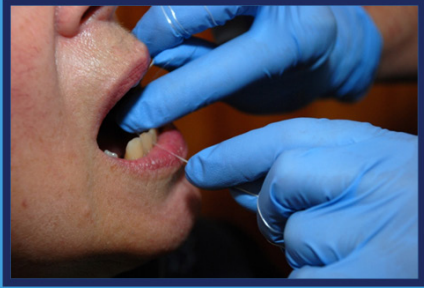


- Click on black box to start video – the video will open in full screen.
- When video ends press the ESC key to return back to the PowerPoint view.

SLIDE 24

Session 2

Flossing & Flossing Technique





- *Any questions about tooth brushing before we move on to flossing?*

SLIDE 25

Session 2

Flossing Overview

Flossing cleans plaque and debris from between teeth




- **Flossing cleans plaque and debris from between teeth.**
- Cleaning between the teeth is important to prevent cavities and gum disease.
- When possible, it is ideal to floss once a day.

SLIDE 26

Session 2

Flossing Floss & Floss Aids

- **Interdental Brushes or Tips**
- **Dental Toothpicks**
- **Floss Handles**



- There are a variety of floss and floss aids available commercially.
- Interdental brushes have a handle which helps to access the back of the teeth.
- Interdental brushes can be used with mouthwash or toothpaste.
 - Handles should be rinsed after use. Tips and brushes should be replaced when worn.
- Toothpicks fit in space between teeth to gently massage gums and remove debris. These must be used with care to avoid damage to gums.
- Floss handles (shown in the picture) are helpful so that care providers can avoid putting their fingers in resident/client's mouth when flossing.

SLIDE 27




- Use good positioning when flossing.
- Pinch floss between your thumb/index fingers.
- Glide the floss between the teeth and slide under gums using a C- shape around each tooth.
- Pull out and move to next tooth using a clean section of floss.
- Gums may bleed during flossing, especially if gingivitis is present. This is normal and usually stops as gums become healthier.

SLIDE 28

Session 2

Mouth Rinses



- *Any questions about flossing before we move on to mouth rinses?*

SLIDE 29

Session 2

Mouth Rinses Overview

- Good addition to maintain a healthy mouth
- Does not replace brushing and flossing
- Use alcohol free with fluoride
- Many types are available
 - *Some are for dry mouth*


- Mouth rinse is a good addition to any mouth care regimen but does not replace brushing and flossing.
- Be sure to use alcohol-free mouth rinse with fluoride. Alcohol dries out tissues which can be a problem for residents/clients who already have a dry mouth and fluoride helps to prevent tooth decay.
- There are many types of mouth rinse available commercially. Some are for dry mouth.
 - o Rinses for dry mouth can sometimes ease the discomfort of dry mouth.

SLIDE 30

Session 2

Mouth Rinses Technique

- Small amount in mouth
- Force liquid between teeth for 30–60 seconds
- Spit out
- **Do not use if resident/client unable to spit**
- Read instructions for correct frequency



- To use mouth rinse:
 - o Take a small amount in your mouth
 - o Force the liquid between teeth for 30–60 seconds
 - o Spit out into a sink or kidney basin
- **Do not use mouth rinse with residents/clients who are unable to spit**
- Read instructions on the mouth rinse label for correct frequency of use

SLIDE 31

Session 2

Denture Care



- *Any questions about mouth rinses before we move on to denture care?*

SLIDE 32

Session 2

Denture Care Overview

- A clean mouth requires clean dentures
- Clean at least once a day
- Use a denture brush
- Toothpaste should be avoided

- A clean mouth requires clean dentures.
- Dentures should be cleaned at least once a day.
- Use a denture brush and **do not use toothpaste!**
 - o Dentures can be easily scratched by abrasives in toothpaste.
 - o These scratches allow bacteria to grow on the denture.


SLIDE 33

Session 2

Denture Care

Techniques & Products

- Clean over sink lined with facecloth
- Brush with liquid soap or special denture cleaners (e.g. foam cleansers and soaking tablets)
- Mouth tissues should be cleaned with a soft toothbrush or cloth



- Remove dentures.
- Clean them over a sink lined with a facecloth.
 - Lining the sink with a facecloth prevents damage if the dentures are dropped.
- Liquid soap or commercial denture cleaning products (like foam cleansers and soaking tablets) can be used to clean dentures and partials, and mouth tissues should be cleaned with a soft toothbrush or a cloth.
- Dentures should be brushed before being soaked.
- Dentures without metal can be soaked in 1 teaspoon bleach and 1 cup of water.
- Residents/clients should be encouraged to remove dentures overnight to allow mouth tissues to rest.**

DENTURE COMFORT

- Ensure the mouth is moist when replacing dentures.
- Placing a water soluble lubricant under the denture can help with dry mouth.

SLIDE 34

Session 2

Other Oral Care Products



- *Any questions about denture care before we move on to other oral care products?*
- Mouth props are pictured here, and I mentioned them earlier when we discussed tooth brushing.

SLIDE 35

Session 2

Other Oral Care Products Overview

Dry Mouth - saliva substitutes, lip moisturizers




DRY MOUTH

- When the mouth is dry, the tongue can sometimes stick to the roof of the mouth and cause swallowing difficulties.
- Residents/clients may stop eating due to discomfort. When this happens, keeping mouth tissues moist is important.
- Dry lips also need to be moist in order to eat and communicate comfortably.
- Saliva substitutes are available (like Oral balance, Moistir, or Opti moist) and can be applied directly to the resident/client's mouth.



- This is the last slide for Oral Care Products. Next slide outlines 'Take Home Messages'.

SLIDE 36

Session 2

Conclusions

Take Home Messages

- Oral health plays an important role in overall health
- Mouth care is required every day
- It is important to monitor oral health and check for abnormalities or changes in the mouth
- Match mouth care products and techniques to each resident/client's needs and abilities

Let's review the take-home messages from this session:

- **Oral health plays an important role in overall health**
- Mouth care is required every day
- It is important to monitor oral health and check for abnormalities or changes in the mouth
- Match mouth care products and techniques to each resident/client's needs and abilities

SLIDE 37

Session 2

QUESTIONS?

- *Are there any questions before we wrap-up?*



Check the 'Parking Lot' for lingering issues and questions and address them now.

SLIDE 38

Session 2

Learning Objectives

Did we meet the learning objectives?

This session will develop knowledge, understanding and appreciation of:

- Why good oral health is essential for healthy aging
- Essential steps to provide optimal oral care for residents/clients
- Proper techniques for brushing teeth, flossing, cleaning dentures and using mouth rinse
- Mouth care products and their appropriate use



- Ask participants *if they feel they have obtained the required knowledge.*

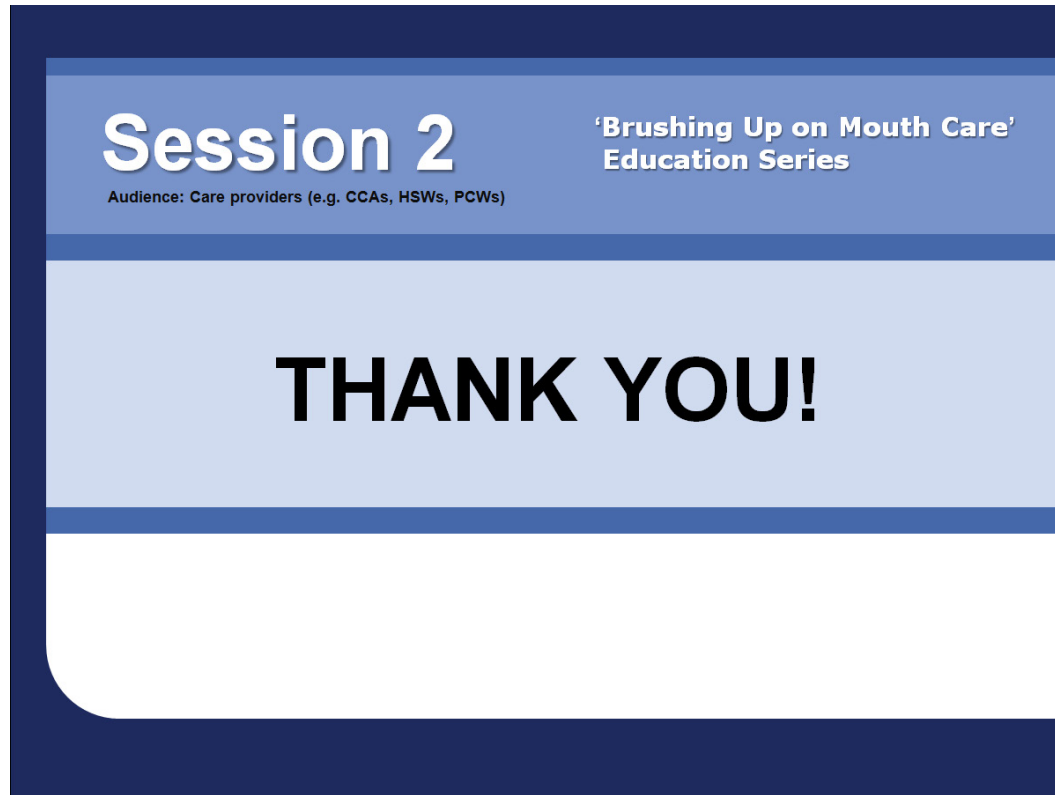
SLIDE 39

Session 2

Next Steps

- **RNs and LPNs have already received a session on importance of oral care and oral health assessment*
 - **NEXT:**
 - care providers (CCAs/PCWs/HSWs) will receive another education session on considerations for dementia and palliative care
 - A final session on implementing an oral care program will be offered to all members of the care team and administrators
-
- This concludes Session 2 of the 'Brushing Up on Mouth Care' education series.
 - Nursing staff were educated on the importance of oral care and oral health assessment during session 1.
 - Next, care providers will receive another education session on considerations for dementia and palliative care.
 - Then, a final session on implementing an oral care program will be offered to all members of the care team and administrators.

SLIDE 40

A graphic representing a presentation slide. It has a dark blue header with the text 'Session 2' in large white font, 'Audience: Care providers (e.g. CCAs, HSWs, PCWs)' in smaller white font, and 'Brushing Up on Mouth Care' Education Series in white font. The main body of the slide is light blue and contains the text 'THANK YOU!' in large, bold, black capital letters.

Session 2

Audience: Care providers (e.g. CCAs, HSWs, PCWs)

THANK YOU!

'Brushing Up on Mouth Care'
Education Series



- Distribute session evaluation forms
 - o Leave a large envelope for participants to place completed forms
 - o Leave the room for 5 minutes to permit participants to submit anonymous evaluation forms

Session 3

AUDIENCE: Care Providers – CCAs, PCWs & HSWs



**Considerations for
Dementia**

Palliative Care

This session is for CARE PROVIDERS (CCAs, PCWs, & HSWs) who work in LONG-TERM CARE and HOME CARE

Everything that you need to say for each slide is written in your facilitator notes. You do not need to read the content on the slide itself. If you read the facilitator notes, you will address the content of each slide.



When this icon indicates something you should DO or something you should be aware of and not something you should SAY (e. g. Ask a volunteer from the audience to help you demonstrate these techniques).

The PowerPoint for this session can be found on the 'Facilitator Guide Presentations' disk located with the educational videos behind Tab 5 of this manual.



This session should take approximately 1 hour to complete

Ensure you have a white board or flip chart and markers to record items for the 'Parking Lot'.

If you plan to have participants evaluate the session, ensure you have copies of the evaluation form printed (and pens/pencils available).

If you plan to have participants evaluate the session, ensure you have copies of the evaluation form printed (and pens/pencils available). The evaluation form template can be found at www.ahprc.dal.ca/projects/oral-care/pdfs/facilitator-guide/EvaluationForm_FacilitatorGuide.pdf.

*Since this session will be used in both long-term and home care settings, the term '**resident/client**' is used thorough. Please use whichever term best describes the recipient of care in your organization.*



SLIDE 01

Session 3

Audience: Care Providers – CCAs, PCWs & HSWs

'Brushing Up on Mouth Care' Education Series



Considerations for Dementia

Palliative Care

- This is Session three of the 'Brushing Up on Mouth Care' education series.
- We will discuss how to provide oral care to persons with dementia and persons in palliative care.



- Introduce yourself
- Welcome participants

**Guide to the
"Brushing Up on Mouth Care"
Education Program**

ASSESSMENT

LONG TERM CARE (LTC)
Annual Assessment (RNs & LPNs): Use Oral Health Assessment Tool
Daily Assessment (CCAs & PCWs): Look, Feel, Tell

HOME CARE (HC)
Assessment Questions (RNs, LPNs, CCAs & KSWs)
Ask questions every visit and Look, Feel, Tell

**OBJECTIVE:
To provide optimal
mouth care**

CARE PLANNING

LONG TERM CARE (LTC)
Use Oral Hygiene Care Planning Tool & individual care cards

HOME CARE (HC)
Master care card in all client files

EDUCATION

Oral health basics
Importance of good oral health & common conditions
Brushing technique
Oral health products
Considerations for dementia and palliative care

RESOURCES

Setting up an Oral Care Program:
"Brushing Up on Mouth Care" resources
Guiding principles for LTC & HC
Guiding principles and responsibilities of the care team

**Brushing Up
on Mouth Care**

- Page 109 | 'Brusing Up on Mouth Care' - Facilitator Guide

SLIDE 03

Introductions

Session 3

- **Logistics**
- **Parking Lot**
- **Introductions**



Logistics:

- Tell participants the session will take about a hour to complete.
- Tell them where washrooms are located (if they are in an unfamiliar location).
- Discuss any other logistics (e.g. turn off cell phones/pagers, breaks, etc.)


PARKING LOT:

- The 'Parking Lot' is a place to record any outstanding questions or issues that arise throughout the session
- Mark the words 'Parking Lot' on a piece of paper, white board or flip chart
- Tell the participants that issues placed in the 'Parking Lot' will be reviewed at the end of the session




If participants are not familiar with each other, go around the room and let them introduce themselves.

SLIDE 04


Session 3

Overview



Dementia

- Understanding dementia
- Tips and techniques for providing oral care



Assessment & Planning

- Importance of oral care during palliative care
- Providing oral care to palliative resident/clients

Conclusion

- Take Home Messages

During this session we will discuss:

- Dementia - what it is, and the challenges it presents when providing oral care
- Tips and techniques to overcome some of these challenges
- How oral care changes when caring for a palliative patient

SLIDE 05

Session 3

Learning Objectives

This session will develop knowledge, understanding and appreciation of:

- The impact of dementia as it relates to oral care
- Steps and processes for effective oral care
- Strategies for better communication
- How to manage challenging behaviour
- Oral conditions common to persons in palliative care
- Oral care modifications to ensure comfort

This session will develop knowledge, understanding and appreciation of:

- The impact of dementia as it relates to oral care
- Steps and processes for effective oral care
- Strategies for better communication
- How to manage challenging behaviour
- Oral conditions common to persons in palliative care
- Oral care modifications to ensure comfort

SLIDE 06

Session 3

Oral Care for Residents/ Clients with Dementia

Session 3, Part 1

*What challenges do you face when
providing oral care to a
resident/client with dementia?*



- More information on dementia and oral care can be found on video #3 of the 'Brushing Up on Mouth Care' video series.
- Ask participants:
What challenges do you face when providing oral care to a resident/client with dementia?



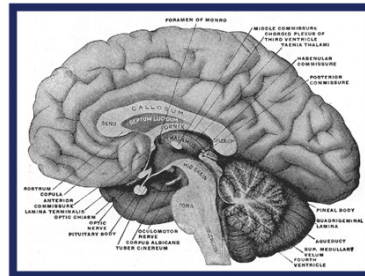
Write participant challenges on flip chart or white board. Refer back to these challenges throughout the session.

SLIDE 07

Dementia

What is Dementia?

- Progressive and ultimately terminal brain disease
- People with dementia will exhibit unique symptoms
- 1 in 4 Canadians over 65 have some form of dementia




- Dementia is a progressive and terminal disease. **Symptoms of dementia worsen over time.**
- While there is no cure for dementia, there are medications that may help with symptoms.
- Dementia affects how a person interprets, interacts with, and responds to their social and physical environments.
- As the disease progresses, people with dementia find it increasingly difficult to participate in activities of daily living.
- People with dementia will exhibit unique symptoms.
- There are several different types of dementia (Alzheimer's disease is the most prevalent).
- Dementia affects approximately 1 in 4 Canadians over the age of 65, and 2 out of 3 Canadians over the age of 85.

SLIDE 08

Session 3

Dementia Common Losses

- Memory
- Language
- Recognition of people, objects & sounds
- Purposeful movement
- Initiation
- Altered perception
- No knowledge of illness or disease



- Oral care is a very personal form of care. Therefore, it is important to develop an individualized approach for each resident/client in how you provide their oral care.
- Care providers must take time to understand the behaviour of each resident/client and why they may be behaving a certain way. They should take the common losses of dementia into account when providing care. These losses include:
 - o Memory
 - o Language
 - o Recognition of people, objects & sounds
 - o Purposeful movement
 - o Initiation
 - o Altered perception
 - o No knowledge of illness or disease


SLIDE 09

Session 3

Dementia

Addressing the Common Losses

- **Resident/client may be unaware they have dementia**
 - *May not realize they require assistance*
- **The resident/client may not remember who you are**
 - Introduce yourself
 - Tell them what you are there to do
- **People with dementia can unconsciously learn by doing the same thing every day**
 - Build a routine



- People with dementia can be unaware that they have a disease and therefore, may not feel that they require your help.
 - For example, they may appear angry with care providers trying to provide care, and may not appreciate that they need assistance.
- Even though you may provide care to a resident/client everyday, they may not remember who you are.
 - It is important to introduce yourself each time you interact with them and tell them what you are there to do.
 - Encourage them to participate if they are able.
 - Keep in mind that mirrors may be distressing for these resident/clients as they may not recognize themselves.
- Memory tends to be lost in reverse, so the last thing learned is the first thing lost.
 - This is why people with dementia can struggle to remember what happened this morning but have no trouble remembering information from many years ago.
 - So while people with dementia can no longer consciously learn, they can unconsciously learn by doing the same thing everyday. This reinforces the importance of a routine.

SLIDE 10

Session 3

Dementia

Addressing the Common Losses

- **People with dementia may have difficulty understanding what is said to them and communicating their needs**
 - *Pay attention to body language*
 - *Speak slowly and allow time for information to be processed*
 - *Keep instructions simple*
- **Always approach the resident/client from the front and at eye level**
- **Engage the resident/client by initiating oral care**

- People with dementia may have difficulty understanding what is said to them and communicating their needs to others. **It is important to be in tune with body language cues and to be patient as they try to express themselves.** For example, speak slowly to the person when engaging them in oral care and provide visual cues, like a toothbrush, to indicate what is about to take place. Allow time for information to be processed.
- People with dementia often lose the ability to plan, sequence, and execute multiple steps of a task. They may require simple instructions broken down into each step involved in brushing their teeth. You may have to demonstrate each step in brushing your teeth. Do not assume that they can remember to do it at all or place it in the right sequence.
- Depth perception is often altered resulting in changes in the way the person walks or sits and misinterpretation of objects in their environment (example: clothing on a chair is perceived to be a person). The resident/client may also lose their peripheral visual field and focus on what is in front of them. They may startle easily when approached from behind or from the side. Always approach someone with dementia from the front and at eye level.
- People with dementia may no longer have the ability to initiate conversation or activities, but may do so if someone tries to engage him or her. Keep this in mind when attempting to provide oral care. Initiate the activity of brushing the resident/clients teeth and they may be able to complete the activity on their own.

SLIDE 11

Session 3

Dementia

Responsive Behaviours

- **All behaviour has meaning**
 - Response to a trigger in person's environment
 - Triggers vary from person to person
 - Medication or pain
- **Consider the environment**
 - Provide a calm and quiet environment for oral care
 - Loud noises & poor lighting can be distressing
 - Lack of meaningful activity
- **Consider your timing**
 - Providing care after a meal may be better for some
 - Try to be consistent (i.e. at the same time each day)

- As the brain loses its ability to process information the person will rely heavily on cues from their environment and may react without the ability to think through a situation or problem solve to determine appropriate actions.
- **All behaviour has meaning.**
 - o Care providers should be attentive to the behaviour of a person with dementia. Their behaviour is conveying an important message and is usually in response to a trigger in their environment. The environment includes the physical space and the people in it.
 - o Triggers will vary from person to person. They may include things like a person talking loudly, a ticking clock, bright lights, a dripping faucet, etc.
 - o Behaviours could also be the result of certain medications or pain.
- **Consider the person's environment.**
 - o Provide a calm and quiet environment when doing oral care.
 - o Engaging resident/clients in meaningful activity can decrease responsive behaviours.



SLIDE 11 continued

- **Consider your timing.**
 - o Some resident/clients/clients may be more receptive to oral care after a meal when they feel satisfied and relaxed.
 - o Consistency helps to establish routine.
- The more you understand the possible cause of a behaviour, the better equipped you are to create a positive interaction with the person.


SLIDE 12

Session 3

Dementia

Tips for Providing Oral Care

1. Always ask for permission before providing oral care
2. Let the person participate in their own care whenever possible
 - Improves adherence
 - Assist in other ways
3. Set a routine time and place for oral care

**1. Always ask for permission before providing oral care**

- It is important to get consent from the resident/client before providing care. Remember to introduce yourself and tell them what you are there to do.

2. Let the person participate in their own care whenever possible

- Often, people with dementia are perceived as being unable to perform their own oral care; however, with some guidance, changes to their environments, or modifications to their oral health tools, some people may be able to complete oral care activities by themselves.
- It is always best to allow a resident/client to complete his or her own care if possible – even if you do not feel they are doing a good job. Adherence to daily oral care practices is more likely when the resident/client participates in their own care.
- They may need assistance with setting up, cleaning up, turning the water on and off, or putting toothpaste on the brush. They may also need guidance in the mouth with brushing and may need verbal cues to rinse and spit.

SLIDE 12 continued

3. Set a routine time and place to provide oral care.

- The familiarity of a routine may decrease resistance over time.
- Gather all of the necessary supplies ahead of time. If possible, provide oral care in the bathroom. This environment will help to serve as a cue for oral care.
- Set up oral care supplies even if the resident/client is refusing oral care.
- Do not wake a resident/client to provide oral care. This may increase confusion and lead to resistance or responsive behaviour.



SLIDE 13

Session 3

Dementia

Tips for Providing Oral Care

4. **Ensure appropriate environment and supplies**
5. **Be positive in and reassuring in your actions and words**
 - *Speak slowly and clearly*
 - *Use non-verbal cues*
 - *Give lots of praise*
6. **Approach at eye level and from the front**

**4. Ensure appropriate environment and supplies**

- o Check the resident/client's physical environment - Is something preventing the resident/client from performing their own care? For example, the resident/client may have trouble reaching the sink. If there are concerns, try to think of possible solutions - use a kidney basin if they cannot reach the sink, provide a hand-held mirror if they need to see while doing oral care procedures.
- o Make sure the environment is calm and quiet with few distractions.
- o Ensure all oral care supplies are labeled, including the resident/client's toothbrush, dentures, and denture brush.

5. Be positive in and reassuring in your actions and words

- o Speak slowly and clearly. Ask only one question at a time and provide only one instruction at a time.
- o Use non-verbal cues such as smiling, gentle touch, or having the resident/client hold their toothbrush while you set up the supplies.
- o Always use a positive approach - start by showing the resident/client what to do and then coach and encourage them through each step.

SLIDE 13 continued

- o Give lots of praise and positive reinforcement.
- o You may have to distract the resident/client in order to provide oral care. For example, it may help to sing, or count or provide the resident/client with a toothbrush or a face cloth to hold while you brush their teeth or dentures.

6. Approach the resident/client at eye level and from the front

- o While the ideal position for providing oral care is to stand beside or slightly behind the resident/client, it may not be appropriate when providing care for someone with dementia.
- o Because their peripheral vision may be impaired, positioning yourself beside or behind the resident/client may make them nervous, confused, or uncomfortable.
- o Position yourself in front of the resident/client to provide oral care. If the resident/client is sitting, approach them at eye level to appear less threatening.


SLIDE 14

Session 3

Dementia

Techniques for Providing Oral Care

1. **Hand over Hand:** place your hand over the resident/client's hand and guide them
2. **Chaining:** start brushing the resident/client's teeth then let them take over
3. **Distraction:** hum, sing, talk or give the resident/ client something to hold to distract them during care



Sometimes, it may take a little 'something extra' to ensure a resident/client receives adequate oral care. We will now review some other techniques for consideration.

Hand-over-hand technique:

- The hand over hand technique allows the resident/client to feel as if they are providing their own oral care.
- The care provider places their hand over the resident/client's hand and guides them through the brushing procedure.

Chaining:

- Chaining goes a step beyond the hand-over-hand technique.
- When a care provider starts the oral care procedure and then the resident/client takes over and finishes the process, this is referred to as chaining.
- The care provider can place toothpaste on the toothbrush, put it in the resident/client's hand and assist the resident/client to place the brush in their mouth and brush their teeth.
- Once the care provider feels the resident/client is in control of the procedure, they can let go of their hand and allow them to finish brushing on their own.

SLIDE 14 continued

Distraction method:

- The distraction method is used to distract the resident/client during oral care.
- The care provider can sing, hum, talk, or gently touch the resident/client. If the resident/client is grabbing at things with their hands give them a facecloth to hold in each hand to keep them busy.



Ask a volunteer from the audience to help you demonstrate these techniques.


SLIDE 15

Session 3

Dementia

Techniques for Providing Oral Care

4. **Bridging:**
resident/client holds a toothbrush
5. **Rescuing:**
second care provider comes to relieve the first care provider, seen to be 'rescuing' the resident/client from the stressful situation



Bridging technique:

- Bridging is a variation of distracting.
- Bridging occurs when the resident/client is asked to hold the same object as the care provider, such as a toothbrush, and then holds this object while oral care is being performed.

Rescuing:

- When a care provider is experiencing difficulties with a resident/client it may be necessary for a second care provider to relieve the first care provider.
- The resident/client is told that the second care provider is there to help.
- This may encourage the resident/client to like and trust the second care provider.
- The second care provider will then take over the oral care procedure.



- Ask volunteers from the audience to help you demonstrate these techniques.

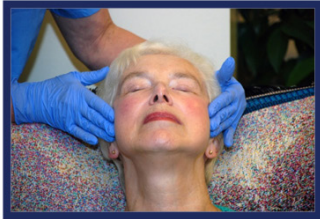

SLIDE 16

Session 3

Dementia

Accessing the Mouth

- Ask for consent
- Verbally coax
- Massage cheeks (over TMJ) to relax the muscles and encourage opening
- Use a mouth prop

- It is important that you have consent from the resident/client to perform oral care.** The resident/client has a right to refuse care. If you are having trouble getting the resident/client to open their mouth, try first to verbally coax them to open.
- If the resident/client is having difficulty opening their mouth, try massaging the cheeks and joints to relax the muscle and encourage opening.
- A soft mouth prop can gently hold the resident/client's mouth open while you brush their teeth. This can be useful if the resident/client has difficulty opening their mouth wide or holding their mouth open.
- Mouth props can also provide peace of mind to care providers who are fearful of having their fingers bitten.
- Mouth props can be labeled, cleaned and reused.
- To use a mouth prop, wiggle the prop between the back teeth, then turn the prop so the wider portion allows the mouth to open more.
- If a mouth prop is unavailable, you can use several tongue depressors taped together, or the handle of another toothbrush or to prop the resident/client's mouth open – this is called the two-toothbrush technique.

SLIDE 17

Session 3

Dementia

Group Activity

Mrs. Anderson	Mrs. Beaton
<ul style="list-style-type: none">• You approach Mrs. Anderson and offer to help her brush her teeth. She agrees and when you take the toothbrush and put it to her mouth she grabs at it.• What techniques could you employ to continue to assist Mrs. Anderson?	<ul style="list-style-type: none">• Mrs. Beaton is in the bathroom with you and you are helping her brush her teeth. You find it hard to keep her attention and other items in the bathroom easily distract her.• What techniques could you employ to keep her on task and continue to support her oral care?

**Group activity:**

- There are two scenarios on this slide.
- Participants are asked to divide into two groups to discuss which of the techniques they might use in each scenario.
- Have the right side of the room discuss Mrs. Anderson's scenario and the left side of the room discuss Mrs. Beaton's scenario.
- Encourage participants to share their experiences with using the techniques and whether they have been successful.

SLIDE 18

Session 3

Dementia

Transitioning to palliative care

- Dementia progresses in stages
- **For people in the very severe stages of dementia** (i.e. end stage) who are completely dependent on others it may be appropriate to transition to palliative oral care routines

- Dementia progresses in stages
- For people in the very severe stages of dementia (i.e. end stage) who are completely dependent on others it may be appropriate to transition to palliative oral care routines



This is the last slide for Dementia.

Any questions about dementia before we move onto palliative care?



Break? If you wish, you may take a 5-10 minute break OR you may continue to the next section on Palliative Care.

SLIDE 19



Oral Care for Palliative Patients
Session 3, Part 2

What challenges have you experienced when providing oral care to palliative patients?

Session 3

Brushing Up on Mouth Care
4 CONSIDERATIONS FOR PALLIATIVE CARE

More information on oral care for palliative patients can be found on video #4 of the 'Brushing Up on Mouth Care' video series.



Ask participants:

What challenges have you experienced when providing oral care to palliative patients?



Write participant challenges on flip chart or white board. Refer back to these challenges throughout the session.

SLIDE 20

Session 3

Palliative Care
Overview

- What is palliative care?
- Oral care for the palliative patient
- Symptoms and treatments for common oral conditions
- Tips and products for delivering daily oral care



Here is an overview of what we will discuss during this session on palliative care:

- What is palliative care?
- Oral care for the palliative patient
- Symptoms and treatments for common oral conditions
- Tips and products for delivering daily oral care

SLIDE 21

Session 3

Palliative Care

What is Palliative Care?

- Care at the end of life
- Care for people with terminal illness, advanced frailty, and/or chronic diseases
- Focuses on comfort, pain management and symptom control
- Improves end of life



- Palliative care aims to improve end of life by relieving pain and promoting comfort. It focuses on alleviating symptoms.
- Many older adults suffer from terminal illnesses, advanced frailty and chronic diseases which requires us to apply goals to ensure optimum comfort in the months and years preceding end of life.
- Palliative care focuses on comfort, pain management and symptom control.
- Care providers play a major role in alleviating fear and stress associated with end-of-life care. This is often an emotional time for both patients and families.

SLIDE 22

Session 3

Palliative Care

Objectives of Palliative Oral Care

- **Manage oral pain**
- **Maintain comfort**
- **Promote dignity and self-esteem**

Palliative patients are particularly susceptible to ulcerations, infections, dryness, tooth decay, and coatings affecting mouth tissues

- Daily oral care is important for palliative patients.
- The objectives of palliative oral care include:
 - Managing oral pain
 - Maintaining comfort, and
 - Promoting dignity and self-esteem
- Palliative patients are particularly susceptible to ulcerations, infections, dryness, and coatings affecting mouth tissues. They are also at a higher risk for tooth decay. These are all sources of oral pain and discomfort.
- Oral pain can be devastating. It affects a patient's ability to eat and speak.
- It is important to be diligent in providing oral care and evaluating oral care needs on a daily basis. Oral health problems can develop very quickly and result in rapid deterioration of a patient's overall health.
- Having a clean mouth free of unpleasant odor may also improve a patient's self-esteem and sense of overall wellness.

SLIDE 23

Session 3

Palliative Care
Common Conditions


1) Dry mouth/cracked lips:
CAUSES: medications; genetic disorders and other medical conditions (e.g. diabetes); mouth breathing; dehydration

Symptoms:

- Difficulty swallowing, chewing, and speaking
- Bad breath or hoarseness

Treatment:

- Increasing fluid intake
- Sucking on ice cubes or sugar-free candy
- Saliva substitutes
- Room humidifier



Dry mouth and cracked lips are very common in frail elderly and palliative patients and is often caused by chronic dehydration.

SYMPTOMS:

- Symptoms of dry mouth include: difficulty swallowing, chewing, and sometimes even speaking. It can also cause bad breath or hoarseness.
- A dry mouth is an optimal breeding ground for plaque and bacteria. This can lead to increased tooth decay, gum disease, and burning mouth syndrome.

TREATMENT:

- Depending on the severity, treatment of dry mouth can be as simple as increasing fluid intake by drinking water and/or sucking on ice chips. Whenever possible, monitor fluid intake to ensure that patients are not at risk for dehydration.
- If appropriate for the patient, sugarless lemon candy or sugar free gum can increase saliva production in the mouth.
- Dry mouth products, including toothpastes, rinses, and saliva substitutes are available commercially and a pharmacist or dental professional can assist with choosing these products.
- A room humidifier may also be useful to moisten the air for mouth breathers.

SLIDE 24

Session 3

Palliative Care

Common Conditions

2) Candida Infection/Thrush/Candidiasis:

- Fungal overgrowth
- Occurs on soft palate, gum tissue and tongue

CAUSES: body is run down; improper denture care; dry mouth; certain medications

Symptoms:

- White creamy patches & small red dots (usually not painful)

Treatment:

- Treatment by antifungal agent (must be prescribed by dental or medical professional)
- Disinfect dentures and discard any oral care tools that have come in contact



(CAN-DI-DYE-A-SIS)

Candidiasis is an infection that causes a fungal overgrowth to accumulate in the mouth, usually on the gum tissue, tongue and soft palate.

CAUSES

- It is likely to occur when the body is run down. Patients who are on antibiotics, immunocompromised, receiving chemotherapy, or diabetic are at the highest risk for this type of infection.
- If dentures remain in the mouth for extended periods of time, underlying tissues are not able to be cleansed naturally with saliva or through brushing and rinsing. Dentures should be removed daily for cleaning and to allow mouth tissues to rest.
- Dry mouth and certain medications can also trigger candida infection.

SYMPTOMS:

- This condition appears as white creamy patches or small red dots. It is usually not painful, although sometimes the underlying tissue is raw and may even bleed.

SLIDE 24 continued

TREATMENT:

- Treatment with an antifungal agent is possible but must be prescribed by a dentist or a doctor.
- Disinfect or discard any oral care tools that were exposed to the infected tissue.
- Soak dentures in a solution of vinegar and water to eliminate any cross contamination. Dentures that do not contain metal can also be disinfected by soaking them in a mild bleach solution (1 part bleach to 15 parts water).

SLIDE 25

Session 3

Palliative Care

Common Conditions

3) Angular Cheilitis:

- Chronic, painful condition in corners mouth
- Occurs in people who have lost some or all teeth

CAUSES: poor nutrition; fungal or bacterial infection; constant licking, drooling or pooling of saliva

Symptoms:

- Red ulcerative patches in corner of mouth

Treatment:

- Treatment by antifungal agent
- Improved nutrition



(CHEE – LIE – TIS)

Angular Cheilitis is a chronic painful condition that occurs in the corners of the mouth.

CAUSES:

- It is often seen in people who have lost some or all of their teeth. Constant licking of the lips, drooling or pooling of saliva often cause angular cheilitis. Poor nutrition and fungal or bacterial infections can also contribute to this condition.

SYMPTOMS:

- It appears as red and ulcerated patches in the corners of the mouth. It can make it very painful to open the mouth which can impact eating, drinking and speaking.

TREATMENT:

- Treatment with antifungal agents and improving overall nutrition can help alleviate the problem.

SLIDE 26

Session 3

Palliative Care

Tips for Daily Oral Care

- **Assess daily**
- **Ensure the mouth is moist and promote hydration**
- **Remove and clean dentures daily**
 - *Remove for a minimum of 1 hour*
 - *Ensure dentures are moistened before placing back in the mouth*

- Here are some tips for providing daily oral care to palliative patients:
 - o Assess the patients needs daily. Identify risks of any oral conditions and set a daily oral care plan. Record and report any issues.
 - o As I've already mentioned, ensuring the mouth is moist and the patient is hydrated is important for mouth comfort.
 - o Remove and clean dentures at least once per day.
 - *Ideally, dentures should not be worn while sleeping.*
 - *Leave dentures out for a minimum of one hour each day to allow mouth tissues to rest.*
 - *Moisten the denture before placing back into the patient's mouth. A water soluble lubricant, like a saliva substitute, placed under the denture can also improve comfort.*

SLIDE 27

Session 3

Palliative Care

Tips for Daily Oral Care

<u>DO NOT</u> use: <ul style="list-style-type: none"> • alcohol-based mouth rinses • oral swabs • petroleum-based products 	<u>DO</u> use: <ul style="list-style-type: none"> • saline, soda water or fluoride rinses • a soft toothbrush • non-petroleum, water soluble moisturizer • saliva substitute 2-6 times daily
--	---

- The most important goal in providing mouth care to palliative patients is to maintain optimal oral hygiene with a minimum discomfort.
- Avoid mouth rinses that contain alcohol, as they will dry out the mouth and irritate the gums. Instead, rinse with alcohol free mouth rinse, saline, soda water or neutral fluoride rinse after every meal or use a moist gauze to wipe out leftover food from the cheeks and under the tongue.
- Do not use oral foam tip swabs. These swabs usually just move the food around the mouth without actually removing it. Lemon or glycerin swabs should be avoided because they can also have a drying effect on the gum tissues.
- It is best to use an ultra soft toothbrush twice a day with a very gentle brushing or patting action. Firm bristles can tear gum tissue and cause bleeding.
- Avoid petroleum-based products for lip care. Petroleum products actually cause tissues to dry out. Apply a non-petroleum, water soluble moisturizer to the lips 2-6 times daily as needed. These types of lubricants are available commercially.
- Saliva substitutes 2-6 times daily may also help to keep the mouth moist.
- This is the last slide for Palliative Care. Next slide outlines 'Take Home Messages'



SLIDE 28

Session 3

Conclusions

Take Home Messages

DEMENTIA

- Build an oral care routine
 - try everyday
- Be positive and encouraging
- Include the resident/client in their own oral care whenever possible

PALLIATIVE CARE

- Focus on minimizing overall mouth pain/discomfort
- A clean comfortable mouth contributes to self esteem /dignity

Canadians are living longer than ever before. We are already seeing an increased prevalence in dementia as the population ages. People are also aging and retaining their natural teeth. This will present a new set of challenges to those responsible for their care.

DEMENTIA

- Oral care for those with dementia may not be possible everyday; however, it is important to try everyday.
- A resident/client who often refuses oral care may see your continued attempts to provide care and eventually accept oral care as part of the routine you have established.
- Be positive and encouraging in your words and actions.
- Be sure to include residents/clients in the oral care process as much as they are able.

PALLIATIVE CARE

- Palliative oral care focuses on minimizing overall mouth pain and discomfort.
- Helping patients to communicate effectively, and eat and drink free of pain is important for maintaining the best quality of life possible.
- A clean comfortable mouth contributes to self-esteem and dignity for those who are approaching the end of life.

SLIDE 29

Session 3

QUESTIONS?

- *Any additional questions before we wrap up?*



Check the 'Parking Lot' for lingering issues and questions and address them now.

SLIDE 30

Session 3

Learning Objectives

Did we meet the learning objectives?

This session will develop knowledge, understanding and appreciation of:

- The impact of dementia as it relates to oral care
- Steps and processes to develop an effective oral care
- Strategies for better communication
- How to manage challenging behaviour
- Oral conditions common to persons in palliative care
- Oral care modifications to ensure comfort

- Ask participants *if they feel they have met the learning objectives.*

SLIDE 31

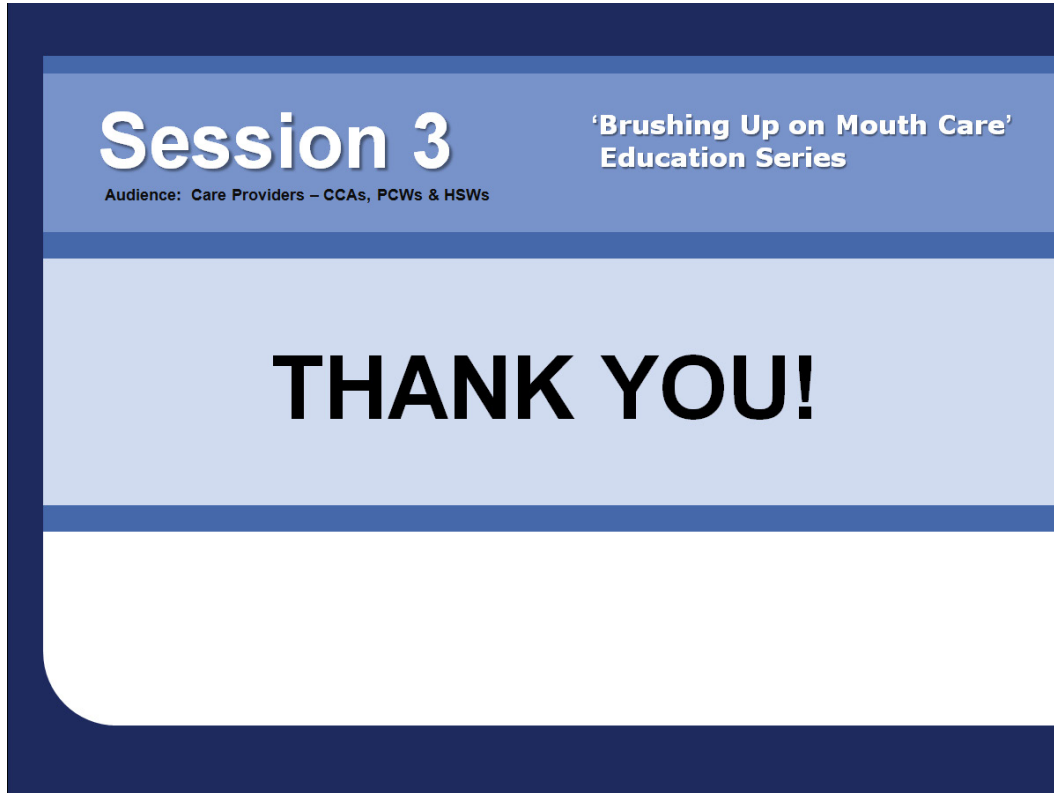
Session 3

Next Steps

- The fourth (and final) session on implementing an oral care program will be offered to **all members of the care team and administrators**

- The fourth (and final) session on implementing an oral care program will be offered to **all members of the care team and administrators**.
- This session will discuss how to implement an oral care program using the 'Brushing Up on Mouth Care' resources.
- Guiding principles for oral care will also be outlined.

SLIDE 32



Session 3

Audience: Care Providers – CCAs, PCWs & HSWs

**'Brushing Up on Mouth Care'
Education Series**

THANK YOU!



- Distribute session evaluation forms
 - o Leave a large envelope for participants to place completed forms.
 - o Leave the room for 5 minutes to permit participants to submit anonymous evaluation forms.

Session 4A

AUDIENCE: All Staff

LTC



Implementing an oral care program in LONG-TERM CARE

This session is for ALL STAFF (nursing staff, care providers, administrators, etc.) who work in LONG-TERM CARE

Everything that you need to say for each slide is written in your facilitator notes. You do not need to read the content on the slide itself. If you read the facilitator notes, you will address the content of each slide.



When this icon indicates something you should DO or something you should be aware of and not something you should SAY (e. g. This is the last slide for this section).

The PowerPoint for this session can be found on the 'Facilitator Guide Presentations' disk located with the educational videos behind Tab 5 of this manual.



This session should take approximately 1 hour to complete.

Ensure you have a white board or flip chart and markers to record items for the 'Parking Lot'.

If you plan to have participants evaluate the session, ensure you have copies of the evaluation form printed (and pens/pencils available).

If you plan to have participants evaluate the session, ensure you have copies of the evaluation form printed (and pens/pencils available). The evaluation form template can be found at www.ahprc.dal.ca/projects/oral-care/pdfs/facilitator-guide/EvaluationForm_FacilitatorGuide.pdf.



SESSION 4A - NOTES

SLIDE 01

Session 4a

Audience: All Staff

'Brushing Up on Mouth Care' Education Series



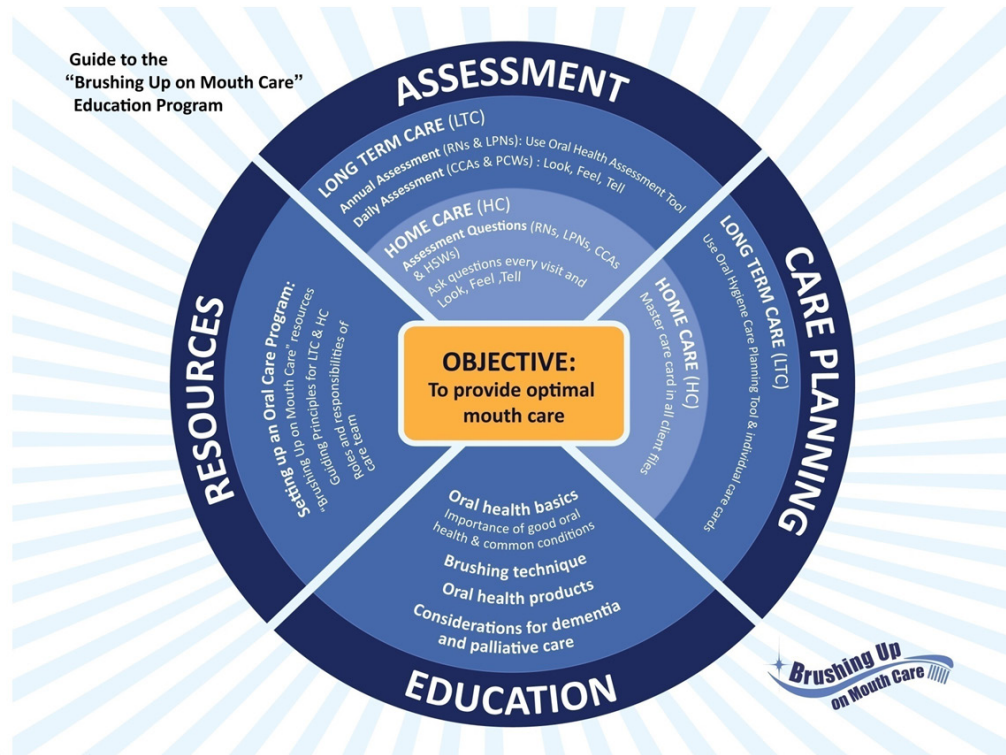
Implementing an oral care program in **LONG-TERM CARE**

- This is the fourth, and final session in the 'Brushing Up on Mouth Care' education program.
- We will be discussing how to implement an oral care program in our long-term care facility using the 'Brushing Up on Mouth Care' resources.



- Introduce yourself
- Welcome participants

SLIDE 02



- The Brushing Up on Mouth Care program was developed through a research project at Dalhousie University (Faculty of Dentistry and the Atlantic Health Promotion Research Centre) and Capital District Health Authority. The project was funded by the Nova Scotia Health Research Foundation and the Canadian Institutes of Health Research.
- To carry out this research project, researchers worked in partnership with personal care providers, nurse managers and directors of care from three long-term care facilities in rural Nova Scotia. Together, the partners planned, developed, implemented and evaluated a daily oral care program for these facilities. The user-friendly resources that were created to educate and support personal care providers provide the basis for the 'Brushing Up on Mouth Care' program.
- This model provides a guide to the 'Brushing Up on Mouth Care' education program. The overall objective of this program is to provide optimal mouth care for older adults who require assistance with personal care in both long term care and at home. 'Brushing Up on Mouth Care' focuses on assessment, care planning, education and resources. You will see these four themes come up throughout the various education sessions.

SLIDE 03

Session 4a

Introductions

- **Logistics**
- **Parking Lot**
- **Introductions**



Logistics:

- Tell participants the session will take about a hour to complete.
- Tell them where washrooms are located (if they are in an unfamiliar location).
- Discuss any other logistics (e.g. turn off cell phones/pagers, breaks, etc.)

PARKING LOT:

- The 'Parking Lot' is a place to record any outstanding questions or issues that arise throughout the session
- Mark the words 'Parking Lot' on one piece of paper, white board or flip chart
- Tell the participants that issues placed in the 'Parking Lot' will be reviewed at the end of the session



If participants are not familiar with each other, go around the room and let them introduce themselves.

SLIDE 04

Session 4a

Overview

Brushing Up on Mouth Care Program

- Overview of resources available

Guiding Principles for Long-Term Care

Roles & Responsibilities

- Nurse Manager/RN
- Care Providers (CCAs & PCWs)
- Oral Care Champion
- Other Long-Term Care Staff Members
- Administrators

Conclusion

- Take Home Messages

This session will provide:

- An overview of the 'Brushing Up on Mouth Care' resources and guiding principles for long-term care.
- The guiding principles also include a breakdown of the roles and responsibilities of care team and long-term care staff members in supporting an oral care program.

SLIDE 05

Session 4a

Learning Objectives

This session will develop knowledge, understanding and appreciation of:

- Elements of the ‘**Brushing Up on Mouth Care**’ program
- Guiding principles to assist with the implementation of an oral care program
- Roles and responsibilities of staff members

This session will develop knowledge, understanding and appreciation of:


- Elements of the ‘Brushing Up on Mouth Care’ program
- Guiding principles to assist with the implementation of an oral care program
- Roles and responsibilities of staff members

SLIDE 06

Session 4a

Brushing Up on Mouth Care Resources

*Do you think this facility is ready to implement an oral care program?
Why or why not?*



- The 'Brushing Up on Mouth Care' resource manual contains a variety of resources for those who provide care to older adults. Resources include information sheets, care cards, posters, assessment and care planning tools, and videos .
- We will review these resources and how they can be used in your facility.



- Ask the participants:
*Do you think this facility is ready to implement an oral care program?
Why or why not?*

SLIDE 07

Session 4a

Brushing Up on Mouth Care Resources

Care Cards

	= Natural Teeth
	= Natural Teeth + Dentures
	= Natural Teeth + Partial Dentures
	= No Natural Teeth + Dentures
	= No Natural Teeth + No Dentures
	= Unable to Swallow



- Let's start with Care Cards...
- The Care Cards were developed to create individualized oral care instructions for each resident. **Each resident should be given a care card appropriate for his or her needs.**
- There are six different care cards available that outline the appropriate steps to take when providing oral care to someone with natural teeth, dentures, partial dentures or to someone who is unable to swallow.
- The resident's name should be placed on the front of the card along with any special instructions. For example, personal preferences such as the time of day they prefer to have mouth care done.
- Care cards should be stored with or near the oral care supplies.
- There are 6 different cards available that outline appropriate steps for oral care depending on the resident's oral health status (e.g. natural teeth, dentures, etc.).

SLIDE 08

Brushing Up on Mouth Care Resources Toolkits

Session 4a

- **Simple design:** Deep metal basket with a plastic cup
- Cup allows toothbrush to stand upright to dry
- Plastic cup can be replaced regularly when dirty
- Everything in toolkit should be labeled with resident's name or initials



- **It is important that oral care supplies are stored together in an appropriate place.**
- An Oral Health Toolkit should be made for each resident. These toolkits are used to store oral care supplies ONLY. The suggested model includes a metal basket containing a disposable plastic cup. This model was selected for the following reasons:
 - The basket is portable and provides an easy way to transport oral care supplies into the washroom OR the basket can be mounted to the wall of the washroom.
 - The metal basket is deep enough to hold the plastic cup without fear of it falling over, wide enough to store a denture cup or container, and it is easy to clean. The metal slats will allow moisture to escape.
 - The plastic cup is easy to label, tall enough to keep the toothbrush upright to dry, and disposable so it can be replaced regularly when it gets dirty.
 - Everything in the toolkit should be labeled with the resident's name or initials.

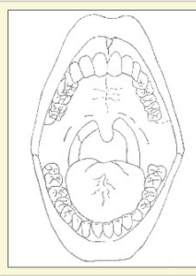
SLIDE 09

Session 4a

Brushing Up on Mouth Care Resources Assessment Form (Daily)

DAILY ORAL HEALTH ASSESSMENT SHEET

Please use the illustration below to record any problems observed when performing the resident's daily oral care routine



Date: _____

Resident Name: _____

Staff Name: _____

LEGEND


(R)	RED PATCHES
(W)	WHITE PATCHES
~	LUMPS, BUMPS OR SWELLING
(S)	SORES
(B)	BLEEDING
☆	LOOSE/BROKEN TOOTH

BE SURE TO REMOVE DENTURES/PARTIALS BEFORE COMPLETING ASSESSMENT

Where to look

- Tongue (sides and front)
 - Have resident stick out tongue
- Floor of the mouth (underside of the tongue)
 - Have resident lift tongue OR move with toothbrush
- Roof of the mouth (hard & soft palate)
 - Tilt resident's head back slightly
- Cheeks
 - Pull cheek away from teeth
- Gums & Teeth
 - Fold lip up and bottom lip down to assess gums
- Lips

PLEASE REPORT ANY PROBLEMS TO THE RN ON DUTY



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www.ahprc.dal.ca/projects/oral-care/

- The DAILY ASSESSMENT FORM is a guide care providers can use when assessing a resident's oral health. Care providers should do a quick check of the resident's mouth prior to providing oral care (LOOK, FEEL, & TELL). A daily assessment form should only be completed when something abnormal is found.
- An abnormality would be considered anything new, or that was not there before. It may present as red or white patches, swelling/lumps, loose teeth, etc.
- Using the Daily Assessment Form, care providers can mark on the mouth-diagram what they have noticed and where.
- Completed cards are then placed in the resident's file. This will provide a recorded timeline of any changes occurring in the resident's mouth.

SLIDE 10

Session 4a

Brushing Up on Mouth Care Resources Assessment Form (Annual)

ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG TERM CARE					
Resident: _____					Date: _____
NOTE: A Star* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, dentist) is required					
Category	0 = HEALTHY	1 = CHANGES	2 = UNHEALTHY	Score	Action Required 1= intervention 2= refer
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	Swelling or lumps, white/red ulcerated patch, bleeding/ulcerated at corners*		1= intervention 2= refer YES NO
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen*		1= intervention 2= refer YES NO
Gums & Tissues	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, swollen around 1 to 3 teeth, one ulcer or sore spot under denture*	Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*		1 or 2 = refer YES NO
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	Tissues parched and red, very little or no saliva present, saliva is thick, ropes, resident complains of dry mouth*		1= intervention 2= refer YES NO
Natural Teeth	No decayed or broken teeth/roots <input type="checkbox"/> Y <input type="checkbox"/> N	1 to 3 decayed or broken teeth/roots*	4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*		1 or 2 = refer YES NO
Denture(s)	No broken areas/teeth, dentures worn regularly and labeled <input type="checkbox"/> Y <input type="checkbox"/> N	1 broken area/teeth, or dentures only worn for 1 to 2 hours daily, or no name on denture(s)	More than 1 broken area/teeth, denture missing or not worn due to poor fit, or worn only with denture adhesive*		1= denture 2= refer YES NO
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/tartar/debris in 1 or 2 areas of the mouth or on small area of dentures, occasional bad breath	Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*		1= intervention 2= refer YES NO
Dental Pain	No behavioural, verbal or physical signs of pain	Verbal and/or behavioural signs of pain such as pulling of face, churning lips, not eating, aggression*	Physical signs such as swelling of cheek or gum, broken teeth, ulcers, "gum boil", as well as verbal and/or behavioural signs*		1 or 2 = refer Completed by: _____ YES NO

FOLLOW UP:

1) Oral Hygiene Care Plan updated - ☐ Y ☐ N

Date: _____

2) OHAT to be repeated - ☐ in one year ☐ on date _____

REFERRAL:

a) REFERRAL to an oral health professional required ☐ Y ☐ N

b) REFERRAL made ☐ Y (appointment date: _____) ☐ N (see below)

c) REFERRAL refused by resident/family/guardian ☐ Y

Reason for refusal: _____

Signature: _____

(OHAT Tool, Chalmers 2004) This version is based on modifications from the Halton Region's Health Department (2007)

- The Oral Health Assessment Tool is a widely accepted validated tool for assessing various aspects of oral health status. This quick and easy one page document is used to identify common healthy and unhealthy conditions associated with the mouth, tissues, teeth and dentures.
- Residents should have their oral health assessed on a regular basis. Each new resident entering the care facility should have their oral health formally assessed.
- The Oral Health Assessment Tool should be completed by a member of the nursing staff prior to the development of the resident's initial care plan.
- **Residents should also have their oral health assessed annually** to coincide with annual care conferences.

SLIDE 11

Session 4a

Brushing Up on Mouth Care Resources Care Planning Tool

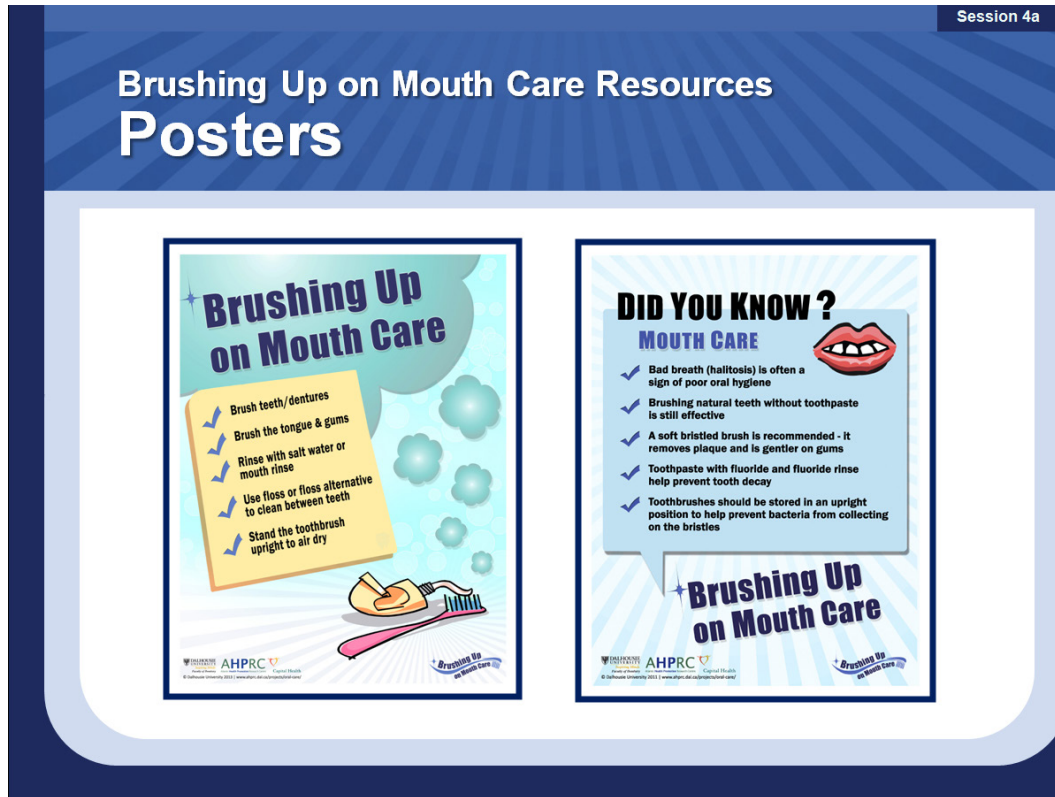
ORAL HYGIENE CARE PLAN for LONG TERM CARE					Resident:
Completed by:					Date:
Dentist:					Dentist Phone #:
Date of last dental appointment:					Date for next oral hygiene care plan review:
Assessment of Dentures: (please circle)	UPPER	FULL Name on denture: Yes	PARTIAL Name on denture: Yes	NOT WORN No	NO DENTURE
	LOWER	FULL Name on denture: Yes	PARTIAL Name on denture: Yes	NOT WORN No	NO DENTURE
Assessment of Natural Teeth: (please circle)	UPPER	YES	NO	Root tips present	
	LOWER	YES	NO	Root tips present	
Interventions for oral hygiene care (check all that apply and indicate frequency as needed)	<input type="checkbox"/> Mouth swab..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Electric toothbrush..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Suction toothbrush..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Regular toothbrush..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Use 2 toothbrushes..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Interproximal toothbrush / floss..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Regular fluoride toothpaste..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Do not use toothpaste <input type="checkbox"/> Scrub denture/s with denture brush..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Soak denture/s over night in water with denture tablet <input type="checkbox"/> Scrub denture bath weekly <input type="checkbox"/> Dry mouth products as needed <input type="checkbox"/> Fluoride varnish or other fluoride products (Rx by dentist or physician) <input type="checkbox"/> Chlorhexidine mouth rinse (Rx by dentist or physician) <input type="checkbox"/> Other:				Level of Assistance (please circle) Denture Cleaning: <input type="checkbox"/> Independent <input type="checkbox"/> some assistance <input type="checkbox"/> fully dependent Teeth Cleaning: <input type="checkbox"/> Independent <input type="checkbox"/> some assistance <input type="checkbox"/> fully dependent
	Regular barriers to oral care (check all that apply)				<input type="checkbox"/> Forgets to do oral hygiene care <input type="checkbox"/> Refuses oral hygiene care <input type="checkbox"/> Won't open mouth <input type="checkbox"/> No compliance with directions <input type="checkbox"/> Aggressive / kicks / hits <input type="checkbox"/> Bites toothbrush and/or staff <input type="checkbox"/> Can't swallow properly <input type="checkbox"/> Can't rinse / spit <input type="checkbox"/> Constantly grinding / chewing <input type="checkbox"/> Head faces downwards / moves <input type="checkbox"/> Won't take dentures out at night <input type="checkbox"/> Dexterity or hand problems / arthritis <input type="checkbox"/> Requires financial assistance <input type="checkbox"/> Other:

(Modified from Chalmers, 2004)

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- The ORAL HYGIENE CARE PLAN tool is used to outline what is required to ensure that each resident is receiving appropriate oral care on a daily basis. This care plan should be reviewed and updated each time the Oral Health Assessment Tool is completed. It provides a way for the care team to communicate about the oral care of individual residents and can also provide a record of whether or not progress is being made over time.
- A variety of common oral hygiene interventions are itemized to cue the care-provider about best approaches for a particular resident. For example, it may be observed dentures need to be soaked overnight.
- An itemized list helps to identify behaviors that might be expected of a particular resident such as “will not open mouth” or “aggressive”. These are noted in order to better prepare the care-provider to deliver oral care.

SLIDE 12



- 'Visual cues', like posters, provide a friendly reminder to members of the care team about oral care - similar to hand washing posters.
- Posters outlining various aspects of oral care are available in the 'Brushing Up on Mouth Care' resource manual.

SLIDE 13

Session 4a

Brushing Up on Mouth Care Resources Information Sheets

- Common Oral Conditions
- Dental Caries & Diet
- Periodontal Disease
- Dry Mouth
- Oral Swabs
- Palliative Oral Care
- Oral Cancer
- Oral Care during Cancer Treatment
- Denture Care
- Dehydration
- Taste & Swallowing Disorders
- Labeling Dentures
- Dementia & Oral Care

The sample information sheet for GINGIVITIS includes the following content:

- GINGIVITIS** (in a large pink box)
- It's more than just bad breath!
- It's a mild or early form of gum disease.
- Do YOU have GINGIVITIS? 19 million Canadians do!
- THE FACTS ABOUT 'GINGIVITIS':**
 - When teeth are not properly cleaned, plaque forms on the tooth surface.
 - Plaque causes irritation of the gums, making them red and slightly swollen - this is gingivitis.
 - More serious forms of gum disease (periodontitis) START with gingivitis.
- YOU CAN REVERSE GINGIVITIS... YOU CANNOT REVERSE PERIODONTITIS**
- Signs & Symptoms:** Red, swollen, or tender gums that bleed when brushed or flossed & bad breath (halitosis)
- Only 33% of Canadians floss.**
- 4 Steps to prevent & reverse gingivitis:**
 - BRUSH
 - FLOSS
 - RINSE with antiseptic mouthwash
 - Get a regular CHECKUP with a dental PROFESSIONAL
- Why should you care?**
 - Good management of gingivitis is a sign of good oral hygiene.
 - This prevents halitosis, bleeding gums, and other more serious dental diseases like tooth decay and periodontal disease.
 - There is a link between oral health and overall health.
- Logos for AHPRC and other organizations.


- Information sheets provide background on different topics and conditions affecting oral health. The information sheets listed here are great reference tools for members of the care team and family members.

SLIDE 14

Session 4a

Brushing Up on Mouth Care Resources Health Products/Aids

- Toothbrushes
- Floss Aids
- Mouth Rinses
- Denture Products
- Dry Mouth
- Canker Sores & Cold Sores
- Other Products



MOUTH RINSES INFORMATION

Mouth rinses can be a good addition to brushing and flossing. Some provide benefits that go beyond brushing the teeth.

GUIDELINES FOR USING MOUTH RINSES:

- 1. If you use a mouth rinse, use it only once a day and use the mouth rinse only once a day.
- 2. Encourage them to use the mouth rinse only once a day.
- 3. Encourage them to use the mouth rinse only once a day.
- 4. Encourage them to use the mouth rinse only once a day.
- 5. Encourage them to use the mouth rinse only once a day.

Remember! Residents should only use mouth rinses if they have the ability to swallow and spit properly.

Fluoride rinses are an important addition to regular oral care, especially if the resident is prone to tooth decay.

Fluoride rinses can be therapeutic, depending on the ingredients:

- Disinfecting agents cleanse the mouth.
- Antiseptic agents reduce bacteria in the mouth.
- Anesthetic agents numb the mouth.
- Anticavity agents inhibit the growth of bacteria in the mouth.
- Fluoride helps prevent tooth decay.


DID YOU KNOW? Many commercial mouth rinses contain alcohol which can dry out tissues. There should be alcohol-free mouth rinses if the resident has dry mouth or is a recovering alcoholic. Alcohol-free rinses are available.

<http://www.ahca.org/americanhealthcareassociation>

AHCA


- “Oral health products and aids” is a series of handouts that detail proper techniques and products available for brushing, flossing, rinsing, denture care and so on.


SLIDE 15





Brushing Up on Mouth Care Resources


Educational Videos

**Oral Health Basics**

**Brushing Technique & Oral Health Products**

**Considerations for Dementia**

**Considerations for Palliative Care**

**Oral Health Assessment**

- A series of five educational videos focus on various aspects of providing daily mouth care to older adults. These include:
 1. The Basics of Oral Health
 2. Brushing Technique & Oral Health Products
 3. Considerations for Dementia
 4. Considerations for Palliative Care
 5. Oral Health Assessment
- The five videos are provided on DVD in the 'Brushing Up on Mouth Care' manual, or they can be viewed directly from the project website.

SLIDE 16

Session 4a

Brushing Up on Mouth Care Resources Website

<http://www.ahprc.dal.ca/projects/oral-care/>

When teeth are not properly cleaned, plaque forms on the tooth surface.

Brushing Up on Mouth Care

This research focuses on oral health care for frail and dependent older adults with particular emphasis on daily mouth care.

Contact us: karen.moneil@dal.ca

Home Project Information Oral Care Manual Knowledge Translation Related Links

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Project Information - Navigation

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Brushing Up on Mouth Care: Facilitating uptake of a daily oral care program in Continuing Care (2012-2013)

PURPOSE:
To translate the knowledge we have gained in the Oral Care in Continuing Care Settings project in order to facilitate uptake of these resources in other relevant settings.

This knowledge translation (KT) project follows from outcomes and KT activities arising from the Oral Care in Continuing Care Settings: Collaborators to improve policies and practices (2008-2012) study funded through the Nova Scotia Health Research Foundation.

View the fact sheet » (PDF, 1.21 MB)

- All materials outlined are available as part of the 'Brushing Up on Mouth Care' resource manual and on the project website.
- All materials can be downloaded for free from the website - no password or login required.



- This is the last slide for the 'Brushing Up on Mouth Care' resources.

SLIDE 17

Session 4a

Guiding Principles

Aim: *to provide a comprehensive approach for providing daily oral care*

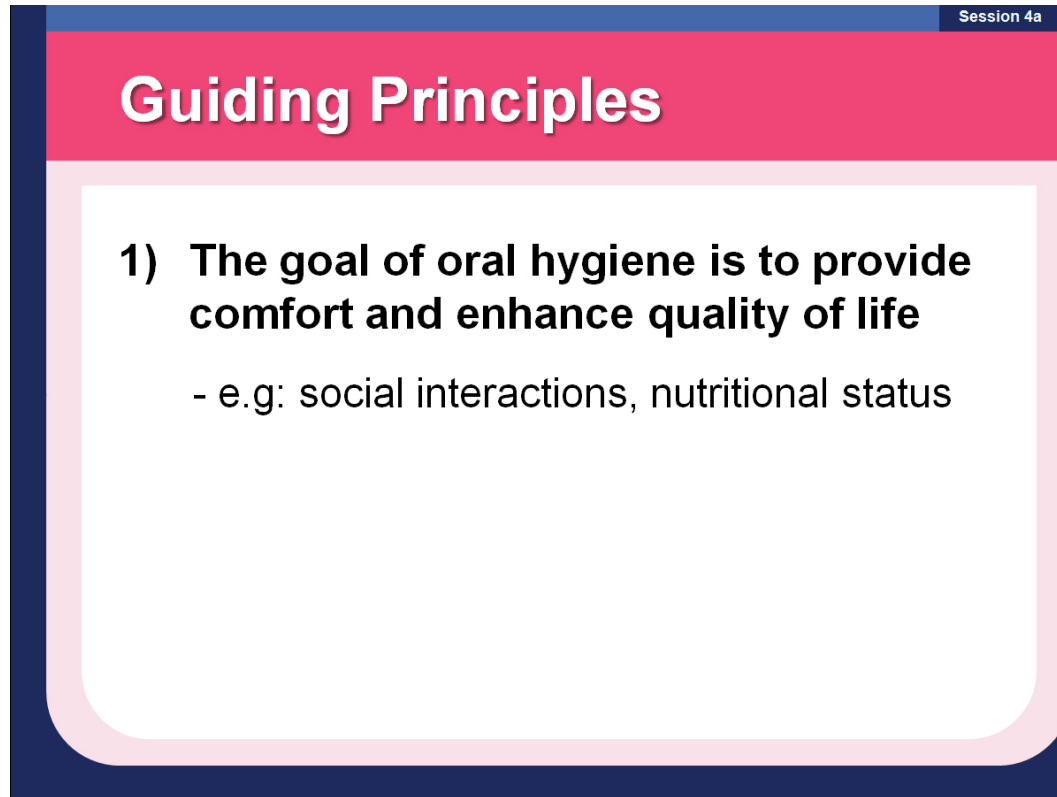
Goal: *to reduce oral discomfort and disease in residents*

How: *provide clear expectations for daily mouth care while allowing for flexibility*



- Depending on your time, you may wish to give participants a short 5-10 minute break to go to the washroom, fill water bottles, etc.
- *Any questions about the 'Brushing Up on Mouth Care' resources before we move onto Guiding Principles?*
- The 'Brushing Up on Mouth Care' project has developed a set of 'guiding principles' for long-term care that may be helpful in providing a comprehensive approach for providing daily oral care.
- The goal of these principles is to reduce oral discomfort and disease in residents by providing clear expectations for residents and members of the care team. Because continuing care environments differ from one another, these principles allow for flexibility in how they may be applied.
- It is important to note that these guidelines were created by administrators and care providers in continuing care.

SLIDE 18



Session 4a

Guiding Principles

- 1) **The goal of oral hygiene is to provide comfort and enhance quality of life**
 - e.g: social interactions, nutritional status

Guiding Principle #1

The goal of oral hygiene is to provide comfort and enhance quality of life.

- Quality of life can be greatly diminished when oral health is poor.
- Poor oral health can diminish the pleasures of eating and speaking and can cause great discomfort to the resident.
- A clean mouth free of bad breath is important for a resident's social wellbeing.

SLIDE 19

Session 4a

Guiding Principles

2) Every resident will have optimum daily mouth care as part of personal care

- Optimum = *meeting the resident's personal oral care needs*
- Personalized oral care plan

Guiding Principle #2

Every resident will have optimum daily mouth care as part of personal care.

- Optimum oral care means providing the best care possible to the resident given their specific oral care needs. This should be reflected in their personalized oral care plan.
- It is important to offer oral care everyday even if the resident refuses.
- For palliative patients, it may be more important to focus on minimizing mouth pain and discomfort.

SLIDE 20

Session 4a

Guiding Principles

3) The protection of independence and self determination of the resident is a priority in decision-making, but is also about treating residents of all ages as persons worthy of respect

- Oral care delivered with input from resident (“Is this what you want?”)
- Informed choice (risks vs. benefits)
- Resident has a right to receive (and refuse) oral care

Guiding Principle #3

The protection of independence and self determination of the resident is a priority in decision-making, but is also about treating residents of all ages as persons worthy of respect.

- Here we are talking about person-centered care and the autonomy of a person to say what they want or do not want in terms of their care if they are able. Oral care should be delivered with input from resident (“Is this what you want?”)
- The resident should be asked to provide input on their oral care plan.
- **Perceived time constraints by care providers should not infringe on a resident’s right to receive oral care.** If a care provider feels they do not have time to provide oral care, that does not mean that the resident does not have a right to receive oral care that day. A resident’s right to receive oral care is always present, should be attended to daily, and must be given equal priority to other essential personal and health care supports.

SLIDE 21

Session 4a

Guiding Principles

4) An oral health assessment and evaluation will be completed upon admission and annually thereafter. This assessment will identify oral health needs and guide individualized care planning.

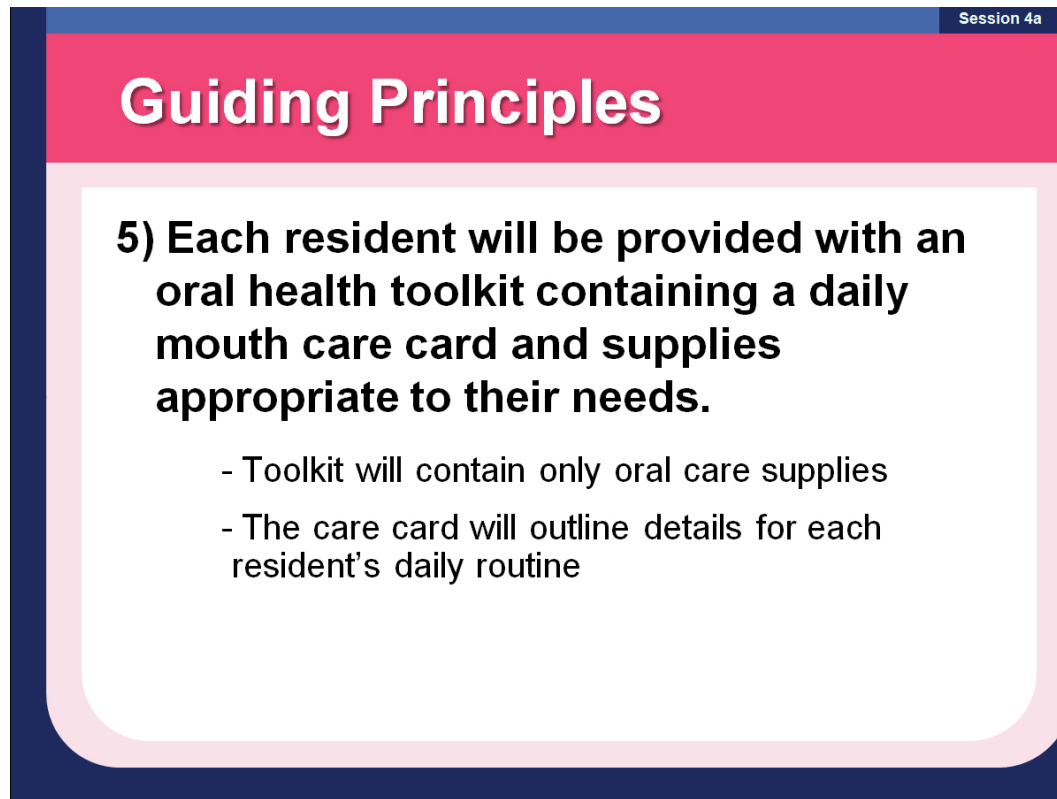
- Oral Health Assessment Tool completed upon admission
- Provides baseline oral health information
- Personal oral care plan developed based on results of assessment
- Oral Health Assessment Tool completed annually thereafter (unless and assessment score indicates more frequent assessments are necessary)

Guiding Principle #4

An oral health assessment and evaluation will be completed upon admission and annually thereafter. This assessment will identify oral health needs and guide individualized care planning.

- Oral health assessment is important because it provides a record of what is happening with the resident's oral health over time.
- Some residents will come into the facility with poor oral health, the admission assessment provides a record of the 'starting point' or baseline for that resident. While oral health may not be able to be improved significantly, at a minimum, appropriate goals must be established.
- The information provided by the oral health assessment will guide the oral care planning process. A personal oral care plan should be developed based on results of assessment. The resident's oral care plan should be updated each time an assessment is completed.
- An Oral Health Assessment should be completed annually unless and assessment score indicates more frequent assessments are necessary.

SLIDE 22



Session 4a

Guiding Principles

5) Each resident will be provided with an oral health toolkit containing a daily mouth care card and supplies appropriate to their needs.

- Toolkit will contain only oral care supplies
- The care card will outline details for each resident's daily routine

Guiding Principle #5

Each resident will be provided with an oral health toolkit containing a daily mouth care card and supplies appropriate to their needs.

- These resources will support care providers in the delivery of daily oral care
- The toolkit will contain only oral care supplies
- The mouth care card will outline details for each resident's daily routine
- Care cards should be stored with or near the oral health toolkit

SLIDE 23

Session 4a

Guiding Principles

6) Oral health will be monitored on a daily basis. Any oral health concerns will be reported in a timely manner.

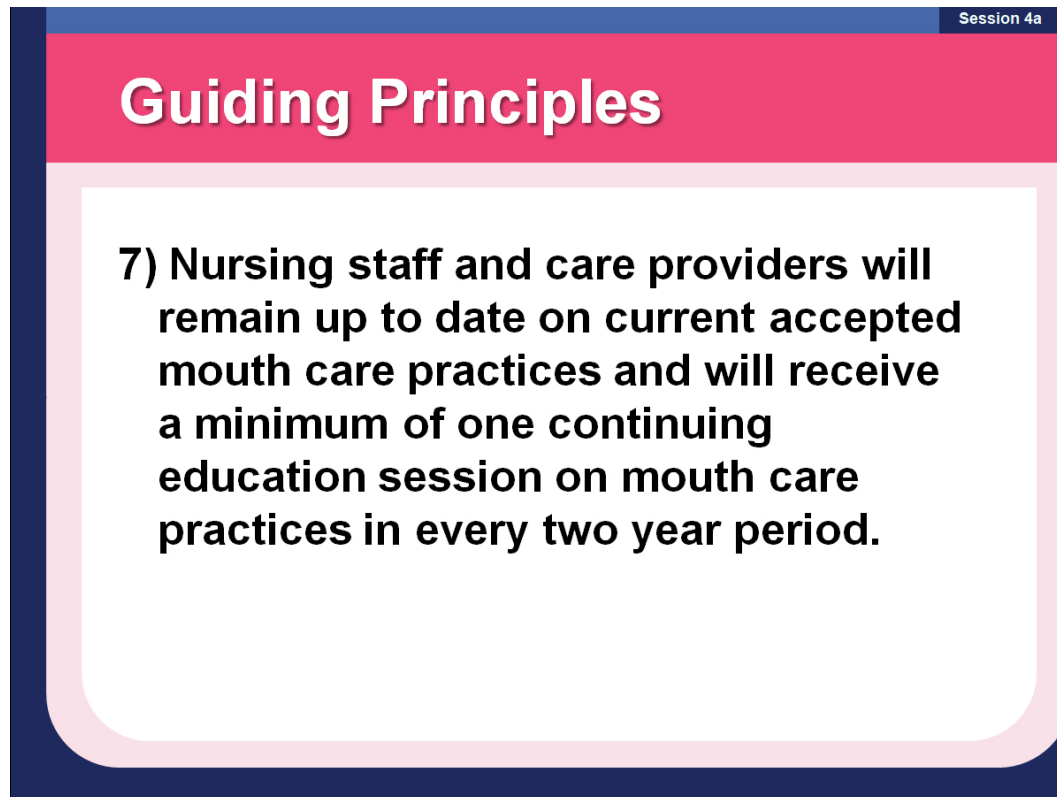
- **LOOK, FEEL, TELL**
- Daily Oral Health Assessment forms completed to note abnormalities
- Reported to supervisor before the end of shift

Guiding Principle #6

Oral health will be monitored on a daily basis. Any oral health concerns will be reported in a timely manner.

- Daily assessments by care providers do not need to be time consuming. Care providers should LOOK, FEEL and TELL .
- Any abnormalities should be noted on the daily assessment form.
- Assessments should be completed before oral care is provided.
- Any concerns should be reported to a supervisor before the end of shift.

SLIDE 24



Session 4a

Guiding Principles

7) Nursing staff and care providers will remain up to date on current accepted mouth care practices and will receive a minimum of one continuing education session on mouth care practices in every two year period.

Guiding Principle #7

Nursing staff and care providers will remain up to date on current accepted mouth care practices and will receive a minimum of one continuing education session on mouth care practices in every two year period.

- This is a suggestion for the frequency of oral health education for staff.
- Oral care best practices may change over time and it is important for nursing staff and care providers to be up to date.
- **IDEAS:**
 - Invite dental/ dental hygiene/ dental assisting students in for continuing education sessions
 - Check for new resource materials through the internet




SLIDE 25

Session 4a

Guiding Principles

Every resident will receive:

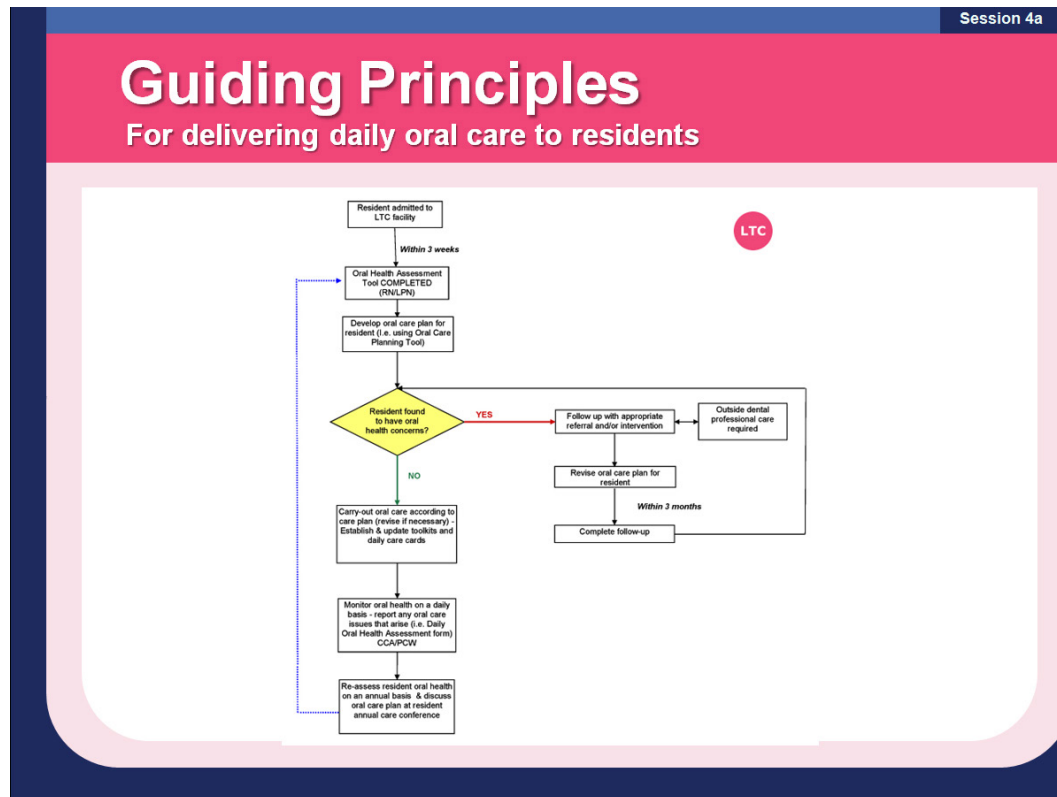
- An oral health assessment within three weeks of admission and annually thereafter (unless more frequent assessments are indicated).
- A personalized oral care plan will be developed, and updated after each assessment.
- A review and discussion of their oral care plan at annual care conferences.
- An oral health toolkit to house their personal oral care supplies and a daily mouth care card.



Every resident will receive:

- An oral health assessment within three weeks of admission and annually thereafter (unless more frequent assessments are indicated).
- A personalized oral care plan will be developed and updated after each assessment.
- A review and discussion of their oral care plan at annual care conferences.
- To be provided with an oral health toolkit to house their personal oral care supplies and a daily mouth care card.

SLIDE 26



- This is a visual representation of how the oral care program can be put into action
- You can see all of the possible pathways a resident may travel depending upon the results of their oral health assessment

For example, Mrs. Smith enters your facility and has an Oral Health Assessment completed her second week. Her assessment indicates that she needs her dentures to be labeled and should be referred to a dental professional to address an unhealthy score in the saliva category (i.e. she is suffering with a very dry mouth). Her family makes arrangements and she is able to see a dentist a month later. The dentist indicates she would benefit from the use of dry mouth toothpaste and saliva substitutes. Her denture is labeled. She is reassessed using the Oral Health Assessment Tool. This time her score indicates minimal oral health concerns. The use of dry mouth products is noted in her oral care plan. Mrs. Smith has her daily oral care carried out as outlined in her oral care plan and does not need to be reassessed until her scheduled annual assessment (which should occur two weeks before her annual care conference).

SLIDE 27

Session 4a

Roles and Responsibilities

Nurse Manager/RNs

- Complete oral health assessments
- Orient new staff on oral health best practices
- Arrange continuing education sessions on oral care
- Arrange for residents to see oral health professional (with assistance of family)
- Designate and support an Oral Health “Champion”*

The role of the Nurse Manager or RN is to:

- Complete oral health assessments
- Orient new staff on oral health best practices
- Arrange continuing education sessions on oral care
- Arrange for residents to see oral health professional (with assistance of family)
- Designate and support an Oral Health “Champion”*
 - o The role of the champion is discussed on the next slide

SLIDE 28

Session 4a

Roles and Responsibilities

Oral Health Champion

- Oversee distribution of oral care cards
- Ensure toolkits are stocked, clean and maintained
- Ensure oral care supplies are labeled
- Change toothbrushes as required

- In the 'Brushing Up on Mouth Care' research project it was found that the upkeep of an oral care program was greatly enhanced when an oral care champion was in place. The champion is responsible for the upkeep of the oral health program by ensuring that residents' have a care card appropriate for their needs, that residents' toolkits are stocked, cleaned and maintained. The champion would also ensure that each resident's oral care supplies are labeled and that toothbrushes are replaced regularly.
- The champion can be any care provider who is keen and interested in oral health. Some long-term care facilities may choose to rotate responsibilities of the oral care champion.

SLIDE 29

Session 4a

Roles and Responsibilities

Licensed Practical Nurse (LPN)

- Complete oral health assessments
- Support RNs, CCAs/PCWs and Oral Care Champion to carry out daily oral care
- Act as an oral health champion for residents in their care*

The role of the Licensed Practical Nurse is to:

- Complete oral health assessments
- Support RNs, CCAs/PCWs and the Oral Care Champion to carry out daily oral care
- In some facilities, Licensed Practical Nurses may be assigned to oversee care for a small number of residents
 - *In these instances, the LPNs could take on the role of oral health champion for the residents in their care*

SLIDE 30

Session 4a

Roles and Responsibilities

Care Providers (CCAs & PCWs)

- Provide resident daily oral care as outlined in care plan
- Check for abnormalities daily (LOOK, FEEL, TELL)
- Report concerns to supervisor in a timely manner

The role of the Care Providers (CCAs and PCWs) is to:

- Provide resident daily oral care as outlined in care plan
- Check for abnormalities daily (LOOK, FEEL, TELL)
- Report concerns to supervisor in a timely manner

SLIDE 31

Session 4a

Roles and Responsibilities

Administrators*

- Support the Guiding Principles as key to optimum oral care for residents
- Support all staff in their roles & responsibilities
- Allot time for continuing education on oral care
- Ensure appropriate oral care supplies are available
- Monitor assessment and care planning

Administrators need to :

- Support the Guiding Principles as key to optimum oral care for residents
- Support all staff in their roles & responsibilities
- Allot time for continuing education on oral care
- Ensure appropriate oral care supplies are available
- Monitor assessment and care planning
- **Support from administrators is imperative for the success of any oral care program**

SLIDE 32

Session 4a

Roles and Responsibilities

Other Long-Term Care Staff Members

- Includes: environmental, food & nutrition, recreation staff etc.
- Report any concerns regarding resident oral health
 - raised by residents
 - noticed during daily duties

- Other long-term care staff members such as environmental, food and nutrition and recreation staff, also have a role to play when it comes to oral care.
- During daily duties, these staff members may notice that oral care supplies are low or missing, food is not being eaten, or hear a resident raise a concern about their oral health. They can report this to the care providers.
- Sometimes dentures will end up in laundry (from being in pockets, etc) and environmental staff can help return them to the resident.



- This is the last slide for Guiding Principles. Next slide outlines 'Take Home Messages'

SLIDE 33

Session 4a

Conclusions

Take Home Messages

- Brushing Up materials are available on the project website:
<http://www.ahprc.dal.ca/projects/oral-care/>
- Go big OR start small
- Uptake of an oral care program will be unique to each long term care facility

- All of the 'Brushing Up on Mouth Care' materials are available on the project website.
- Go Big or Start Small. The resources we have highlighted in this presentation will help to support your activities no matter how you choose to make a difference.
- The 'Brushing Up on Mouth Care' Program can be rolled out all at once, or you can introduce one component at a time. Uptake will be unique to each long term care facility.

SLIDE 34

Session 4a

QUESTIONS?



- Check the 'Parking Lot' for lingering issues and questions and address them now

SLIDE 35

Session 1

Learning Objectives

Did we meet the learning objectives?

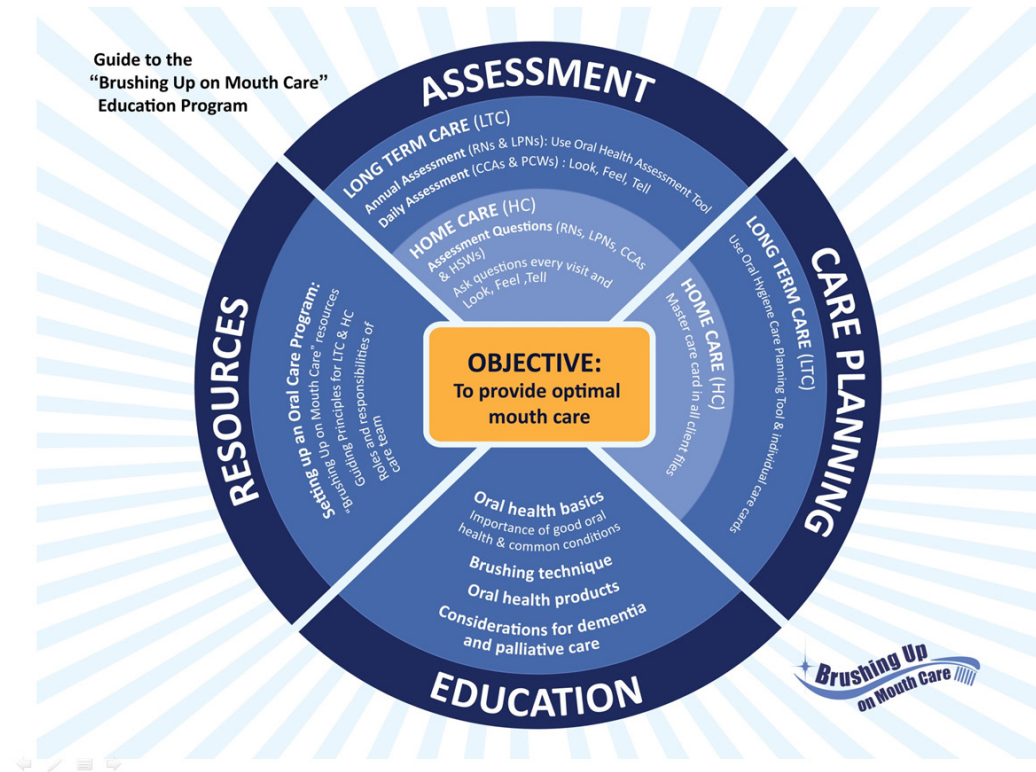
This session will develop knowledge, understanding and appreciation of:

- Elements of the '**Brushing Up on Mouth Care**' program
- Guiding principles to assist with the implementation of an oral care program
- Roles and responsibilities



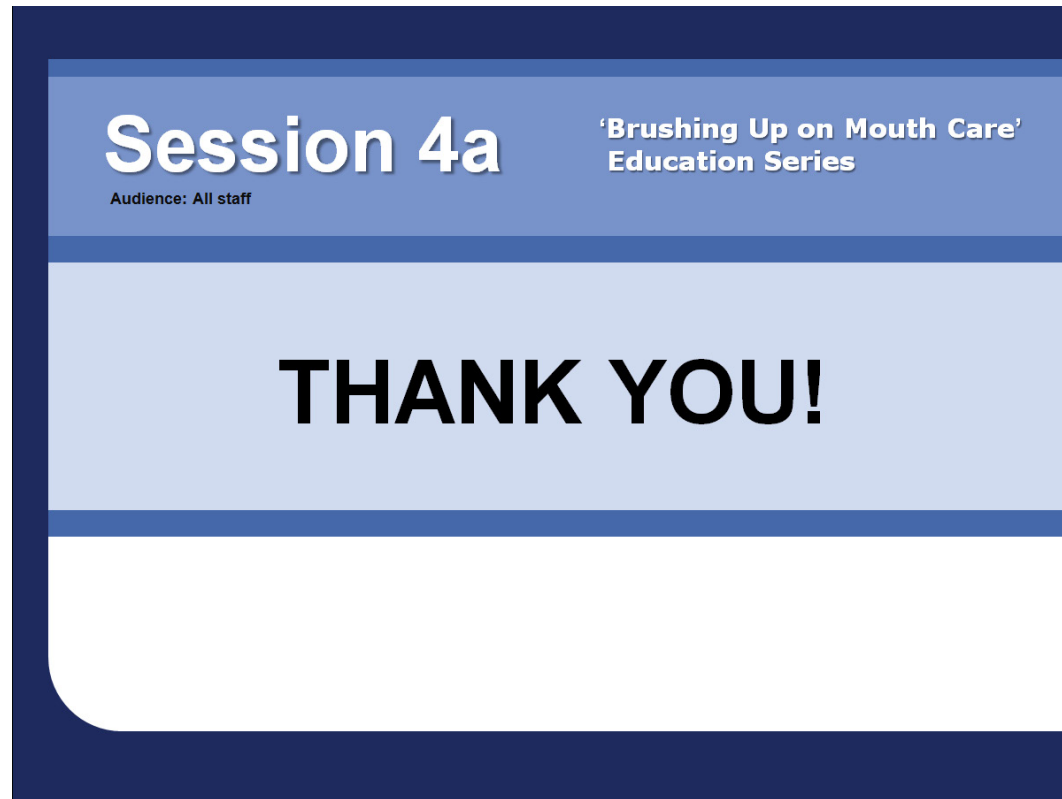
- Ask participants if they feel they have obtained the required knowledge

SLIDE 36



- This was the last session in the 'Brushing Up on Mouth Care' education series.
- These four themes - assessment, care planning, education and resources - have come up throughout the various education sessions.
- **It is now time to take this information and use it to establish a comprehensive approach for providing daily oral care to your residents and to reduce incidences of oral discomfort and disease.**
- *Are there any questions before we conclude?*

SLIDE 37

A graphic representing a presentation slide. It has a dark blue header bar with the text 'Session 4a' in large white font and 'Audience: All staff' in smaller white font below it. To the right of the header bar, the text '‘Brushing Up on Mouth Care’ Education Series' is displayed in white. The main body of the slide is light blue and contains the text 'THANK YOU!' in large, bold, black capital letters.

Session 4a
Audience: All staff

**‘Brushing Up on Mouth Care’
Education Series**

THANK YOU!



- Distribute session evaluation forms
 - Leave a large envelope for participants to place completed forms
 - o Leave the room for 5 minutes to permit participants to submit anonymous evaluation forms

Session 4B

AUDIENCE: Care Providers – CCAs, PCWs & HSWs



Implementing an oral care program in HOME CARE

This session is for ALL STAFF (nursing staff, care providers, administrators, etc.) who work in HOME CARE

Everything that you need to say for each slide is written in your facilitator notes. You do not need to read the content on the slide itself. If you read the facilitator notes, you will address the content of each slide.



When this icon indicates something you should DO or something you should be aware of and not something you should SAY (e. g. This is the last slide for this section).

The PowerPoint for this session can be found on the 'Facilitator Guide Presentations' disk located with the educational videos behind Tab 5 of this manual.



This session should take approximately 1 hour to complete

Ensure you have a white board or flip chart and markers to record items for the 'Parking Lot'.

If you plan to have participants evaluate the session, ensure you have copies of the evaluation form printed (and pens/pencils available). The evaluation form template can be found at www.ahprc.dal.ca/projects/oral-care/pdfs/facilitator-guide/EvaluationForm_FacilitatorGuide.pdf.



SLIDE 01

Session 4b

Audience: All Staff

'Brushing Up on Mouth Care'
Education Series



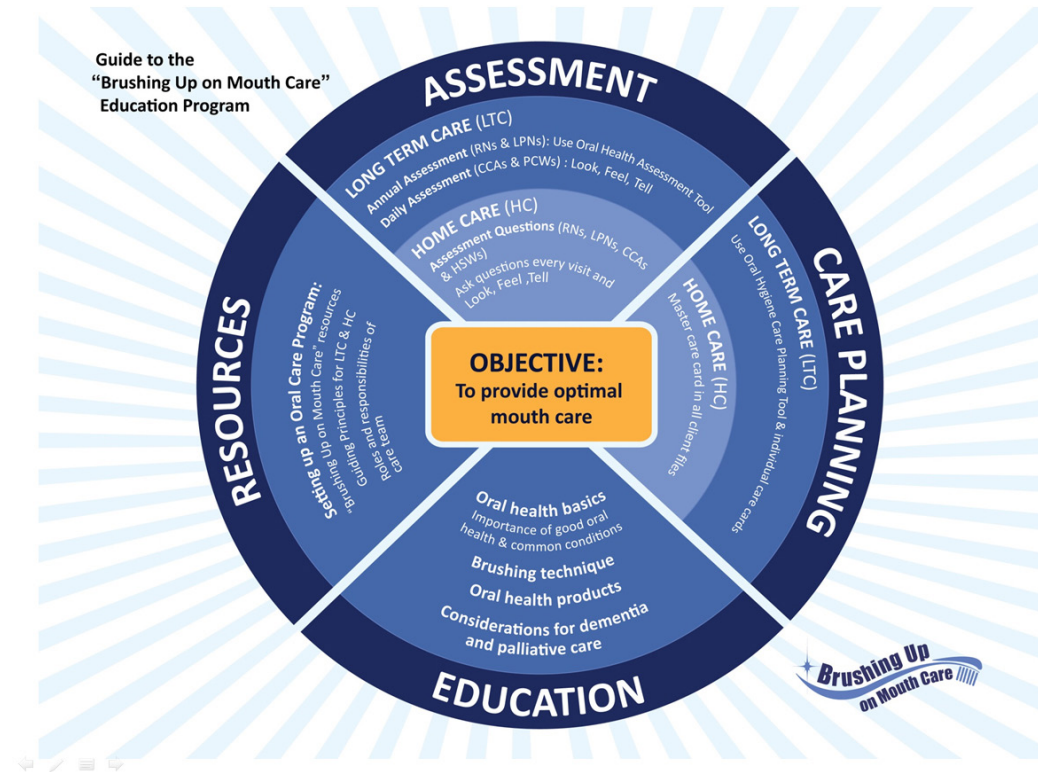
Implementing an oral care program in **HOME CARE**

- This is the fourth and final session, of the 'Brushing Up on Mouth Care' education series.
- We will be discussing how to implement an oral care program in our home care agency using the 'Brushing Up on Mouth Care' resources.



- Introduce yourself
- Welcome participants

SLIDE 02



- The Brushing Up on Mouth Care program was developed through a research project at Dalhousie University (Faculty of Dentistry and the Atlantic Health Promotion Research Centre) and Capital District Health Authority. The project was funded by the Nova Scotia Health Research Foundation and the Canadian Institutes of Health Research.
- To carry out this research project, researchers worked in partnership with personal care providers, nurse managers and directors of care from three long-term care facilities in rural Nova Scotia. Together, the partners planned, developed, implemented and evaluated a daily oral care program for these facilities. The user-friendly resources that were created to educate and support personal care providers provide the basis for the 'Brushing Up on Mouth Care' program.
- This model provides a guide to the 'Brushing Up on Mouth Care' education program. The overall objective of this program is to provide optimal mouth care for older adults who require assistance with personal care in both long term care and at home. 'Brushing Up on Mouth Care' focuses on assessment, care planning, education and resources. You will see these four themes come up throughout the various education sessions.

SLIDE 03

Session 4a

Introductions

- **Logistics**
- **Parking Lot**
- **Introductions**



Logistics:

- Tell participants the session will take about an hour to complete.
- Tell them where washrooms are located (if they are in an unfamiliar location).
- Discuss any other logistics (e.g. turn off cell phones/pagers, breaks, etc.)

PARKING LOT:

- The 'Parking Lot' is a place to record any outstanding questions or issues that arise throughout the session
- Mark the words 'Parking Lot' on a piece of paper, white board or flip chart
- Tell the participants that issues placed in the 'Parking Lot' will be reviewed at the end of the session



If participants are not familiar with each other, go around the room and let them introduce themselves.

SLIDE 04

Overview

Session 4b

Brushing Up on Mouth Care Program

- Overview of resources available

Guiding Principles for Home Care

Roles & Responsibilities

- Nurse Managers/RNs/LPNs
- Care Providers (CCAs & HSWs)
- Care Coordinators
- Administrators

Conclusions

- Take Home Messages

This session will provide:

- An overview of the 'Brushing Up on Mouth Care' resources and guiding principles for home care.
- The guiding principles also include a breakdown of the roles and responsibilities of care team members, care coordinators, and administrators in supporting an oral care program.

SLIDE 05

Session 4b

Learning Objectives

This session will develop knowledge, understanding and appreciation of:

- Elements of the ‘**Brushing Up on Mouth Care**’ program
- Guiding principles to assist with the implementation of an oral care program
- Roles and responsibilities of staff members

This session will develop knowledge, understanding and appreciation of:

- Elements of the ‘Brushing Up on Mouth Care’ program
- Guiding principles to assist with the implementation of an oral care program
- Roles and responsibilities of staff members

SLIDE 06

Session 4b

Brushing Up on Mouth Care Resources

*Do you think this agency is ready to implement an oral care program?
Why or why not?*

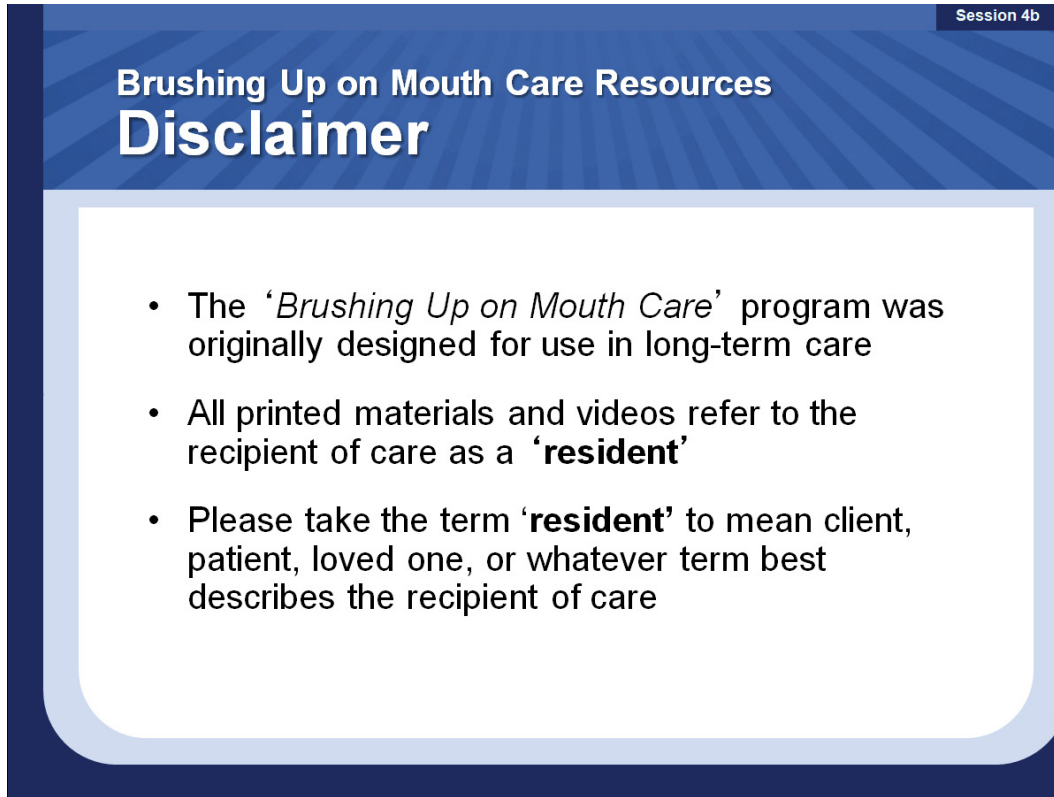


- The 'Brushing Up on Mouth Care' resource manual contains a variety of resources for those who provide care to older adults. Resources include information sheets, care cards, posters, assessment and care planning tools, and videos .
- We will review these resources and how they can be used in your facility.



- Ask the participants:
*Do you think this agency is ready to implement an oral care program?
Why or why not?*

SLIDE 07



Session 4b

Brushing Up on Mouth Care Resources

Disclaimer

- The ‘*Brushing Up on Mouth Care*’ program was originally designed for use in long-term care
- All printed materials and videos refer to the recipient of care as a ‘**resident**’
- Please take the term ‘**resident**’ to mean client, patient, loved one, or whatever term best describes the recipient of care

- The ‘Brushing Up on Mouth Care’ program was originally designed for use in long-term care, therefore all printed materials and videos refer to the recipient of care as a ‘resident’.
- When using these resources, please take the term ‘resident’ to mean client, patient, loved one, or whatever term best describes the recipient of care.

SLIDE 08

Session 4b

Brushing Up on Mouth Care Resources Master Oral Care Card

= Natural Teeth

= Natural Teeth + Dentures

= Natural Teeth + Partial Dentures

= No Natural Teeth + Dentures

= No Natural Teeth + No Dentures

= Unable to Swallow


- Let's start with care cards. Care cards were developed to create individualized oral care instructions for each client.
- The **Master oral care card** outlines appropriate steps for oral care depending on the client's oral health needs.
- There are 6 different oral health statuses outlined.
- Each client, should have a master care card in his or her file.

SLIDE 09

Session 4b

Brushing Up on Mouth Care Resources Information Sheets

- Common Oral Conditions
- Dental Caries & Diet
- Periodontal Disease
- Dry Mouth
- Oral Swabs
- Palliative Oral Care
- Oral Cancer
- Oral Care during Cancer Treatment
- Denture Care
- Dehydration
- Taste & Swallowing Disorders
- Labeling Dentures
- Dementia & Oral Care



- Information sheets provide background on different topics and conditions affecting oral health.
- The information sheets listed here are great reference tools for nursing staff, care providers and family members.

SLIDE 10

Session 4b

Brushing Up on Mouth Care Resources

Oral Health Products/Aids

- Toothbrushes
- Floss Aids
- Mouth Rinses
- Denture Products
- Dry Mouth
- Canker Sores & Cold Sores
- Other Products




- “Oral health products and aids” is a series of handouts that detail proper techniques and products available for brushing, flossing, rinsing, denture care and so on.


SLIDE 11


Session 4b


Brushing Up on Mouth Care Resources


Educational Videos

 **Oral Health Basics**

 **Brushing Technique & Oral Health Products**

 **Considerations for Dementia**

 **Considerations for Palliative Care**

 **Oral Health Assessment**

- A series of five educational videos focus on various aspects of providing daily mouth care to older adults. These include:
 1. The Basics of Oral Health
 2. Brushing Technique & Oral Health Products
 3. Considerations for Dementia
 4. Considerations for Palliative Care
 5. Oral Health Assessment
- The five videos are provided on DVD in the 'Brushing Up on Mouth Care' manual, or they can be viewed directly from the project website.

SLIDE 12

Session 4b

Brushing Up on Mouth Care Resources Website

<http://www.ahprc.dal.ca/projects/oral-care/>



When teeth are not properly cleaned, plaque forms on the tooth surface.

Contact us: karen.monell@dal.ca

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Brushing Up on Mouth Care: Facilitating uptake of a daily oral care program in Continuing Care (2012-2013)

PURPOSE: To translate the knowledge we have gained in the Oral Care in Continuing Care Settings project in order to facilitate uptake of these resources in other relevant settings.

This knowledge translation (KT) project follows from outcomes and KT activities arising from the *Oral Care in Continuing Care Settings: Collaborating to improve address and practices* (2008-2012) study funded through the Nova Scotia Health Research Foundation.

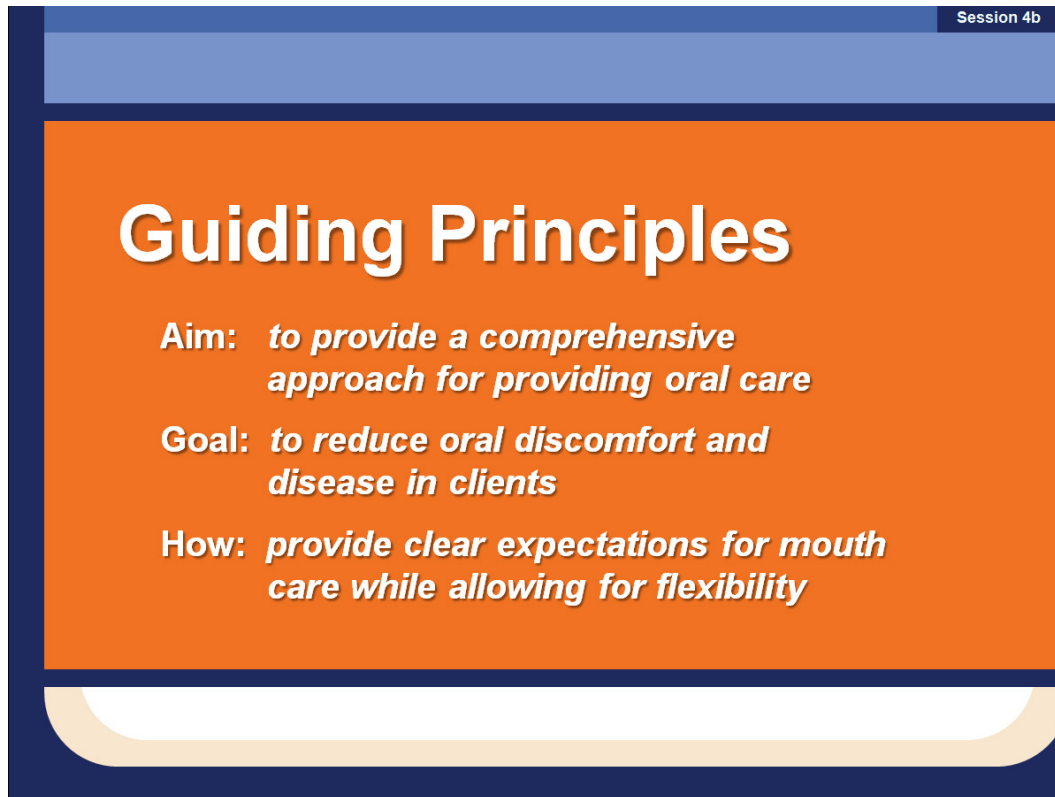
View the fact sheet (PDF, 1.21 MB)

- All materials outlined are available as part of the 'Brushing Up on Mouth Care' resource manual and on the project website.
- All materials can be downloaded for free from the website - no password or login required.



- This is the last slide for the 'Brushing Up on Mouth Care' resources.

SLIDE 13



Session 4b

Guiding Principles

Aim: *to provide a comprehensive approach for providing oral care*

Goal: *to reduce oral discomfort and disease in clients*

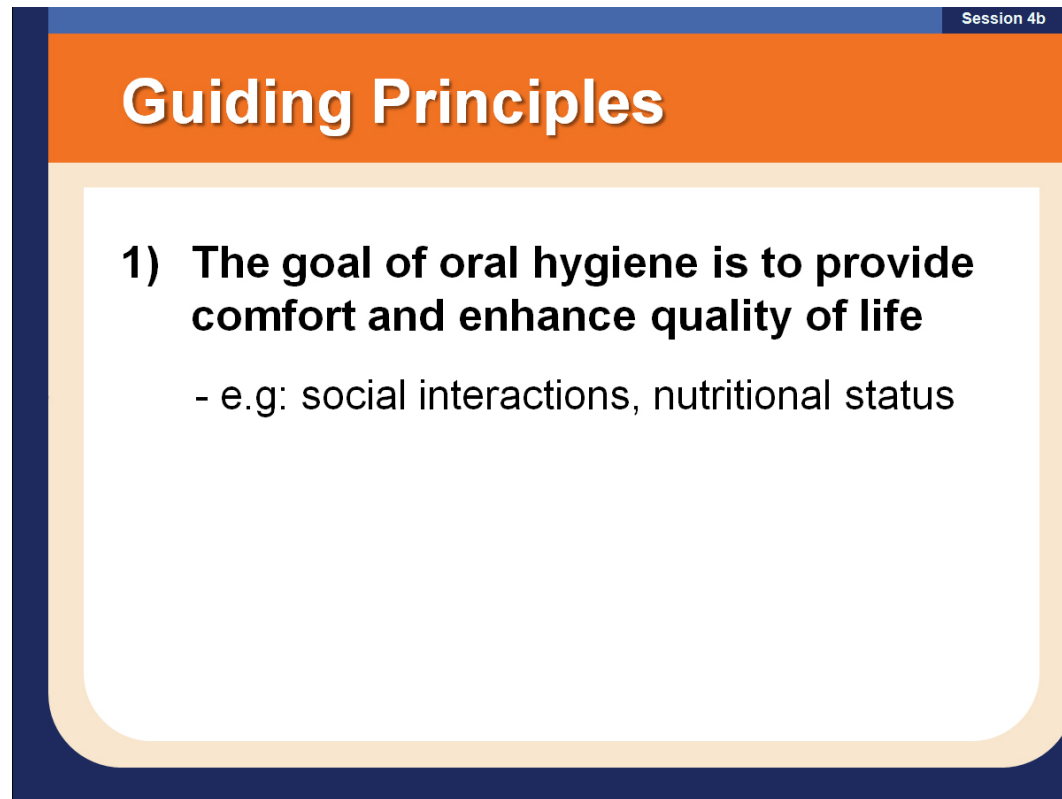
How: *provide clear expectations for mouth care while allowing for flexibility*



Depending on your time, you may wish to give participants a short 5-10 minute break to go to the washroom, fill water bottles, etc.

- *Any questions about the 'Brushing Up on Mouth Care' resources before we move onto Guiding Principles?*
- The 'Brushing Up on Mouth Care' project has developed a set of 'Guiding Principles' for home care that may be helpful in providing a comprehensive approach for providing oral care.
- The goal of these principles is to reduce oral discomfort and disease in clients by providing clear expectations for clients and members of the care team. Because continuing care environments differ from one another, these principles allow for flexibility in how they may be applied.
- It is important to note that these guidelines are modified from a set of guiding principles for long-term care that were created by administrators and care providers in continuing care.

SLIDE 14

The slide features a dark blue header with 'Session 4b' in white. Below this is an orange banner with the title 'Guiding Principles' in white. The main content is enclosed in a light orange rounded rectangle with a dark blue border. It lists a single principle: '1) The goal of oral hygiene is to provide comfort and enhance quality of life', followed by an example: '- e.g: social interactions, nutritional status'.

Session 4b

Guiding Principles

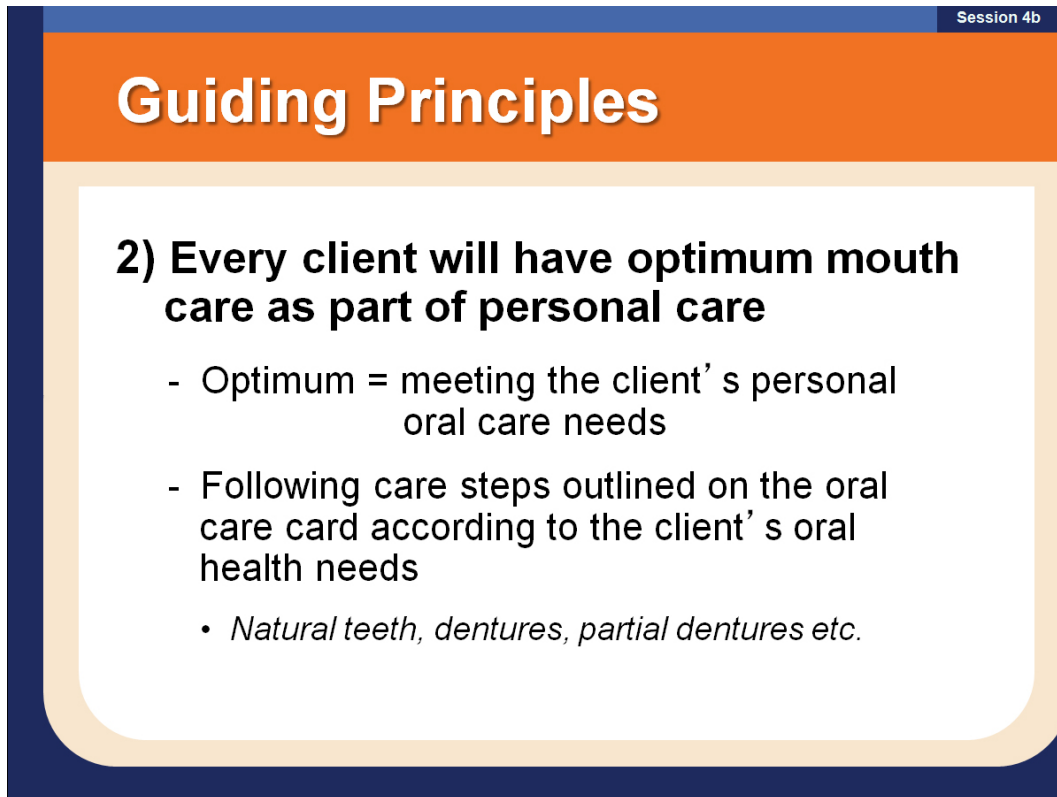
- 1) **The goal of oral hygiene is to provide comfort and enhance quality of life**
 - e.g: social interactions, nutritional status

Guiding Principle #1

The goal of oral hygiene is to provide comfort and enhance quality of life.

- Quality of life can be greatly diminished when oral health is poor.
- Poor oral health can diminish the pleasures of eating and speaking and can cause great discomfort to the client.
- A clean mouth free of bad breath is important for a client's social wellbeing.

SLIDE 15



Guiding Principles

2) Every client will have optimum mouth care as part of personal care

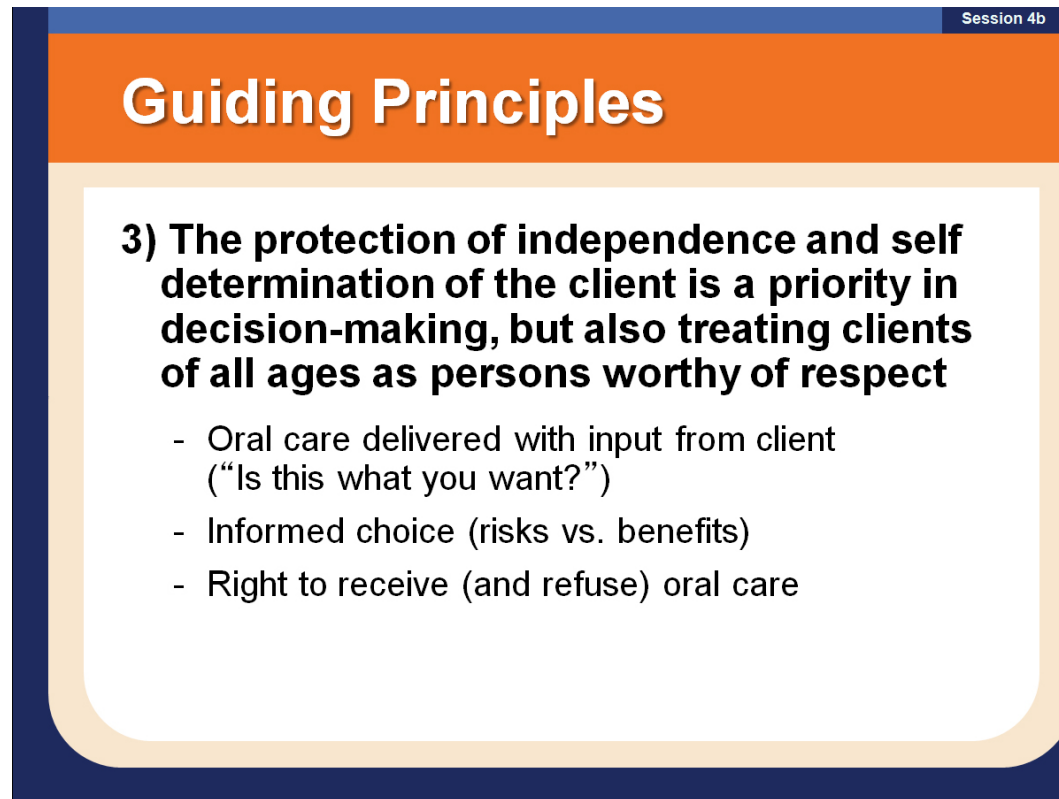
- Optimum = meeting the client's personal oral care needs
- Following care steps outlined on the oral care card according to the client's oral health needs
 - *Natural teeth, dentures, partial dentures etc.*

Guiding Principle #2

Every client will have optimum mouth care as part of personal care.

- Optimum oral care means providing the best care possible to the client given their specific oral care needs.
- It is important to offer oral care every time personal care is provided.
- Care providers should follow the care steps outlined on the Master Oral Care Card that best meets the client's oral health needs. For example, natural teeth, dentures, partial dentures, etc.
- For palliative patients, the focus should be on minimizing mouth pain and discomfort.

SLIDE 16



Guiding Principles

3) The protection of independence and self determination of the client is a priority in decision-making, but also treating clients of all ages as persons worthy of respect

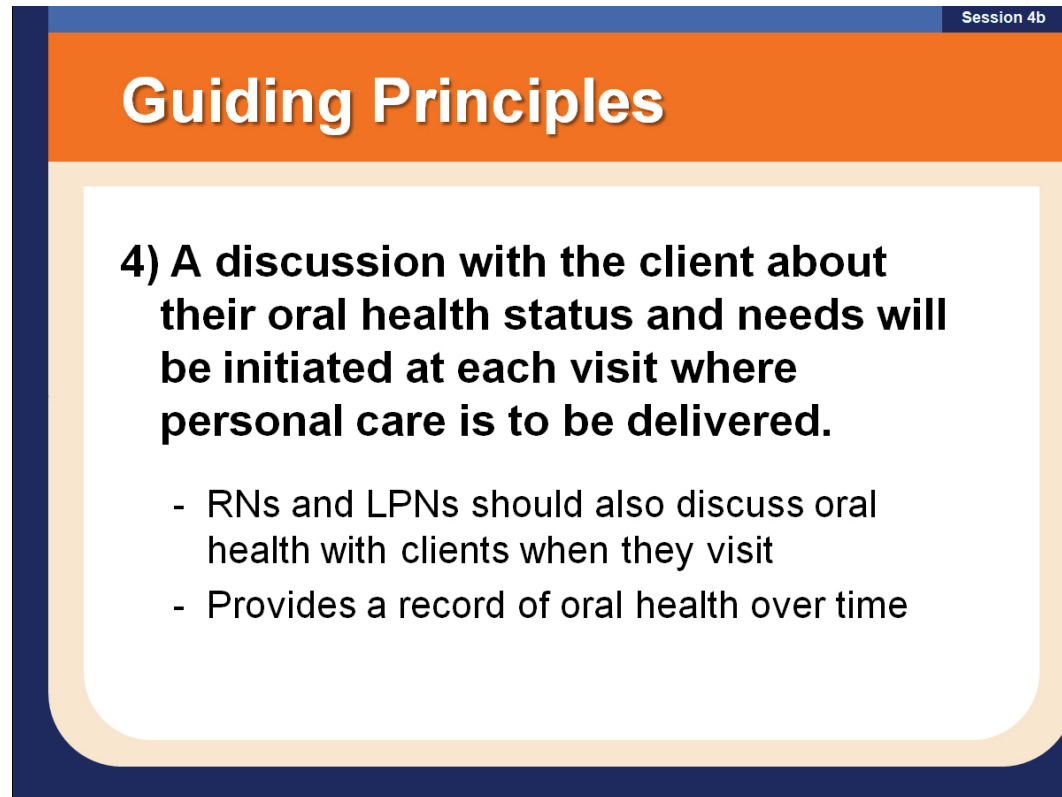
- Oral care delivered with input from client (“Is this what you want?”)
- Informed choice (risks vs. benefits)
- Right to receive (and refuse) oral care

Guiding Principle #3

The protection of independence and self determination of the client is a priority in decision-making, but is also about treating residents of all ages as persons worthy of respect.

- Here we are talking about person-centered care and the autonomy of a person to say what they want or do not want in terms of their care if they are able. Oral care should be delivered with input from client (“Is this what you want?”).
- The client should be asked to provide input on their oral care plan.
- **Perceived time constraints by care providers should not infringe on a client’s right to receive oral care.** If a care provider feels they do not have time to provide oral care, that does not mean that the client does not have a right to receive oral care that day. A client’s right to receive oral care is always present, should be attended to during each visit and must be given equal priority to other essential personal and health care supports.

SLIDE 17



Guiding Principles

4) A discussion with the client about their oral health status and needs will be initiated at each visit where personal care is to be delivered.

- RNs and LPNs should also discuss oral health with clients when they visit
- Provides a record of oral health over time

Guiding Principle #4

A discussion with the client about their oral health status and needs will be initiated at each visit where personal care is to be delivered.

- RNs and LPNs should also discuss oral health needs with clients each time they visit. This regular oral health assessment is important because it provides a record of what is happening with the client's oral health over time.
- Some clients will enter home care with poor oral health. Although their oral health status may not be able to be improved significantly, at a minimum, appropriate oral health goals should be established and monitored.
- The information provided in this discussion will affect how care is delivered during that visit.

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Session 4b

Guiding Principles

Brushing Up on Mouth Care Program Assessment Questions

1. RNs: Dentures, partial dentures and/or natural teeth? <ul style="list-style-type: none"> – If Dentures: <ul style="list-style-type: none"> • Upper and/or lower? • Fit properly? Broken? • Does the client wear them? If not, why not? 	3. Necessary oral care supplies available? <ul style="list-style-type: none"> – If not, notify appropriate person (family, care giver, etc.)
2. Level of assistance required? <ul style="list-style-type: none"> – Independent – Some assistance – Fully dependent 	4. Experiencing any oral pain or discomfort?

- These 4 oral health assessment questions should be asked by care providers during each visit where they are delivering personal care. Answers to these questions may change from one visit to the next. The RN should also ask these questions during their annual visit with the client.
- Care providers are encouraged to assess a clients oral health every visit by asking these assessment questions and doing a quick check of the client's mouth prior to providing oral care (LOOK, FEEL, & TELL).
- An abnormality would be considered anything new, or that was not there before. It may present as red or white patches, swelling/lumps, loose teeth, etc.
- If you notice something that looks abnormal, discuss what you are seeing with the client.
- **DENTURES, ABNORMALITLIES & ORAL PAIN:**
- What to do with this information?
 - o *The family and/or caregiver should be notified of any problems with dentures, any abnormalities found, or any oral pain issues brought up by the client*
 - o *Also list issues in progress note and forward to supervisor*

SLIDE 19

Session 4b

Guiding Principles

5) Each client receiving personal care will have their oral care resources audited by a member of the care team during each visit. Notification to an appropriate person will be made when oral care supplies are needed.

Guiding Principle #5

- Each client receiving personal care will have their oral care resources audited by a member of the care team during each visit. Notification to an appropriate person (e.g. family member, caregiver, etc.) will be made when oral care supplies are needed.

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Session 4b

Guiding Principles

Brushing Up on Mouth Care Program

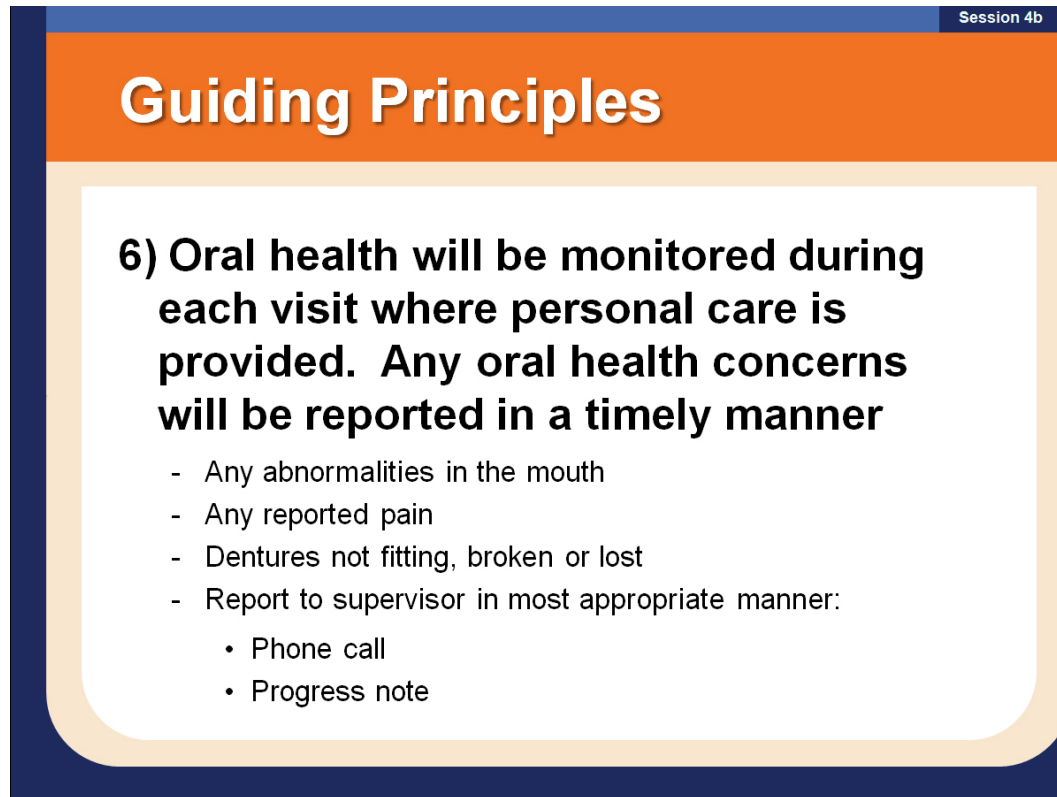
Oral Care Supplies

- Check during each visit that client has necessary oral care supplies available
- Notify family/caregivers when supplies required



- During personal care visits, check on the client's oral care supplies. If supplies are low or are missing, notify the client, family member or caregiver that more supplies are needed.
- It is important that oral care supplies be stored together in an appropriate place. Ask client or family member to store all oral care supplies together if you find they are scattered.
- In homes with more than one person, ask client or family member to label oral care supplies (mainly toothbrushes, denture brushes, floss handles... anything that would be going in the clients mouth).

SLIDE 21



Guiding Principles

6) Oral health will be monitored during each visit where personal care is provided. Any oral health concerns will be reported in a timely manner

- Any abnormalities in the mouth
- Any reported pain
- Dentures not fitting, broken or lost
- Report to supervisor in most appropriate manner:
 - Phone call
 - Progress note

Guiding Principle #6

Oral health will be monitored during each visit where personal care is provided. Any oral health concerns will be reported in a timely manner.

- Any abnormalities in the mouth
- Any reported pain
- Dentures not fitting, broken or lost
- Report to supervisor in most appropriate manner.
- Assessments by nursing staff and care providers do not need to be time consuming.
- Assessments should be completed before oral care is provided.

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Session 4b

Guiding Principles

7) Nursing staff and care providers will remain up to date on current accepted mouth care practices and will receive a minimum of one continuing education session on mouth care practices in every two year period.

Guiding Principle #7

Nursing staff and care providers will remain up to date on current accepted mouth care practices and will receive a minimum of one continuing education session on mouth care practices in every two year period.

- This is a suggestion for the frequency of oral health education for staff.
- Oral care best practices may change over time and it is important for the care team to be up to date.

IDEAS:

- Invite dental/ dental hygiene/ dental assisting students in for continuing education sessions
- Check for new resource materials through the internet
- Send self-study packages home with staff
- Educational videos that can be viewed online




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Session 4b

Guiding Principles

Upon acceptance into home care, each client can expect to:

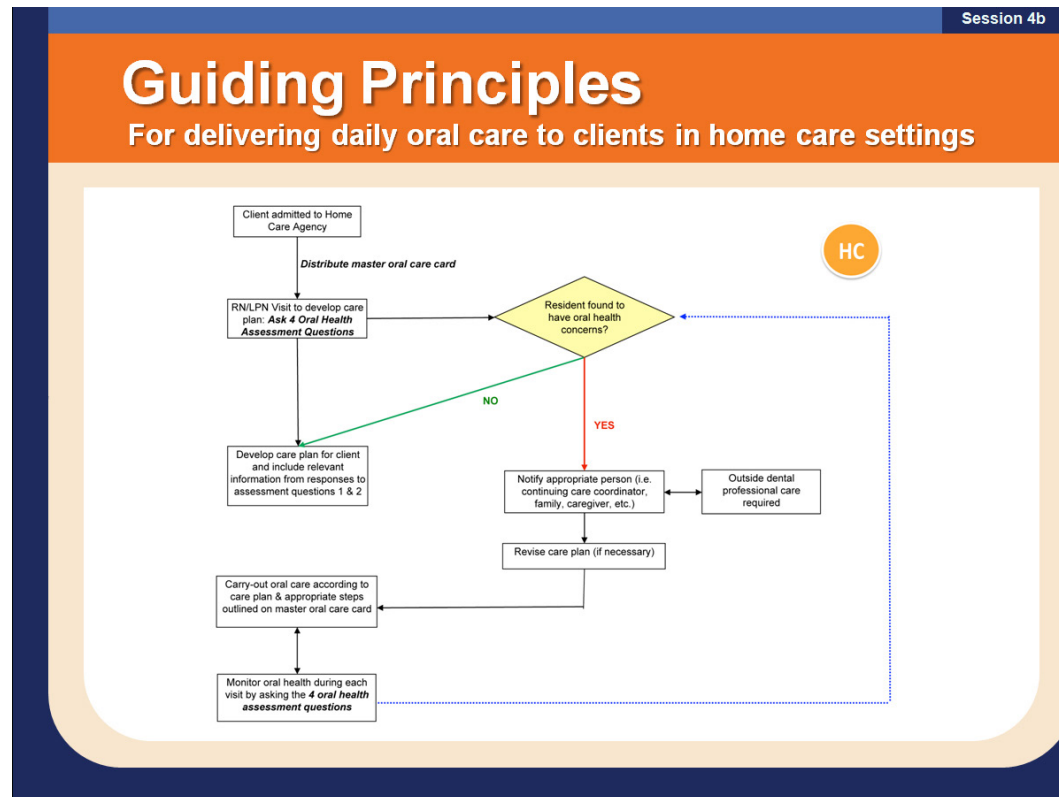
- Receive a master oral care card in their file to guide care planning
- Have their oral health status and needs addressed during each home care visit and during their annual RN visit (based on four oral health assessment questions)
- Have their oral care supplies audited during each visit
- Have oral health concerns reported in a timely manner

Upon acceptance into home care, each client can expect to:

- Receive a master oral care card in their file to guide care planning
- Have their oral health status and needs addressed during each home care visit and during their annual RN visit (based on four oral health assessment questions)
- Have their oral care supplies audited during each visit
- Have oral health concerns reported in a timely manner

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- This is a visual representation of how the oral care program can be put into action
- You can see all of the possible pathways a client may travel depending upon the results of their oral health assessment

For example, Mrs. MacDonald is admitted to your home care agency and is asked the four oral health assessment questions during her visit from the RN. Her responses indicate that she has an upper denture and all natural teeth on the bottom and that she requires some assistance to clean her denture but she likes to brush her own teeth. This is noted on her care plan. During their first visit with Mrs. MacDonald, a care provider notices that she does not have any toothpaste. The care provider adds toothpaste to Mrs. MacDonald's grocery list. The care provider then carries out Mrs. MacDonald's oral care according to the "Dentures and Natural Teeth" section of the master care card. A few weeks later, another care provider asks Mrs. MacDonald if she is experiencing any oral pain and Mrs. MacDonald indicates that her denture is uncomfortable and her gums are sore. The care provider notices the roof of Mrs. MacDonald's looks red and swollen. A note is sent to Mrs. MacDonald's care coordinator and the care provider speaks with Mrs. MacDonald's daughter about what she saw before she leaves.

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Session 4b

Roles and Responsibilities

Nurse Manager/RNs/LPNs*

- Complete an oral health baseline assessment based on four assessment questions (initially and whenever comprehensive care planning is undertaken)
- Ensure new staff are oriented on oral health best practices
- Arrange continuing education sessions on oral care
- Refer to dental health professional when required

The role of the Nurse Manager, RN and/or LPN is to:

- Complete oral health baseline assessment based on four assessment questions (initially and whenever comprehensive care planning is undertaken).
- Ensure new staff are oriented on oral health best practices.
 - o New staff should be oriented to the oral health best practices and their roles and responsibilities in providing oral care to clients.
- Arrange continuing education sessions on oral care.
 - o Ideas for continuing education were discussed earlier in this presentation. They include having dental professionals or students come and present, having staff watch educational videos, self-studies, etc.
- Refer to dental health professional when required.
 - o Referring for a dental health professional does not necessarily mean arranging an appointment for a client, but rather notifying the appropriate people that this is required .
- * Where LPNs are available, they can assist the nurse managers and RNs with their roles and responsibilities .

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Session 4b

Roles and Responsibilities

Care Providers (CCAs & HSWs)

- Discuss oral health status and needs with clients at each visit (*based on four assessment questions*)
- Provide client oral care appropriate for their oral health status (*using the master oral care card*)
- Audit oral care supplies at each visit
- Check for oral abnormalities at each visit
- Report oral health concerns to supervisor in a timely manner

Care providers have a very important role in supporting the oral care program.

- Responses to the 4 oral health assessment questions may change from visit to visit so it is important to have a discussion with the client each time. For example, dentures could be lost or broken, they may be experiencing oral pain or feel they need more or less assistance.
- Use the master care card to determine the most appropriate steps in providing oral care to clients based on their status and needs. The appropriate steps in providing care to a client will vary depending on if they have natural teeth, dentures, partials, or difficulty swallowing.
- Check to make sure that the client has oral care supplies available. If supplies are missing or running low then put it on the grocery list or report to the appropriate person.
- Have a look in the client's mouth before providing care. If you see anything that looks abnormal, discuss it with the client and then report it to the appropriate person (family member, care giver, care coordinator, etc.).
- Report concerns in the method most appropriate for your agency (e.g. phone call, progress note, etc.).

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Session 4b

Roles and Responsibilities

Care Coordinators

- Complete oral care section of Minimum Data Set (MDS) accurately
- Record any additional information about oral health that clients provide
- Make appropriate referrals for clients who have oral health concerns

Care coordinators should...

- Complete oral care section of Minimum Data Set (MDS) accurately.
 - o The MDS provides minimal information about oral health and oral status so the more information the care coordinator can gather from this initial visit with the client the better.
- Record any additional information about oral health that clients provide.
- Make appropriate referrals for clients who have oral health concerns.
 - o If clients do not have family members or care givers to make dental appointments for them, the care coordinator should assist the client.

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Session 4b

Roles and Responsibilities

Administrators*

- Promote good oral health as a vital aspect of optimum overall health
- Support staff in their roles & responsibilities
- Allot time for continuing education on oral care
- Provide master oral care cards for all client files

- Administrators need to believe in the value of good oral care and support staff to provide the best care possible.
- Administrators are encouraged to...**
 - Promote good oral health as a vital aspect of optimum overall health.
 - Support staff in their roles & responsibilities.
 - Allot time for continuing education on oral care. Allotting time for staff to complete continuing education on oral care will ensure that they stay up to date on oral health best practices.
 - Provide master oral care cards for all client files.



- This is the last slide for Guiding Principles. Next slide outlines 'Take Home Messages'.

Conclusions

Take Home Messages

- Brushing Up materials are available on the project website:
<http://www.ahprc.dal.ca/projects/oral-care/>
 - Go big OR start small
 - Uptake of an oral care program will be unique to each home care agency
-
- All of the 'Brushing Up on Mouth Care' materials are available on the project website.
 - Go Big or Start Small. The resources we have highlighted in this presentation will help to support your activities no matter how you choose to make a difference.
 - The 'Brushing Up on Mouth Care' Program can be rolled out all at once, or you can introduce one component at a time. Uptake will be unique to each home care agency.

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Session 4b

QUESTIONS?



- Check the 'Parking Lot' for lingering issues and questions and address them now

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Session 4b

Learning Objectives

Did we meet the learning objectives?

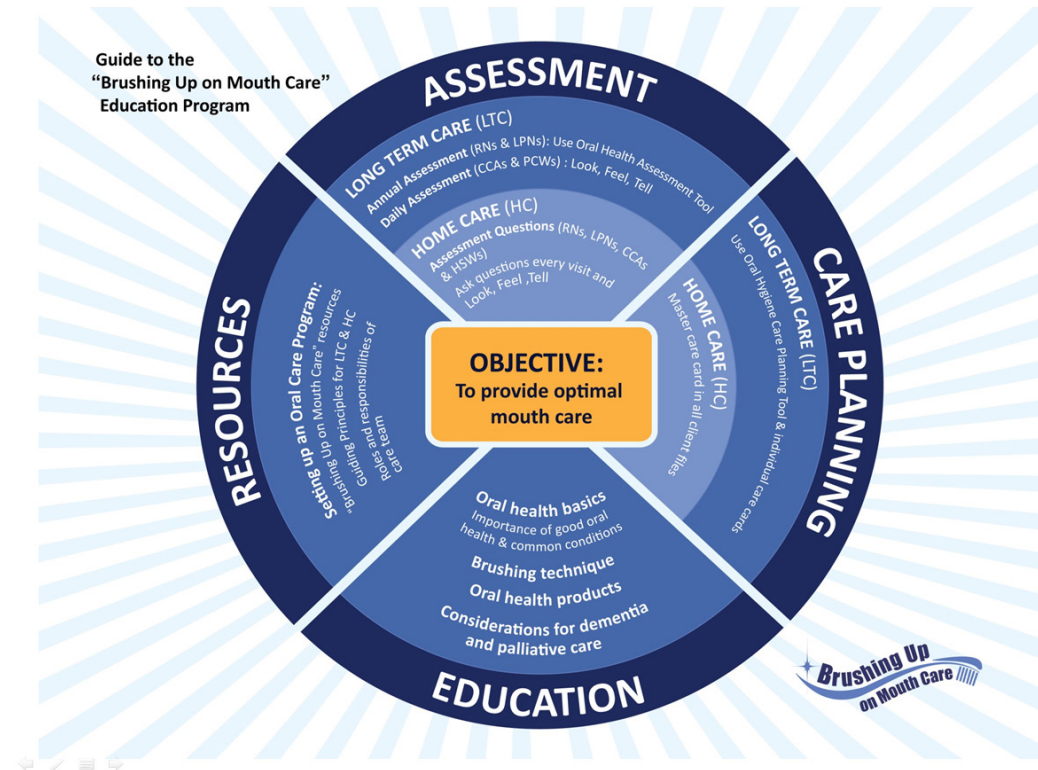
This session will develop knowledge, understanding and appreciation of:

- Elements of the '**Brushing Up on Mouth Care**' program
- Guiding principles to assist with the implementation of an oral care program
- Roles and responsibilities



- Ask participants if they feel they have obtained the required knowledge

SLIDE 32



- This was the last session in the 'Brushing Up on Mouth Care' education series.
- These four themes - assessment, care planning, education and resources - have come up throughout the various education sessions.
- **It is now time to take this information and use it to establish a comprehensive approach for providing daily oral care to your clients and to reduce incidences of oral discomfort and disease.**
- *Are there any questions before we conclude?*

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Session 4b

Audience: All staff

'Brushing Up on Mouth Care'
Education Series

THANK YOU!



- Distribute session evaluation forms
 - o Leave a large envelope for participants to place completed forms
 - o Leave the room for 5 minutes to permit participants to submit anonymous evaluation forms

PART C

GUIDE FOR EDUCATORS OF CCA STUDENTS

In September 2013, a new learning outcome for oral care will be introduced into the Continuing Care Assistant Program Curriculum Standards for Nova Scotia. This new learning outcome includes six objectives to help educate students on how to provide optimum oral health to people in their care. The 'Brushing Up on Mouth Care' resource manual and facilitator guide provide resources that educators can use to achieve this learning outcome. This section of the facilitator guide provides some guidance on which resources can be used to help achieve each objective.

NEW LEARNING OUTCOME

10.4 The learner will be able to assist the person to maintain optimum oral health by using individual care plans.

Objectives

To achieve this outcome, the learner will:

A. Describe the basics of oral health (i.e., common oral conditions, prevention & treatment).

- Information sheets (Tab 3):
 - i. *Common Oral Conditions*
 - ii. *Gingivitis*
 - iii. *Periodontal Disease*
 - iv. *Dental Caries*
- Educational Videos (Tab 5):
 - i. *Video #1 (Oral Health Basics)*
- Facilitated Education Sessions (Tab 7):
 - i. *Education Session 2*
 - o *Slides 7-15*

B. Explain the role of the CCA in maintaining optimum oral health.

- Educational Videos (Tab 5)
 - i. *Video #1 (Oral Health Basics)*
 - o *Look, Feel, Tell*
- Facilitated Education Sessions (Tab 7)
 - i. *Education Session 2*
 - o *Slides 13-15*
 - ii. *Education Session 4a*
 - o *Slides 17-26; 28*
 - iii. *Education Session 4b*
 - o *Slides 12-24; 26*

C. Demonstrate techniques and products for providing oral care (i.e. brushing, flossing, rinsing, denture removal and care, etc.).

- Oral Care Products and Aids (Tab 4):
 - i. Toothbrushes
 - ii. Floss
 - iii. Mouth Rinse
 - iv. Denture Products
- Educational Videos (Tab 5):
 - i. Video #2 (Brushing Technique & Products)
- Facilitated Education Sessions (Tab 7):
 - i. Education Session 2
 - o Slides 18-36

D. Outline considerations for providing care for those with dementia.

- Information sheets (Tab 3):
 - i. Dementia & Oral Care
- Educational Videos (Tab 5)
 - i. Video #3 (Considerations for Dementia)
- Facilitated Education Sessions (Tab 7)
 - i. Education Session 3
 - o Slides 7-16

E. Outline common oral conditions seen in palliative patients and how oral care needs may change in these patients.

- Information sheets (Tab 3):
 - i. Palliative Oral Care
- Educational Videos (Tab 5)
 - i. Video #4 (Considerations for Dementia)
- Facilitated Education Sessions (Tab 7)
 - i. Education Session 3
 - o Slides 19-26

F. Discuss the role of the CCA in the assessment and monitoring of oral health.

- Assessment & Care Planning (Tab 2)
 - i. Daily Assessment Form
- Educational Videos (Tab 5)
 - i. Video #5 (Oral Health Assessment & Care Planning)
 - o Daily Assessment
- Facilitated Education Sessions (Tab 7)
 - i. Education Session 2
 - o Slides 13-15
 - ii. Education Session 4a
 - o Slides 17-26; 28
 - iii. Education Session 4b
 - o Slides 12-24; 26