

Mouth Care Training for People Less Able



INTRODUCTION

Providing good oral care for residents can be challenging. Other tasks can take priority, and some people can be uncooperative. However, to safeguard the health and wellbeing of vulnerable with learning disabilities, good daily oral care is crucial.


This training session uses the evidence-based approach within Delivering Better Oral Health as a guide to assist all who provide and commission dental services for people with disabilities.

COURSE OBJECTIVES

By the end of this course a carer will

- ✓ Have a better understanding of the mouth to include tooth anatomy and dental disease
- ✓ Be able to give dietary recommendations that are in line with healthy eating policies
- ✓ Be able to identify the links between poor oral health and the effects on the body
- ✓ Have a better understanding of how to assist residents with basic daily oral hygiene procedures

CONTENT

- 
- TEETH AND MOUTH
 - DIET
 - ORAL HEALTH AND THE BODY
 - DAILY ORAL CARE
 - CHALLENGING ORAL CARE
 - ORAL HEALTH ASSESSMENTS

KEY TO GOOD ORAL HEALTH

- Involvement of parents and carers
- Good dietary habits
- Appropriate fluoride in toothpaste
- Effective toothbrushing



THE MOUTH

- TEETH

and soft tissues such as:

- LIPS
- TONGUE
- GUMS
- PALATE
- INNER CHEEKS



TOOTH STRUCTURE

The teeth consist of:

Enamel

Is the hard white outer shell of a tooth visible above the gum.

Dentine

Lies underneath the enamel. It is the yellow part of the tooth. It may be sensitive to hot, cold and sweet.

Nerves (pulp)

Located in the centre of the tooth and provides blood supply and nerve sensation to each tooth.



FUNCTIONS OF THE TEETH

WHO recommend that people retain a minimum of 20 natural teeth for life to better help with;

EATING

SPEECH

SELF ESTEEM

OVERALL HEALTH



DENTAL PAIN

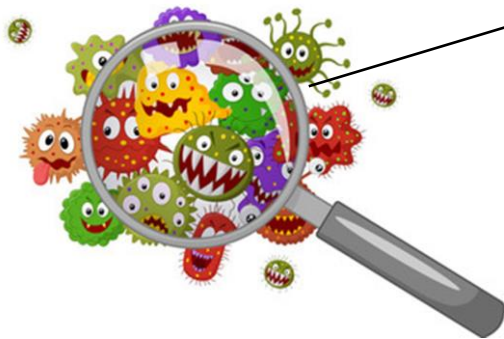
For someone unable to express discomfort they may exhibit a change in behaviour which might include anyone of the following:

- LOSS OF APPETITE
- UNWILLINGNESS TO PARTICIPATE IN USUAL ACTIVITIES
- DISTURBED SLEEP
- IRRITABILITY
- SELF INJURY



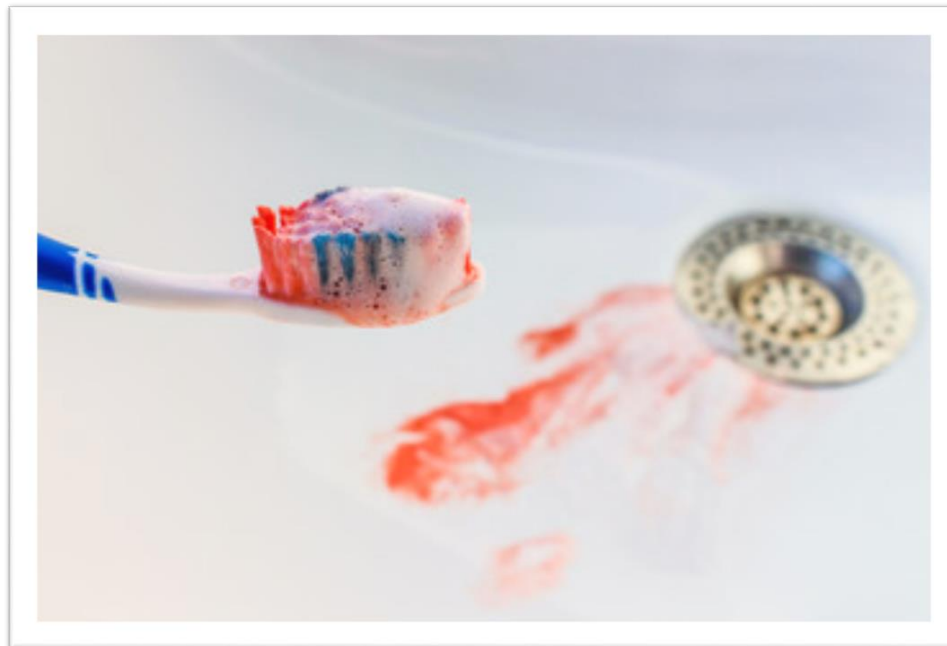
WHY DO WE BRUSH OUR TEETH?

Plaque is a sticky film of bacteria which starts forming just hours after brushing.



WHY GUMS BLEED SOMETIMES

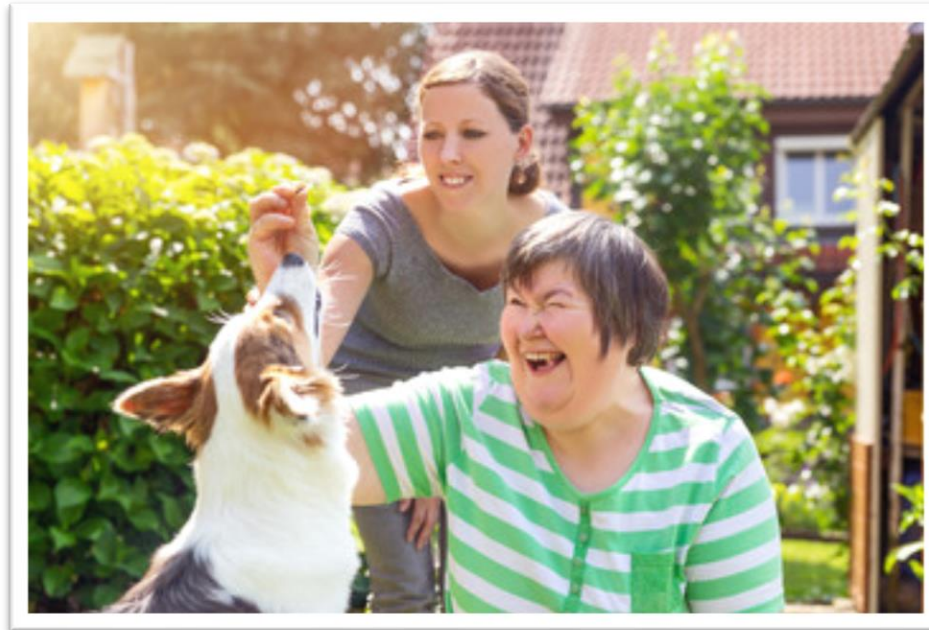
If plaque is allowed to remain on the teeth it will irritate the gums causing them to become inflamed. You will know the gums are inflamed as they will bleed when brushed. This is called GINGIVITIS



GINGIVITIS

A number of research projects have confirmed that people with learning disabilities have more plaque on their teeth and increased levels of gingivitis, than the general population, needing greater attention to oral hygiene.

(Tiller et al, 2001; Cumella et al, 2000; Gallagher, 1998)



HEALTHY GUMS

It is important to know that in health gums do not bleed when brushed and that gingivitis is reversible.

Inflamed gums should stop bleeding after a few days once plaque has been removed by brushing.






Imagine how you would feel if you
couldn't brush your teeth for a week

How would your mouth feel/smell?

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PEOPLE WITH DISABILITIES AND DECAY

In general, people with learning disabilities have poorer oral health compared to non-disabled people. Problems performing self care, sweetened nutritional supplements and certain medications are common contributing factors.

More decayed teeth remain untreated and teeth are more frequently extracted in children with a disability



(Gizani et al., 1997, Nunn and Murray, 1987, Shaw et al., 1986, Nunn, 1987, Pope and Curzon, 1991, Palin et al., 1982).

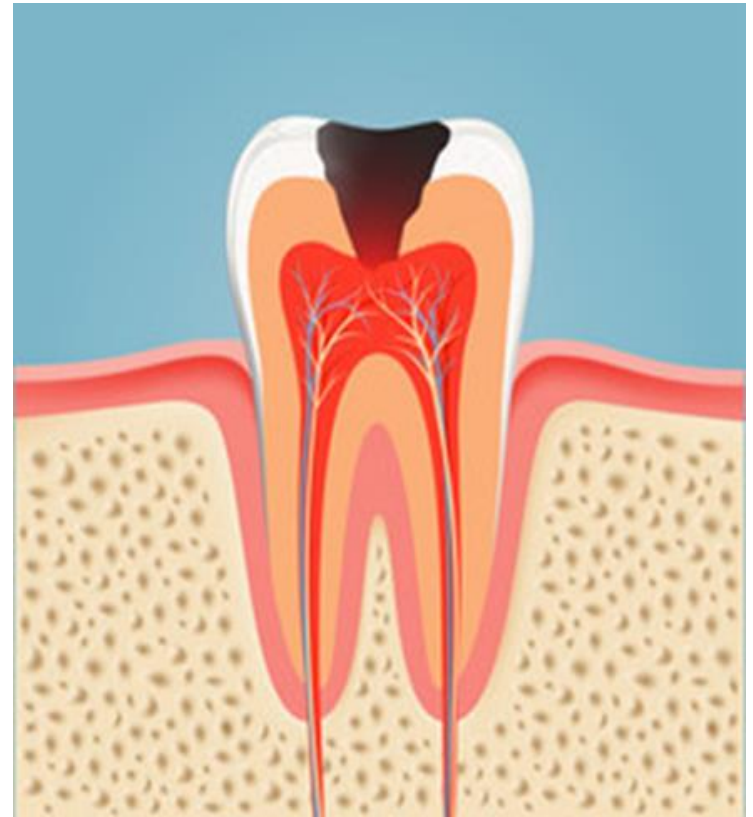
HOW IS A CAVITY FORMED?

**TOOTH DECAY IS THE GRADUAL
DESTRUCTION OF A TOOTH CAUSED
BY THE COMBINATION OF...**

PLAQUE BACTERIA

+

SUGAR



ACID ATTACK

When sugar is consumed the environment of the mouth becomes acidic



It takes approximately 30 minutes after eating a sugar food for the mouth to become neutral again.



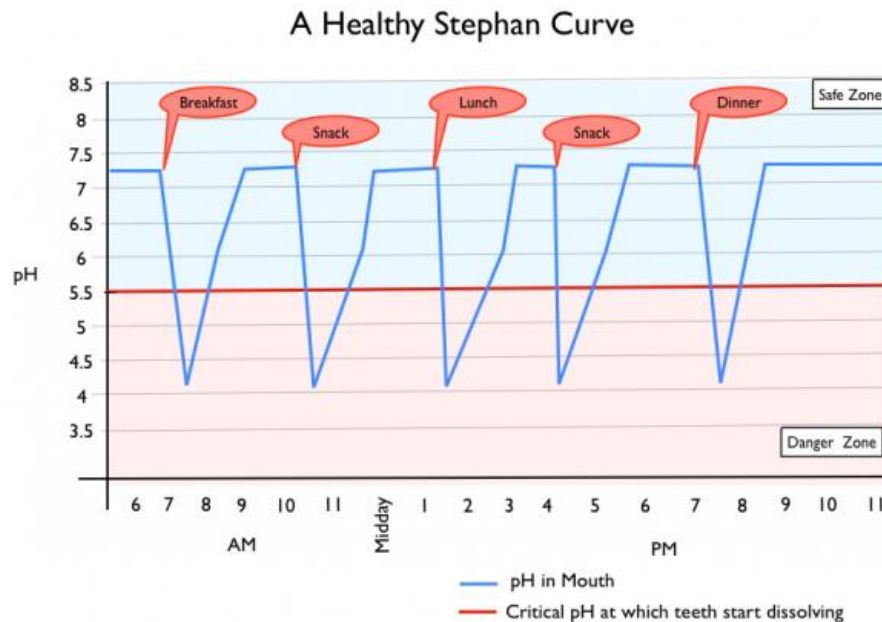
Plaque acid dissolves tooth surface



FORMATION OF A CAVITY

It is important to know that when something is consumed that contains sugar it will cause the environment of the mouth to become acidic.

Any plaque that has been left on the teeth will also become acidic and if constantly repeated, gradually overtime this will cause the teeth to demineralize (decay).



Take a look at this diagram and here as it demonstrates what happens each time something sweet is eaten.

SUGAR TYPES

NATURALLY OCCURRING



ADDED SUGARS



The WORLD HEALTH ORGANIZATION

Recommends 5% of our daily intake of calories should come from added sugars

7 TEASPOONS A DAY



HIDDEN SUGARS



CHANGE FOR LIFE SUGAR SMART APP

The Change4Life Sugar Smart app is simple to easy to use. It shows how much sugar is in the food and drink you're having.

Just scan the barcode and it will reveal just how much sugar it contains.



NO OR LOW SUGAR SNACKS SUGGESTIONS

BREAD

TOAST

NUTS

CRISPS

CRACKERS

PASTA

CHEESE

FRESH FRUIT

VEGETABLES

SUGAR FREE SWEETS

XYLITOL (sugar substitute- helps neutralize plaque acid



DIETARY DIARY

The National Guidelines recommend completion of a 3-4 day dietary diary for people with learning disabilities

(Royal College of Surgeons, 1999)



A diet diary should establish the following information:

- Number of food/drink intakes per day
- Number of sugar containing intakes (excluding those found in whole fruit)
- How many sugar foods consumed between meals
- How many sugar food consumed within one hour of bedtime

ALTERNATIVE DRINKS

- MILK (NOT at bedtime)
- WATER
- TEA (without sugar)
- COFFEE (without sugar)
- Or THOSE WHICH ARE ACKNOWLEDGED AS “TOOTH KIND”



Diluting drinks with water or use of a straw can also help

SUGAR FREE MEDICINE



MEDICINES ARE NOW AVAILABLE AS A SUGAR FREE
ALTERNATIVE

(DEPARTMENT OF HEALTH, 2009)

QUIZ

Arrange the drinks into order from highest sugar content to the lowest





10 tsp

9tsp

6tsp


5tsp

4tsp

0

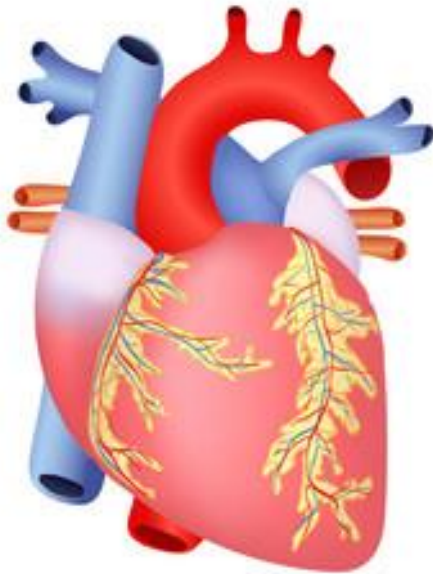


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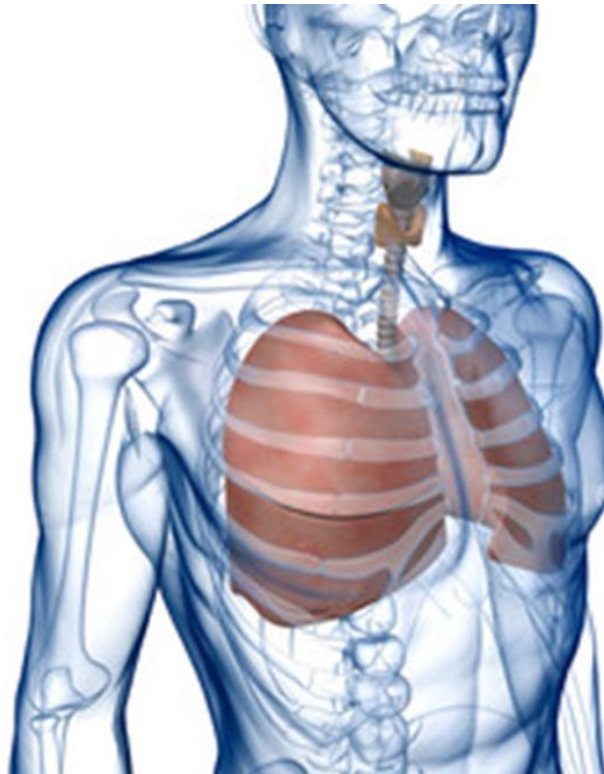
PLAQUE BACTERIA AND THE BODY

Experts believe that bacteria from the mouth enter the bloodstream to cause damage to organs.




ASPIRATION PNEUMONIA

Aspiration pneumonia is a life-threatening condition where plaque and food debris from the mouth get inhaled into the lungs to cause an infection.



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ORAL CARE REGIME

Plaque should be removed from the teeth and/or dentures twice a day.

The aids that can be used for removing plaque are a:

- **TOOTHBRUSH**
 - Manual toothbrush
 - Electric brush
- **TOOTHPASTE** (with fluoride)
- **INTERDENTAL AIDS** (floss, water flosser, interdental brushes)
- **MOUTHWASH** (optional)



TOOTHPASTE

Some people are hypersensitive to taste such as people with autism.

You may want to consider using a toothpaste which is mild in flavour.



TOOTHBRUSHING

Plaque will stick to any hard surface. It will adhere to teeth and denture/s. It needs to be removed manually with a toothbrush.



- Plaque lies along the neck of the teeth so the gum margins must be brushed.
- Use a **small** headed soft or medium bristled toothbrush
- Manual or electric toothbrush depending on the residents preference and/or tolerance to the vibration.
- Consider disclosing tablets to ensure plaque has been removed

ELECTRIC TOOTHBRUSH

Electric toothbrushes are more effective than manual
ones (Warren et al., 2000)



USING ALTERNATIVE TOOTHBRUSHES

A Collis Toothbrush or Superbrush was designed for people with special needs. The bristles wrap around the outer and inner surfaces of the teeth when brushing.



ALTERNATIVE BRUSHES FOR PEOPLE THAT GAG

A Single Tufted Toothbrush is ideal for people that either gag or if you have difficulty accessing the teeth with an ordinary toothbrush. It is useful for brushing teeth on their own.



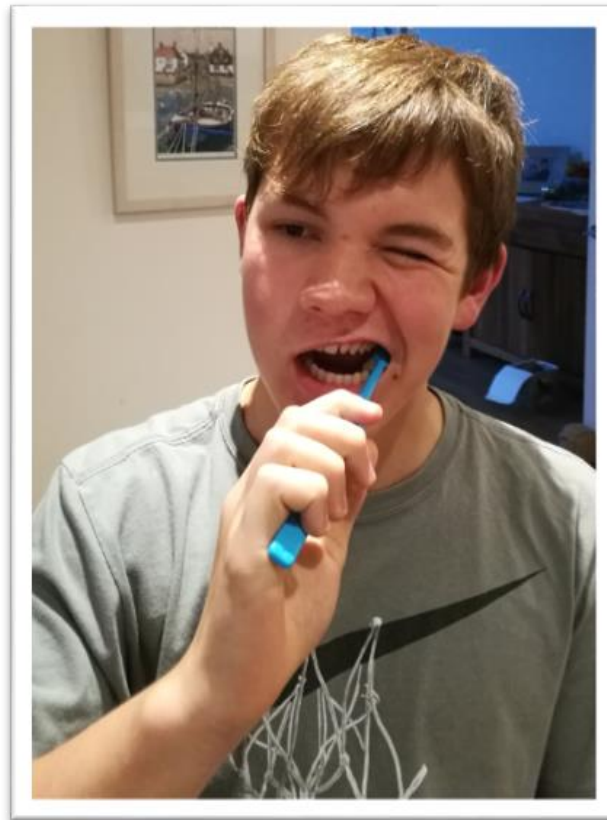
FLOSSETTES INTERDENTAL CLEANING

- Plaque collects inbetween the teeth
- Clean interdentally daily

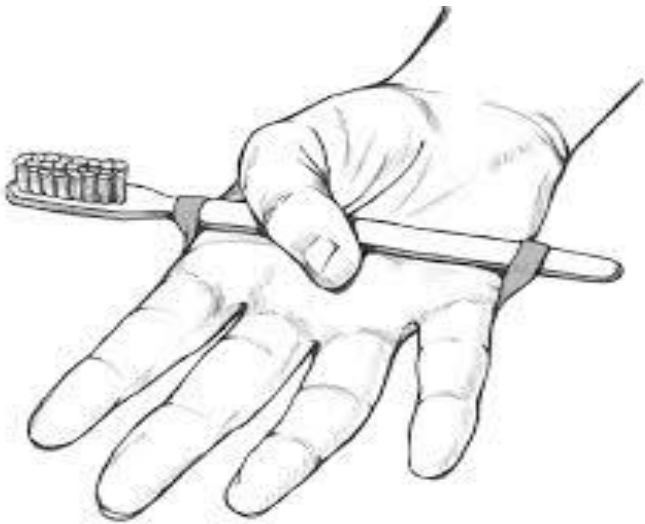


RECOMMENDED DAILY CARE

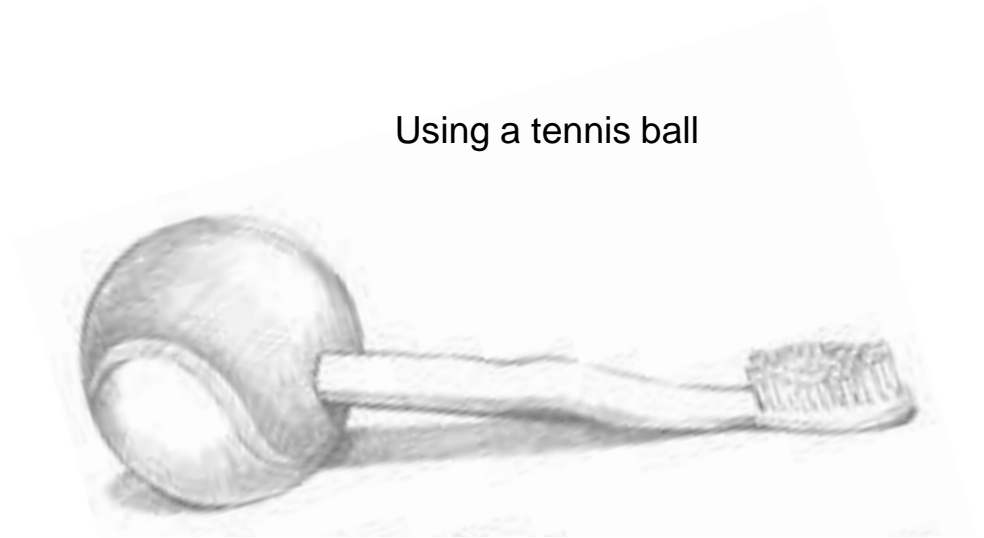
People should be encouraged to brush their own teeth, even if support and assistance are required.



ADAPTING A TOOTHBRUSH FOR A LESS ABLED PERSON



Using an elastic band



Using a tennis ball

ADAPTION OF POSITIONING

POSITION HEAD TO ONE SIDE

Position head to one side to reduce the risk of aspiration

If the person is in an upright position stand to the corner of the person

Two carers maybe required

- 1 to support head
- 1 to retract cheek and brush




MOUTH PROP

Using a mouth prop can be very useful in some cases



Using the handle of a toothbrush

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WHAT DO YOU DO IF SOMEONE RESISTS ORAL CARE?

- Return at a later time, early morning may not be the best time of day. After medication maybe a better time?
- Coax resident into toothbrushing? Identify something to increase cooperation such as a 'good incentive' Star Chart.
- It maybe that one side of the mouth gets brushed in the morning and the other side in the evening.



COPING STRATEGIES


Encourage people to brush their own teeth with aid from a carer to guide. People are less resistant if they are able to hold the toothbrush themselves as it gives them a sense of control.



COPING STRATEGIES CONT...

- **BRIDGING**
 - Put your hand over theirs and brush together always explaining what you are going to do first and why you are doing it
 -
- **DISTRACTING**
 - Try giving the person something to hold or do
- **RESCUING**
 - When someone different takes over brushing – may have a different approach or different manner
- **TIMING**
 - Try prompting brushing at different times of day

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QUALITY STANDARDS

published June 2017

(CQC)



- ORAL HEALTH ASSESSMENTS IN CARE HOMES



- RECORDING MOUTH CARE NEEDS IN CARE PLANS



- SUPPORTING DAILY MOUTH CARE IN CARE HOMES

WHAT TO LOOK FOR IN THE MOUTH

The most effective way of carrying out a physical examination of the mouth is with a torch pen.

It should be noted if a person has:



- BROKEN TEETH
- WEARS DENTURES (LOOSE/BROKEN)
- HAS ANY SORES IN THE MOUTH (WHERE)?
- IF COMPLAINING OF ANY DISCOMFORT IN THE MOUTH
- IF REGISTERED WITH A DENTIST (WHEN LAST ATTENDED)



ORAL HEALTH ASSESSMENT FORM

Oral health assessment form

DATE _____

Completed by : Name _____

Residents Name _____ DOB _____

Type of Care Home Residential Nursing Dementia Mixed

Does resident have a registered dentist? Yes/No/Unsure Name of GDP if known _____

Details of registered dentist _____

When did the resident last attend a dentist visit (approx) _____

Dental status	Yes tick	No tick	Comments/ instructions for care home (manager/staff)
Does the person have any natural teeth?	More than 10 Less than 10		Encourage independence with Cleaning morning and night with Small headed brush and fluoride toothpaste
Does person wear dentures?	<input type="checkbox"/> Upper <input type="checkbox"/> lower		Supervise /help with cleaning dentures morning and night with mild soap and water; rinse dentures after meals. Leave dentures out overnight if acceptable to resident
Does resident complain of anything orally?			Discuss with resident/family and if in agreement, complete a referral or make an appointment for resident to see a dentist.
Does person have dry mouth or lips?			Clean lips and oral soft tissues with water and apply water-based gel. Offer frequent fluids and/or iced water.
Oral Hygiene ability			Independently Assisted with brushing Fully assisted
Soft tissue check	yes	No	Comment on advice to be given
Does person complain of loose dentures?			If denture/s are loose suggest using a denture fixative to see if this helps. If the resident is having difficulty eating refer to a dentist.
Are the dentures named?			If denture/s are not named ask the resident if he/she would like them to be marked. Contact your local dental laboratory or this service.

1. Need to be completed at the initial admission assessment
2. Current oral health problems needs to be identified
3. Identify residents that need assistance with daily oral care
4. Develop an oral health care plan

ORAL CONDITIONS

HERE ARE A LIST OF ORAL CONDITIONS YOU MIGHT FIND

- **Dry mouth (xerostomia)**
- **Gingivitis**
- **Angular cheilitis**
- **Oral thrush (candidiasis)**
- **Ulcer**
- **Oral cancer (a lesion that doesn't heal)**



DROOLING

People with drooling are at increased risk of inhaling saliva, food or fluids into the lungs especially with the body's normal reflex mechanisms such as gagging and coughing are also impaired.

The 3 main causes of drooling are:

1. Enlarged tongue (esp Downs Syndrome)
2. Difficulty keeping the saliva in the mouth (keeping lips closed)
3. Difficulty swallowing or not swallowing often enough



Tip Encourage the use of a straw for drinking to strengthen the muscles of the lips, mouth and throat. An upright head position and straight posture is best as stooping encourages drooling.

SUPPORTING DAILY MOUTH CARE



- Reminding and/or prompting people to brush
- Assist with oral care as required and check brushed areas
- Return if a person refuses brushing

PALLIATIVE/END OF LIFE ORAL CARE



Palliative mouth care

Last revised in October 2018 www.nice.org.uk/palliative-care-oral

BEST PRACTICE PRODUCTS FOR PALLIATIVE ORAL CARE



Sponge swabs been banned in Wales



Following an incident in Wales where a pink mouth sponge was used by a carer, the sponge head became detached which led to a death and as a result of this tragic incident the mouth sponges have been banned in Wales. Banned care product responsible for over 800 safety incidents in NHS July 3, 2017

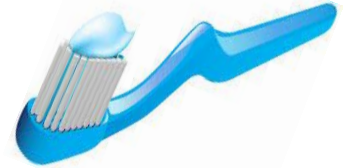
DeliverNet.co.uk Banned care product responsible for over 800 safety incidents in NHS July 3, 2017 DeliverNet.co.uk

Sponge swabs are on a Medical Device Alert in England

Medical Device Alert Ref: MDA/2012/020 Issued: 13 April 2012

MOUTH SPONGE SWAB REPLACEMENT

- **Small brush** with non foaming toothpaste



- If unable to tolerate a toothbrush use with **non-fraying damp gauze** damp gauze



- **360 degree toothbrushes** are soft bristles able to brush the teeth and soft tissues



- **MC3 stick**





KNOWLEDGE
Oral Health Care

**THANK YOU FOR COMPLETING THIS
ESSENTIAL ORAL CARE TRAINING.**

Case study

Alice usually brushes her own teeth with guidance. You notice that there is blood in the sink when Alice spits out. What do you think is the cause of this and what would management be in this situation?



Case study

You have noticed that Sarah is leaving food in her mouth.

What do you think could be the reason/s for this?

How would you manage this resident?



Case study

Ben is usually happy but has recently become withdrawn, agitated and has a reduced appetite. He has also become less tolerant with toothbrushing.

What do you think could be the possible cause/s of this behaviour change and how would you manage this resident?

