



## Practice Alert

# Oral health

January 2023

This practice alert was originally prepared by the Australian Commission on Safety and Quality in Health Care as a joint publication with the NDIS Commission in July 2021. It was updated by the NDIS Commission in consultation with oral health professionals in January 2023.

## Key points

- Oral health refers to the condition of a person's teeth and gums, as well as the health of the muscles and bones in their mouth.
- People with disability are at greater risk of poor oral (or dental) health, such as gum disease, tooth decay, loss of teeth and subsequent illnesses. This can have a detrimental effect on the person and their health, wellbeing, and quality of life.
- People with a disability can be supported to maintain good oral health routine such as twice daily brushing of teeth using a fluoride toothpaste, flossing between teeth and annual dental checkups. Also important is good nutrition and timely access to dental treatment.
- Providers should monitor participants' health, safety and wellbeing, support participants to maintain their health and to access appropriate health services, including oral health services.

## Why is oral health a problem?

People with disability are at a greater risk of poor oral health because over their lifetime they are more likely to have experienced poor nutrition, poor dental hygiene and lack of access to oral health care services. As a result, many people with disability may have tooth decay, gum inflammation and damage, ulcerations, mouth infections and tooth loss.

If not treated, oral health conditions can lead to loss of teeth, inability to eat certain food or drinks, acute and chronic pain, illness and hospitalisation. Diseases of the mouth can also impact the health of the whole body.

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Poor oral health can also affect psychological and emotional wellbeing as it can stop a person from eating comfortably, sleeping well, smiling and interacting with others. In turn, a person with disability may become isolated and uncommunicative. The presence of pain may result in changes to their behavior such as irritation or distress.

Other risks include dysphagia (difficulty swallowing food and drink). People with disability who are on soft diets are at additional risk of tooth and gum diseases from food remaining in their mouth after a meal. This can cause infections and aspiration of food. You can read more in our [Practice Alert: dysphagia, safe swallowing and mealtime management](#).

Providers supporting people with disability may not be aware of how to support participants with their oral health and may not be aware that they may have oral health problems such as pain, tooth decay or gum disease. It may be particularly difficult to identify that a participant has oral health problems if they have communication difficulties.

## How oral health problems can be addressed

Oral health problems can be addressed by taking care of the whole mouth, which includes teeth, gums, lips and cheeks. Annual dental checkups allow for early detection and treatment of oral health issues. It is also necessary to see an oral health practitioner if gums bleed, become puffy or lumpy, and/or inflamed, and if a participant complains of, or demonstrates oral pain.

Arrangements should be in place to provide supported decision-making in oral health care and person-centred participation in the everyday care of teeth and gums.

## Supporting participants

Providers should monitor participants' health, safety and wellbeing, support participants to maintain their health and to access appropriate health services including oral health services.

Participants should be supported to take care of their oral health, improve their knowledge of oral health care, and access dental services.

Providers should support participants in the following ways:

### Assisting daily oral care

- Ask the participant whether they need help or support with oral health care.
- Ensure participants have the items and aides they need to care for their teeth, such as: a toothbrush, dental flossing aids, fluoride toothpaste, and any other items recommended by the oral health practitioner.
- Support participants to maintain good daily oral health routines. This includes activities such as brushing with a fluoride toothpaste twice a day, flossing, rinsing, cleaning dentures, clearing food from the mouth after eating, good nutrition, staying hydrated, reducing sugar, alcohol and quitting smoking.
- Encourage, educate and motivate participants to look after their teeth and gums. Use available tools and resources to help participants understand good oral health care.

### Maintaining oral health care

- Talk with the participant about mouth care and ask if they have any concerns about their mouth, gums or teeth such as bleeding or pain.
- Organise to see an oral health practitioner if gums bleed, become puffy or lumpy, and/or inflamed, and if a participant complains of, or demonstrates oral pain.

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- Ensure that the participant’s support planning includes oral health care, for instance ensuring their teeth are brushed twice daily and have access to annual dental check-ups.

## Supporting the participant’s visit to the oral health practitioner

- Use accessible tools and resources, such as social stories, to prepare and plan a visit to the oral health practitioner.
- Support the participant to feel comfortable with their oral health practitioner by contacting the dental office ahead of the appointment to organise a longer appointment time, if needed. Consider whether families or other supporters can assist by attending the appointment.
- Ensure any relevant support strategies are used, such as accompanying participants to appointments and communicating support plans to the oral health practitioner.
- Bring along any important health history, such as an oral health care plan, a list of medical conditions affecting the individual and a list of medications.
- Facilitate informed decision-making by supporting participant’s to use their preferred method of communication during the appointment. Where appropriate, involve the participant’s family, independent support person or guardian in the decision-making process.
- Ensure that any information received from the oral health practitioner on oral health care is provided to the participant in an accessible format.
- If strategies to support a person to see an oral health practitioner are unsuccessful, a referral to a [special needs dentist](#) may be required.
- Where applicable, providers should work with [other relevant health professionals](#) to assess and plan for any potential barriers to appointments with the oral health practitioner, such as managing sensory issues or behavioural needs.

## Following up on oral health care

- After a dental visit, support the participant to follow up with:
  - the recommended oral health care plan or changes to daily brushing routines
  - referrals to special needs dentists, medical or allied health professionals.
- Ensure oral health recommendations are clearly documented in participant’s oral health care plan, support plans and other relevant documents.
- Recommendations should be communicated to all relevant staff and follow up actions undertaken.
- Ensure participants access regular (at least 12-monthly) dental check-ups and that records include any changes or need for oral health assessments.

## Types of oral health practitioners

Oral health practitioners provide preventive, diagnostic and restorative dental services. They include a wide range of roles such as dentists, dental prosthetists, dental hygienists, oral health therapists and dental therapists.

Consider and act on whether the participant needs any of the following referrals:

- **Paediatric dentist** for children from birth through to adolescence and those with additional needs such as management of pain in the mouth, jaws and the face related to medical, behavioural, physical or developmental disabilities.
- **Special needs dentist** for the oral health care of people with an intellectual disability, medical, physical or psychiatric conditions that require special methods or techniques to prevent or treat oral health problems or special dental treatment plans are needed.

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## Other health professionals

Consider and act on whether the participant needs any of the following referrals:

- A **speech pathologist** can assist with communication issues or with trouble eating and drinking. Indicators for a speech pathology referral include: oral sensory issues, not being able to clear food from the mouth after eating and problems with chewing, difficulty eating certain foods, swallowing problems, weak or absent cough or drooling.
- An **occupational therapist** who can assist participants with handling a toothbrush, flossing, using dental cleaning aids recommended by the oral health practitioner and support to learn oral hygiene skills.
- An **NDIS behaviour support practitioner** may assist the participant with strategies to manage anxiety and plan reasonable adjustments for a successful dental visit.

## Worker Capability

Providers should consider how to increase NDIS workers' training and skills in line with the [NDIS Workforce Capability Framework](#). This practice alert is relevant to the [NDIS Workforce Capability framework](#) objectives:

- Support me- 'What you know'
- Be present- 'Manage health and safety'; and 'What you Know'

Areas of training and development may include:

- Knowing where and how to access dental services provided through local health districts and how to access emergency dental services in the local area
- Knowing whether there are specialist or general oral health practitioners who are skilled in working with adults with disability or skilled in working with children with disability.
- Accessing training in oral health care and development of oral health literacy through local oral health therapists or other oral health care practitioners
- How to support tooth brushing, flossing and rinsing food from the mouth after eating, especially for people with disability on soft food diet. For instance, encouraging regular drinks of water throughout the day
- Working with an oral health practitioner to develop an oral health plan for a participant that includes: risks or problems; dental work they have had before; support needed to brush teeth; the participant's oral health practitioner; whether they need a specialist dental practitioner
- Training on ways to support participants who are reluctant to engage in oral health care and services. This may include training in positive behaviour support, supported decision-making or motivational interviewing techniques
- If required, seek training for disability support workers undertaking daily oral care tasks.

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## Provider obligations

### NDIS Code of Conduct

Providers and workers must comply with the [NDIS Code of Conduct](#) when providing supports or services to NDIS participants.

The NDIS Code of Conduct requires all NDIS providers and workers who provide NDIS supports or services to NDIS participants to, among other things:

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
- Provide supports and services in a safe and competent manner with care and skill
- Promptly take steps to raise and act on concerns about matters that may impact on the quality and safety of supports provided to people with disability.

### NDIS Practice Standards

If you are a registered NDIS provider, you must comply with the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#) as part of your conditions of registration. The NDIS Practice Standards relate to the delivery of safe, quality supports and services, and the management of risks associated with the supports you provide to NDIS participants.

In delivering NDIS support and services, providers must also demonstrate compliance with the [National Disability Insurance Scheme \(Quality Indicators\) Guidelines 2018](#). The NDIS Commission's guidance on the [NDIS Practice Standards and Quality Indicators](#) provides a further resource to assist registered NDIS providers to understand their obligations.

The NDIS Practice Standards that are most relevant to this alert include:

- **Support planning:** each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths, and goals, and are regularly reviewed.
- **Independence and informed choice:** each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided
- **Access to supports:** each participant accesses the most appropriate supports that meet their needs, goals and preferences.
- **Safe environment:** each participant accesses supports in a safe environment that is appropriate to their needs.
- **Incident management:** each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from.
- **Information management:** each participant's information is managed to ensure that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.
- **Human resource management:** each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

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## Resources

### Preparing and supporting participants to visit the oral health practitioner

- [Your Dental Health Guide for people with disability](#) includes practical information for people with a disability, dentists, participants, their family, guardians and NDIS providers.
- Inclusion Melbourne has developed a [series of videos about going to dentist, teeth brushing and oral care](#) for people with intellectual disability that have been endorsed by the Australian Dental Association. There are also oral health planning forms for the dentist and participant.
- [Maggie goes to the dentist \(PDF, 1590 KB\)](#) is an example of a social story that can be customised to assist a participant prepare for a dental visit.
- [Planning to go to the dentist](#) is a guide for families and carers of people with Autism.
- IDEAS [Dentists and Disability](#) website has oral health information and resources for people with disability.
- The [Australian Dental Association](#) also has a range of oral health resources available for the general community.

### Information for providers

- The [NDIS Workforce Capability Framework](#) is a guide to attitudes, skills and knowledge expected of NDIS Workers.
- [VicHealth EverySmile](#) has tools, resources and ideas to improve oral health of people in supported accommodation services.
- [Dental Practice Education Research Unit, Adelaide University](#), has information sheets for Dental practitioners and for Carers.
- [Health Direct](#) has a guide to accessing oral health services in Australia.

### Links to state and territory public dental health websites

- [NSW Public Dental Health websites](#)
- [Qld Public Dental Health websites](#)
- [Northern Territory Dental Health websites](#)
- [Western Australia Dental Health websites](#)
- [South Australia Dental Health websites](#)
- [Tasmania Dental Health websites](#)
- [Victoria Dental Health websites](#)
- [ACT Public Dental Health websites](#)

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## General enquiries

**Call: 1800 035 544** (free call from landlines). Our contact centre is open 9.00am to 5.00pm (9.00am to 4.30pm in the NT) Monday to Friday, excluding public holidays.

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