



## Practice Alert

# Oral health

July 2021

This practice alert was prepared by the Australian Commission on Safety and Quality in Health Care as a joint publication with the NDIS Commission.

## Key points

- People with disability are at 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.
- Good oral health includes twice daily brushing using a fluoride toothpaste and flossing of teeth and gums. Also important is good nutrition, annual dental checkups and treatment.
- Providers are required to 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 higher 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, and mouth infections.

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.

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](#).

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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 combined with the reduced ability to communicate may result in a person with disability showing signs of irritation or distress to communicate and be heard.

Those supporting people with disability may not be aware of oral health and may not notice problems such as pain, tooth decay or gum disease. Lack of information about oral health and how to care for teeth and gums is very common.

## 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. This is done through regular dental checkups, brushing teeth, flossing, clearing food from the mouth after eating, good nutrition, staying hydrated, reducing sugar, alcohol and quitting smoking.

Regular dental checkups allow for early detection and treatment of oral health issues. It is necessary to see a dentist if gums bleed, become puffy or lumpy, and/or inflamed, and if a participant complains of, or demonstrates oral pain.

## Supporting participants

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

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

Providers should also support participants in the following ways.

### Plan access to oral health care

- Talk with the participant about their mouth and ask if they have any worries or pain.
- Ensure that the participant's support planning includes caring for their oral health, for instance brushing teeth twice daily and regular dental check-ups.
- Assist the participant to form a partnership with their dentist and participate in a person-centered planning process with the dentist.
- Develop a knowledge base about the participant and work with an NDIS behaviour support practitioner to determine if sensory adaptive processes are needed to facilitate a successful dental visit.
- Be aware that a change or increase in a participant's behaviours of concern may be a result of dental pain.
- Use accessible tools and resources, such as social stories, to prepare and plan a visit to the dentist.

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## Support the participant to visit the dentist

- Assist the participant to access dental care for regular (at least 12 monthly) checkups.
- Facilitate informed decision making regarding oral health care and treatment using the participant's preferred communication methods. Involve the participants family, independent support person or guardian in the decision making process where appropriate.
- Involve the participant's family and/or informal supports to assist the participant to attend a visit to the dentist, where appropriate.
- Support the participant before, during and after a visit to the dentist. This includes assisting them to communicate with the dentist and following up on the dentist's recommendations after the visit.
- Use available tools and resources to understand more about good oral health care, how to assist someone brush their teeth, eligibility for public dental health care, what information the dentist needs and what happens at the dentist visit.
- Ensure that any information is provided to the participant in accessible formats, including in Easy English and Easy Read where required.

## Follow up on oral health care

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

## Assist daily oral care

- Encourage, educate and motivate participants to look after their teeth and gums.
- Ensure participants have the items they need to care for their teeth, such as: a toothbrush; dental flossing aids; fluoride toothpaste; and any other items recommended by the dentist.
- Ask the participant what help they need to brush their teeth and rinse after eating a meal.
- Ensure arrangements are in place to support person-centred participation and supported decision making in oral health care activities for the everyday care of teeth. This includes the type of food eaten, twice daily brushing with a fluoride toothpaste, flossing and rinsing.

## Referrals to other professionals

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

- Indicators for a **speech pathology** referral include: gagging when brushing teeth, not being able to clear food after eating and/or 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 dentist 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.

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## Training and development

Providers should consider how to increase NDIS workers training and skills in areas such as:

- 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 dentists who are skilled in working with people with disability
- training in oral health care and development of oral health literacy
- how to support tooth brushing, flossing and rinsing food from the mouth after eating, especially for people with disability on soft foods. For instance encouraging regular drinks of water throughout the day
- working with a dental 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 dentist; whether they need a specialist dentist
- 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.

## 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.

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- **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.
  - **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.

## Resources

### Preparing and supporting participants to visit the dentist

- The Australian Dental Association and Designlab Inclusion Melbourne has developed a [series of videos about going to dentist, teeth brushing and oral care](#) for people with intellectual disability. There are also oral health planning forms for the dentist and participant.
- [Your Dental Health Guide for people with disability](#) was developed by the Australian Dental Association Western Australia and Inclusion Melbourne. This resource includes practical information for dentists, participants, their family, guardians and NDIS providers.
- [Maggie goes to the dentist](#) is an example of a social story that can be customised to assist a participant prepare for a dental visit.
- [Going to the dentist](#) is a guide for families and carers of people with Autism, WA Health.
- 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

- [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 Dentists 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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## References

- Binkley, C. J., & et, a. (2014; Vol 47). Improving the oral health of residents with intellectual and developmental disabilities: An oral health strategy and pilot study. *Evaluation and Program Planning*, 54-63. doi:<https://doi.org/10.1016/j.evalprogplan.2014.07.003>.
- Chadwick, D., & Chapman, M. D. (2018). Factors affecting access to daily oral and dental care among adults with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 379-394. doi:[doi:10.1111/jar.12415](https://doi.org/10.1111/jar.12415)
- Couto, P. (2018). Oral health-related quality of life of Portuguese adults with mild intellectual disabilities. *PLoS One*. doi: <https://doi.org/10.1371/journal.pone.0193953>
- Cynthia, N., Potter, J. L., Learman, W., & Learman, K. (2019, 44:3). Effect of sensory adaptations for routine dental care in individuals with intellectual and developmental disabilities: A preliminary study. *Journal of intellectual and developmental disabilities*, 305-314. doi:DOI: 10.3109/13668250.2017.1409597
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020). [Submission on Oral Health](#).
- Faculty of Dental Surgery. (2012). [Clinical Guidelines and Integrated Care Pathways for People with Learning Disabilities](#). Retrieved from Royal College of Surgeons England.
- FDI World Dental Federation. (2019). *Oral health literacy, behaviour change and empowering patients to improve their health*. Retrieved from FDI World Federation.
- FDI World Dental Federation. (2020). [FDI's Definition of Oral Health](#). Retrieved from FDI World Dental Federation.
- Gallagher, J., & Scambler, S. (2012). Disability and Oral Health. In L. D. Institute, *Learning Disabilities*. Kingdom.
- Havercamp, S. M., Haleigh, M., & Scott, M. A. (2015 ). National health surveillance of adults with disabilities, adults with intellectual and developmental disabilities, and adults with no disabilities. *Disability and Health Journal*, 165-172. doi:<https://doi.org/10.1016/j.dhjo.2014.11.002>
- Lim, M. A., & Borromeo, G. (2020). Utilisation of dental services for people with special health care needs in Australia. *BMC Oral Health* 20, 360. doi:<https://doi.org/10.1186/s12903-020-01354-6>
- Pragnell, S. J. (2008; 36). A cognitive behavioural intervention for dental anxiety for people with learning disabilities: A case study. *British Journal of Learning Disabilities*, 242-248. doi:[doi:10.1111/j.1468-3156.2008.00510.x](https://doi.org/10.1111/j.1468-3156.2008.00510.x).
- SAX Institute. (2020). *The effectiveness of oral health interventions for people with disability*.
- World Health Organization. (n.d.). *Oral Health*. Retrieved from WHO
- Wilson, N., Lin, Z., & Villarosa, A. E. (2019). Countering the poor oral health of people with intellectual and developmental disability: a scoping literature review. *MC Public Health* 19, 1530. doi:<https://doi.org/10.3109/13668250.2017.1409596>

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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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