

# Oral Hygiene and Dental Care

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The North Dakota Statewide  
Developmental Disabilities  
Community Staff Training Program



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## Chapter 1: The Importance of Good Oral Hygiene and Dental Care

Oral hygiene is the practice of keeping your mouth clean and free of disease and other problems (e.g. bad breath) by regular brushing of the teeth and cleaning between the teeth. It is important that good oral hygiene be carried out on a regular basis to prevent oral disease and other related medical problems.

A major contributing factor to dental disease is plaque. Plaque is a clear, sticky coating that contains bacteria, which forms on teeth. It accumulates on all surfaces of the teeth, with primary areas of build-up being in the pits of the teeth. If plaque is not removed every day, it can cause tooth decay and gum disease.

Tooth decay occurs when the protective coating on our teeth, called enamel, breaks down. Foods containing carbohydrates (sugar and starches) contribute to the breakdown. Plaque bacteria convert the sugar and starch into acid. Each acid attack may last twenty minutes or more, and after repeated attacks, the tooth enamel breaks down resulting in a cavity.

A build-up of plaque can also cause irritation or infection of the gums. Gum disease can occur at any age, but it is most common among adults. In the early reversible stage of gum disease, called gingivitis, gums can become red, swollen and bleed easily. If gum disease progresses to the bone, which supports the teeth, it is called periodontitis and at that point can cause irreversible damage. In the advanced stage of the disease, the bone and soft tissues which support the teeth are destroyed and this may cause the teeth to become loose, fall out, or have to be removed by a dentist. Gum disease may also be related to disease elsewhere in the body. Studies have associated oral infections with diabetes, heart disease, stroke, and preterm, low-weight births.



Simple measures are effective in preventing oral diseases and reducing dental care costs. For example, fluoride prevents tooth decay, and the most cost-effective way to deliver the benefits of fluoride to all residents of a community is through water fluoridation; which means adjusting the fluoride in the public water supply to the appropriate level for decay prevention. Dental sealants, plastic coatings applied to the chewing surfaces of the back teeth where most decay occurs, are another safe, effective way to prevent cavities. These strategies, in addition to daily brushing and flossing, and regular dental check-ups, can prevent oral and dental disease from developing.

### Oral Health affects General Health

Oral health is more important to your overall health than you might realize. The health of your mouth, teeth and gums can affect your general health. Like other areas of the body, your mouth

has bacteria in it. Most of the bacteria are harmless, but your mouth is the entry point to your digestive and respiratory tracts, and some of these bacteria can cause disease. Normally the body's natural defenses and good oral health care, such as daily brushing and flossing, keep bacteria under control.

If teeth or gums are not healthy, it may cause pain or discomfort. This can affect what and how well a person eats. A person's ability to speak may also be affected by dental problems. It is vital for everyone to practice good oral hygiene and to practice good habits of dental care.

### **Medication can affect Oral Hygiene**

It is important to tell the dentist, as well as medical doctors, about any medication that are being taken, in case dental or medical treatments or conditions are affected by the medication. It is also important to know how medication may be affecting oral health.

Certain medications — such as decongestants, antihistamines, painkillers, diuretics and antidepressants — can reduce saliva flow. Saliva washes away food and neutralizes acids produced by bacteria in the mouth and remineralizes the top layers of damaged enamel, helping to protect from disease. Studies suggest that oral bacteria and the inflammation associated with a severe form of gum disease (periodontitis) might play a role in some diseases. Certain diseases, such as diabetes and HIV/AIDS, can lower the body's resistance to infection, making oral health problems more severe. Soft oral tissues—gums, cheek lining, tongue—can be affected by medications as well. For example, people with breathing problems often use inhalers. Inhaling medication through the mouth can cause a fungal infection called oral candidiasis. Sometimes called thrush, this infection appears as white spots in the mouth and can be painful. Rinsing the mouth after using an inhaler may prevent this infection.

### **When to see the Dentist**

To prevent gum disease and other oral health problems, schedule regular dental cleanings and exams that include X-rays. In the meantime, contact the dentist if you notice any signs or symptoms that could suggest oral health problems, such as:



- Red, tender or swollen gums
- Gums that bleed when you brush or floss
- Gums that begin pulling away from the teeth
- Loose permanent teeth
- Unusual sensitivity to hot and cold
- Persistent bad breath or an unusual taste in the mouth
- Painful chewing

Remember, early detection and treatment of problems with your gums, teeth and mouth can help ensure a lifetime of good oral health.

Developmental disabilities can present some specific challenges to oral health and dental hygiene. Some examples include:

### **Health Challenges:**

- **Abilities** will vary from person to person and may have an impact upon how well someone can follow directions in a dental office and at home.
- **Behavior problems** can complicate oral health care. For example, anxiety caused by a developmental disability may make someone uncooperative.
- **Mobility problems** may require a person to use a wheelchair or a walker to move around. Access to the dental equipment and chair may require special arrangements and assistance with transfer. Longer appointment times may be needed.
- **Neuromuscular problems** can affect the mouth. Some people with disabilities have persistently rigid or loose chewing muscles, or have drooling, gagging, and swallowing problems that complicate oral care.
- **Uncontrolled body movements** can jeopardize safety and the ability to deliver oral care.
- **Cardiac disorders**, particularly congenital heart defects may be present in people with developmental disabilities such as Down syndrome. A physician may need to determine the need for pre-treatment antibiotics.
- **Gastroesophageal reflux** sometimes affects people with central nervous system disorders such as cerebral palsy. Teeth may be sensitive or display signs of erosion.
- **Seizures** may accompany many developmental disabilities. People may chip teeth or bite the tongue or cheeks during a seizure.
- **Visual impairments** and **Hearing Loss and Deafness** may also be present in people with developmental disabilities.
- **Latex allergies** may be more likely in people with developmental disabilities.

### **Oral Health Problems:**

- **Tooth decay** is common in people with developmental disabilities, sometimes because of poor dental care.
- **Periodontal (gum) disease** occurs more often and at a younger age in people with developmental disabilities. Difficulty performing effective brushing and flossing may be an obstacle to successful treatment and outcomes.
- **Malocclusion** occurs in many people with developmental disabilities, which can make chewing and speaking difficult and increase the risk of periodontal (gum) disease, dental caries, and oral trauma.
- **Damaging oral habits** such as teeth grinding and clenching, food pouching, mouth breathing, and tongue thrusting can be a problem for people with developmental disabilities.
- **Oral malformations** may cause enamel defects, high lip lines with dry gums, and variations in the number, size, and shape of teeth.
- **Delayed tooth eruption** may occur in children with developmental disabilities such as Down Syndrome. Children may not get their first baby tooth until they are 2 years old.
- **Trauma and injury** to the mouth from falls or accidents may occur in people with seizure disorders or cerebral palsy.

Oral health begins with clean teeth. Keeping the area clean where the teeth meet the gums can prevent gum disease, while keeping tooth surfaces clean can help prevent cavities.

Basics to Consider:

- **Brush teeth twice a day.** When brushing, don't rush. Take about two minutes to do a thorough job. Don't forget to clean the tongue, which harbors bacteria, with a toothbrush or tongue scraper.
- **Use the proper equipment.** Use a fluoride toothpaste and a soft-bristled toothbrush that fits the mouth comfortably. Using an electric or battery-operated toothbrush can reduce plaque and a mild form of gum disease (gingivitis) more than manual brushing. These devices are also helpful for those who have arthritis or other problems that make it difficult to brush effectively.
- **Practice good technique.** Hold the toothbrush at a slight angle — aiming the bristles toward the area where your tooth meets the gum. Gently brush with circular short back-and-forth motions. Brushing too hard or with hard bristles can hurt the gums. Brush the teeth for two minutes. Remember to brush the outside, inside and chewing surfaces of the teeth, as well as the tongue.
- **Keep equipment clean.** Always rinse the toothbrush with water after brushing. Store the toothbrush in an upright position and allow it to air-dry until using it again. Try to keep it separate from other toothbrushes in the same holder to prevent cross-contamination. Don't routinely cover toothbrushes or store them in closed containers, which can encourage the growth of bacteria, mold and yeast.
- **Know when to replace the toothbrush.** Invest in a new toothbrush or a replacement head for an electric or battery-operated toothbrush every three months — or sooner if the bristles become worn or irregular.
- **Drink fluoridated water and brush with fluoride toothpaste.**
- **Visit a dentist on a regular basis.** This is important even if you have no natural teeth or have dentures.
- **Do not use any tobacco products.** If you smoke, quit. Using tobacco increases your risk of many diseases, including gum disease and tooth loss.
- **Limit alcoholic drinks.**
- **If you have diabetes, be especially careful to maintain control of the disease.** This will decrease risk for other complications, including gum disease.
- **Know the side effects of medications.** If your medication causes dry mouth, ask your doctor for a different medication that may not cause this condition. If dry mouth cannot be avoided, drink plenty of water, chew sugarless gum, and avoid tobacco products and alcohol.
- **See your doctor or a dentist if you have sudden changes in taste and smell.**
- **Use mouthwash.** This can help to remove food particles left after brushing and flossing.
- **Eat a healthy diet and limit food with added sugars.**
- **Do not use toothpicks or other objects that could injure the gums and let in bacteria.**

## Chapter 1: Feedback Exercises

Check your understanding of this chapter's content by completing this self-assessment.

1. List 4 symptoms that could indicate oral health problems.
2. Explain how oral health can affect general health.
3. Explain how some medication can affect oral health.
4. T or F Tobacco products do not affect oral hygiene.
5. T or F Choose a hard-bristled toothbrush that fits the mouth comfortably.
6. T or F Behavior problems can complicate oral health care.
7. T or F . Soft oral tissues—gums, cheek lining, tongue—can be affected by medications.
8. T or F A major contributing factor to dental disease is plaque.



## Chapter 2: Assisting Others with Oral Hygiene

This chapter provides *general* guidelines for oral hygiene care. However, if a person receiving support needs assistance with oral hygiene, follow guidelines in the person's plan. Assistance should be individualized for each person.

### Active Support

When teaching or supporting people in any task or activity, active support should always be used. Active Support is a way of providing assistance to people that has a focus on making sure that individuals are actively, consistently, and meaningfully engaged in their own lives, regardless of their unique needs. It means we do not just do things **for** people, we work **with** people to support them.

Even with activities that may seem overwhelming, such as oral hygiene, find ways to actively engage the person in the activity. The four essentials of Active Support are:

1. Every moment has potential – Every part of the day – every household task – every social interaction in the community holds moments of potentials for a person to be involved. The challenge is to find those moments and provide the right type of support. Look for opportunities.
2. Little and often – It is hard for some people with I/DD to be engaged in an activity for a long time. Little and often gives people the change to stop, take a break and then come back to an activity.
3. Graded assistance to ensure success – Give just the right amount and type of support for the person to successfully take part in meaningful activities and relationships.
4. Maximizing choice and control - Supporting people to make as many choices about how they spend their day as possible. The more choices a person can make the more control and input they have over their own life.

There are many examples, here are just a few ways a person can be engaged in their oral hygiene care:

- Help gather supplies needed (toothbrush, toothpaste, floss, etc.).
- Locate or identify needed supplies using eye gaze or pic symbols.
- Pick what location to do the brushing and flossing. Choosing can be done verbally, using pics, or going to the location.
- Apply the toothpaste to the toothbrush.
- Hold the toothbrush while someone else puts the paste onto the brush.
- Grasp the toothbrush, along with the staff person, to help with brushing motion.
- Fill a glass of water in preparation for rinsing.
- Let staff know, using words, expression, or pic symbols, if something is uncomfortable or it its going ok.
- Buying toothpaste at the store.
- Use a towel to wipe face/mouth after brushing teeth.
- Indicate yes or no in response to questions or choices.

Keep in mind that there will be individual differences in engagement. People’s level of engagement may vary from taking a lead role in oral hygiene care, to doing part of the activity, or just observing and being aware of the activity. Maximizing choice and control for the person during support is important because it gives people opportunities and increases their comfort. Provide assistance only when needed so that the person is doing as much on their own as possible. For example, use a “do it together” approach by encouraging the person to brush their teeth first with you watching, you then physically help them get missed areas, and they finish by themselves to build confidence. The idea is to provide enough support, at the right time, in the right way, so that people want to, and are able, to participate. Always follow specific information in individual support plans.

### **Safety and Sanitation**

Before assisting a person with their oral hygiene, check each person’s plan for specific instructions, as well as agency policies. To prevent the spread of illness and disease, at a minimum the following guidelines should be followed:

- Wash hands before you begin and after the task is completed.
- Wear gloves or other personal protective equipment (as your agency policy states).
- If using an electric toothbrush or Waterpik, which can cause splattering, wear protective eye/face wear.



### **The Basics for Brushing Teeth**

- Use a regular or power toothbrush with soft bristles.
- Use a pea-size amount of toothpaste with fluoride, or none at all. Toothpaste may bother people who have swallowing problems. If this is the case for the person you are assisting, brush with water instead. Baking soda sprinkled on a toothbrush moistened with fluoride mouth rinse may be tried as an alternative, but some people may not like the taste.
- Brush the front, back, and top of each tooth. Gently brush back and forth in short strokes. It may be necessary to gently draw back the lips and cheeks with thumb and forefinger or toothbrush to gain access to the teeth and gums. Vaseline or lip balm might make it more comfortable.
- Gently brush the tongue after you brush the teeth. Help the person rinse with plain water.
- Give people who can’t rinse a drink of water or consider sweeping the mouth with a finger wrapped in gauze.
- Angle the brush at the gumline and brush gently.
- Get a new toothbrush with soft bristles every 3 months, after a contagious illness, or when the bristles are worn.

## The Basics for Flossing Teeth

Flossing cleans between the teeth where a toothbrush can't reach. Flossing can be difficult to do and takes some practice. Waxed, unwaxed, flavored, or plain floss all do the same thing.

The person might like one more than another, or a certain type might be easier to use.

- Use a string of floss 18 inches long. Wrap that piece around the middle finger of each hand. Grip the floss between the thumb and index finger of each hand.
- Start with the lower front teeth, then floss the upper front teeth. Next, work your way around to all the other teeth.
- Work the floss gently between the teeth until it reaches the gumline. Curve the floss around each tooth and slip it under the gum. Slide the floss up and down. Do this for both sides of every tooth, one side at a time.
- Adjust the floss a little as you move from tooth to tooth, so the floss is clean for each one.
- As long as you do a thorough job, it doesn't matter if you brush or floss first.
- Consider floss picks or a Waterpik if string is too burdensome.

## Basic guidelines for care of dentures include:

- Remove at night and brush with soap and water before putting them into a cup of water (ask the dentist if denture cleaning tablets should be used). If a new cup is not used each night, then the cup be washed each day.
- Rinse and brush dentures again in the morning before placing them in the mouth.
- Keep them in water at all times when not in the mouth.
- Change the water in the cup daily.
- Brush the gums with a soft toothbrush or use a foam toothette swab after dentures are removed.



## Brushing and Flossing with Braces

To floss teeth with braces, feed the short end of the floss through the space between the main arch wire and the upper portion of the tooth closest to the gum. Use a gentle sawing motion to work the floss on each side of the two teeth the floss is between. Be careful not to pull with too much force around the arch wire. Begin brushing teeth by using a regular soft toothbrush. Brush down from the top and then up from the bottom on each tooth with braces. Next, brush teeth with a proxabrush or "Christmas tree" brush. This brush is specially designed for cleaning between two braces. Insert the brush down from the top and then up from the bottom between two braces. Use several strokes in each direction before moving on to the next space between two braces. Repeat the procedure until all teeth have been cleaned. The dentist may recommend use of a specific type of toothbrush, floss, Waterpik or other cleaning products to use with braces.

Foods to avoid while wearing braces include:

- Hard or tough-to-bite foods, such as apples or bagels
- Chewy foods, such as taffy or caramels
- Corn on the cob
- Hard pretzels, popcorn, nuts and carrots

- Do not chew ice or bubble gum

A water pick, also known as an oral pulsating irrigator, is a device that aims a stream of water at your teeth. It is commonly used when braces are on the teeth. A water pick can help remove food particles from your teeth and might help reduce bleeding and gum disease — but it isn't generally considered a substitute for brushing and flossing. It doesn't generally remove visible film and plaque on your teeth but can aid in reduction of bacteria even below the gumline.

### **Retainers – Types and Maintenance**

After orthodontic treatment has been completed, the use of retainers may be used for continued maintenance. There are two types of retainers after braces: fixed and removable.

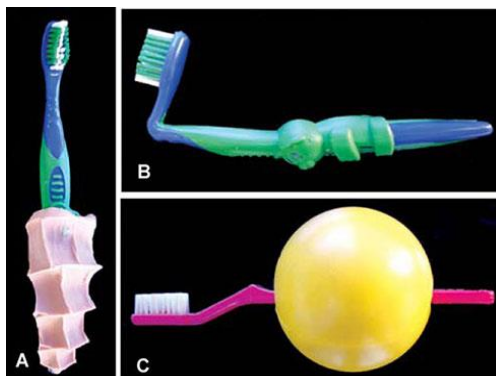
The fixed type of retainer is usually a thin wire worn across the back of the lower or upper front teeth, which is bonded in place. Since this type of wire stretches across several teeth, a floss threader or similar cleaning device must be used to access the spaces between the teeth.

The removable type of retainer is usually a combination of a wire going across the front of the lower or upper front teeth held in place with a combination of acrylic material and hooks or clasps that insert in and around the back teeth to hold the retainer in place. Since it is removable, this type of retainer makes it easier to clean the teeth, but the retainer itself needs to be cleaned according to instruction from the dental office. The dentist may recommend use of specific products to use with retainers.

### **Adaptive Equipment**

The need for adaptive equipment should be considered by the team. Do not introduce adaptive equipment unless it is part of a person's plan. There are many ways to increase independence and participation by using adaptations. Some common items include:

- Make the toothbrush easier to hold with an adapted handle, or by attaching the brush to the hand using a Velcro strap, or a wide elastic or rubber band. Make sure the band isn't too tight.



- Make the toothbrush handle bigger. You can buy a toothbrush with a large handle, or you can slide a bicycle grip onto the handle or attach foam tubing. You can also cut a small slit in the side of a tennis ball and slide it onto the handle of the toothbrush. If you make the toothbrush handle bigger, be sure to remove and clean the grip, and clean the toothbrush handle, at least once a week. Allow the grip and handle to dry fully.
- Toothbrushes have been created in various designs such as the Collis Curve or Triple bristle toothbrushes that hug the tooth to brush all sides and along the gumline.



- An electric toothbrush might make brushing easier. It might take time for a person to get used to it.
- If flossing is difficult, use an interdental cleaner — such as a dental pick, pre-threaded flosser, tiny brushes that reach between teeth, a water flosser, or wooden or silicone wedge plaque remover. Dental floss holders provide a holder for floss to attach to so that it doesn't have to be held by the fingers.



- A suction denture brush, with a suction base can make denture cleaning easier for one-handed care.

- A toothpaste squeezer can help people with poor hand strength, or use of only one hand, to squeeze the tube flat.



- Oral swabs can be used to clean the mouth, teeth and gums for those who need more frequent cleaning or who don't tolerate toothbrushing.



Technology continues to be developed in the area of oral hygiene products. You can find new products on the market such as auto-brushes that brush for you in as little time as three seconds, or the Dr. Pik device that cleans away plaque and debris while massaging gums. Many of these don't require the user to hold or brush themselves. There are toothbrushes that make brushing a game by connecting to an app on a smartphone or characters that teach someone how to brush properly. Dentists, Occupational Therapists, or Assistive Technology consultants are a great resource to finding equipment that works for people and helps gain independence.

## **Challenges**

Some people do not easily tolerate others assisting them with brushing. The same order of brushing each time will ensure that each area of the mouth is brushed and none missed. However, if co-operation is very limited and the person only allows assistance for a short period of time, it would be more suitable to brush a different area of the mouth each day. For example, brush the upper right teeth ensuring ALL surfaces in this area are brushed thoroughly in the morning and then brush the lower right teeth before going to bed. The next day's focus should be on the left side of the mouth. In these extreme circumstances a tooth-brushing chart should be used to ensure no teeth are missed. A thorough brush of all surfaces of the teeth (inside, outside and biting surfaces) once every two days may be better than inadequate brushing everyday where many of the surfaces of the teeth are consistently missed. If a routine such as this is used, it should be in the person's plan and approved by the team.

If the person bites or grinds on a toothbrush this can make brushing the teeth difficult. Allowing the person to 'bite' on a large toothbrush in the opposite side to which you want to brush will 'prop' the mouth open, enabling access.

An active tongue and/or a tight lip may push the toothbrush away from the teeth and gums. Gentle retraction of the lip, cheeks and tongue may be required. This can be done using a toothbrush or fingers wrapped in a flannel. Care must be taken to make sure the person helping is not accidentally bitten. The use of hard plastic finger guards can be helpful.

Everyone has the right to refuse treatment, including oral hygiene. Individual plans may have specific information for gaining cooperation from the people you support. Below are some general, non-restrictive things that can be tried:

- Offer the person as many choices within the activity as possible to give them control, such as
  - *When* to brush/floss – Now? Later? Before breakfast? After breakfast? Let the person decide.
  - *Where* to brush/floss – Oral hygiene doesn't always have to be done in the bathroom. Let the person decide what location works for them.
  - What flavor of toothpaste – Have a couple flavors on hand so the person can choose.
- If oral hygiene is not something the person prefers to do, follow it with a highly preferred activity so that the person is motivated to get it done.

- Determine *why* the person doesn't want to do oral hygiene and address the issue.
  - Is it painful? If so, talk with the nurse to determine the reason and what can be done. Is the toothbrush too hard? Is the support staff too rough?
  - Is the person concerned they will miss their ride to work if they take time to brush/floss their teeth? Talk to them about their schedule and how it can work. Make adjustments if needed.
  - Is it not a good time for them? Maybe try later.
  - Consider *who* is helping. Is there another support person they are more comfortable with that could step in to assist?
  - Is the task unfamiliar to them, causing them to be fearful? If this is the case, the task may need to be introduced slowly, in small steps.

### **Positioning**

Keeping people in a safe position during oral hygiene care is important. Good head support must be provided for adequate, comfortable brushing for the person and the person assisting. If the person being assisted is seated, it might be easier to stand behind them when assisting with brushing. Sometimes it works to cradle the head in one arm while brushing with the other hand. The person assisting should ideally be positioned behind the person or slightly to one side. Check with your supervisor or team recommendations before placing a person in other than an upright body position. Refer to Appendix A for additional resources.

### **Location**

The bathroom isn't the only place to brush and floss teeth. These tasks can just as easily be completed at a table with a towel, bowl, and cup of water. Place the toothbrush, toothpaste, floss, and a bowl and glass of water on the table within easy reach. Maybe the person prefers to brush their teeth during a shower, or in the privacy of their bedroom. Think about what works best, and where the person is most comfortable. Wherever oral hygiene is completed, make sure there is adequate lighting to see inside the person's mouth.

## Chapter 2: Feedback Exercises

Check your understanding of this chapter's content by completing this self-assessment.

1. What is active support?

What are the four essentials of Active Support?

2. List 4 basics for brushing teeth.
3. List 3 guidelines for the care of dentures:
4. List 3 basic for flossing teeth:
5. Give some examples of adaptive equipment that can be used to increase independence for oral hygiene activities.
6. What are e non-restrictive things that can be tried if someone is refusing oral hygiene?
7. What are 3 resources the team can use to find oral hygiene equipment that works most effectively for people?
8. List 3 foods that people wearing braces on their teeth should avoid.
9. List 2 safety and sanitation precautions that should be taken with oral hygiene activities.



## **Chapter 3: Other Considerations**

### **Rights Issues**

Any restriction to rights to complete oral hygiene and dental care must be approved by the team and other committees, such as the Human Rights Committee and/or the Behavior Intervention Committee. No type of restraint can be used without this approval. Certain types of positioning may also need approval. Check individual plans for approval and guidelines. People have the right to refuse any treatment offered to them, including oral hygiene. Individual plans may have guidelines for staff with tips on how to gain cooperation.

Some people with specific disabilities, in particular those within the Autism Spectrum, or with Fragile X and Down Syndrome, can experience significant challenges with tolerating dental care. Sometimes the use of sedation or general anesthesia needs to be considered. Use of this is considered a rights restriction and needs approval for use. See your agency policies and procedures, and individual plans for guidance. Repeated use of general anesthesia is associated with significant health risks and an increased negative association with medical and dental treatment.

### **Assistance During Appointments**

The person should be involved in the steps leading up to and including dental appointments. The person can participate in calling the dentist to schedule his/her own appointment. Staff can assist the person to visit the dental office a day or two before the appointment to become familiar with the building, if the person is feeling anxious. In addition to visiting the building before appointment, becoming familiar with other aspects of dental visits may be helpful. This may include watching positive videos of dental procedures and cleanings, learning about various dental tools and equipment, and getting to know the dental professionals the person is likely to see at the appointment. Each of these techniques can assist the person to reduce the need for general anesthesia.

The day of the appointment, the staff planning to assist should visit with the person beforehand, so the person knows what to expect. Explain what is likely to happen in a way the person can understand. This may include using words, pictures, or even a video. Transportation arrangements must include sufficient time to arrive at the appointment on time, and to avoid scheduling conflicts with other activities (work and leisure). It is also important to assist the person to dress in comfortable clothing for the appointment, to make for easy transfers to and from the dentist's chair. For example, wearing a dress or skirt may be awkward when getting into the dentist's chair.

Upon arrival at the dentist office, staff should assist the person to participate in greeting the front desk worker, giving his/her name, and completing the check-in process. If waiting is difficult for the person, staff should remind the person to bring along familiar items to pass the time peacefully in the waiting area. These can include: music and headphones, books and magazines, a pen and notepad, handheld video games, or any other enjoyable item. Items should always be appropriate for the person's age.

When the person's appointment begins, staff should encourage questions and comments to be addressed to the person rather than to the staff. Staff will also role model these respectful interactions by talking *to* the person, rather than talking *about* the person. For example, if a staff member is assisting Sylvia at her appointment, the dental hygienist may address staff and say, "Has Sylvia been experiencing any issues with tooth pain or sensitivity?" Staff can kindly address Sylvia and say, "Sylvia, did you hear the hygienist's question? She wants to know how your teeth have been feeling." This role modeling highlights the importance of involving Sylvia in the conversation (since this is her appointment!). If the hygienist continues to address staff, it may be helpful for the staff to politely say, "I'm happy to help when you need me, but go ahead and ask Sylvia like I'm not even here."

If the person is anxious at appointments, suggest they bring a comforting blanket to keep on their lap or wear headphones to listen to their favorite music. If at any point, the person becomes so anxious or uncomfortable that the appointment should not continue, calmly inform the dentist and dental hygienist that the person is going to be done for that day. If the appointment was not completed, it may be necessary to schedule another appointment to complete any unfinished procedures. If a person has a pattern or history of showing anxiety at dental appointments, the person may benefit from desensitization.

### **Desensitization**

As discussed in the previous appointment, it's important to prepare people for visits to the dentist, especially those who may be anxious about going. Work with people you support to make them as comfortable as possible. Some people who are extremely anxious about going to the dentist may benefit from



desensitization. Research indicates that desensitization to the procedures, touches, smells, sounds, sights, and equipment of the dental environment can be a successful way to complete dental care. This, in turn, can reduce the need for general anesthesia.

Desensitization is used to reduce a response to something that is happening in the environment. For example, if a person is afraid of loud noises, a desensitization program will expose the person to increasingly loud noises in a safe, relaxed environment, until the loud noise does not scare the person anymore. Desensitization can be used to decrease fear to the noises, sights, sounds, and touches associated with dental procedures. Desensitization can be divided into four steps: (1) Relaxation Training, (2) Development of a Fear Hierarchy, (3) Progression through the Fear Hierarchy, and (4) Generalization to Real Environment. If used, desensitization is a technique that needs to be considered and planned for by the team.

## Plan for Success

The following real-life scenarios illustrate the challenges that can be overcome with careful planning and consideration of people's needs.

Sam:

*Sam, a gentleman with Down Syndrome, was very nervous about dental appointments and would become combative and very aggressive during appointments. This required that all routine cleanings and dental work was performed under general anesthesia. Sam's team believed that he hadn't received the opportunity to gain tolerance of dentists in a regular setting as he had been placed in the institution at Grafton as a toddler and grew up there. They worked with his dentist to modify appointments so they were shorter, more frequent and progressive each time. On his first visit, Sam took a plate of cookies to the dental office and visited with everyone for a few minutes. His second visit he took cookies, visited, then sat in the chair and the dentist only looked at his teeth. The third visit, he allowed the dentist to brush his teeth. The fourth visit he allowed the dentist to do minor scraping after brushing, etc. Within a year, Sam was able to have basic dental care provided without the use of general anesthesia and he had built wonderful relationships with the dentist and his office staff.*

Rhonda:

*Rhonda had not had trouble attending dental appointments as a child but once she was living on her own, she began becoming more and more intolerant of dental visits. She did not want to go so her support staff would try to schedule the appointments prior to her visits with family so they were the ones picking her up from the dentist. This worked for some time but she began pushing away the hygienist/dentist and their instruments during dental care and they could not complete appointments. Rhonda has good communication skills but could not explain why she was having such difficulty at the dentist. Her team implemented a rights limitation for her to take an oral sedative prior to appointments. She became even more aggressive during appointments with the oral sedative. Rhonda's dentist suggested that she begin having dental work completed under general anesthesia. Her team knew that she was able to have the dental work completed if they could help her gain control and confidence. They began talking to her more about their own dental care and how they didn't always want to go to the dentist. Her QDDP told Rhonda that she was nervous to go to the dentist too and asked her if she'd go with her to make her feel better. Rhonda went from the person who was angry in the dentist chair to being the one reassuring others in her life that going to the dentist is ok. One of her support staff even made a Facetime call to Rhonda when they were at the dentist and getting a cavity filled. Rhonda reassured her to just close her eyes and it will be over in 5 minutes! One of Rhonda's staff knew that she may need a fresh start for her next dental appointment so they told her about a new cool dentist they had taken their son to see and asked her if she wanted to meet him. Rhonda agreed and soon was herself, sitting in the dentist chair again with success. For the past three years, she has attended appointments with a smile on her face and even allowed her new dentist to perform a crown procedure without sedation. She had her support staff by her side reminding her that they were there for her, just like she was there for them.*

### **Chapter Three Feedback Exercises**

Check your understanding of this chapter's content by completing this self-assessment.

1. What are 4 things discussed in this chapter that you can do to help calm a person who is anxious about going to the Dentist?

## References

- Dental Care Every Day: A caregiver's guide. Practical Oral Care for People with Developmental Disabilities.* (2012, February). National Institutes of Health. Retrieved from <https://www.nidcr.nih.gov/sites/default/files/2018-10/dental-care-everyday.pdf> ]
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## Appendix A– Additional Resources:

- How to assist a person with ID/DD  
<https://www.youtube.com/watch?v=0sZZiR4LQRA&feature=youtu.be>
- Special circumstances with oral hygiene  
<https://www.youtube.com/watch?v=xuvqAF1YfE0&feature=youtu.be>
- Oral health as it relates to general health for people with ID/DD  
<https://www.youtube.com/watch?v=fxk-yC34DKk&feature=youtu.be>
- Free publications from the National Institute of Dental and Craniofacial Research  
<https://catalog.nidcr.nih.gov/OrderPublications/#dental-care-every-day>
- Assistive Technology Consults available at <https://ndassistive.org/>
- Hand Under Hand techniques may help people with dementia feel more comfortable during brushing assistance. Video link: "How to Help a Person with Dementia Brush their Teeth" with Teepa Snow  
<https://www.youtube.com/watch?v=>

## Feedback Answer Key

### Chapter 1: Feedback Exercises

1. List 4 symptoms that could indicate oral health problems.

- Red, tender or swollen gums
- Gums that bleed when you brush or floss
- Gums that begin pulling away from the teeth
- Loose permanent teeth
- Unusual sensitivity to hot and cold
- Persistent bad breath or an unusual taste in the mouth
- Painful chewing

2. Explain how oral health can affect general health.

Like other areas of the body, your mouth has bacteria in it. Most of the bacteria are harmless, but your mouth is the entry point to your digestive and respiratory tracts, and some of these bacteria can cause disease. If teeth or gums are not healthy, it may cause pain or discomfort. This can affect what and how well a person eats. A person's ability to speak may also be affected by dental problems.

3. Explain how some medication can affect oral health.

There are many ways medications can affect oral health. Some examples included in the chapter: Decongestants, antihistamines, painkillers, diuretics and antidepressants can reduce saliva. Saliva washes away food and neutralizes acids produced by bacteria in the mouth. People with breathing problems often use inhalers. Inhaling medication through the mouth can cause a fungal infection.

4. T or F Tobacco products do not affect oral hygiene.

5. T or F Choose a hard-bristled toothbrush that fits the mouth comfortably.

6. T or F Behavior problems can complicate oral health care.

7. T or F . Soft oral tissues—gums, cheek lining, tongue—can be affected by medications.

8. T or F A major contributing factor to dental disease is plaque.

## Chapter 2: Feedback Exercises

### 1. What is active support?

Active Support is a way of providing assistance to people that has a focus on making sure that individuals are actively, consistently, and meaningfully engaged in their own lives, regardless of their unique needs. It means we do not just do things for people, we work with people to support them.

What are the four essentials of Active Support?

1. Every moment has potential
2. Little and often
3. Graded assistance to ensure success
4. Maximizing choice and control

### 2. List 4 basics for brushing teeth.

- Use a regular or power toothbrush with soft bristles.
- Use a pea-size amount of toothpaste with fluoride, or none at all. Toothpaste may bother people who have swallowing problems. If this is the case for the person you are assisting, brush with water instead. Baking soda sprinkled on a toothbrush moistened with fluoride mouth rinse may be tried as an alternative, but some people may not like the taste.
- Brush the front, back, and top of each tooth. Gently brush back and forth in short strokes. It may be necessary to gently draw back the lips and cheeks with thumb and forefinger or toothbrush to gain access to the teeth and gums. Vaseline or lip balm might make it more comfortable.
- Gently brush the tongue after you brush the teeth. Help the person rinse with plain water.
- Give people who can't rinse a drink of water or consider sweeping the mouth with a finger wrapped in gauze.
- Angle the brush at the gumline and brush gently.
- Get a new toothbrush with soft bristles every 3 months, after a contagious illness, or when the bristles.

### 3. List 3 guidelines for the care of dentures:

- Remove at night and brush with soap and water before putting them into a cup of water (ask the dentist if denture cleaning tablets should be used). If a new cup is not used each night, then the cup be washed each day.
- Rinse and brush dentures again in the morning before placing them in the mouth.
- Keep them in water at all times when not in the mouth.
- Change the water in the cup daily.
- Brush the gums with a soft toothbrush or use a foam toothette swab after dentures are removed.



4. List 3 basic for flossing teeth:
- Use a string of floss 18 inches long. Wrap that piece around the middle finger of each hand. Grip the floss between the thumb and index finger of each hand.
  - Start with the lower front teeth, then floss the upper front teeth. Next, work your way around to all the other teeth.
  - Work the floss gently between the teeth until it reaches the gumline. Curve the floss around each tooth and slip it under the gum. Slide the floss up and down. Do this for both sides of every tooth, one side at a time.
  - Adjust the floss a little as you move from tooth to tooth, so the floss is clean for each one.
  - As long as you do a thorough job, it doesn't matter if you brush or floss first.
  - Consider floss picks or a Waterpik if string is too burdensome.
5. Give some examples of adaptive equipment that can be used to increase independence for oral hygiene activities.
- There are many correct answers, including:
- Make the toothbrush easier to hold with an adapted handle, or by attaching the brush to the hand using a Velcro strap, or a wide elastic or rubber band.
  - Make the toothbrush handle bigger. You can buy a toothbrush with a large handle, or you can slide a bicycle grip onto the handle or attach foam tubing. You can also cut a small slit in the side of a tennis ball and slide it onto the handle of the toothbrush.
  - Use a toothbrush design such as the Collis Curve or Triple bristle toothbrushes that hug the tooth to brush all sides and along the gumline.
  - An electric toothbrush.
  - Use an interdental cleaner — such as a dental pick, pre-threaded flosser, tiny brushes that reach between teeth, a water flosser, or wooden silicone wedge plaque remover, or dental floss holders.
  - A suction denture brush, with a suction base can make denture cleaning easier for one-handed care.
  - A toothpaste squeezer can help people with poor hand strength, or use of only one hand, to squeeze the tube flat.
  - Oral swabs can be used to clean the mouth, teeth and gums for those who need more frequent cleaning or who don't tolerate toothbrushing.
6. What are 3 non-restrictive things that can be tried if someone is refusing oral hygiene?
- Offer the person as many choices within the activity as possible to give them control.
  - Follow oral hygiene with a highly preferred activity.
  - Determine why the person is refusing and address that issue.

7. What are 3 resources the team can use to find oral hygiene equipment that works most effectively for people?  
Dentists, Occupational Therapists, or Assistive Technology consultants
8. List 3 foods that people wearing braces on their teeth should avoid:
  - Hard or tough-to-bite foods, such as apples or bagels
  - Chewy foods, such as taffy or caramels
  - Corn on the cob
  - Hard pretzels, popcorn, nuts and carrots
  - Do not chew ice or bubble gum
9. List 2 safety and sanitation precautions that should be taken with oral hygiene activities:
  - Wash hands before you begin and after the task is completed.
  - Wear gloves or other personal protective equipment (as your agency policy states).
  - If using an electric toothbrush or Waterik, which can cause splattering, wear protective eye/face wear.

### Chapter Three Feedback Exercises

1. What are 4 things discussed in this chapter that you can do to help calm a person who is anxious about going to the Dentist?
  - Assist the person to visit the dental office a day or two before the appointment to become familiar with the building and the dental staff.
  - Becoming familiar with different things that may happen during a dental visit may be helpful. This may include watching positive videos of dental procedures and cleanings, learning about various dental tools and equipment.
  - Visit with the person beforehand, so the person knows what to expect. Explain what is likely to happen in a way the person can understand. This may include using words, pictures, or even a video.
  - If waiting is difficult for the person, staff should remind the person to bring along familiar items to pass the time peacefully in the waiting area. These can include: music and headphones, books and magazines, a pen and notepad, handheld video games, or any other enjoyable item.
  - Suggest the person bring a comforting blanket to keep on their lap or wear headphones to listen to their favorite music during the procedure.
  - If a person has a pattern or history of showing anxiety at dental appointments, the person may benefit from desensitization.