



Public Health Dental
Hygienist (PHDH) Toolkit

Procedures, Equipment
and Supplies-
Nursing Homes/
Assisted Living
Facilities

Legislature/
Requirements

Procedures,
Equipment,
Supplies, and
Reporting

PHDH

Evidenced-
based
Prevention
Strategies

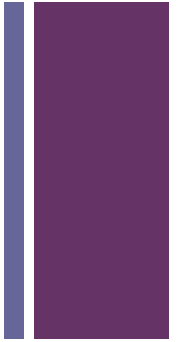
Safety and
Infection
Control



Office of Oral Health
Massachusetts Department of Public Health



Nursing Home/Assisted Living Facilities



- According to a 2009 [Massachusetts Department of Public Health Office of Oral Health Statewide Elder Oral Health Survey](#) the elderly population has many unmet oral health needs.

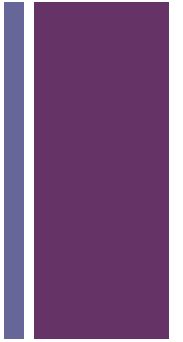
- The elder adult population:
 - Can have varying cognitive and physical abilities to care for their own oral health/hygiene
 - Will be of diverse socioeconomic and cultural backgrounds
 - Will have diverse oral health knowledge and experiences with dental care
 - May be under the care of medical/nursing staff that are unaware of or unable to address oral hygiene and oral health needs

+ PHDH's Role in Senior Oral Health

- Work with elder adult nursing/assisted living facility administrators, nurses, physicians, support staff, patients, and patient families to assess the oral health needs of the population
- Implement appropriate dental hygiene care
- Establish a referral program for elders in immediate need of restorative treatment/evaluation
- Refer to the BORID Rules and Regulations for specific reporting requirements for nursing home and assisted living facilities, 234 CMR 5.14(6)(c)

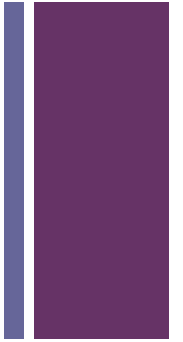


Planning for Nursing Home/Assisted Living Facility Programs



- Communicate with facility administrators, physicians, nurses, support staff, patients, and patient families
- Develop a referral system for restorative treatment
- Develop assessment forms, documentation forms/information sheets, and data tracking system. The nursing home or health facility will also need a copy of this information sheet per regulations. (See the Documents and Resources Page for a sample consent/medical form and sample Information Sheet)
- Document in patient's chart as per PHDH regulations and nursing home/assisted living facility policies and procedures, and report clinical findings to appropriate staff at nursing home/assisted living facility, 234 CMR 5.14(6)(c)

+ Patient Information



- Information for each patient encounter should include:
 - Results of the screening
 - Description of service(s) provided and follow-up treatment needed
 - Written referral to the patient's dentist of record or to a referring dentist
 - Name of the licensed professional who provided the service(s)
 - Contact information for the dental professional providing services
- See the Documents and Resources Page for a sample adult Information Sheet.

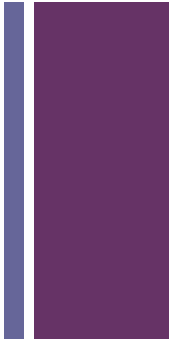
+ Dental Hygiene Services for Nursing Home/Assisted Living Population

- Oral Health Instructions
- Nursing Education
- Oral Health Screening
- Oral Cancer Screening
- Caries Risk Assessment
- Fluoride Varnish
- Prophylaxis
- Cleaning of appliances (dentures/partials)





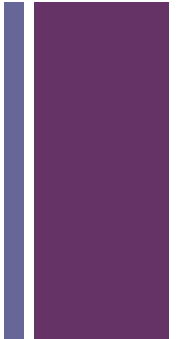
Oral Health Instructions (OHI)



- For seniors in nursing homes or assisted living facilities, it will be imperative to understand their cognitive and physical abilities
 - A thorough review of the patient's medical history will influence OHI
- Physical disabilities could limit seniors' abilities to perform oral hygiene activities adequately. OHI should focus on:
 - Finding adaptive aids to help seniors brush and floss teeth
 - Proper denture cleaning
 - Reducing cariogenic foods/snacks/drinks
 - Utilizing over the counter aids for xerostomia (biotene, etc.)
 - Any oral hygiene product dispensed must be approved by medical staff
 - Increasing frequency of water consumption (if deemed appropriate by medical staff)
- Depending on the level of cognitive disability, seniors may have to rely on caregivers/nursing staff to perform oral hygiene activities, and OHI should be directed at them.



Caregiver/Nursing Staff Education



- Medical professionals and nursing staff often have a lack of awareness/knowledge of oral health for senior adult populations.
- For seniors that depend on nursing staff for daily hygiene, it will be necessary to teach nursing staff oral disease prevention strategies and oral hygiene instructions. In your teaching efforts, be sensitive and diplomatic in introducing changes to current oral hygiene routines.
- You may consider conducting routine trainings, or offering medical and nursing staff resources to learn more about elder oral health issues.

+ Elder Oral Health Screening

- The elder oral health screening should assess oral pain, functional ability to eat and speak, and soft and hard tissues.
- Assessment of hard and soft tissues:
 - Soft Tissues
 - Ill fitting dentures/prosthesis
 - Possible oral cancer (mucosa, palate, tongue, lips)
 - Presence or absence of xerostomia
 - Angular cheilitis
 - Gingival health
 - Hard Tissues
 - Number of teeth
 - Existing restorations
 - Possible carious lesions
 - Plaque and calculus



+ Basic Screening Survey Tool for Older Adults

- Standardized measuring tool established by the CDC and the Association of State and Territorial Dental Directors (ASTDD)
- Includes and oral health assessment and an optional participant questionnaire
- Intended to indentify obvious oral conditions
- A step-by-step guide and video modules reviewing this tool may be found on the [ASTDD website](#)



+ Supplies for Elder Oral Health Screening

- Gloves
- Mask
- Safety Glasses
- Tongue Depressors
- Light
- 2x2 or 4x4 gauze
- Toothbrush to clean debris from teeth
- Denture cleaner or liquid soap

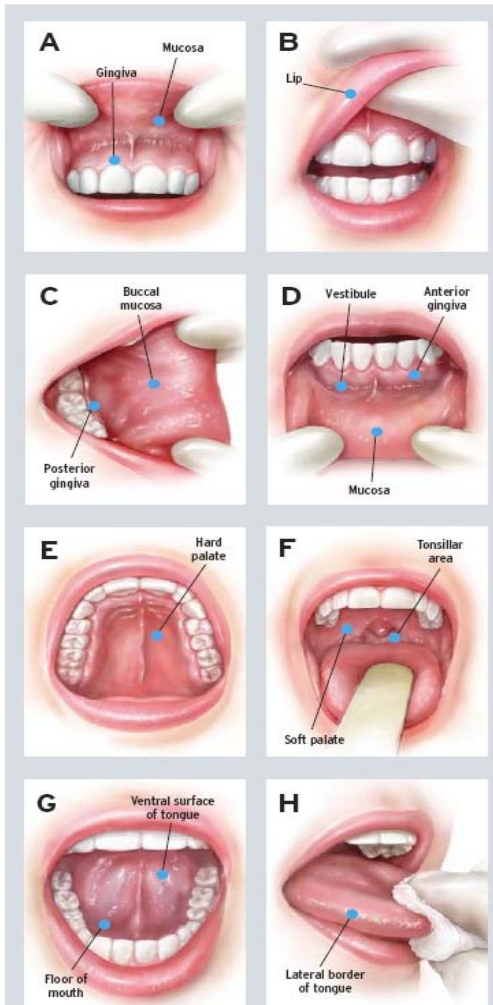


+ Oral Cancer Screening

- The oral cancer screening should look for lesions, including areas of leukoplakia (an abnormal white patch of cells) and erythroplakia (an abnormal red patch of cells).
 - Benign leukoplakia and erythroplakia lesions on the mucous membranes may become cancerous in the future.
- Higher-risk areas of the mouth that are checked for cancer include the following:
 - Lips
 - Floor of the mouth
 - Front and sides of the tongue
 - Soft palate



+ Oral Cancer



- More than 34,000 Americans will be diagnosed with oral or pharyngeal cancer this year.
- It will cause over 8,000 deaths, killing roughly 1 person per hour, 24 hours per day.
- Of those 34,000 newly diagnosed individuals, only slightly more than half will be alive in 5 years.

Source: [The Oral Cancer Foundation](#)

FIGURE 1. A brief screen for oral cancer includes this eight-step examination of the inside of the mouth.

+ Oral Cancer Risk

- **The high death rate associated with oral cancer is NOT because it is hard to discover or diagnose, but due to the cancer being routinely discovered late when the cancer has already metastasized to another location, most likely the lymph nodes of the neck.**
- **Assess Risk Factors for Oral Cancer**
 - Ages 45 and older
 - Previous or current history of tobacco use (including cigarette, pipe, and cigar smoking and smokeless tobacco)
 - Previous or current history of illicit drug and/or alcohol abuse
 - Family history of oral cancer
 - History of Human Papillomavirus (HPV)

+ Caries Risk Assessment

- Factors that will increase caries risk in the senior population:
 - Medication-induced xerostomia
 - Radiation-induced xerostomia
 - Physical or cognitive disability, making OH difficult
 - Cariogenic diet
 - Exposed root surfaces
 - Lack of nursing/treatment staff awareness of oral hygiene/oral health

+ Dentate Elders

- More and more individuals over the age of 60 years of age have all or some of their natural teeth due to:

- Community water fluoridation
- Topical fluorides
- History of dental care



- The 2009 Massachusetts Statewide Oral Health Assessment demonstrated that 65% of residents in long term care facilities had some natural teeth.



Caries risk criteria.

Patients should be evaluated using caries risk criteria such as those below.

LOW CARIES RISK

All age groups

No incipient or cavitated primary or secondary carious lesions during the last three years and no factors that may increase caries risk*

MODERATE CARIES RISK

Younger than 6 years

No incipient or cavitated primary or secondary carious lesions during the last three years but presence of at least one factor that may increase caries risk*

Older than 6 years (any of the following)

One or two incipient or cavitated primary or secondary carious lesions in the last three years

No incipient or cavitated primary or secondary carious lesions in the last three years but presence of at least one factor that may increase caries risk*

HIGH CARIES RISK

Younger than 6 years (any of the following)

Any incipient or cavitated primary or secondary carious lesion during the last three years

Presence of multiple factors that may increase caries risk*

Low socioeconomic status†

Suboptimal fluoride exposure

Xerostomia‡

Older than 6 years (any of the following)

Three or more incipient or cavitated primary or secondary carious lesions in the last three years

Presence of multiple factors that may increase caries risk*

Suboptimal fluoride exposure

Xerostomia‡

* Factors increasing risk of developing caries also may include, but are not limited to, high titers of cariogenic bacteria, poor oral hygiene, prolonged nursing (bottle or breast), poor family dental health, developmental or acquired enamel defects, genetic abnormality of teeth, many multisurface restorations, chemotherapy or radiation therapy, eating disorders, drug or alcohol abuse, irregular dental care, cariogenic diet, active orthodontic treatment, presence of exposed root surfaces, restoration overhangs and open margins, and physical or mental disability with inability or unavailability of performing proper oral health care.

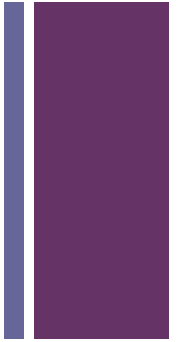
† On the basis of findings from population studies, groups with low socioeconomic status have been found to have an increased risk of developing caries.^{38,39} In children too young for their risk to be based on caries history, low socioeconomic status should be considered as a caries risk factor.

‡ Medication-, radiation- or disease-induced xerostomia.

- Possible Supplies for Oral Screening/Carries Risk Assessment
 - Gloves
 - Mask
 - Safety glasses
 - Disposable Mirror
 - 2x2 gauze
 - Light
- [Source: Assessing Caries Risk \(ADA, 2006\)](#)

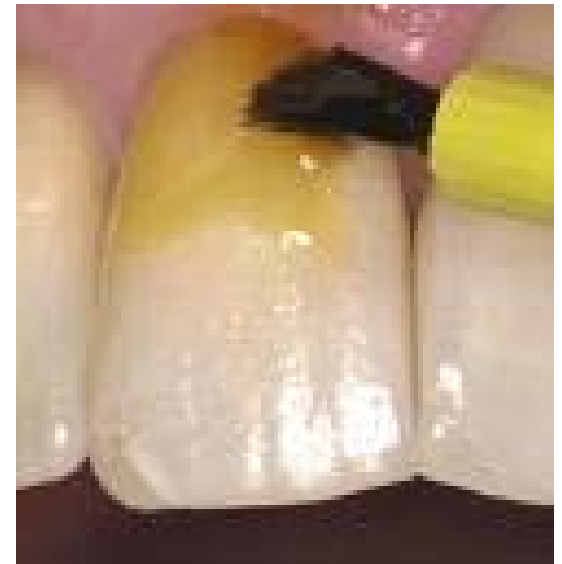
+ Fluoride Varnish

- Fluoride varnish may be an effective caries prevention strategy for older adults with any risk factor for dental caries, including exposed root surfaces and xerostomia.
- The American Association of Public Health Dentistry (AAPHD) recommends that appropriately trained health professionals use fluoride varnish as FDA off-label use to prevent dental caries in high-risk populations, especially high-risk populations that have difficulty accessing dental care.
- AAPHD Recommendations:
 - Fluoride varnish may be applied 2-4 times a year to those deemed at moderate or high caries risk in various public health settings by appropriately trained health professionals.
 - This includes extended and/or long-term care facilities such as nursing and assisted-living homes, and private homes of medically compromised homebound.



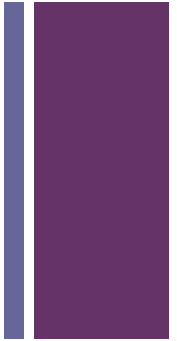
+ Fluoride Varnish Supplies

- Gloves
- Mask
- Safety glasses
- Fluoride varnish/disposable applicators
- Disposable mirror/tongue depressor
- 2x2 gauze
- Resources:
 - [Fluoride Varnish supply information](#)
 - Watch a [video](#) on fluoride varnish application!





Prophylaxis Scaling vs. Ultrasonic



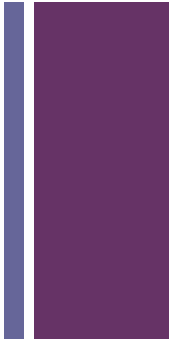
- Ultrasonic vs. Hand Scale:
 - Ultrasonic may not be appropriate in certain settings where aerosols may be spread
 - Ultrasonic scaling may be contraindicated with certain systemic conditions, such as Hepatitis C or HIV, in patients with pace makers, those with swallowing deficits, on swallowing precautions, thickened liquids or NPO status.
 - Some senior patients may have a difficult time with the noise that an ultrasonic scaler makes, especially if they are wearing hearing aids
 - Some senior patients, especially those with exposed root surfaces, may experience more sensitivity with ultrasonic scaling
 - If using the ultrasonic, ensure adequate suction is available if needed

+ Denture Cleaning and Care

- Many patients in nursing homes and assisted living facilities may not be able to clean dentures/appliances independently.
- Dentures may be cleaned by the PHDH with scalers and the ultrasonic. Portable ultrasonic cleaners are available.
- Denture/appliance cleaning is often overlooked by nursing staff, and they should be instructed on proper ways to clean the removable appliances on a daily basis.
- Encourage patients and nursing staff to remove any appliances prior to bed; clean the appliance; and place it in a covered denture cup with water overnight.



Referrals for Restorative Treatment



- Referrals for immediate treatment from a dentist are needed if:
 - The patient is in pain
 - The patient can not eat because of oral disease
 - Oral cancer is suspected
 - Severe tooth decay is suspected
 - It is suspected that the patient has severe periodontal disease
 - The patient has abscesses or other soft tissue lesions
 - The patient has prostheses that are broken or ill fitting

+ Documentation and Reporting

- Each senior patient and the facility in which they are receiving care should receive a copy of the patient's information sheet that records:
 - Results of the screening
 - Description of service(s) provided and follow-up treatment needed
 - Written referral to the patient's dentist of record or to a referring dentist
 - Name of the licensed professional who provided the service(s)
 - Information about how to contact the provider for more information.

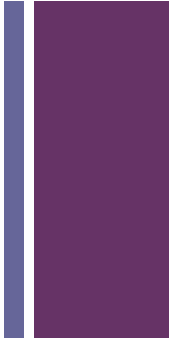
*** This information should also be recorded in the patient's record.

Be sure to review the Rules and Regulations for the Practice of Dentistry in Massachusetts to know what should be included as part of the Information Sheet.

- The Office of Oral Health has additional reporting requirements. Go to the PHDH Toolkit Main Page for specific information.



Resources on Elder Oral Health



- The [MDPH Office of Oral Health](#) has printable fact sheets on senior oral health, including denture care and medication use
- [Academy of General Dentistry Oral Health Resources](#)
- [Article on Medication and Oral Health](#)
- [Elder Oral Health Assessment and Care](#)
- [The Kayser-Jones Brief Oral Health Status Examination \(BOHSE\)](#)
- [Academy of General Dentistry, Nursing Home Oral Health Care](#)
- [Association of State and Territorial Dental Directors-Healthy Aging](#)

+ What's Next?

- The next PowerPoint presentation will review “next steps” for the PHDH, including the identification of a public health setting, determining need, MDPH reporting requirements and MassHealth (Medicaid) reimbursement.

