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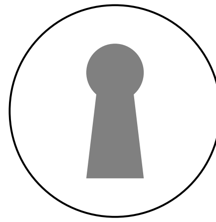

UNLOCKING BARRIERS TO CARE

Guidelines for Oral Health Care for People with a Physical Disability

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Revised January, 2000

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ORAL HEALTH CARE FOR PEOPLE WITH A PHYSICAL DISABILITY

INTRODUCTION

People with a physical disability are entitled to equal standards of health and care as their able bodied cohorts. However, there is evidence that they experience poorer oral health[1-4] and barriers to achieving good oral health and accessing appropriate dental services[5-9]. These guidelines highlight some of the barriers and provide guidance to facilitate equitable access to dental services which are sensitive to individual needs and demands.

Disability affects a wide segment of the population of all ages and social classes. Approximately 3% of the population of children aged 16 and under are estimated to have one or more disability of which more than a quarter have limitations affecting locomotion[10]. However, mobility which can be affected by different types of disability (eg walking, seeing and mental disabilities) affects a third of children in communal establishments[11]. Over 4 million adults have mobility problems and around two and a half million are reported to have difficulty with personal care[12]. The prevalence of disability increases with age, with impaired mobility affecting approximately 20% of the 60 to 74 age group and rising to 46% in the population over 75. These restrictions have implications for access to services and the management of oral self-care.

Information, access and transport are consistently quoted by people with disabilities as being the key to independence and choice[13]. Impaired mobility can lead to social isolation which over years, conditions people to have lower expectations of services[14]. The physical environment and architectural infrastructure have been largely constructed without reference to the needs of disabled people[15], although legislation has brought pressure for access to be a primary consideration in new buildings.

Patterns of mobility and transport of disabled or house-bound persons have implications for dental attendance[16]. Studies confirm that impaired mobility and ability to reach services, are factors which affect the uptake of dental care[17-19]. Problems with physical access to health service premises and dental surgeries are reported[20-23]. The main problem is caused by stairs and other physical barriers within buildings[24]. Irregular dental attendance, delays in obtaining treatment or appropriate preventive advice, can lead to the need for crisis management for pain relief and extraction rather than restorative care.

Health authorities have a key role in ensuring that the need for a comprehensive range of dental services is met. The number of people requiring domiciliary dental services is increasing as more people survive with illness and disability, and as the population ages. Lack of portable domiciliary equipment may limit the scope of treatment offered[24]. The Disability Discrimination Act (1995)[25] covers health services and makes it unlawful to treat a disabled person less favourably for a reason related to their disability. This includes refusing a service, treating less favourably in the standard of service or the manner in which it is provided, or providing the service on less favourable terms. From 1999, the DDA requires service providers to take reasonable steps to make reasonable changes to procedures and practices, and provide reasonable auxiliary aids or services. This could include access to and within dental premises, the provision and availability of domiciliary dental care, and the provision of out of hours emergency dental care. Guidelines for domiciliary care and suitable domiciliary equipment are covered in a separate document[26].

Upper limb disability may affect the individual's ability to manage effective oral hygiene. Poor oral hygiene and periodontal disease is reported in a sample of paraplegics[4]. Those who are dependent for oral hygiene, rely on the knowledge and skills of their carers. Studies demonstrate chronic inadequate oral hygiene practices delivered by health care workers[27-28]. These are confirmed by the nursing profession[29-30].

Attitudes to oral care and the knowledge of health professionals and health care workers are identified as barriers to oral health for people who are dependent for oral hygiene[28, 31-36]. All health professionals should receive additional training to support the concept of primary oral health care[37]. However the oral health content of professional nurse training is still reported to be inadequate[36]. There may be limitations on the type and quality of care that can be delivered at home but this may be the ideal location to provide oral health advice to the individual and carer/s.

INFORMATION

The development of a local profile of dental services will help to highlight deficiencies. Consultation with local Access groups and other representative disability groups or organisations will identify the specific problems experienced.

It is essential to collate information that identifies:

- Location of general dental practitioners and community dental clinics
- Ease of access for people with mobility problems
- Ease of access and facilities within premises
- Availability of NHS dental treatment
- Availability of domiciliary dental services
- Access to out of hours and emergency dental services.

Liaison between Hospital Dental Services (HDS), Community Dental Services (CDS) and General Dental Services (GDS) should help to ensure access to seamless dental care. The Health Authority has a responsibility to provide information and therefore has an ongoing duty to regularly update information and ensure that it is disseminated to potential service users, health and social care agencies, voluntary organisations and other relevant bodies.

The CDS is best placed to perform a networking role to ensure that all agencies keep oral health on the agenda, to facilitate access to the most appropriate dental service and to ensure that the Health Authority discharges its responsibility to disseminate information in a form which is accessible and acceptable to this client group. It is important to ensure that mechanisms exist to advise potential clients of the availability of dental services.

SCREENING and RISK ASSESSMENT

Networking will facilitate the identification of populations who may benefit from screening. Epidemiology provides base line data for planning dental services and appropriate oral health promotion strategies, following which screening services can be established. However, screening does not provide a holistic assessment of individual need and clients may decline to participate in an examination.

Oral health risk assessments provide an alternative mechanism for identifying individual oral health needs and demands and can be completed in privacy[38]. Assessment need not be confined to professional carers but can be incorporated into wider assessment by the multi-disciplinary team or adapted for self-reporting[39]. Regular contact with generic teams will facilitate identification of clients at or soon after diagnosis. This is particularly important for identifying children whose names may be recorded on the Child Health Register.

ORAL ASSESSMENT and TREATMENT

People with a physical disability are entitled to the same standards of comprehensive oral health care as their able-bodies cohorts, within the limitations that may be presented by the individual's ability to accept care. It is recommended that treatment plans are discussed and agreed with the patient, and if appropriate, with family or carer.

The frequency of oral examination for dentate persons will be dependent on individual needs. However it is recommended that dentate persons receive six monthly examinations and edentulous persons are examined annually.

Providers have a responsibility to ensure access to facilities for treatment under sedation, day stay and in-patient general anaesthesia which include arrangements for a carer to accompany the patient for overnight hospital admission. The need for restorative care under general anaesthesia has been consistently identified for children and adults[2,3,40].

ORAL HEALTH EDUCATION

Clients and carers, whether personal or professional, need access to advice and information that promotes oral health. The differing needs of clients and carers need to be addressed. The wide diversity of 'carers' requires a flexible approach to oral health education. Both clients and carers need a basic knowledge and understanding of the impact of oral health on general health, risk factors for oral health, preventive advice, dietary advice, practical guidance in oral hygiene techniques and aids or adaptations for oral hygiene. It is recommended that oral health education is included in care staff induction programmes and delivered by suitably qualified staff. Training with regular updates may help to address the issue of inadequate oral hygiene provided for dependent persons.

PREVENTIVE PROGRAMMES

Preventive programmes need to take account of individual disability or impairment and provide information in an acceptable form. Oral health promotion literature may therefore need to be modified and be culturally sensitive. Clients and carers require individual advice on:

preventive measures and appropriate oral hygiene equipment
aids and adaptations to maintain oral hygiene e.g. toothbrush adaptations.

An oral care plan based on oral and social assessments may assist clients and carers to establish good oral hygiene practices and provide a tool for monitoring oral health. Clients and/or carers may require training in the practical aspects of oral hygiene in order to achieve the standards agreed.

PREMISES

Minor adaptations to premises may be necessary to improve ease of access for people with mobility problems and provide accessible surgeries and facilities. It is recommended that the design and layout of premises for delivering services be assessed to identify the barriers to access for people with mobility problems (Appendix 2). These include:

designated parking spaces close to the building
appropriate sign-posting for people with sensory impairment
ground floor level access
ramps which permit wheelchair access
handrails for support on steps or ramped areas
access doors and corridors able to facilitate wheelchair movement (800 mm)
unisex disabled toilet facilities
surgery layout providing space for a wheelchair turning circle or treatment in a wheelchair.

A patient centred and friendly environment, which permits access to guide dogs and provides communication systems for hearing impaired e.g. sympathetic hearing scheme, Minicom, will help to alleviate the anxiety associated with a visit to the dentist.

There is a statutory duty to comply with European legislation, national and local policies for Health and Safety to ensure the safety of patients and staff. Attention is drawn to the requirement for staff to receive training in manual handling, to facilitate safe transfer of patients from wheelchair to dental chair. Training is essential for the safe use of equipment to assist with transfer (eg sliding board, turntable or hoist). Health and Safety issues and companies supplying suitable equipment and appliances are listed in Appendix 3.

TRANSPORT

Due consideration to individual transport problems before arranging an appointment, will help to reduce this as a barrier to regular dental attendance. It is recommended that dental care providers compile information about local transport systems that are accessible to people with mobility problems and provide a map to show the relationship of the clinic/practice to public transport services.

SUMMARY

Consideration needs to be given to a range of factors when developing and planning services for this client group. An understanding of the impact of physical disability and its impact on oral health and access to services is essential[41]. Dental services should be appropriate and sensitive to individual needs whilst respecting individual privacy. Services need to take account of the views, needs and demands of clients, family and carers. Standards of care should accord with the principles of positive choice, enhanced quality of life, retention of dignity and, wherever possible, self care. Oral health and quality oral health care contribute to holistic health. It should be a right rather than a privilege[42].

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APPENDIX 1 ORAL HEALTH ASSESSMENT

Oral health assessment by health professionals provides a mechanism for opportunistic identification of clients who have oral and/or dental problems, are not receiving regular dental care and/or are at risk of poor oral health. Subjective indicators include the ability to speak, smile or eat without pain or discomfort. This example of an Oral Health Assessment may be adapted to suit any client groups or used for self assessment. It should be used in collaboration with local dental services in order to facilitate access to an appropriate dental service. The Community Dental Service is best placed to fulfil the role of facilitator. **A response in a highlighted box may signify a need for action.**

Name: ______________________________ **Date of birth**: ____________________
Mr / Mrs / Miss / Ms
Address: ____

Telephone:

1. Does the client have natural teeth ? No ☐ Yes ☐

2. Does the client have dentures ? No ☐ Yes ☐ Specify Upper ☐ Lower ☐
a) If Yes, are dentures labelled ? Yes ☐ No ☐ Don't Know ☐
b) If Yes, how old are dentures ? Less than 5 yrs ☐ More than 5 yrs ☐ Don't Know ☐

3. Does the client have any problems ? No ☐ Yes ☐ Don't Know ☐
e.g pain, difficulty eating, decayed teeth, denture problems, dry mouth, ulcers, halitosis, other etc. If Yes, describe problem Teeth ☐ Gums ☐ Denture ☐ Other ☐

4. Has the client ever smoked ? No ☐ Yes ☐ Current smoker ☐ Don't know ☐

5. Is the client on medication with oral side effects ? No ☐ Yes ☐ Don't Know ☐

6. Does the client need urgent dental treatment ? No ☐ Yes ☐ Don't Know ☐

7. When did the client last see a dentist ? Less than 1 year ☐ More than 1 year ☐ Don't know ☐

8. Is the client registered with a dentist? Yes ☐ No ☐ Don't Know ☐
If Yes, record name and address of dentist:______________________________

Signature:.. **(Job title)**..

Date...

Adapted from Griffiths [39]

APPENDIX 2

GUIDANCE FOR ADAPTATION OF BUILDINGS AND FACILITIES

The Access Committee for England which was established in 1984 as a national focal point on issues of access for people with disabilities. It has now been taken over by RADAR Access Advisory Committee. Publications include:

Working together for Access - a manual for access groups
Building Homes for successive generations - criteria for accessible general housing
Access policies for local plans.

Contact: **RADAR Access Advisory Committee**
12 City Forum
250 City Road
London EC1V 8AF
Tel: 0171 250 3222 ext 231
Fax 0171 250 0212

Centre for Accessible Environments. Services include technical information and advice, design guides, specifiers' handbooks, other publications, and a register of member professionals with experience of designing for people with disabilities.

Contact: **Centre for Accessible Environments**
Nutmeg House
60 Gainsford Street
London SE1 2NY
Tel: 0171 357 8182
Fax 0171 357 8183

Access and facilities for disabled people - Approved document 1999 edition (ISBN 011 753 4692) available from: **The Stationary Office**
PO Box 276
London SW8 5DT
Tel: 0870 600 5522

APPENDIX 3

HEALTH & SAFETY

1. The Management of Health & Safety at Work Regulations 1992 SI 1992 No 2051 HMSO (1999 update in press).
2. The Manual Handling Operations Regulations 1992 SI 1992 No 2793 HMSO.
3. Manual Handling : Guidance on Regulations ISBN 071 762 4153 HMSO 1998.
4. Getting to grips with manual handling - a short guide for employers 1993 (free leaflet).

Available from: **HSE Information Services**
Broad Lane
Sheffield S3 7HQ
Tel: 0541 545 500
Fax 01742 892333

The Guide to the Handling of Patients - third edition published by the National Back Pain Association.

Contact: **National Back Pain Association**
16 Elmtree Road
Teddington
Middlesex, TW11 8ST
Tel: 0181 977 5474
Fax: 0181 943 5318

Royal College of Nursing - Code of Practice for the Handling of patients.

Contact: **Royal College of Nursing**
194 Euston Road
London NW1 2DA
Tel: 0171 409 3333
Fax 0171 647 3435

SUPPLIERS OF EQUIPMENT AND APPLIANCES

Care & Mobility Ltd
440 Cranbrook Road
Gants Hill
Ilford
Essex. IG2 6LL
Tel: 0181 518 3458
Fax: 0181 518 3394

Chiltern INVADEX Ltd
Unit 6
Wedgewood Road
Bicester
Oxford, OX6 7UL
Tel: 01869 246470
Fax: 01869 252866

Westholme Specialist Equipment
Westholme Ltd
Newcombe Street
Elland
Halifax HX5 OEG
Tel: 01422 260011
Fax 01422 371783

The Wellconstruct Company
Woodgate Business Park
Kettles Wood Drive
Birmingham, B32 3GH
Tel: 0121 421 9000
Fax: 0121 421 9888

Invacare UK Ltd
South Road
Bridgend Industrial Estate
Bridgend
Mid Glamorgan CF31 3PY
Tel: 01656 647327
Fax 01656 667532

Orthpaedic/Healthcare Aids Manufacturers
Clock Tower Works
Railway Street
Southport
Merseyside, PR8 5BB
Tel: 01704 542373
Fax: 01704 545214

APPENDIX 4

Recommendations to develop local standards for oral health for people with a physical disability

1 Liaison between health, social and voluntary agencies to identify clients without a dental service or with inadequate access to dental services.

2 Consultation with disability groups and physically disabled clients to identify inadequacies in service provision.

3 Identification of:
- a) location of dental surgeries with access for people with mobility problems (GDS and CDS)
- b) ease of access and facilities within premises
- c) disabled parking facilities
- d) availability of NHS care
- e) availability of domiciliary dental services
- f) out of hours and emergency dental services.
- g) alternative transport systems

4 Dissemination of information in a variety of accessible forms through health, social and voluntary sector.

5 Epidemiology to identify base line data for dental service planning and oral health promotion strategies appropriate to clients' needs.

6 Oral assessment criteria to identify:
- a) risk factors for oral health
- b) individual oral care needs and develop an oral care plan
- c) appropriate oral hygiene equipment
- d) preventive and palliative measures
- e) need for and access to dental services

7 Dental input to multi- / inter-disciplinary assessment where appropriate including:
- a) procedures for ensuring access to pain relief, appropriate general and specialist dental services, and oral hygiene advice and support
- b) support for health professionals and carers in oral care

8 Training for health care professionals in:
- a) the scientific basis of oral health and disease
- b) oral assessment criteria and tools for oral assessment
- c) identification of risk factors and stressors for oral health
- d) current oral care practices appropriate to individual needs
- e) practical oral care to motivate, encourage, support and assist clients to carry out oral, dental and denture hygiene
- f) eligibility for free or partial exemption for the cost of NHS dental care
- g) accessing local dental services.

9 Oral health advice and support for clients, family and carers, appropriate to their needs.

10. Oral health education and promotion for clients, carers and health professionals which address:
- a) oral health needs of clients
- b) dietary issues in the context of healthy eating for oral and general health.