## Oral Hygiene

### Purpose
To promote oral hygiene and identify health care provider responsibilities.

### Policy Statement
Oral hygiene shall be offered at minimum twice a day\(^1\) and documented in the resident’s care plan.

Assessment and re-assessment will be done as per the *Standardized Assessment, Care Plan and Care Conference Policy* #VII-C-10.

Covenant Health does not provide professional dental services; for example, dental hygienists, denturists or dental specialists. The resident/family/alternate decision maker (ADM) are responsible to contract these services for the resident.

### Principles
- Oral hygiene is essential to the maintenance of overall health.
- Poor oral hygiene results in increased deposition of plaque and decreased clearance of secretions and food debris.
- Poor oral hygiene is related to dental disease and health complications due to elevated pathogens in the oral cavity.
- **Residents** with poor oral hygiene are at increased risk of aspiration related pneumonias and secondary health complications.
- Residents have choice in the type and frequency of oral hygiene they desire and will be supported to perform self-care.

### Policy Elements/Procedure

1. **Assessment**

   1.1 **The health care professional** shall perform **oral cavity assessments** (mucosa, teeth, gums, tongue and lips) to monitor the resident for completion of oral hygiene and changes to oral health. Refer to Covenant Health policy VII-C-10, *Standardized Assessments, Care Planning and Care Conferences*.

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\(^1\) Alberta Continuing Care Health Service Standards (2016), Standard #14
1.2 When the assessment indicates the need for consultation with a physician, nurse practitioner (NP) or dental health care professional (i.e., dentists, dental hygienists, denturists) for advanced resident assessment and/or treatment:

1.2.1 The health care professional or AHS Case Manager shall initiate discussion with resident/family/ADM regarding the resident’s oral health status.

1.2.2 The health care professional or AHS Case Manager shall follow established processes when contacting the resident’s prescriber.

2. Interventions: Care Plan for Oral Hygiene

2.1 The health care professional or AHS Case Manager shall be responsible for:

2.1.1 Developing a resident-specific oral hygiene care plan based on the resident's assessed unmet needs and updating it as required;

2.2.2 Identifying appropriate oral hygiene tools and supplies needed to meet the individualized oral hygiene needs of each resident (e.g., toothbrush, toothpaste, oral rinse, and oral moisturizer) and then communicating those recommendations to the family (when involved) for them to supply these where they are not provided in the care setting; and

2.2.3 Initiating discussion with the resident/family/ADM regarding consultation with a physician, NP, or a dental health care professional.

2.3 The health care provider shall follow the established plan of care to:

2.3.1 Ensure that residents are cued or assisted, to perform oral hygiene at least twice per day or more frequently when required by the resident’s care plan;

2.3.2 Use the appropriate oral hygiene tools and supplies to meet the resident's oral hygiene needs (e.g., toothbrush, toothpaste, oral rinse, and oral moisturizer) as per the resident’s care plan;

2.3.3 Observe and report oral health problems to a health care professional; and

2.3.4 Request re-assessment of the daily oral hygiene care plan to keep current with resident needs and abilities.
3. **Documentation**

3.1 The health care professional or AHS Case Manager shall document oral health assessment findings on the resident’s **health record**.

3.1.1 When consultation with a physician or NP is required regarding resident assessment for treatment and/or possible referral for dental disease and infections, documentation shall reflect the date and time of consult, the details and outcome of the consultation.

3.1.2 When the services of a dental health care professional(s) for advanced assessment and treatment of dental disease and/or infection is deemed appropriate, documentation shall include:

   a) Discussion with the resident/family/ADM, and outcome of discussion (e.g., resident/ADM will contact the required service provider); and/or

   b) Consultation with physician or NP regarding resident need for dental health professional(s) and if general health of resident supports a visit outside the facility, or if other arrangements are necessary (e.g. onsite care or ambulance transport).

3.2 Once the resident returns from the visit with the dental health care professional(s) the health care professional or AHS Case Manager should receive information regarding the outcome of the visit.

3.2.1 Documentation of the outcome of the visit shall be recorded on the resident health record; any reports provided shall be retained on the health record.

3.3 The resident’s completion of oral hygiene shall be recorded on the resident’s health record in accordance with documentation requirements in the practice setting.

3.4 Revise the resident’s care plan as indicated.

4. **Education**

4.1 All health care providers responsible to provide and/or manage oral care for residents in **Designated Living Options**, shall attain and maintain the required competencies, within their respective scope of practice or competency profile.

4.2 Training materials and resources to support continuing education for health care providers who support and/or manage residents in completing their daily oral hygiene are provided by the AHS Provincial
Oral Health Office and can be accessed on Continuing Care Desktop (CCD) or the external AHS website.

**Definitions**

**AHS Case Manager** means a health care professional that is accountable for case management services for an assigned caseload for home living and/or supportive living clients. This individual has the primary responsibility to assess client needs, determine service needs, negotiate service options, make service recommendations and referrals, monitor service delivery, manage reassessment and waitlist and discharge processes, and coordinate care transitions across care settings.

**Assessed unmet need** means the care requirements that remain after the strengths and resources of the resident and family and community have been considered in relation to the functional deficits and needs identified on initial assessment. The assessment includes the resident’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.

**Designated Living Option (Continuing Care Designated Living Option)** means residential accommodation that provides publicly funded health and support services appropriate to meet the resident’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 or the Health Professions Act, and who practices within scope and role.

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

**Health record** means Covenant Health's legal record of the resident's diagnostic, treatment and care information.

**Oral health problems** means for the purposes of this policy, only 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 cavity assessment** means for the purposes of this policy, only 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 hygiene means for the purposes of this policy, only 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 resident.

Resident means all persons who receive or have requested health care or services and also means, where applicable: a) a co-decision-maker with the person; or b) an alternate decision-maker on behalf of the person.

Resident’s care plan is a record of goals and interventions specific to that resident’s daily care.

Related Documents/Resources

The following resource document is available on the Continuing Care Desktop @ https://cc.qwogo.ca/#ENG (to access the Continuing Care Desktop, copy and paste the link into your web browser).

- Mouth Care Training for Care Staff in Continuing Care (Train the Trainer Manual)
- Infection Prevention and Control Routine Practices and Additional Precautions @ http://www.compassionnet.ca/Page174.aspx
- Covenant Health policies, available @ http://www.compassionnet.ca/Page2099.aspx
  - Privately Contracted Health Care Professionals (in development)
  - VII-C-10, Standardized Assessment, Care Planning and Care Conferences
  - VII-C-90, Transportation

References

Alberta Continuing Care Health Service Standards (2016), Standard #14 accessed Nov. 16, 2017 @ https://open.alberta.ca/publications/9781460121580

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