



# CDA Position on **Oral Health Care for Residents in Long-Term Care Facilities**

## **Preamble**

Staff of long-term care facilities, dentists and other oral health care providers should work cooperatively, individually and collectively to develop constructive relationships and processes to advocate for and to enable the provision of appropriate care for the oral health needs of the residents.

## **The Problem**

Oral health is generally poor among residents of long-term care facilities. This situation results from a combination of inadequate daily mouth care, limited access to professional dental care, inadequate facilities for the provision of dental treatment, compromised medical condition, and limited finances.

## **Objective**

To improve the oral health of residents of long-term care facilities by ensuring minimum standards of oral health care.

## **Detailed Explanation**

All residents of long-term care facilities should undergo oral health screening on admission by a nurse as part of the routine collection of health information for the minimum data set (see note). For those residents in whom dental problems are identified (pain, facial swelling of suspected dental origin, or recent facial trauma), appropriate arrangements should be made to attend to the resident's immediate comfort. Following the appropriate emergent or urgent dental care, arrangements should then be made for a dental examination and definitive treatment. All residents should be examined by a dentist within 6 weeks of admission.

The oral health screening should also be used to determine the type of daily mouth care needed and the level of assistance required to achieve that care. Care staff should monitor all residents' daily mouth care on a regular basis. Residents who can effectively clean their own teeth should be provided with a toothbrush and fluoride-containing toothpaste. Those with removable dentures should be given a container for dry storage of the denture when they are sleeping and an appropriate brush for cleaning the denture. All dentures, both partial and complete, should be labeled with the resident's name. Those requiring assistance with daily mouth care should

receive appropriate assistance from a personal support worker, care aide or nurse for cleaning the teeth, mouth and dentures at least twice daily, but preferably after each meal.

In addition, all residents of long-term care facilities should undergo oral health screening by a nurse every 3 months to update the minimum data set. Residents who are no longer able to perform their own daily mouth care should receive assistance thereafter. Those in whom new dental problems are identified either at or between screenings should be seen by a dentist within a reasonable length of time, depending upon their condition, as outlined above.

To facilitate the delivery of the initial oral health examination and ongoing oral health care, all long-term care facilities should be required to have suitable facilities, to support the appropriate delivery of needed dental care.

For residents of long-term care facilities who require dental examinations and re-evaluation by a dental professional, the cost of services should be paid by the provincial health care plan or another appropriate plan. The costs of essential dental care should be covered for all residents of long-term care facilities, regardless of whether the services are delivered in the facility, a hospital or at a community dental office.

Note: Minimum Data Set (MDS) refers to the ‘Resident Assessment Instrument Minimum Data Set’ that is widely used internationally in LTC settings and is mandatory in a number of Canadian provinces. It contains an oral health/dental assessment section.

CDA Board of Directors  
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