

TITLE

ORAL HYGIENE

SCOPE

Provincial: Continuing Care Designated Living Option

DOCUMENT

HCS-212

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Vice President, Provincial Clinical Excellence

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To promote oral health in **patients** living in a **Continuing Care Designated Living Option (Designated Living Option)**.
- To facilitate prevention of oral diseases caused by poor **oral hygiene**, that may lead to secondary health complications.
- To provide standardized recommendations on oral assessment for oral hygiene needs in accordance with *Continuing Care Health Service Standards (2016)*.
- To provide a framework for training **health care providers** in the provision of oral hygiene, for adult patients.

PRINCIPLES

Alberta Health Services (AHS) is committed to supporting patients in Designated Living Options in the performance of daily oral hygiene, to improve or maintain oral health throughout the duration of their stay.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 Oral hygiene is essential to the maintenance of overall health and well-being. Poor oral hygiene results in increased deposition of plaque and decreased clearance of secretions and food debris. Plaque accumulation leads to the development of dental diseases (e.g., dental caries, periodontitis) and is also associated with health complications (e.g., aspiration pneumonia, poor diabetes management).
- 1.2 Patients shall be provided assistance to achieve and maintain maximum independence in oral hygiene self-care, based on their **assessed unmet need**.

2. Assessment

- 2.1 On admission and according to the Resident Assessment Instrument (RAI) (Minimum Data Set 2.0 [MDS 2.0] or Home Care [RAI-HC]) schedule followed by the facility, the Case Manager or **health care professional** shall perform an **oral cavity assessment** and reassessment to monitor the patient for completion of oral hygiene and changes to oral health.
 - a) Reassessment of the patient's oral cavity is also indicated when **oral health problems** have been identified or communicated.
- 2.2 The patient's oral cavity assessment may indicate the need for consultation with or referral to a Physician, Nurse Practitioner (NP), or dental health care professional (i.e., Dentists, Dental Hygienists, Denturists) regarding advanced patient assessment, treatment and/or referral for dental disease and infections.
 - a) The Case Manager or health care professional shall be responsible for initiating discussion with the patient and/or family (when involved) regarding consultation or referral. Refer to the *AHS Mouth Care Decision Tree Document* for details.
 - b) The Case Manager or health care professional shall follow established processes when contacting the patient's Physician, NP or dental health care professional(s).

3. Interventions

- 3.1 All health care providers shall adhere to AHS Infection Prevention & Control Routine Practices and Additional Precautions (when indicated) during the provision of daily oral hygiene and when performing oral cavity assessments. Refer to the:
 - a) *AHS Routine Practices in Continuing Care Resource*; and
 - b) *AHS Infection Prevention and Control Community-based Services Resource Manual*.

- 3.2 The Case Manager or health care professional, practicing within their scope, shall be responsible for:
- a) ensuring the patient has a current and individualized daily oral hygiene plan as part of the care plan, which includes the opportunity for assistance with oral care twice a day and more frequently when required;
 - b) documenting on the **health record** to reflect the patient's current assessed unmet needs and abilities using the RAI MDS 2.0 or RAI-HC and recommendations in the *AHS Mouth Care Decision Tree Document*, and
 - c) communicating recommendations to the patient and/or family (when involved), the need for any oral hygiene tools and supplies required to meet the assessed unmet needs of the patient to perform oral hygiene. This includes, but may not be limited to toothbrush, toothpaste, oral rinse, and oral moisturizer, where not provided in the care setting.
- 3.3 The health care provider shall follow the established plan of care to:
- a) ensure that patients are cued or assisted, to perform oral hygiene at least twice per day or more frequently when required, based on the assessed unmet needs of the patient;
 - b) use the appropriate oral hygiene tools and supplies to meet the individualized oral hygiene needs of each patient (e.g., toothbrush, toothpaste, oral rinse, and oral moisturizer); and
 - c) observe and report oral health problems to a health care professional.

4. Documentation

- 4.1 The Case Manager or health care professional shall document oral health assessment(s) and reassessment(s), on the patient's health record in accordance with the documentation requirements in the practice setting.
- 4.2 When consultation with Physician or NP is required regarding patient assessment, treatment and/or referral for dental disease and infections:
- a) documentation shall reflect the date and time of consult, the details and outcome of the consultation; and
 - b) the plan of care shall be revised if indicated.
- 4.3 When referral to dental health care professional(s) for advanced assessment and treatment of dental disease and/or infection is required, documentation shall reflect the date and time referral was requested. Additional documentation shall include, but is not be limited to:

- a) discussion with the patient and/or family, and outcome of discussion (e.g., agree to proceed with referral); and
 - b) consultation with Physician or NP regarding patient referral to dental health professional(s) and if general health of patient supports a visit outside the facility, or if other arrangements are necessary (e.g., onsite care or transport).
- 4.4 Once the patient returns from the referral with the dental health care professional(s), the Case Manager or health care professional should receive information regarding the outcome of the referral. The Case Manager or health care professional shall:
- a) document the outcome of the referral on the patient health record;
 - b) retain any reports provided on the health record; and
 - c) review the patient's care plan and revise if indicated.
- 4.5 The patient's performance of oral hygiene shall be recorded by the health care provider on the patient's health record, in accordance with documentation requirements in the practice setting.

5. Staff Education and Training

- 5.1 All health care providers responsible to provide and/or manage oral care for patients in Designated Living Options, shall attain and maintain the required competencies, within their respective scope of practice or competency profile.
- 5.2 AHS Provincial Oral Health Office shall provide training materials to support continuing education for health care providers who support and/or manage patients in completing their daily oral hygiene.
- a) Contracted service provider operators are responsible for providing training sessions or accessing training resources on the Continuing Care Connection or the external AHS website.

DEFINITIONS

Assessed unmet need means the care requirements that remain after the strengths and resources of the patient and family and community have been considered in relation to the functional deficits and needs identified on initial assessment. The assessment includes the patient's ability to learn the skills necessary for self-care and the willingness, ability and availability of the family and community to participate or learn.

Continuing Care Designated Living Option (Designated Living Option) means residential accommodation that provides publicly funded health and support services appropriate to meet the patient's Assessed Unmet Needs. The level of care is accessed through a standardized assessment and single point of entry process and consists of Designated Supportive Living

Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4), Designated Supportive Living Level 4 Dementia (DSL4D) and Long Term Care (LTC).

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Oral cavity assessment means a visual assessment of the oral cavity to assist with development of a daily oral hygiene plan. The assessment involves an observation of lips, tongue, palate, mucosa and gums for signs of edema/ulcerations, amount of saliva, presence and quantity of secretions/debris, condition of natural teeth, and the fit and condition of dentures.

Oral health problems means problems that can hinder a person's ability to be free of pain and discomfort, to maintain a satisfying and nutritious diet, and to enjoy interpersonal relationships and a positive self-image. Oral health problems can also contribute to the development of secondary health complications such as aspiration pneumonia.

Oral hygiene means the removal of debris, hygiene of dental appliances, lubrication of upper/lower lips, moisturizing of the oral cavity and other measures to promote oral comfort and well-being to the patient.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

REFERENCES

- Alberta Health Services Resources:
 - *Infection Prevention and Control Community-based Services Resource Manual*
 - *Mouth Care Decision Tree Document* (Continuing Care Connection)
 - *Mouth Care Training for Care Staff in Continuing Care (Train the Trainer Manual)* (Continuing Care Connection)
 - *Routine Practices in Continuing Care* (Infection Prevention & Control)
- Non-Alberta Health Services Documents:
 - *Continuing Care Health Service Standards* (2016) (Alberta Health)

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