**Preamble:**

[insert home name] shall ensure that an oral care program will be maintained to reduce the incidents of oral health problems and to sustain or improve oral health in residents. The program will focus on screening, planning appropriate interventions, implementing evidence based oral care practices, and referral to dental specialists.

The oral care program will be based on the legislative requirements as outlined in the Long Term Care Act 2007 – Ontario Regulations 79/10 under section 34: Oral Care, along with the best available evidence.

**Purpose:**

The purpose of oral care management is to:

* Ensure that all residents receive or are provided with oral care at a minimum of twice a day (morning and evening), including cleaning of the oral cavity and dentures, that are based on residents preferences.
* Identify all residents who have changes to their oral health status through the provision of daily oral cavity checks.
* Develop individualized oral care plans that meet the assessed preferences and abilities of each resident and are updated quarterly.
* Implement strategies to manage and heal oral health problems in residents.
* Ensure that all residents will be offered an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker (SDM), if payment is required.

**Procedures:**

Assessment

Registered staff will:

1. Perform and document an oral health assessment using a standardized, valid and reliable oral assessment tool. This will be completed on admission, quarterly, and with reported change in resident’s oral health status in conjunction with the RAI-MDS assessment.
2. Within 14 days of admission, complete an oral health history of the resident to include oral care beliefs, practices, and the current state of oral health with interdisciplinary participation if required.
3. Initiate a care plan within 24 hours of admission to reduce the potential of future oral care complications.
4. Continue to update the oral health care plan with all members of the health care team, to monitor resident progress.
5. Discuss the homes oral care program and the annual dental assessment and other preventive dental services available to residents during the admission process. They will provide resident/SDM with information on available external preventative dental services in order for the resident/SDM to arrange for these services and to authorize payment.
6. Provide on-going education to the resident and SDM/family regarding oral care, including the need for a referral to appropriate dental services, based on the findings of the oral health history or an oral assessment.
7. Ensure personal support workers (PSW) provide physical assistance, remind or cue residents to perform oral care at least twice daily.
8. Provide direction to PSWs in relation to interventions for residents who have special oral care needs (example: palliative, risk for aspiration, dentures).

Personal Support Workers will:

1. Review each residents care plan and continue to monitor residents ability to complete their oral care and report changes to registered staff. This is especially important during the first week of admission and when there are changes in the residents ability to perform their oral care.
2. Perform a daily visual inspection of the oral cavity of each resident in their assignment, report any changes to the registered staff, and document refusal of care.
3. Provide physical assistance, remind, or cue residents to perform oral care at least twice daily.
4. Ensure that toothbrushes, denture brushes and denture cups are labelled, cleaned daily and replaced every 3 months or as required. Replace toothbrushes following any oral infections.
5. Use appropriate technique when providing oral care to residents.
6. Provide assistance if required to insert dentures prior to meals, and at any time as requested by resident or as required by the residents plan of care.

**Oral Care Interventions:**

Interventions for cleaning dentures – if the resident is unable to perform self-care

Equipment required - gloves, towel, residents dentures, kidney basin, denture brush or soft toothbrush, liquid soap for dentures or denture paste, denture cup, face cloth or 4x4 gauze, denture tablet, and any other special equipment indicated in care plan.

Optional equipment – tongue cleaner and water-based lubricant for lips.

**Step 1: Denture Care**

1. Put on clean gloves.
2. Remove dentures from residents mouth by grasping the top denture with thumb and index finger and pulling gently downward. To remove the bottom denture, just lift and rotate one side slightly.
3. Place denture(s) in the kidney basin.
4. Line the sink with a towel to prevent breakage if dropped, place kidney basin in the bottom of the sink.
5. Rinse denture(s) with cool water to remove debris.
6. Apply a small amount of denture paste or liquid soap to a denture brush or a soft toothbrush and gently brush all surfaces of the denture(s). Never use abrasive cleansers.
7. Rinse well after cleaning. Ensure adhesive is removed daily to prevent infections.
8. Disinfect dentures daily by placing them in the residents denture cup and soaking in a commercial denture cleaner (denture tab). The preferred time for this is at night. (NEVER use denture tablets with resident who have dementia – ingestion of the denture tablet solution is serious).
9. If reinserting dentures into the residents mouth, apply a thin layer of denture adhesive if they wear it and moisten dentures to help with insertion.
10. Ask resident about the comfort and fit of their dentures.
11. If denture(s) have soaked overnight rinse thoroughly under running water for 1 minute before inserting into the residents mouth.
12. When placing denture(s) in mouth, tissue should be wet for retention; replace the upper denture before the lower one. Although not ideal, if safety is an issue, following thorough cleaning, dentures may be soaked in cool water or air dried over night. Note that water does not reduce bacteria and if air drying, any remaining debris will become hard and difficult to remove.
13. Remove gloves and dispose, wash hands.
14. Ensure that dentures are removed for at least 3 hours every day

**Step 2: Mouth care**

1. Put on a clean pair of gloves
2. Retract lips and cheeks with fingers; never place fingers between teeth.
3. Clean and massage all mouth tissues using toothbrush or 4x4 gauze based on residents preferences. Ensure that the tongue is cleaned well.

**Step 3: Clean-up**

1. Rinse all brushes with warm water. Stand them up to dry. Don’t store used brushes in a closed space or container as they will grow bacteria. Clean and air dry denture cup daily.

**Interventions for cleaning residents teeth – if the resident is unable to do their own self-care**

Equipment required – gloves, toothbrush, toothpaste, towel and face cloth or 4x4 gauze, water-based lubricant for the lips

1. Arrange the necessary equipment at the place where you will be doing the oral care for the resident. If at all possible, bring the resident to the bathroom as the cues help with performing oral care. If doing oral care in bed, ensure the head of the bed is raised.
2. Place a towel over the resident chest to prevent dripping onto the residents cloths.
3. Put on gloves.
4. Lubricate lips before and after for comfort and to prevent cracking.
5. Retract lips and cheeks with toothbrush for an initial look; never place fingers between teeth.
6. Remove any pocketed food and look for any obvious problems. Record your findings and report to registered staff.
7. Apply a pea-sized amount of fluoride toothpaste to the residents brush.
8. Hold the brush at a 45-degree angle and brush using a downward motion of the bristles starting at the gum-line and moving down the teeth. Make sure you brush the front, back, and tops of the molars.
9. Brush the resident’s tongue, by asking them to open their mouth wide and carefully brush the tongue making sure not to place the brush too far back onto the tongue to stimulate the gag reflex. If the resident is unable to open mouth or keep it open, use another toothbrush, tongue depressor or mouth prop to keep mouth open.
10. Encourage resident to spit or use gauze or a clean moist cloth to wipe tissues/teeth as you go (‘mopping as you go’).
11. Rinse brush with warm water, and store standing up to dry. Don’t store used brushes in a closed space or container as they will grow bacteria.

**Consideration for care:**

* Never use lemon glycerine swabs as they cause dry mouth.
* Use a limited amount water with residents who have difficulty swallowing. Do not use toothpaste or mouth wash.
* Ensure that residents are positioned properly to receive oral care.
* If using toothettes/mouth swabs, they are one time use and throw them out after. The preferred method is to use a moistened gauze that is wrapped around your gloved finger and used to mop the inside of the mouth.

**Program evaluation:**

The oral care management program will be evaluated on an annual basis by an interdisciplinary team to review: current oral care practices in relation to screening and implementation of care planning interventions, in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. The interdisciplinary team should include nursing, personal support workers, dietitian, physician and representation from external preventative dental services if used by the home. The home will document the evaluation process, including evaluation date and participants, summary of changes made and the date that changes were implemented.

**Staff training and education:**

All registered staff and personal support workers will receive education on oral health including assessments required and oral care cleaning techniques. Staff education on oral health will be conducted annually and as required.

**References:**

Long-Term Care Homes Act, 2007 – Ontario Regulations 79/10, Section 34. Retrieved from

<http://www.search.e-laws.gov.on.ca/en/isysquery/021f443d-54e2-48d1-98fa-0a6b0d5a7c40/1/doc/?search=browseStatutes&context=#hit1>

Perry, A., & Potter, P. (2006). Clinical nursing skills and techniques. (6th ed.). Elsevier Mosby: St. Louis, Missouri.

Registered Nurses’ Association of Ontario (2008). Oral Health: Nursing assessment and

interventions. Retrieved from: <http://www.rnao.org/Storage/50/4488_Oral_Health-Jan9.09-web.pdf>

Bertone, M., Wener, M., Yakiwchuk, C. (2010). (Fact Sheet). Basic Mouth Care: Caring for

those with dentures/false teeth/no teeth. Faculty of Dentistry. School of Dental Hygiene. Centre for Community Oral Health.

Bertone, M., Wener, M., Yakiwchuk, C. (2010). (Fact Sheet). Basic Mouth Care: Caring for

those with natural teeth. Faculty of Dentistry. School of Dental Hygiene. Centre for Community Oral Health.