Public Health England

NHS
Health Education England

Oral health for adults in care homes

Script and notes for carer training slides

Developing people for health and healthcare

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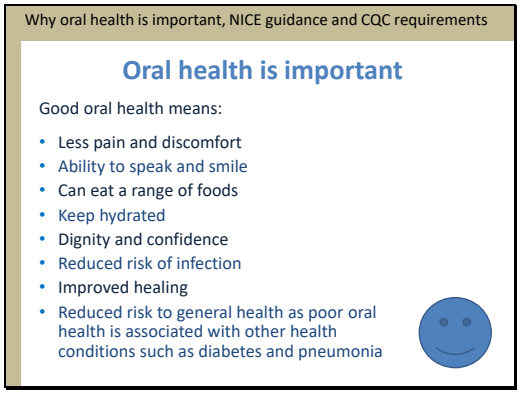
Assessing and caring for your residents' oral health

Slide 1  	Care staff have a vital role in the promotion of good oral health and hygiene, thus preventing discomfort, dehydration, and inadequate nutrition, by detecting oral disease in the early stages and putting plans in place to improve the outcomes for their residents. For some staff, volunteers or family carers they may refer to the person they are looking after as a patient, client or even their loved one, for the purpose of this training the term resident will be used to reflect the individual being cared for.
Slide 2  	The training is divided into 6 sections that can be completed in one session lasting approximately 60 minutes using the training notes that accompany the slides. Alternatively, it can be undertaken in short sessions focusing on one section at a time. There is a recorded version of the sections for carers to access directly. A longer training for oral health champions or managers including some ideas for interaction, a comprehensive information pack and links to useful resources are available in the Oral Health for Adults in Care Homes toolkit. The aims of the training are to meet the learning outcomes as part of the Care Certificate and is focussed on delivering person centred care, to meet the standards as directed by the Care Quality Commission and NICE guidance, i.e.: • Detail the care home's responsibilities and the NICE guidance and CQC requirements • Recognise the causes of poor oral health. • Understand the methods for prevention. • Show how to check a mouth, follow a mouth care plan and what it may include, using a mouth care assessment such as the one listed in the NICE guidance. • Provide up to date information on techniques and products for effective mouth care in order to tailor regimes for the individual. • To give a guide to record keeping. • To recognise when to escalate a problem and how to access dental care for a resident.

Section 1	Why oral health is important, NICE guidance and CQC requirements

Slide 4



As they get older, whether for medical, physical, or cognitive reasons many people will rely on another person to provide their mouth care.

As a person's ability to care for their own teeth changes this will affect their oral health. Oral health is important. Evidence shows that poor oral health in older people can lead to:

- Pain and discomfort, which can lead to mood and behaviour changes, particularly in people who cannot communicate their experience
- Speech problems and reduced ability to smile and communicate freely
- Problems chewing and swallowing which limit food choices and can lead to impaired nutritional status
- Poor quality of life
- Reduced self-confidence and increased social isolation
- Impaired well-being and mood
- Poor general health and premature mortality

There is evidence to support a reciprocal relationship between poor general health and poor oral health. For example:

- Patients with diabetes and gum disease (periodontitis) would benefit from regular oral care
- There is a positive association between pneumonias and poor oral health
- There is a greater risk of developing tooth decay one year after being diagnosed with cognitive impairment
- There are associations between coronary heart disease, stroke, peripheral vascular disease, and oral health

Public Health England: Commissioning better oral health for vulnerable older people: September 2018 *PHE/commissioning-better-oral-health-for-vulnerable-older-people*

Both dental pain and infection impair cognitive function which may already be reduced in adults with a learning disability or older people, especially those who have dementia. Aspiration pneumonia is a leading cause of death. Effective mouth care will help to reduce the number of bacteria retained in the mouth and studies have shown a decrease in the incidence of hospital/ care home acquired pneumonias as a result.

Benefits for care staff:

Good oral care can help prevent dental disease and therefore reduce the possibility of a painful mouth. This in turn may:

- Encourage the resident to be more cooperative
- Mean that residents have fewer problems with eating
- Reduce bad breath and therefore create a more pleasant atmosphere
- Help care staff meet the health and welfare needs of their residents.

Slide 5

Who's responsible for mouth care?

- All care staff have a duty of care to provide mouth care if the person is unable to clean their own mouth
- Mouth care is an important part of personal care - a clean mouth is essential
- All care staff should be able to:
  - Deliver mouth care and ensure your residents are receiving the correct advice and support:
    This may be a prompt or reminder if the resident is independent or assistance if they are unable to clean their own mouth
  - Keep accurate records
  - Help your residents to access routine, urgent and emergency dental care

The Care Quality Commission (CQC) endorse the use of NICE quality standards and guidance to help identify and define good quality care.

CQC are now inspecting on oral health in care homes. Evidence about how you support residents to maintain good oral health will demonstrate that your service is effective and responsive.

Mouth care is an important part of personal care - a clean mouth is essential. All care staff have a duty of care to provide mouth care if the person is unable to clean their own mouth and to give advice and support to those who are independent.

Slide 6

Oral health for adults in care homes NICE guidance NG48, 2015 and 2017

Care homes should:

- Ensure care home policies set out plans and actions to promote and protect residents' oral health and how to access dental services
- Ensure all staff have received oral health training
- Ensure residents each have an oral health assessment and mouth care plan
- Ensure staff can provide residents with daily support to meet their mouth care needs
- Keep daily records of mouth care provided including if someone refuses and the action taken as a result
- Know how to report oral health concerns and seek dental care

Compliance to the NICE guidance will be reviewed by CQC at an inspection.

Compliance to the NICE guidance will be reviewed by CQC at an inspection. CQC expect care home providers to:

- Monitor performance.
- Assess knowledge and competence at least annually.
- Provide learning and development opportunities when identified or required and at least every 3 years.

Documentation should include:

- Names of staff who have had training on oral health
- The oral health policy
- A mouth care assessment and mouth care plan completed for each resident
- Daily record of mouth care provided including if someone refuses and the action taken as a result

Questions that will be asked by CQC inspectors:
Key Lines of Enquiry E5 (1) states:
How are people's day-to-day health and wellbeing needs met?

Questions on oral health to support this statement:

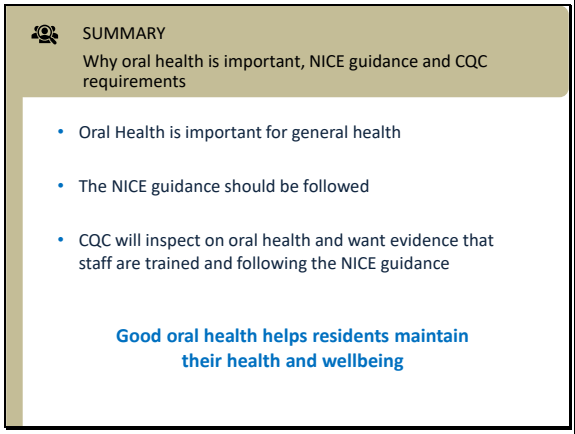
1. Do all staff have training in oral health care?

- Is oral health covered in induction?
- Is oral health a mandatory component of regular training
- Do staff feel confident in support oral health care?
- Do staff know what to look for to identify deterioration in oral health?
- Do staff consider poor oral health when assessing reasons behind weight loss, infection, or tissue viability?

2. How do you ensure oral health care is assessed, considered, and delivered as a part of a person's care plan?

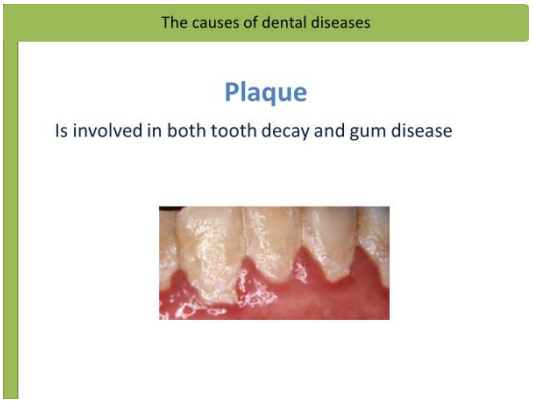
- Is the service aware of the NICE Guideline NG48?
- Is oral health assessed fully on entry to the care home in line with this guideline?
- Is there a detailed oral health care plan in place?
- Do people have easy access to toothpaste, toothbrushes, denture cleaning fluid?
- Do people have access to routine and emergency dental care?

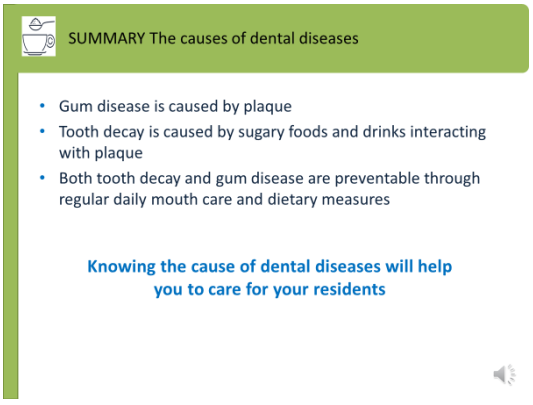
Slide 7



CQC area	How Oral Health links into the Care Quality Commission standards
Safe	Care must include: • Oral health assessment, individualized care planning and recording mouth care. • Use of correct products for each individual and awareness of safety alerts. • Infection prevention control in delivering oral care.
Effective	• Evidence based oral care provided by confident, skilled staff. • Individualized mouth care plans that meet the resident's needs.
Caring	• Oral care delivered in caring and dignified way by skilled staff. • Increased mouth care for those at high risk. • Whole setting approach to oral health, including tooth friendly food choices, where appropriate.
Responsive	• Oral care checks to identify person's specific needs. • Tailored care planning to address these needs. • Person centred mouth care using suitable techniques and approaches. • Encouragement of maintenance of independent mouth care.
Well led	• Strategic leadership to implement a holistic approach to oral health. • Management led support for oral care including adequate staff training. • Staff communication regarding oral health needs of their residents and suitable documentation.

Further notes

Section Two The causes of dental diseases	
Slide 9  	The mouth is full of bacteria that combine with saliva to form a sticky film known as plaque, which builds up on teeth. Plaque is an important factor in the development of both tooth decay and gum disease. Some types of bacteria react with the sugar in our diet, producing acid which breaks down the tooth surface and causes tooth decay. Other bacteria in plaque irritate our gums, making them inflamed, causing them to bleed and potentially become sore.
Slide 10  	The bacteria in plaque convert the sugar in the sugary drinks and foods we eat into acid, and this acid reacts with the tooth, weakening the hard enamel surface. This is called an acid attack. Each acid attack lasts approximately 30-60 minutes, until the saliva neutralises the acid and eventually starts to repair the damage (remineralisation). Many older people lack saliva and have a dry mouth which increases their risk of tooth decay. The whole process of remineralisation and repair takes time, repeated and prolonged acid attacks will eventually cause a hole or cavity to form which may lead to pain and infection. Keeping foods and drinks containing sugar to mealtimes allows time for the teeth to remineralise. Remember that older people may have a high sugar intake due to liquid medications containing sugar or food supplements such as Fortisip® or Ensure®. This means it is especially important to maintain their oral health and check the mouth for signs of decay.
Slide 11  	Poor oral hygiene is the most common cause of gum disease, not brushing teeth properly and/or regularly, can cause plaque to build up on the teeth which can lead to gingivitis – reddened gums, or periodontitis which is when teeth become loose. Removing as much plaque as possible through toothbrushing and other methods reduces the amount of plaque and this in turn, reduces the inflammation. Plaque is usually easy to remove by brushing and cleaning in-between the teeth, but it can harden and form a substance called tartar if it's not removed. This sticks more firmly to teeth than plaque and can usually only be removed by an oral health professional.

Slide 11 (cont.) **Check for allergy to Chlorhexidine products and record in notes. Medical Device Alert MDA/2012/075**	Several things can increase the risk of developing gum disease, these include: • Smoking • Age – gum disease becomes more common as you get older • Diabetes • A weakened immune system – e.g. because of conditions like HIV and AIDS or certain treatments, such as chemotherapy • Malnutrition • Stress • Taking medicines that cause a dry mouth (a common side-effect). These medicines include antidepressants and antihistamines. As well as dealing with these risks (if possible), the key to preventing gum disease is removing the plaque with thorough toothbrushing and other methods which will be shown in section three on prevention. Mouthwashes and other products containing Chlorhexidine Gluconate may help but remember to follow the manufacturer's instructions. If a resident brings these products with them into the care home, it is important that these are not used directly after brushing teeth with normal toothpaste. With prolonged use, or if used close to drinking tea or coffee, Chlorhexidine can stain natural teeth. This discoloration can be removed by a dentist, hygienist or therapist during the next dental cleaning and does not usually occur unless use exceeds several weeks.
Slide 12 	Tooth decay and gum disease are preventable. Methods for prevention are covered in the next section. The condition of our mouths can change quickly. A dentist can diagnose the problem and provide advice, so it is important to have regular dental check-ups, but what's even more important is that effective oral hygiene is undertaken every day to prevent problems.

Further notes

Section Three	Prevention - key messages for oral health

Slide 14

Brush teeth and gums twice a day with a fluoride toothpaste for two minutes, especially at night before bed.

Good oral hygiene is essential for prevention of oral diseases.
Both tooth decay and gum disease can both be prevented or reduced by regular toothbrushing with fluoride toothpaste.

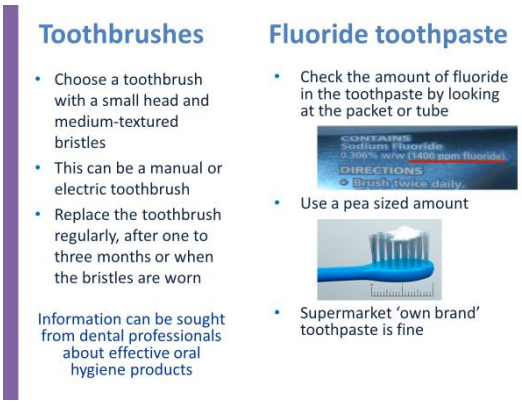
The following advice is from DBOH health: an evidence-based toolkit for prevention. The advice in this section applies to everyone and not just residents.

The physical removal of plaque and the action of the fluoride in toothpaste help prevent dental disease. It is the fluoride that is important to prevent and control tooth decay.

For residents who have their own teeth, the following will help to maximize the preventive action of toothbrushing:

- Brush the resident's teeth at least twice a day with fluoride toothpaste containing 1350 – 1500 ppm fluoride
- Brush the resident's teeth last thing at night, so that the fluoride continues to protect the teeth whilst asleep, and on at least one other occasion
- Brush all surfaces of each tooth carefully and the gum line to remove plaque and food
- Ask the resident to spit out after brushing, but do not rinse as this will reduce the effectiveness of the fluoride. Mouthwash can be used at a separate time to brushing as long as the resident will not swallow it.
- Ideally, you should clean between the resident's teeth using interdental brushes or floss, but this may be difficult to do in somebody else's mouth.

Slide 15



- Use the resident's choice of toothbrush, either manual or electric/battery powered
- For manual toothbrushes, use a small headed toothbrush.
- Remember that toothbrushes should be replaced every three months, or sooner if required, for example when the bristles become splayed.
- Use a pea-sized amount of toothpaste.

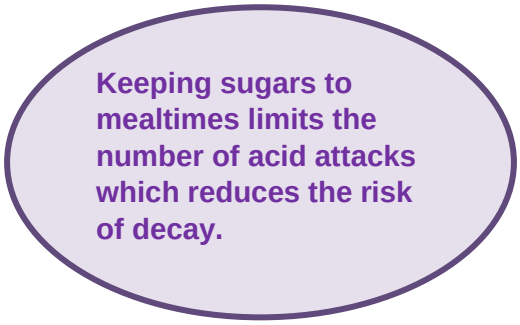
Not all toothpastes contain the right amount of fluoride – always check the packet.

Higher concentration of fluoride in toothpaste leads to better control of tooth decay. The dentist may prescribe high fluoride toothpaste for residents at higher risk of tooth decay and these are used in the same way as other toothpastes. These are not available to buy over the counter.

Unflavoured, low foaming toothpaste can be useful if the mouth is dry, sore or the person has swallowing difficulties.

Section five of this training includes more information on useful products and also see the toolkit for further information.

Slide 16



Looking after the mouth supports nutrition and hydration

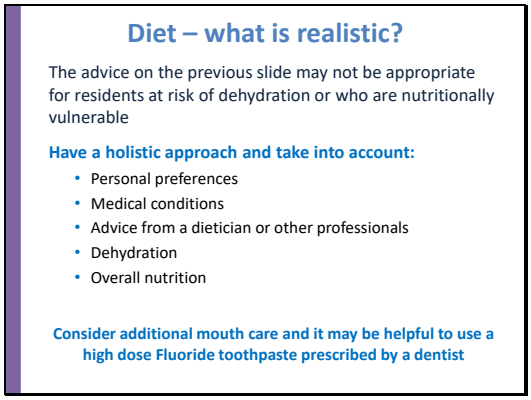
Retaining healthy, functioning natural teeth is important as it will maintain the ability to chew a healthy and varied diet, it also helps with communication and socialising, and with dignity and self-confidence.

Diet plays an important role in the prevention of tooth decay.

If possible, encourage residents to:

- Reduce the amount and number of times foods and drinks that contain added sugars are consumed.
- Ideally consume sugary foods and drinks only at mealtimes as this will reduce the amount of times teeth are exposed to sugar which will help prevent tooth decay. This may not be possible, as residents may also have a high sugar intake due to liquid medications containing sugar, or food supplements such as Fortisip® or Ensure®. In these cases, good oral hygiene is even more important.
- Reduce consumption in small steps to make the transition easier.
- Try tooth friendly snacks, savoury foods, or fresh fruit, instead of biscuits, cakes, and sweets.
- If possible, residents should avoid sugary foods and drinks just before bedtime as the saliva flow in the mouth slows down when you sleep, and this can increase the risk of tooth decay.

Slide 17



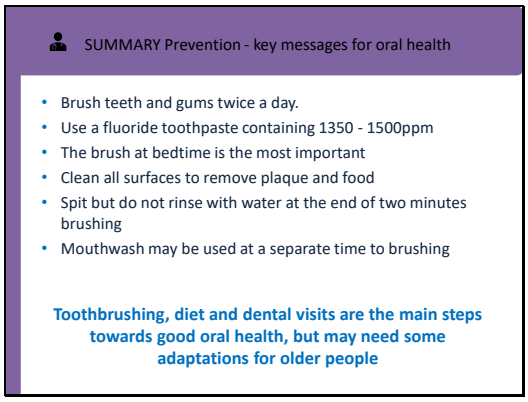
The current best practice advice for snacks and drinks in relation to oral health is about, reducing the amount and number of times you have foods and drinks that contain added sugars and about avoiding sugary foods and drinks just before bedtime.

This may not be appropriate for a number of care home residents. A high proportion of residents are likely to be nutritionally vulnerable and at increased risk of dehydration. It is therefore important that oral health advice is given with a proper understanding of the dietary needs and risks of this group. Inappropriate advice could seriously compromise older people's hydration, nutrition, and social enjoyment.

Have a holistic approach, taking into account:

- The resident's personal preferences
- Any medical conditions they may have
- Advice from a dietician or other professionals relating to their overall health and wellbeing
- Their risk of dehydration and overall nutritional status

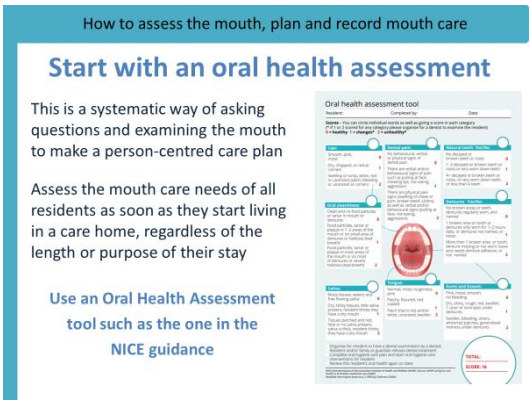
Malnutrition can delay recovery from illness and predispose the person to further disease. When not enough calories are consumed through a resident's diet, then additional measures may be taken to increase calories, this could be through nutritional supplements.

Slide 17 (cont.)	For people with their own teeth this will give them a higher risk of developing tooth decay. This is because these often contain high quantities of sugar and are frequently consumed by sipping them through the day. It is essential that professional nutritional advice is followed but the potentially harmful effects on the teeth should be minimised by following a thorough oral hygiene regime. It is important that residents have a choice of foods and drinks and that sweetened foods and drinks are not the most accessible option. Information should be available, where possible, to assist residents and the staff caring for them in making healthy choices, including clear labelling on sugar content, and highlighting tooth friendly options. High-sugar drinks: Many of the drinks that care home residents need or prefer contain high levels of sugar. • Nutritional supplement drinks • Fruit smoothies and fruit juice • Squash and juice drinks • Tea and coffee with added sugar • Malted drinks • Fizzy drinks These all have the potential to cause tooth decay in residents with natural teeth, especially if they are drunk slowly over a period of time. For residents this could be the case for a number of reasons, if necessary, consult with other professionals such as a registered dietitian or a speech and language therapist for further advice. Additional mouth care is necessary for residents who choose or need to drink these to maintain their nutrition and hydration levels. It may be helpful to get input from the resident's dental team and this may include use of a high dose fluoride toothpaste prescribed by a dentist.
Slide 18  	• Use the resident's choice of toothbrush, either manual or electric/battery powered • If using a manual toothbrush, use one with a small head and medium-texture bristles • Brush the resident's teeth twice a day, last thing at night and at least one other time during the day, using fluoride toothpaste containing at least 1350 – 1500ppm of fluoride. • Ask the resident to spit the toothpaste out after brushing and do not rinse. • If the resident uses a mouthwash use at a different time to toothbrushing • Have sugary drinks and foods less often, if possible. • See a member of the dental team regularly, and as often as they recommend.

Further notes

Section four How to assess the mouth, plan and record mouth care

Slide 20



Oral Health Assessment - consider:

- What does the mouth look like?
- What are their oral health needs?
- Their likes and dislikes?
- What support do they need?
- Can they cooperate?
- Do they have a dentist?
- When did they last go to a dental appointment?
- Do they have medical needs and does this affect their mouth?
- What other lifestyle factors may need considering?

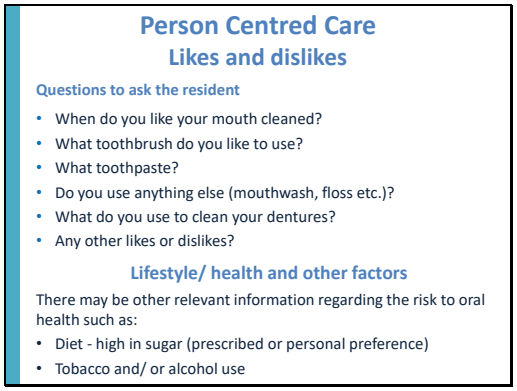
Recording oral care is essential, it is evidence that care is taking place. Documentation should include an assessment on entering the home, an oral care plan and daily recording.

Assess the mouth care needs of all residents as soon as they start living in a care home, regardless of the length or purpose of their stay. Being person-centred is about focusing care on the needs of the individual, ensuring that people's preferences, needs and values guide decisions, and providing care that is respectful of and responsive to them.

Every effort should be made to involve the individual in planning their mouth care with support from family or friends who know the person. Follow the guidance in the Mental Capacity Act and if they lack capacity involve next of kin, anyone with a Lasting Power of Attorney or an Independent Mental Capacity Advocate.

Show the assessment tool used in the home or show examples from the Toolkit (ideally, pass around copies so that staff can look at it).

Slide 21



Find out the resident's likes and dislikes e.g. when do they like to clean their teeth and do they prefer certain products.
Are there risk factors that may affect their oral health?

In addition to their diet and alcohol or tobacco use consider:

- Poor nutritional or fluid intake
- High sugar diet
- Dysphagia, swallowing difficulties
- Modified diet, pureed food and or thickeners
- Stroke/ Weakness/ paralysis
- Cancer treatment
- Diabetes
- Dry mouth
- Dementia

Where appropriate, use the assessment as an opportunity to educate the resident or their family members on up to date advice for mouth care or give other public health messages.
If they are independent, reinforce the importance of oral hygiene and the methods to maintain their oral health.

Slide 22

Level of support

Questions to ask the resident

- Do you need support to clean your mouth?
- What support do you need?
- Can you walk unaided to the sink?

Can the individual:

- Carry out all aspects of toothbrushing
- Clean dentures if they have them

Level of support

- I can do it myself
- I need a little support
- I need a lot of help

Deciding the level of support that the individual needs is key to developing their care plan. Use the assessment to identify how to assist those residents who cannot clean their own mouth.

- I can do it myself
- I need a little support
- I need a lot of help

Not everyone in care will have good oral health, they may arrive with poor oral health and unmet needs. They may have medical conditions which effect their oral health and the ability to care for their own mouth so the level of support may change.

Slide 23

Your dentist

Questions to ask the resident

- Do you have a dentist?
- When did you last visit?
- Do you pay for dental treatment?
- How do you get to the practice?

Questions to ask the resident

Do you have any pain?

Have you recently had any problems with your mouth?

If concerned about anything or you find something when you check the mouth, make a note, tell your manager and consider referring to a dentist

If possible, the resident should continue to see the dentist they saw prior to becoming a resident. The care home may ask if family/friends may be able to help to organize their visits.

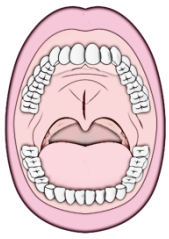
How to find a dentist will be covered in section 6 of this training

Slide 24

Oral Health Assessment: Check the mouth

Check and record:

- Does the person have natural teeth? How many?
- Do they have dentures? If yes, are they able to wear them?
- What type? Full or partial? Upper or lower?
- Are there metal parts?
- Are they named?
- Where are these kept if outside the mouth?
- Then look inside and check the mouth



There are separate slides in the toolkit that give a systematic approach to checking the mouth and indicates what to look for when completing the sections in the NICE guidance Oral Health Assessment tool.

See the Information Pack pages 27 – 35.

Ensure all care staff have washed their hands and wear appropriate PPE to carry out an oral health assessment. Ideally use a pen torch as it can be difficult to see in the mouth.

The NICE guidance Oral Health Assessment tool allows each of the following to be scored 0,1 or 2 depending on the listed criteria making a total score out of 16 for the whole mouth:

- Lips
- Oral Cleanliness
- Saliva
- Dental pain
- Tongue
- Natural teeth
- Dentures
- Gums and soft tissues

If the person has a score of 1 or 2 in any section then this will need careful recording, inform the manager, and consider referring to a dentist. The mouth should be reassessed in line with other care planning e.g. monthly, but an assessment should be repeated more often for those that have a higher score. This is a way of tracking improvement or deterioration in the overall condition of the mouth.

Slide 25

ORAL ASSESSMENT GUIDE	
Physical feature:	**Look for:**
Lips (and corners of mouth)	Cracks, bleeding, change in colour, lumps, or soreness.
Oral Cleanliness	Food debris, plaque, tartar, bad breath (halitosis)
Saliva	Pooling in floor of mouth, thick saliva, and dryness
Dental Pain	Verbal or physical or behavioural signs of pain
Tongue (Inspect top sides and underneath)	Look for unusual coating, ulceration, blisters, dryness, redness.
Natural Teeth	Decay, loose or broken teeth, any crowns or bridges, missing fillings.
Dentures	Remove dentures, check their condition, and check the skin underneath in the mouth.
Gingivae (gums)	Bleeding, redness, swelling, soreness.
Tissues - mucous membrane (the skin in the mouth)	Include the back of throat and inside the cheeks. Observe for unusual coating, ulceration, bleeding, discharge, or dryness.

Be alert for anything that looks unusual. Oral cancer can affect the lips, mouth, or throat. Often, signs and symptoms of mouth cancer are not painful. Any ulcer present for two weeks or more, even if painless should be investigated by a dentist.

Check teeth for decay, sharp edges, or if they are broken. If concerned record your findings, inform your manager, and consider referring to a dentist.

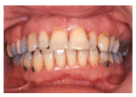
Check the fit of the dentures and look for cracks, sharp edges, or missing teeth. Ill-fitting or broken dentures can cause damage to the mouth so document in the notes the reason(s) for not inserting dentures and notify the family and your manger.

Early detection of mouth cancer is important **'If in Doubt - Check It Out' -** visit your dentist regularly

Slide 26

A healthy mouth

- Teeth are clean
- The tooth surface is covered in enamel and free from tooth decay
- Any fillings are intact and there are no broken teeth
- The gums are pink and do not bleed when brushed
- The skin in the mouth (Mucosa) e.g. inside cheeks, under the tongue, is pink and moist, with no sign of ulcers, swelling, red or white patches
- The tongue is pink, symmetrical, has a slightly roughened surface, and is moist with saliva.
- The lips are smooth, pink and moist.
- The floor of the mouth is moist with saliva



Knowing what a healthy mouth looks like helps carers to recognise what may not be healthy and when there is a need to seek advice from a dentist or doctor.

Slide 27

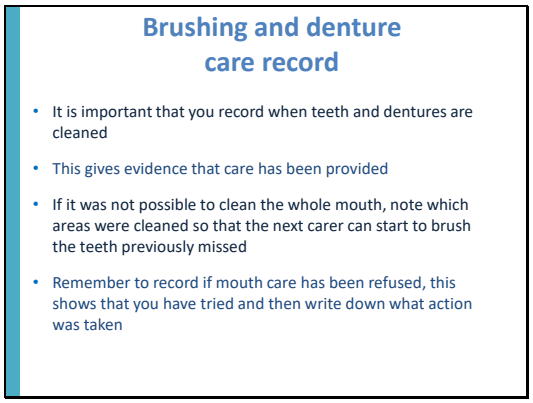
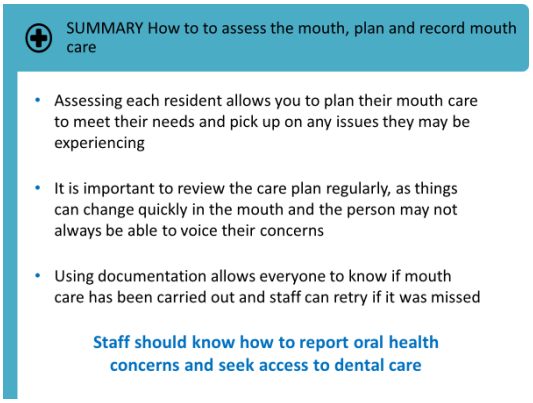
Dental pain

Signs of dental pain if unable to communicate

- Rubbing – pulling at a face
- Facial expressions – clenching teeth
- Body language - huddled, rocking
- Change in appetite
- Being more restless, moaning or shouting
- Disturbed sleep
- Leaving out denture

Dependent on baseline behaviour

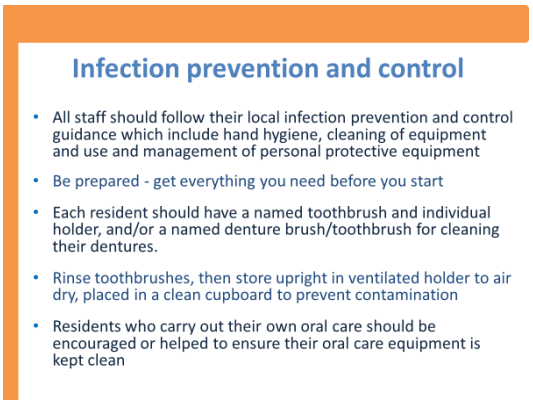
Always consider if a change in behaviour might be due to dental pain. If concerned, tell your manager, and consider referring to a dentist.

Slide 28 	The assessment is used to develop a person-centred care plan for that individual resident. It should include: • Details of mouth care **(how, when and the person responsible)** • If the resident is independent, note if a prompt is needed and if you have given advice on technique, products to use or frequency of brushing etc. • The products to use and who will provide these – (using the right tools and techniques will ensure oral care is delivered in a way that will maximise the benefit to the individual's oral health). • Level of co-operation, mobility and support needed – (remember where possible allow the person to manage their own oral care unless they are unable to do so. Family and friends can be encouraged to participate in the delivery of care as appropriate). • How the resident will access the dentist • The date and outcome of any visits to the dentist *Show the care plan template used in the home or show examples from the Toolkit (ideally, pass around copies so that staff can look at it).*
Slide 29 	Introduce how mouth care is recorded in the home – this is evidence that the care has been provided to meet the needs of that resident as detailed in the care plan. If it was not possible to clean the whole mouth, note which areas were cleaned so that the next carer can start to brush the teeth previously missed. Remember for many people with dementia, it is not a willful act to refuse care, but rather a sign of confusion and distress. If somebody regularly refuses oral care, keep a record, and discuss with your manager what action should be taken.
Slide 30 	The appropriate mouth care plan for each resident will be determined by the assessment. Care is then carried out following the care plan developed using evidence based best practice. Review care plans regularly as the condition of the mouth or the level of support may change.

Further notes

Section five How to support residents with their daily mouth care

Slide 32



Residents who carry out their own oral care should be encouraged or helped to ensure their oral care equipment is kept clean.

Always consider the resident's needs, offering them respect, dignity, and privacy when supporting them with mouth care. This section provides information that will help care staff complete and follow a care plan and deliver effective mouth care for each resident.

Infection prevention and control:
All staff should undergo training in infection prevention and control and are expected to follow their local infection prevention and control policy based on national guidance. This will include hand hygiene, cleaning of equipment and use and management of personal protective equipment (PPE) such as disposable gloves, fluid resistant surgical masks, eye protection and aprons.

Be prepared - get everything you need before you start.

- Wash hands thoroughly; cover cuts, abrasions and breaks in the skin with a waterproof dressing; and wear a new pair of disposable gloves when dealing with each resident. Dispose of the gloves and wash hands again after assisting each resident.
- Ensure the water source being used is drinking water.
- Each resident should have their own individual toothbrush and individual ventilated holder.
- Toothbrushes and holders should be labelled with the resident's name using an indelible pen.
- Rinsing of toothbrushes must be thorough but they should not be soaked in cleaner/disinfectant.
- They should be stored upright in the individual ventilated holder ideally inside a clean, dry cupboard allowing them to air dry.
- Toothbrushes must not be exposed to environmental contamination e.g. from a flushing WC or someone's dirty hands.
- Toothbrushes should be replaced every three months, or sooner if required, for example when the bristles become splayed.
- Tubes of toothpaste can be cleaned with a damp tissue.
- Do not share tubes of toothpaste or toothbrushes between residents, as this is a source of cross-infection.
- Each resident should have a different named denture brush/ toothbrush just for cleaning their dentures.
- Denture containers should be named and must be emptied, washed, rinsed, dried, and stored dry in an appropriate area when not in use.

Slide 33

Mouth care for people with Covid-19

- When providing mouthcare wear personal protective equipment (PPE) to prevent contact and droplet transmission.
- They are more likely to cough when performing mouth care, be gentle, stand to the side or behind them, take breaks to allow the resident to rest and swallow
- If possible, sit the person upright, do not use an electric toothbrush as this may cause droplets and splash
- If the mouth is dry, encourage sips of fluid and use a dry mouth product
- if a person is confused, refuses, or resists care, stop and try again later.

Mouthcare is an important part of the overall care provided

Mouthcare is an important part of the overall care provided whilst a resident has Covid-19.

Follow local guidance for PPE, such as wearing a fluid resistant surgical mask (IIR), gloves and disposable apron and eye protection for all oral health assessments, provision of mouthcare and denture cleaning during the COVID-19 outbreak.

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Slide 34

'I can clean my own teeth and/or dentures'

- Ensure they have access to a sink and mirror
- Check they have suitable products
- Check the person is mobile and able to access the bathroom

If a resident can undertake their own mouth care, staff can still reinforce the importance of cleaning their teeth and give any advice about the best way to do this including the key oral health messages.

Remember to check they have access to the bathroom and suitable products.

Slide 35

'I need a little support'

Residents with dementia, arthritis, or who have had a stroke often need help

- Prompt the person to clean their own teeth, encourage independence by demonstrating or showing pictures
- Get the items ready for them
- Constantly check the person is OK and reassure
- Use the best time of day for the individual
- Keep a record of what works

Prompt-encourage-support

Some people will need some support with their mouth care. Where possible, prompt, encourage and support the person to manage their own mouth care as much as possible.

Carry out the task in a quiet distraction-free environment with sufficient light, and where the resident is most comfortable.

- You may consider demonstrating with a toothbrush or showing pictures of someone cleaning their teeth
- They may just need help to put toothpaste on their brush or to get the items ready.
- Constantly check the person is OK and reassure them
- Use the best time of day for that person, first thing in the morning can be a busy time and you may get a better clean later in the morning.

Using the right tools and techniques will ensure mouth care is delivered in a way that maximises the benefit to the individual's oral health. An electric toothbrush cleans teeth very effectively if the resident has one and can tolerate it. It also makes it easier for a carer to clean someone else's mouth

Keep a record of what works in the care plan.

Slide 36

Difficulty holding a brush

- Consider adapting the brush handle to make it easier to hold

- Try an electric toothbrush with a large handle - but note not everyone will cope with the sensation
- Or try a toothbrush that has three heads in one to surround the teeth

Some residents may find it hard to hold a toothbrush handle. Just like cutlery, a toothbrush can be adapted with foam or piping to make it easier to hold.

If the person has one and can tolerate it, an electric toothbrush can be easier to hold.

If these methods do not work then consider using a specialist toothbrush which cleans all three tooth surfaces at once.

Please look at the resources section in the Toolkit for more information on these.

Slide 37

'I need a lot of help'

- Explain the procedure appropriately to the resident.
- Stand in a position that is comfortable for you and the resident, ideally to one side, and it's easier if the resident sits down
- Check they are comfortable and agree a signal to stop if they need a break
- Ask if there is something that the resident is concerned about
- Check the mouth before you start for ulcers or areas that may be sensitive or sore
- Be gentle, especially where you place your supporting fingers

Refer to the oral care plan before you begin

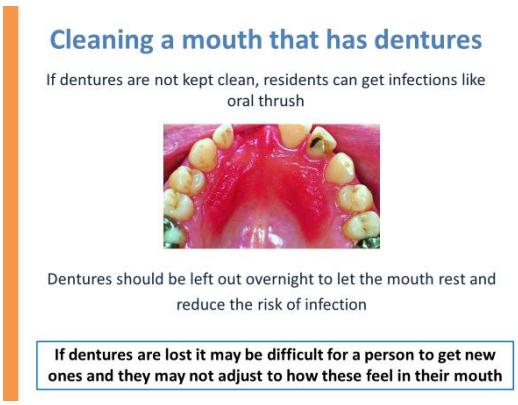
Check the oral care plan before you begin and make sure that you have everything ready before you start.

- Explain that you are going to clean their teeth, using appropriate language.
- Stand in a position that is comfortable for both of you. It will be easier if you stand behind or beside them but remember to try not approach someone with dementia from behind without warning.
- Ensure the resident's head is supported, a high-backed chair can be used or pillows if they are in bed.
- Agree a stop signal in case they feel they need to take a break.
- Check if they have anything they are concerned about.
- Check the mouth before you start for ulcers or areas that may be sensitive.
- Be aware of any loose teeth and brush with care.
- If gums bleed, do not stop brushing, continue to brush gently but thoroughly to clean that area of the mouth.
- Continually check the person is comfortable and if necessary, give frequent rests.

Keeping your mouth open can be tiring, especially for an older person.

Try not to wake someone to clean their teeth as they may be more disorientated and less able to cooperate

Slide 38



Encourage dentures to be removed at night, to reduce the risk of oral infections.

Dentures

Dentures improve the ability to chew food, help with facial appearance and aid speech.

Unless there is some reason for not doing so, then encourage the resident to wear their dentures and help them put them in if they cannot do it by themselves.

Dentures should be worn daily, particularly for people with some natural teeth. If dentures are left out, natural teeth may move slightly into the gaps and the partial denture will no longer fit. However, for acutely ill patients they may be unable to wear their dentures. In this case store the dentures in a dry (i.e. without water) named denture pot when out of the mouth**. But it is not recommended to leave dentures out for long periods because the gums can change shape, meaning the dentures won't fit.**

A dentist can reline badly fitting dentures and will do this if they feel it is appropriate, but this may only provide a temporary solution.

There may come a time when it is in the best interests of a resident to stop using their dentures. This may be because the resident can no longer tolerate them, or the dentures no longer fit. This issue may need to be handled sensitively, and the outcome should be always be in line with the dentist's or doctor's instructions.

As people get older it can be difficult to make dentures that fit well so it is important that existing dentures are not lost. Adjusting to new dentures can also be very difficult for some older people, particularly those with dementia.

Slide 39

It is just as important to clean dentures as it is natural teeth.

Debris can build up on dentures and if not cleaned regularly can cause denture-related infections such as stomatitis (thrush). Other equipment, such as denture pots also need to be kept clean.

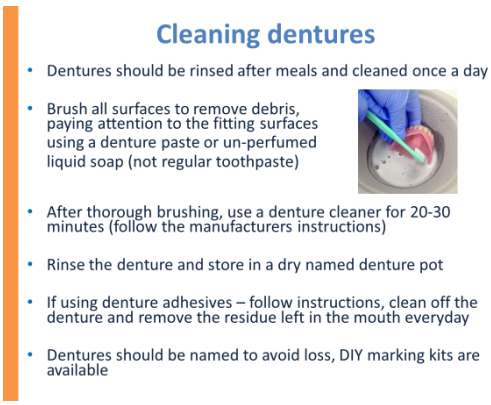
- Remove any partial or full dentures, be careful especially if there are metal parts as these can bend
- Look out for red or sore areas caused by the dentures, and update the care plan if needed
- Remember the mouth and any remaining teeth, will still need cleaning even if the person wears a full denture and dentures should be removed before any natural teeth are brushed.

Removing full dentures for cleaning:

- Wear appropriate PPE
- Check if resident can remove their own dentures.
- Cover resident's clothing with a clean towel.
- Before removal, ask the resident to take a sip of water.
- If the resident is unable to remove their own dentures, then do this for them.

Please see the toolkit where there are useful links to videos and resources to help with removing and inserting dentures.

Slide 40



Dentures are expensive and can be fragile, to avoid breaking them if they are dropped clean them over a sink or bowl filled with water or over a folded towel.

Dentures should be thoroughly cleaned at least once a day, and rinsed after eating.

- Remove any dentures before cleaning.
- Look out for red or sore areas caused by the dentures, and seek professional advice if there is no improvement.
- Remember the mouth and any remaining teeth will still need cleaning, even if wearing a full denture.
- Clean the teeth and soft tissues with a separate toothbrush whilst the dentures are out of the mouth. The toothbrush used to clean the teeth and soft tissues should be a different brush to that which is used to clean the denture.

Brush the dentures first, to help remove any bits of food. Use a non-abrasive denture paste or liquid soap, ideally not regular toothpaste.

Make sure you brush all the surfaces of the dentures, including the surface that fits against the gums. This is especially important if the resident uses a denture fixative.

Soak dentures every day in a denture-cleaning solution. This will help remove any plaque and stubborn stains that are left. It will also help to disinfect the dentures and they will feel fresher in the mouth. Always follow the manufacturer's instructions on the packaging but don't leave in overnight – most take only about 20 - 30 minutes. Rinse the denture and store in a named dry denture pot.

Denture cleaner is a harsh chemical so don't put dentures in a glass with a denture cleaner as residents have been known to drink from it by mistake.

Denture adhesives

Some residents may use denture adhesives, especially if they have badly fitting dentures. Adhesives come in different forms (paste, powder, or strips) and they are used to hold the dentures in place and prevent rubbing against the gums.

Follow the instructions and ensure that the correct amount is used. If too much is applied this can be an aspiration risk. After removal of dentures, ensure all traces of the adhesive are cleaned from the resident's mouth and the denture.

Denture marking

Denture marking provides easy recognition of the resident's dentures. Denture marking can be done by a lab when the dentures are made. If dentures do not have any identification, they should be marked with the resident's name to avoid loss. If using a commercial DIY kit, please follow the manufacturer's instructions.

Slide 41

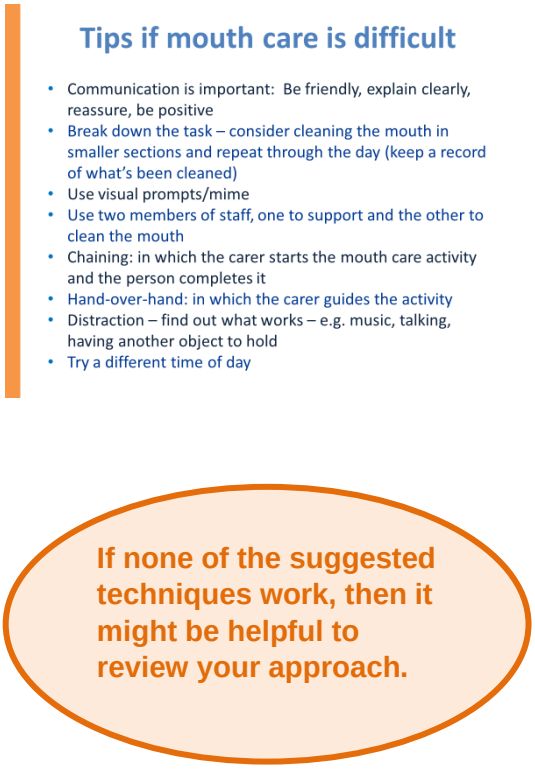
Cleaning someone else's teeth

- Gently move the lips and cheek so you can see where to put the brush.
- Try to start in the same part of the mouth each time, and clean every tooth in order, this will make sure you do not miss any parts of the mouth.
- Angle the toothbrush towards the gums & include the part where the tooth meets the gum.
- Brush the outside, inside and biting surfaces of the teeth in a methodical way - it should take about two minutes.
- Include cleaning the tongue.
- Be aware of any loose teeth and brush with care.
- If gums bleed, do not stop brushing, continue to brush normally, but be aware that the gums may feel sore so be gentle and thoroughly clean the area.
- Encourage the resident to spit out after brushing, and ideally not rinse.
- Keep a record of any changes seen.

Consider time and place that mouth care takes place
Carrying out mouth care at the same time every day may help especially if the person has dementia. Consider asking family or previous carers for advice or their assistance.

Please see the toolkit where there are useful links to videos and resources to help.

Slide 42

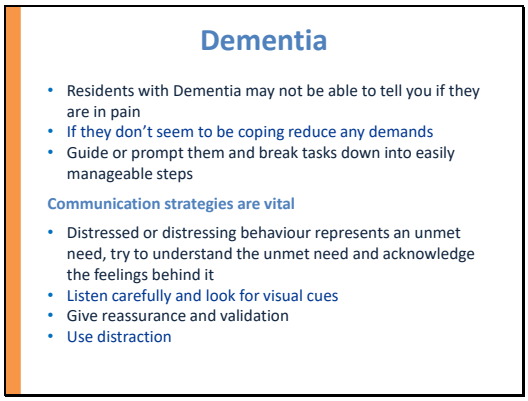


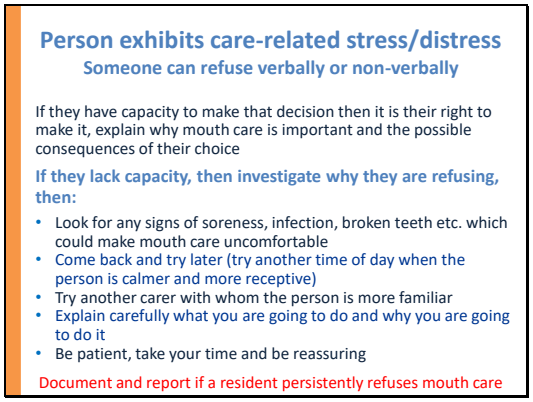
Some ways to help residents when mouth care is difficult

- Communication is important: Be friendly, explain clearly, reassure, be positive
- Break down the task – consider cleaning the mouth in smaller sections and repeat through the day (keep a record of what has been cleaned)
- Describe and show the toothbrush to the resident, give the toothbrush to the resident, mimic brushing your own teeth and the resident may mirror your behaviour and brush their own teeth.
- Distraction – find out what works – e.g. music, talking, having another object to hold.
- It may be helpful to have more than one care assistant helping or one well-known member of staff.
- Come down to eye level. Be aware of personal space.
- Be willing to slow down or try later.

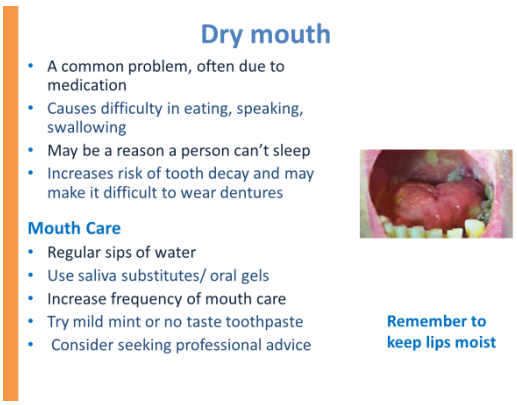
Behaviour strategies

- Use task breakdown – simplify and break down into steps, offer praise for completion of each step if appropriate.

If all attempts fail, do not give up, consider alerting the resident's family if this has not been done previously (unless the resident has capacity to consent – in this case the resident should agree prior to family members being informed). Record the attempts made in the notes, a senior member of staff or the manager should be informed, and an assessment made whether to refer to a dentist.	**If the resident shows reluctance:** • **Chaining** – this involves gently bringing the resident's hand to the mouth while describing the activity. Let the resident continue if they are able. • **Hand over hand** – if chaining is not successful, then place your hand over the resident's and gently brush the teeth together. • **Distraction** – if none of these strategies work, then try distracting the resident e.g. by placing a familiar item in the resident's hand while you brush their teeth. • **Rescuing** – if attempts are not going well, the care assistant can leave, and the 'rescuer' comes in to take over. Bringing in someone else with a fresh approach may encourage the resident to cooperate. • Try a different time of day.
Slide 43 	Residents with Dementia may not be able to tell you if they are in pain, so a reluctance to have their mouth cleaned may mean that there is an area that feels sore. • Guide or prompt them and break tasks down into easily manageable steps. If it's not possible to clean the whole mouth then clean a section of the mouth at a time and repeat mouth care through the day until the whole mouth has been cleaned. • If they don't seem to be coping reduce any demands on them, pause and reassess if you can continue People with dementia have good days and bad days so try to find out the individual's best time of day for mouth care. **Communication strategies are vital:** • Remain positive. • Be caring, calm and friendly, and smile. • Use eye contact and encourage them to look at you. • Talk clearly, at the resident's pace giving the resident your full attention while they speak, use reassuring and appropriate body contact and gentle touch. In early dementia, the resident will usually still be able to clean their own teeth, but they may need to be reminded to do this and given the toothbrush and toothpaste. If necessary show them what to do and support them to maintain their independence As their dementia progresses, the resident may lose the ability to clean their teeth, or lose interest in doing so, and carers may need to take over this task. **Some useful tip for mouth care** • Cover the mirror (as an individual with dementia can be alarmed by their own reflection) • If possible clean teeth in the bathroom (the visual reminder helps them to know it is time to brush their teeth) • Show pictures of someone cleaning their teeth • Try giving them the toothbrush with paste on and show them what to do. If they do not brush, then gently use

	the hand over hand technique and guide the brushing (this helps the individual feel more in control and retains their independence) • Break the task down, clean a small section of the mouth at a time and then repeat mouth care through the day until the whole mouth has been cleaned. • Keep explaining and reassuring • Keep a record of what works **Later stages of dementia** As their dementia progresses, the person may lose the ability to clean their teeth, or lose interest in doing so, and carers may need to take over this task. If there are swallowing issues, you may need to use a low foaming paste on a dry brush, ensuring the paste is pushed well into the bristles.
Slide 44 	If the resident has capacity to make the decision to refuse mouth care, then it is their right to make it, explain why mouth care is important and the possible consequences of their choice. Personal care is an intimate activity, and many people will experience difficult feelings if they need help with this. Care-related stress and distress is how some people communicate their need to believe that they are still independent. For many with dementia, it is not a willful act to refuse care, but rather a sign of confusion and distress. Distressed or distressing behaviour often represents an unmet need, try to understand the unmet need, and acknowledge the feelings behind it. If they lack capacity, then investigate why they are refusing: Possible reasons: • The person does not understand what they are being asked to do. • The person is refusing in order to keep a sense of control • The person is misinterpreting the situation or environment • They may be in pain so Look for any signs of soreness, infection, broken teeth etc. which could make mouth care uncomfortable. Tips • Come back and try later (try another time of day when the person is calmer and more receptive) • Try another carer with whom the person is more familiar • Explain carefully what you are going to do and why you are going to do it • Be patient, take your time and be reassuring Document and report if a resident refuses mouth care and if this becomes a frequent occurrence then escalate this to a senior member of staff or the care home manager.

Slide 45



Dry mouth

Older people tend to produce less saliva and a dry mouth is a common side effect with a number of medications.

- Having a dry mouth is uncomfortable and it causes difficulty in eating, speaking, and swallowing
- It may be a reason a person cannot sleep or wakes in the night
- The lack of saliva increases the risk of tooth decay and may make it difficult to wear dentures.

The main causes of a dry mouth are:

- Dehydration – for example, from not drinking enough, sweating a lot or being ill
- Medicines – check the leaflet or search for the medicine online to see if dry mouth is a side effect
- Breathing through the mouth at night – this can happen if the nose is blocked or the person sleeps with an open mouth
- Anxiety
- Cancer treatment (radiotherapy or chemotherapy)
- Sometimes a dry mouth that does not go away may be caused by a condition like diabetes or Sjögren's syndrome.

Tips for mouth care when the mouth is dry

- Encourage the resident to take regular sips of water
- Use saliva substitutes/ oral gels. There are a number of products designed to provide moisture and comfort, usually in the form of gels or sprays and a dentist or pharmacist can give advice on these.
- Good quality olive oil can also be used to lubricate the mouth and lips.
- Increase frequency of mouth care to keep the mouth comfortable. It is important to use products containing fluoride
- When dry, the mouth becomes very sensitive so always choose products that are mild and not strong tasting.
- Maintain good oral hygiene and review the mouth regularly.

In addition:

- Try to avoid sugary food and drinks or those containing acid.
- Cut down on things that dry the mouth, such as alcohol, caffeine, and cigarettes.
- Use an air humidifier.
- Reassess regularly and consider seeking professional advice.

Pay attention to keeping the tongue clean. In a dry mouth the tongue can become fissured and sore.

If dentures are difficult to wear, smear saliva replacement gel on the inner surface of the denture.

Slide 46

Palliative and end of life care

- Oral care is important
- Assess mouth for changes
- Common problems: dry mouth, painful mouth, bad breath, alteration of taste, excess saliva
- Aim to keep resident comfortable
- Mouth care can be carried out by family members, giving them greater involvement in the care of their relative

Mouth Care

- Clean teeth using a soft, small-headed toothbrush and Fluoride toothpaste after each meal and at bedtime.
- Keep the mouth moist
- For people with swallowing problems, use non-foaming toothpaste

Warning
Check the sponge head is secure before using as when soaked it may come loose and could be aspirated*.

*Medical Device Alert: Oral swabs with a foam head, all manufacturers (MDA/2012/020)

Palliative and end of life care

Taste and touch are important at the end of life. If oral hygiene is neglected, the mouth rapidly becomes dry and sore. The resulting build-up of bacteria in the mouth will also increase the risk of mouth infections so mouth care is important.

Symptoms in the mouth are common when a person requires palliative and end-of-life care. Common oral problems include dry mouth, painful mouth, halitosis (bad breath), alteration of taste, and excessive salivation as a result of poor oral intake, drug treatments, local irradiation, oral tumours, or chemotherapy.

Try to keep the resident comfortable.

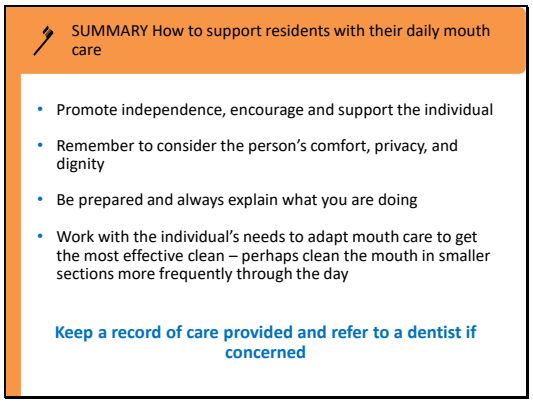
Mouth care could be carried out by family members, giving them greater involvement in the care of their relative.

Mouth care should be provided at least four times a day, after each meal and at bedtime, to gently remove coatings, debris and plaque from teeth, gums, and soft tissues. Some people may need more frequent oral care. For residents with swallowing problems, use non-foaming fluoride toothpaste.

If resident has a healthy mouth:

- Assess daily for changes.
- Clean teeth using a soft, small-headed toothbrush and fluoride toothpaste after each meal and at bedtime. For people with swallowing problems, use non-foaming toothpaste.
- Clean dentures at least once daily and remove and store overnight.
- Regularly remove oral/dried secretions with gentle suctioning or a soft toothbrush.
- The mouth can be moistened every 30 minutes with water from a water spray or dropper or foam swab (please read caution in key message opposite).
- If the mouth is dry, apply water-based saliva replacement gels
- Avoid using lemon and glycerine swabs as these can dry the mouth even further.
- Smear petroleum jelly (for example Vaseline®) on the lips. However, if a person is on oxygen apply a water-soluble lubricant Aqueous cream (for example K-Y Jelly®).

Slide 47



- Promote independence, encourage, and support the individual to perform their own mouth care
- Remember to always consider the person's comfort, privacy, and dignity when you deliver mouth care
- Be prepared with everything ready before you start, and always explain to the resident what you are doing
- Work with the resident and review their needs to adapt their mouth care to get the most effective clean

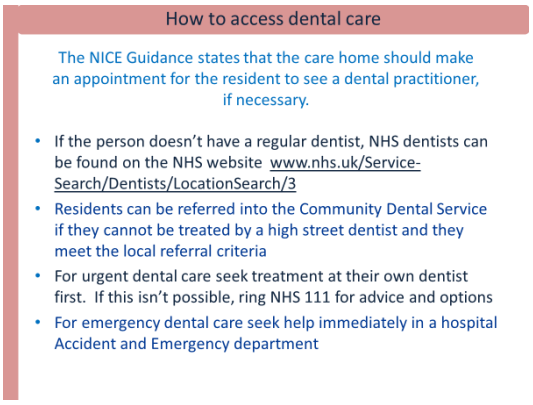
  – perhaps clean the mouth in smaller sections more frequently through the day

Remember to record what care has been provided and refer to a dentist if concerned about anything you find in the mouth

Further notes

Section six How to access dental care

Slide 49



If possible, try to arrange for the resident to attend the same dentist that they saw before they moved into the care home. This maintains continuity of care and being seen by someone that knows them. This is important especially for someone with dementia but may not always be possible if they have mobility issues.

In England, NHS dental charges apply for those over 18 years of age. Individuals aged 60 years old or above still pay these. In Scotland and Wales dental check-ups are free for older people. On admission, residents that need to apply for exemption or reduction of dental charges, they, or the care manager (on their behalf) will need to complete an HC1 form or HC1 (SC) form (whichever is appropriate). The resident's exemption status needs to be checked before dental appointments as it may change. *For further information, please refer to the toolkit.*

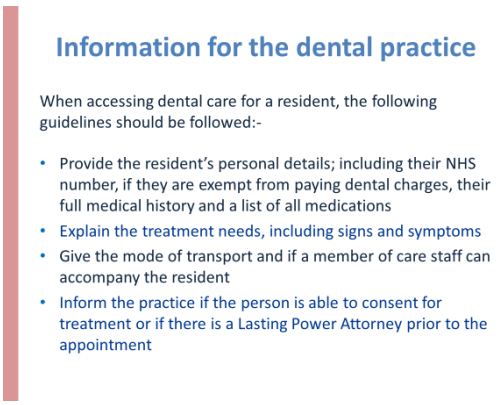
Private dentists set their own fees for examination and treatment. If a home has an arrangement with a private dentist to provide services, patients' charges should be made known in advance. Some people may have insurance to cover the cost of dental treatment. The home should ask about this before any treatment starts. Community dental services or special care dental services are available to help people who are unable to use general dental services and who meet their criteria for receiving care.

For urgent dental care which is an illness or injury that requires urgent attention but is not a life-threatening, then care should be provided within 24 hours unless the condition worsens. An example may be when a resident needs to see a dentist due to pain which is not helped by painkillers.

Seek treatment at their own dentist first.
If this isn't possible, ring NHS 111 for advice and options.

For emergency dental care (which is defined as life threatening illnesses or accidents which require immediate, intensive treatment). For example, uncontrollable bleeding following extractions, rapidly increasing swelling around the throat or eye, or dental trauma, seek help immediately in a hospital Accident and Emergency department.

Slide 50

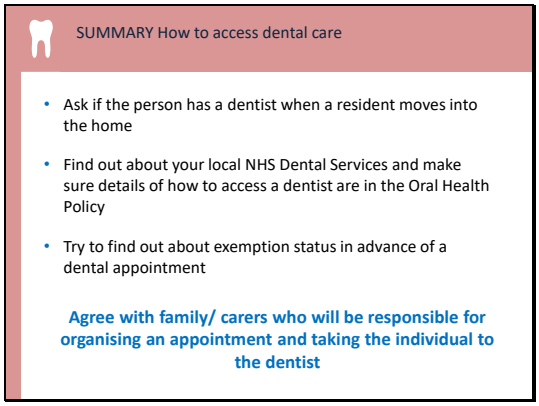


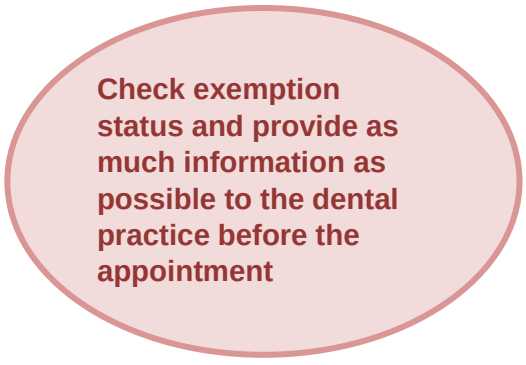
Please make sure to provide the resident's personal details; including their NHS number, if they are exempt from paying dental charges, their full medical history and a list of all medications and an indication of the resident's need before the dental visit to ensure optimum use of clinical time and effective care is provided.

Find out if there are any physical barriers at the practice before making an appointment and tell the practice if the resident has any physical impairment or disability so that they can signpost to an alternative more accessible practice, if necessary.

Ask the practice to tell you if there is a long NHS wait at their practice and if there is then to suggest an alternative. At the end of the appointment, remember to ask for information that will help to develop an effective mouth care plan.

Slide 51





- Ask if the person has a dentist when a resident moves into the home
- Find out about your local NHS Dental Services and make sure details of how to access a dentist are in the Oral Health Policy
- Try to find out about exemption status in advance of a dental appointment

Agree with the family and carers who will be responsible for organising an appointment and taking the individual to the dentist

Further notes

Slide 52

Thank you for taking part in this training

For more information please refer to the training resources in the toolkit

Slide 53

Acknowledgements

This training was developed under the guidance of the Adult Oral Health Oversight Group and included consultation with and access to existing resources including photographs from multiple stakeholders.

Thanks go to those representing:

- Public Health England,
- British Society of Gerodontology,
- Care Quality Commission
- Caring for Smiles, NHS Scotland,
- Gwen am Byth, NHS Wales,
- Health Education England,
- Mouth Care Matters,
- NHS England – the Office of the Chief Dental Officer,
- Oral Health in Care Homes Action Alliance,
- The National Institute for Health and Care Excellence,
- The Relatives and Residents Association.

It was generated by Katy Kerr on behalf of Health Education England in collaboration with the members of the Oral Health in Care Homes Working Group:
Sandra White, Semina Makhani, Samantha Allen, Zoe Allen, Samantha Glover, Lesley Gough, Sonia Hill, Charlotte Klass, Rakhee Patel, Allan Reid, Claire Robertson, Sarah Robertson, Kamini Shah, Kate Taylor-Weetman and Georgios Tsakos.

A special thanks to Mili Doshi, Ros Davies, Maura Edwards, John Milne, Janet Neville, Eric Rooney, Joanne Sumner, David Wilcox, Jason Wong and the members of the Health Education England Dental Workforce Development Advisory Group a subgroup of the UK Committee of Postgraduate Dental Deans and Directors (COPDEND).

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An assessment to measure knowledge at the beginning and/or end of the training is available in the Information Pack on 61 and 62