

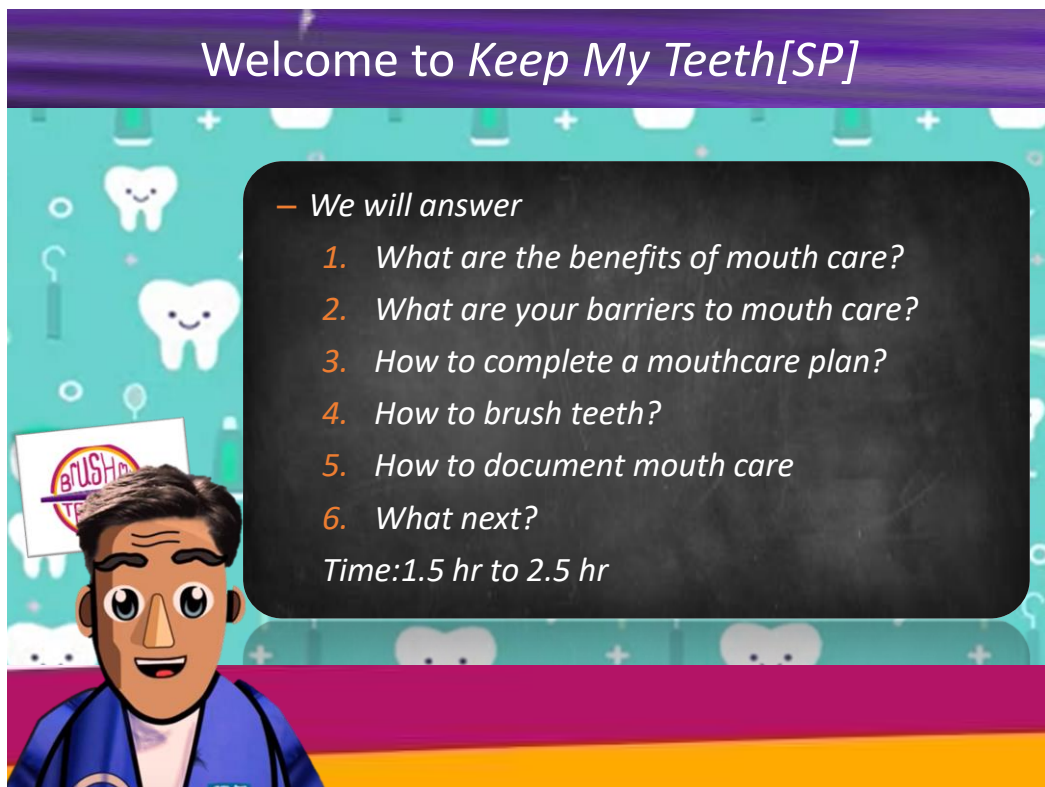


Welcome



## Welcome and Introduction

Instructor: go through Page one of the handbook



Instructor: Go through these questions.

Highlight the link with these and the handbook and Further information

## Sample Mouth Care Plan

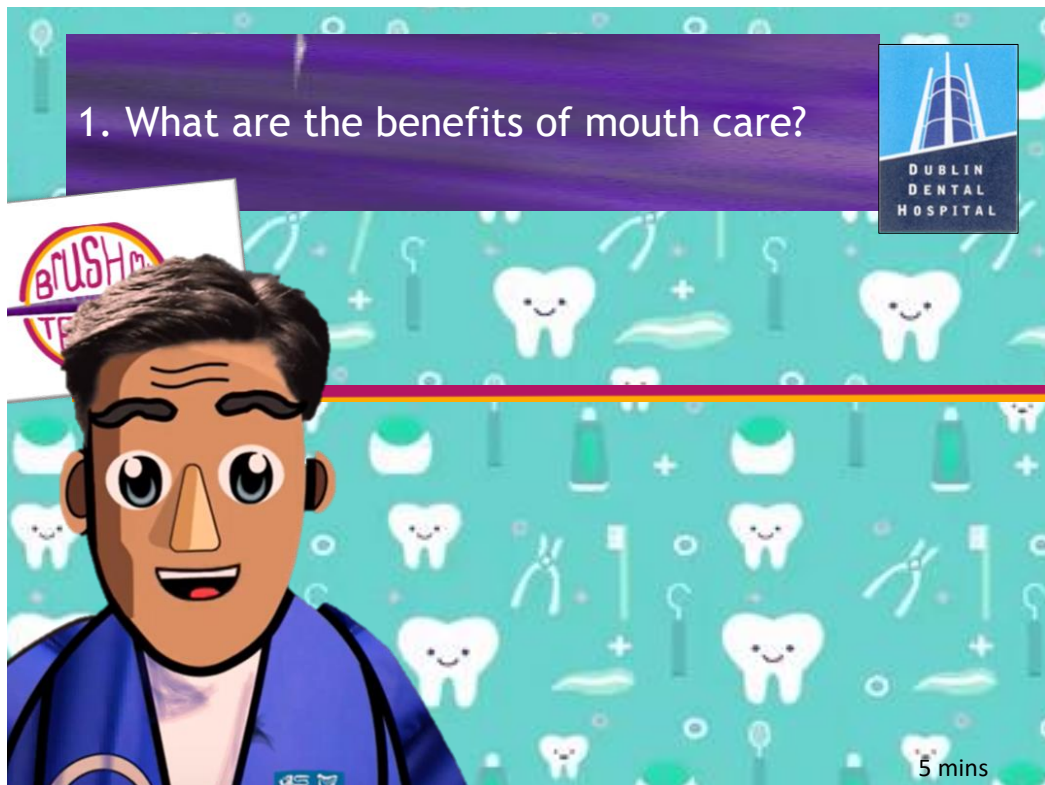
Video file size too large

Available from corresponding author upon request



### Video A

This video will demonstrate What we mean by a Mouthcare Plan.



Next we will undertake a short task.  
Are you ready?

## Benefits of mouth care

- *This task is about the benefits of mouth care*
- *With a partner, list three reasons why mouth care is important*
- *You have two minutes*
- *Watch video to see if you left anything out*



Record your answers in your workbooks.

## Benefits of mouth care

Video file size too large

Available from corresponding author upon request



Lets take a moment to review the importance of oral health.

After this video we will look at some startling statistics regarding oral health and disabilities in Ireland.

## *Comparing people with intellectual disabilities in Ireland to those without*

- *x7 more likely to have severe gum disease*
- *x2 Twice as much untreated tooth decay*
- *x2 Twice as many extractions*
- *x4 times less likely to get fillings*
- *x2 Twice as likely to lose all their teeth*
- *x12 less likely to get dentures*

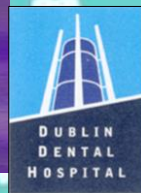


Now open up if there are any questions on this.

You can direct people to the end of the handbook



## 2. What are your barriers to mouth care?



20 mins

## Overcoming Barriers to Mouth care

- *This task is about barriers to oral care*
- *In pairs, honestly discuss what are the barriers to mouth care that you experience in your support role?*
- *Discuss for five minutes*
- *Share to the group for ten minutes*



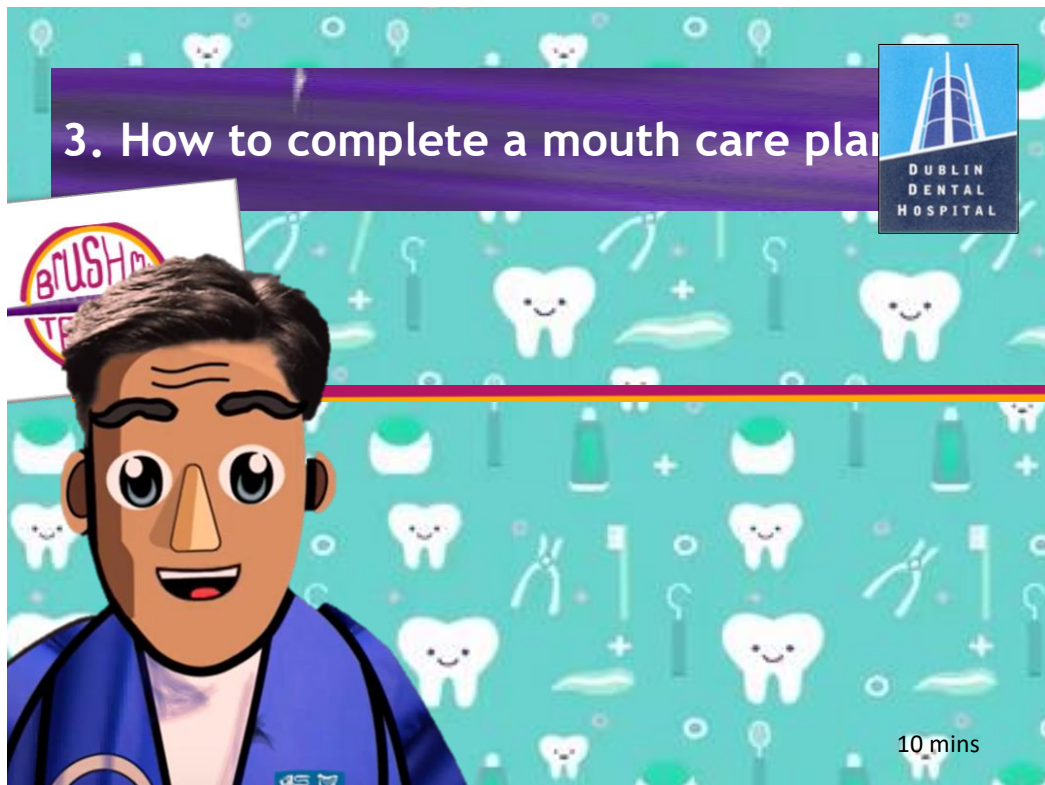
Talk through task and give time  
Need workbooks

## Overcoming Barriers to Mouth care

- *Resistance to oral care*
- *Access for oral care*
- *Practical difficulty*
- *Time pressure*
- *Competing priorities*
- *Ethical dilemmas*
- *Demotivation*
- *Lack of adherence over time*



Show this slide after discussion



Welcome Page Page 1 of Handbook

# Making a Mouth care Plan

- Mouth care involves Planning and Action
- A mouth care plan is an agreed plan about how to keep a mouth healthy.
- There are three steps in making a mouth care plan



**Keep My Teeth Mouthcare Plan**

**My Mouthcare Action Plan**

Also complete the one page summary of your plan on page 15 as an easy reminder!

Find this form on [brushmyteeth.ie](http://brushmyteeth.ie)

**Step 1** What needs to be looked after in my mouth

**Step 2** What are my goals

**Step 3** My Action Plan

See Mouth care Plan Pages 3 & 5



Video file size too large

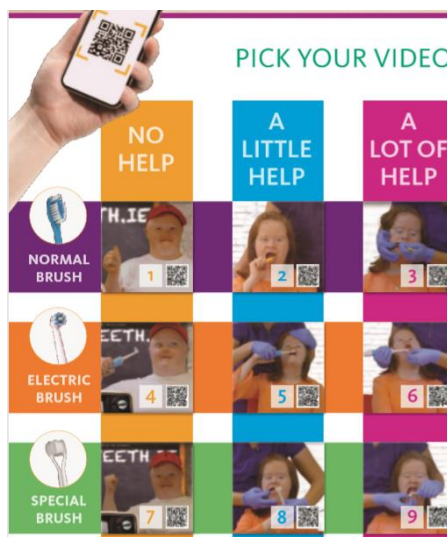
Available from corresponding author upon request



You can look at your handbook to explore how to do this oral screening.

# Action Plan

- The third step is action planning
- This outlines who needs to do what, when and how to achieve the goals.



See Mouth care Plan Page 4

# Action Plan

- Very often main questions involve tooth brushing

- What type of brush?

- Who should brush?



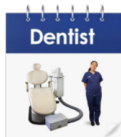
See Mouth care Plan Page 4



# Action Plan



**Brushing my teeth**



**Visiting the Dentist**








**Looking after my  
mouth and teeth**



**Other things I can do to  
keep my teeth healthy**

See Mouth care Plan Pages 6-11

# Action Plan

Summary <i>Keep My Teeth</i> Mouthcare Plan for:				
NAME _____				
What needs to be looked after in my mouth 	My Goals 			Rewards 

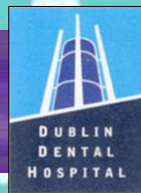
TO BE KEPT WHERE I CAN SEE IT WHERE I DO MY TOOTHBRUSHING



Find this form on [brushmyteeth.ie](http://brushmyteeth.ie) and print it



## 4. How to Brush teeth



30mins

## Tooth brushing practical

- *Watch a [www.brushmyteeth.ie](http://www.brushmyteeth.ie) videos*
- *Copy the instructions with a volunteer*
- *Discuss what it felt like.*
- *Swap and repeat*
- *Remember infection control*
- *Remember respectful touch*
- *Ask a tutor*



In this section we will practice brushing another person's teeth.

You will need:

Toothbrushes

Gloves

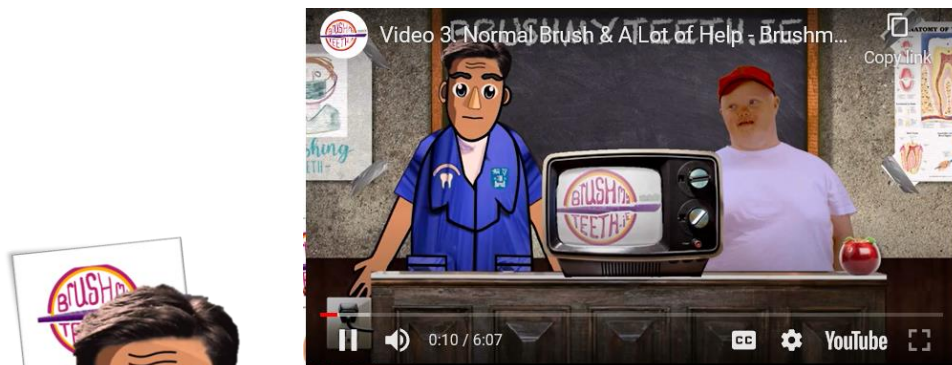
Handwash

Willing Volunteers

Undertake for 20 mins then discuss as

a group on how this may be focused on the person.

## Tooth brushing practical



Video available at [www.brushmyteeth.ie](http://www.brushmyteeth.ie)

In this section we will practice brushing another person's teeth.

You will need:

Toothbrushes

Gloves

Handwash

Willing Volunteers

Undertake for 20 mins then discuss as a group on how this may be focused on the person.

## Tooth brushing practical



Video available at [www.brushmyteeth.ie](http://www.brushmyteeth.ie)

In this section we will practice brushing another person's teeth.

You will need:

Toothbrushes

Gloves

Handwash

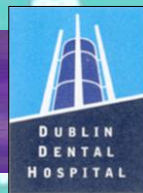
Willing Volunteers

Undertake for 20 mins then discuss as



a group on how this may be focused on the person.

## 5. How to document mouth care



5 mins

# Documenting mouth care

- Record
  - Mouth care activities daily
  - Progress towards goals
- Use our resources to document progress

**Keep My Teeth – What steps can I do?**

☐ I not able to do this   
 ☐ I might do sometime   
 ☐ I able to do this

**Step**      **Needs not help**      **Needs a little help**      **Needs a lot of help**

Step	Needs not help	Needs a little help	Needs a lot of help
1. Get my toothbrush and toothpaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Placing a pea size glob of toothpaste on my toothbrush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Brush all my upper teeth on the inside and outside surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Brush the biting surface of my upper and lower teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use a small circular movement when brushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Spend at least 2 minutes brushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Spit out all the toothpaste into the sink or container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Rinse my spit out bowl with a towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Rinse my toothbrush under water and put it back where I keep it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print this form on [brushmyteeth.ie](http://brushmyteeth.ie)

**BRUSH MY TEETH**

**How often do you brush your teeth?**

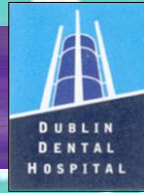
This page will show how often you brush your teeth. Tick the box when you have brushed your teeth.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Brushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You are the person responsible for brushing your teeth. You can sign here at the end of the week.

☐ Right   
 Name: \_\_\_\_\_   
 Date: \_\_\_\_\_

## 6. What next?



10 mins

## Next Steps



- Complete mouth care plan for all service users within 1 week
- Tutor will support you for up to 8 weeks
- Nominate Oral Health Champion
- Resources available online
- Feedback please