National Grand Rounds

'*Supporting Smiles* in the Complex Patient'

Róisín O'Murray – Speech and Language Therapy Manager, NRH
Dr Myra Herlihy – Assistant National Oral Health Lead – Special Care, HSE National Oral Health Office
Deirdre Ryan – Project Co-Ordinator, HSE National Oral Health Office
Dr Emma Blake Corrigan – Special Care Dentist, HSE & NRH

Oral healthcare and its benefits:

- ✓ Removes plaque and bacteria
- ✓ Prevents tooth decay and loss
- ✓ Adds moisture to mouth and mucosa
- ✓ Benefits to overall health and medical conditions management
- ✓ Supports chewing and swallowing
- ✓ Reduces risk of respiratory infections
- ✓ Supports speech and communication
- ✓ Avoids bad breath
- ✓ Quality of life and dignity



Drivers for change:



Key guidance for best practice from literature:

- Staff and patient awareness of the importance of oral health
- Training for staff – multiple disciplines, teams
- Access to appropriate equipment for oral healthcare
- Correct technique for cleaning the mouth
- Oral health screen for all patients
- Oral care plan development and implementation for all patients
- Regular access to dental services
- Audit of practice



NRH Oral Healthcare Project:

(commenced 2022)



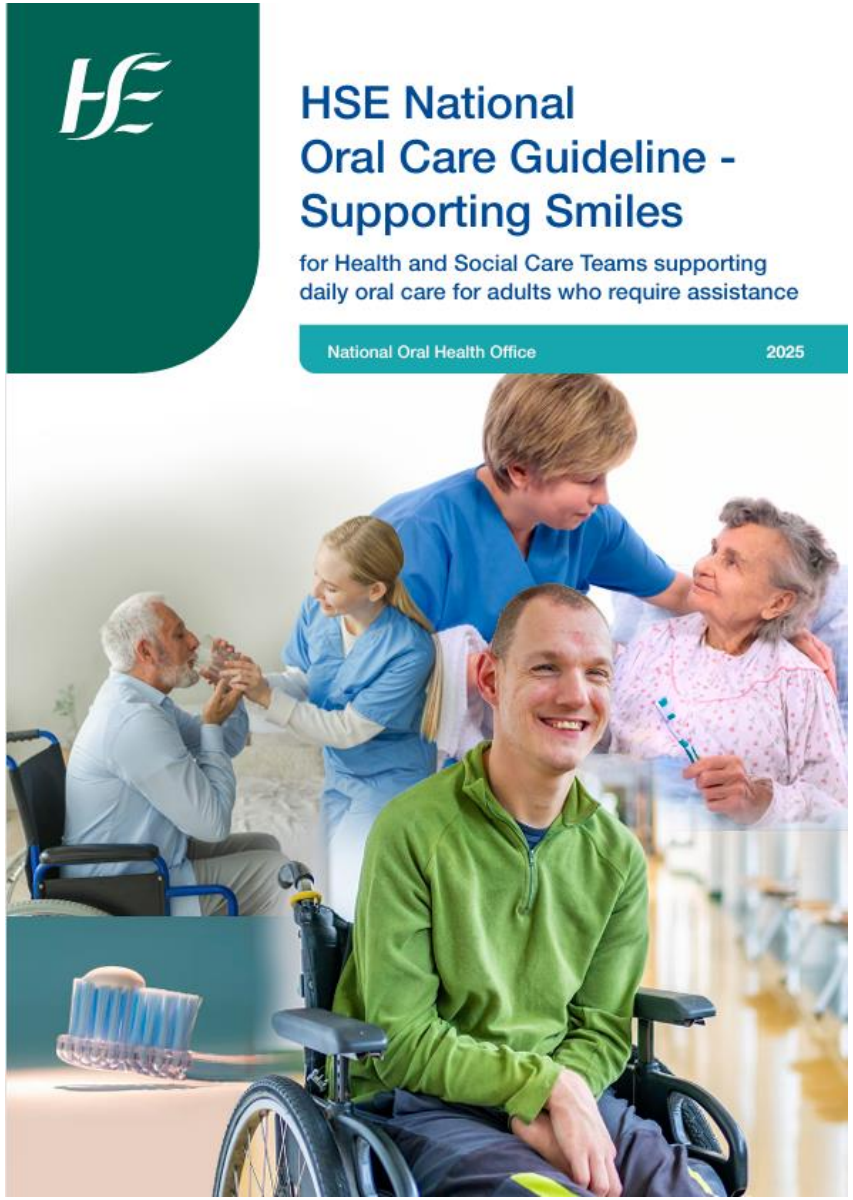
Project outcomes:



Key learnings and advice from NRH Oral Healthcare Project







New National Oral Care Guideline

Plan for pilot at NRH in Q4 2026

The Supporting Smiles Programme

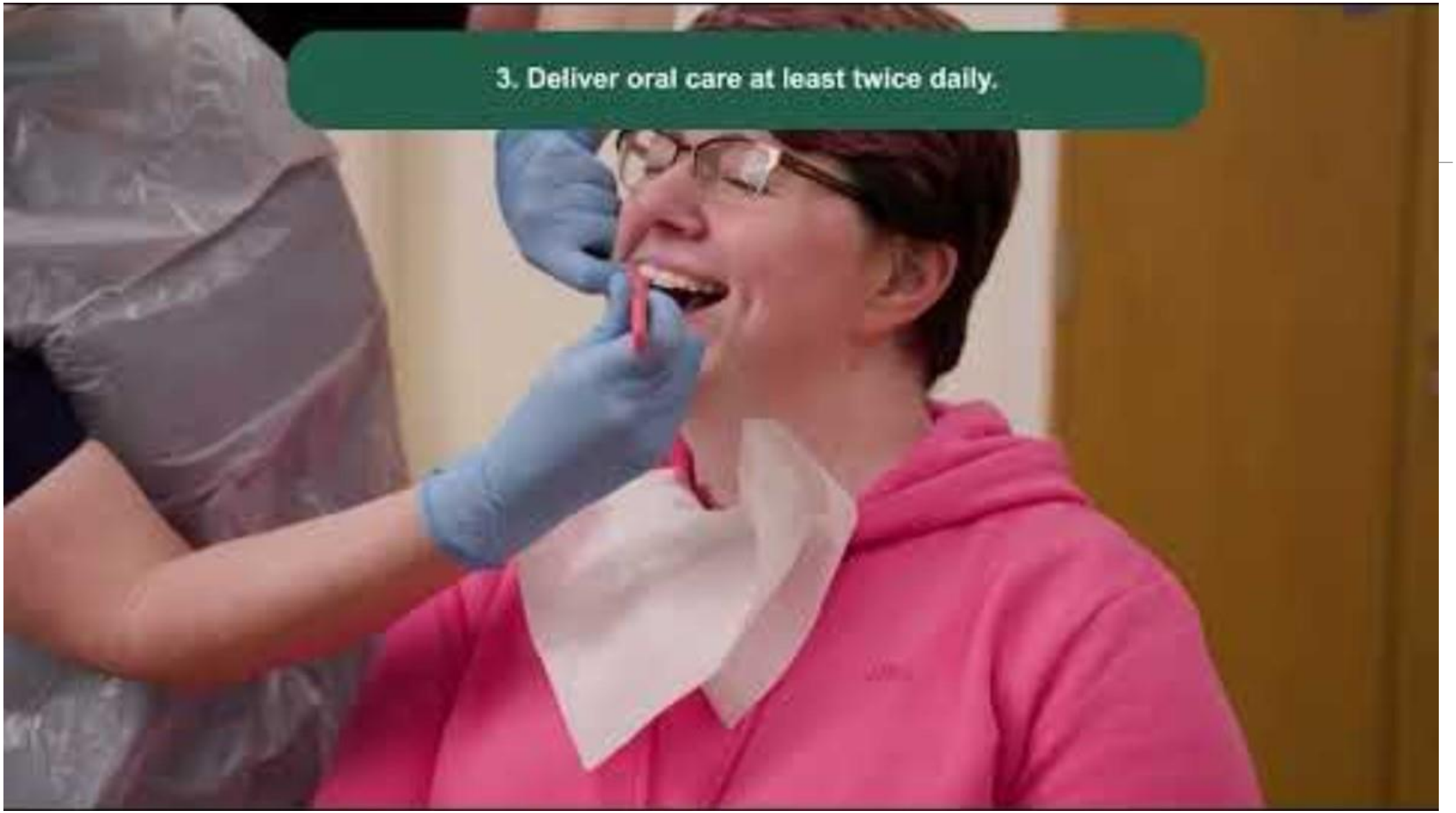
National Oral Health Office

Dr Myra Herlihy BDS NUI, MSc Leadership in Healthcare, MDPH

Assistant National Oral Health Lead;

Special Care & Training

Click here to watch this video: Supporting Smiles Programme – National Oral Health Office

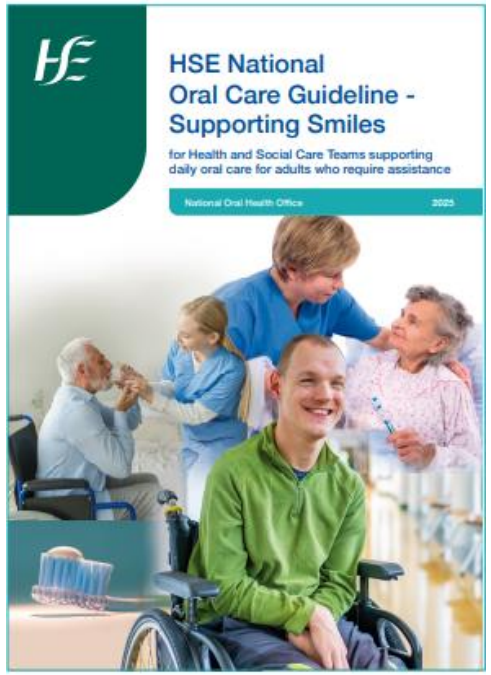


The Supporting Smiles Programme

Aims

To improve the oral health of all adults (18 years and over) who reside in or attend healthcare settings.

To up-skill healthcare and social care teams in these settings, bringing an increased awareness of the importance of good daily oral care and how it impacts on general health and quality of life.



- Signed off by Grace Rothwell, ND, Access and Integration, 13/10/2025

National Steering Group – Multidisciplinary (November 2022)

Myra Herlihy – Chair	**Assistant National Oral Health Lead - Special Care**
Deirdre Lang	Director of Nursing/National Lead Older Persons Services
Judy Ryan	Director of Nursing/National Lead Intellectual Disability
Elizabeth Maloney	Integrated Care Older Persons nominated representative- Geriatrician
Marie Kehoe	National Disability Specialist, Quality Improvement
Roisin McLoughlin	Office of the Nursing & Midwifery Services Director(ONMSD) National Education Lead
Barbara Tierney	Centre of Nursing and Midwifery Education (CNME) ID Nurse Tutor
Lucy McGettigan	Palliative Care
Dorothy Halpin	Dental Hygienist
Claire Parkes	Speech and Language
Helena Connors	FEDVOL rep
Sandra Ferncombe	Registered Nurse in Intellectual Disability
Deirdre Ryan	Project Coordinator NOHO

National Federation of Voluntary Service Providers
Supporting people with intellectual disability (CLG)

The HSE National Disability Quality Improvement Programme (DQIP)

The Integrated Care Programme for Older Persons (**ICPOP**)

Strategic alignment

National Oral Health Office led by Dr Anne O Neill Assistant National Director Oral health – **National Services and Schemes**

SláinteCare – Supporting Smiles is aligned with principles 2, 3 and 5, providing care at the lowest level of complexity

National Oral Health Policy published by Department of Health in 2019- **'Smile agus Slainte'** (41actions)

- Within **policy actions 16 and 34** recommend improved oral care of vulnerable groups including those in long term residential care.

Aligns to the Age Friendly Health Service using the evidence-based 4Ms Framework: 'What Matters', 'Medications', 'Mind' and 'Mobility'

HIQA National Standards for Older people and **Disability Service**





HIQA standards	Supporting Smiles
Standard 2.1 **“Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.”**	Supporting Smiles provides a structured approach to assessing each resident's oral health and oral care needs, developing an individual Oral Care Plan, delivering the required daily oral care and reviewing care as needs change.
Standard 4.1 **“The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.”**	Supporting Smiles promotes oral health as an integral part of residents' overall health and wellbeing. It supports the identification of oral health needs, delivery of appropriate daily oral care and referral for dental assessment or treatment where required. The supporting criteria within this HIQA Standard specifically include access to dental services.
Standard 5.4 **“The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.”**	The Supporting Smiles learning-site methodology incorporates the collection of baseline data, implementation of recommendations, testing and adaptation, ongoing monitoring and measurement, and evaluation. This provides services with a structured quality-improvement approach to daily oral care.
Standard 7.2 **“Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.”**	Supporting Smiles supports staff to develop the knowledge and skills required to assess oral care needs, develop and implement Oral Care Plans and provide safe, effective and person-centred assistance with daily oral care.

HIQA standards	Supporting Smiles
Standard 7.4 **“Training is provided to staff to improve outcomes for all residents.”**	The Supporting Smiles education programme provides structured, evidence-based education to enable staff to develop and maintain the knowledge and skills required to support residents with daily oral care and improve oral health outcomes.
Standard 8.1 **“Information is used to plan and deliver person-centred, safe and effective residential services and supports.”**	Supporting Smiles incorporates the collection and review of baseline and monitoring data to measure changes in practice, evaluate implementation and identify opportunities for ongoing improvement in the delivery of oral care.
Standard 2.2 **“Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.”**	Good oral health and appropriate daily oral care can support comfort when eating and drinking and are therefore relevant to the wider management of residents' nutrition and hydration needs.
Standard 3.3 **“Infection prevention and control practices achieve the best outcomes for residents.”**	Supporting Smiles promotes safe and appropriate oral care practices, including relevant infection prevention and control principles associated with the delivery of daily oral care.

Principles underpinning approach in developing Supporting Smiles

- Guidance on oral care in various settings for all dependent adults where personal care is provided
- Ensure consistency in the standard of oral care delivered by health and social care teams between settings
- Rights based approach to access safe effective care
- To integrate oral health as part of wider systemic health care and wellbeing awareness in health care settings

Oral health is everybody's responsibility

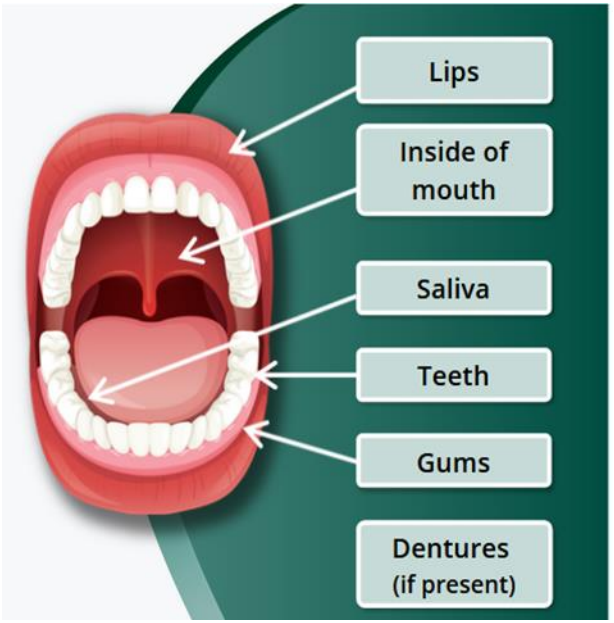


Key Recommendations

Carry out an Oral Health Assessment (OHA)

Develop and document an individualised Oral Care Plan

Deliver and document daily oral care





The Supporting Smiles Programme

National Oral Health Office

Deirdre Ryan
National Oral Health Office
Supporting Smiles Project Coordinator

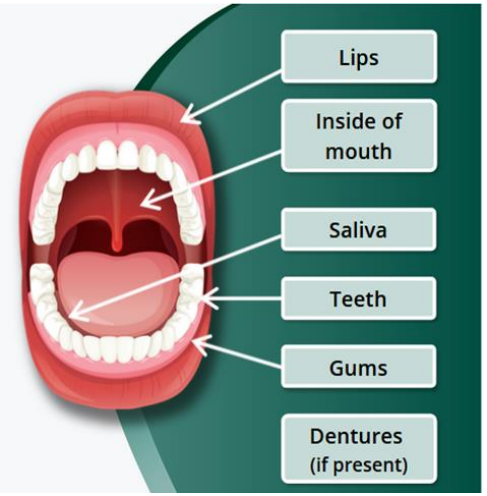
Supporting Smiles Programme Content

- Supporting Smiles National Oral Care Guideline
- HSElanD programmes
- Classroom based curriculum
- Implementation

Oral Health Assessment

Oral Care Plan

Applying the correct colour coded protocol and using correct products



Oral Health Assessment Tool (OHAT)

Name:		**Person's Own Dentist**	**Date of last OHAT:**
D.O.B:		Dentist:	
Consent for OHA	Yes ☐ No ☐	Address: Tel:	**Date of last dental check-up (if known):**
Oral Health Assessment Performed on:	Admission/first point of contact ☐ Review ☐ Change in clinical needs ☐		
Does the person report any oral problems or display any signs of pain	Yes ☐ No ☐	If yes: how does the person rate it on a scale of 1-10:	
Support needed for daily oral care Record all supports needed in Oral Care Plan	No assistance with oral care ☐ Some assistance with oral care ☐ Total assistance with oral care ☐	SLT/OT/Physiotherapist referral for further advice on person specific supports	Yes ☐ No ☐
Does the person have dysphagia?	Yes ☐ No ☐	**If Yes, follow the DYSPHAGIA ORAL CARE PROTOCOL**	
Does the person have? Tick all that apply	All/some own natural teeth Yes ☐ No ☐ Upper denture ☐ Lower denture ☐ No denture ☐		

Mouth will be checked with a LIGHT SOURCE (using pen torch) and marked as Low, Medium, or High Risk

	LOW RISK	MEDIUM RISK *Referral may be needed	HIGH RISK Referral is needed
Lips	Pink and moist ☐	Dry/cracked ☐ Red/cracked/crusted at corners* ☐ Ulcer < 21 days ☐ Cold sore* ☐	Swelling/lump ☐ Ulcer > 21 days ☐ Bleeding/widespread ulceration ☐
Inside of Mouth: • **Tongue** • **Cheeks** • **Palate** • **Floor of Mouth** • **Inside of lips**	Clean mouth Pink, intact mouth lining ☐	White/red/speckled patches (consider candida (thrush)* ☐ Ulcer < 21 days ☐ Coated tongue ☐ Food lodging* ☐	Smooth, glossy sore tongue ☐ Swelling/lump ☐ Ulcer > 21 days ☐ Persistent white/red patch ☐ Widespread redness/Widespread ulceration ☐
Saliva	Saliva present ☐	Dry mouth* ☐ Thick or dried/crusted secretions* ☐ Hypersalivation or drooling* ☐	Reports very dry or painful mouth ☐
Teeth	Clean No broken teeth No obvious cavities ☐	Broken, very worn teeth ☐ Cavities (no pain)* ☐ Loose Teeth* ☐	Severe/persistent pain ☐ Extremely loose teeth ☐
Gums	Pink and clean ☐	Red/inflamed (puffy) ☐ Bleeding on brushing ☐	Painful ☐ Ulcerated ☐ Swelling present ☐ Bleeding on brushing (not improving with regular, thorough brushing of gums) ☐
Dentures *If Dentures are lost in care setting, complete NIRF*	Clean Comfortable ☐	Loose* ☐ Lost* ☐ Broken/unable to wear* ☐	Person will not remove denture ☐ Denture cannot be removed ☐
OHA completed	Reason unable to undertake OHA:		Referred to:
Fully ☐ Partially ☐ Unable ☐ *(If relevant, refer to 6.2.2 Care resistance)*	Person escalated to:		Date referral (s) sent:
	Completed by (Name)		If referral declined/not possible, reason for same:
	Signature		
	Contact Tel	Date:	Next OHA Review Date:

Oral Care Plan

Name		**Date of Birth**	**Date of last OHA(s):**
Does the person have?	All/some own natural teeth **Y** ☐ **N** ☐ Upper denture ☐ Lower denture ☐ No denture ☐		
Oral Care frequency	☐ Twice daily (morning and night - standard care)	☐ Four times daily (after meals and at night - enhanced care) *If advised by Medical team/Dentist/Speech and Language Therapist*	
Dysphagia present Y ☐ N ☐ If Yes, follow protocol Refer to Guidance Sheet No. 4 - Teeth and 5.3.2.2	**DYSPHAGIA ORAL CARE PROTOCOL** Position person to avoid fluid inhalation. This may be in upright or recovery position. Where possible, seek appropriate strategies and guidance from SLT/OT/Physio Clean inside of mouth with a mouth cleanser/non-fraying gauze or suction (if available) to remove any visible food or fluid debris. Brush teeth using a thin smear of non-foaming SLS free fluoride toothpaste on a dry soft toothbrush or suction toothbrush (if available). Remove any excess toothpaste with a non-fraying gauze or suction (if available) after toothbrushing.		**PRODUCTS EQUIPMENT AND RESOURCES** ☐ Mouth cleanser ☐ Non-fraying gauze ☐ Soft toothbrush ☐ Non-foaming SLS free fluoride toothpaste ☐ Suction toothbrush (if available)

Low Risk Oral Care Protocol Standard daily oral care	Medium Risk Oral Care Protocol *Referral may be needed	High Risk Oral Care Protocol Referral is needed

REFERRALS	Until treatment/input is received, provide standard daily oral care and apply medium risk protocol for mouth region of concern. Document advice and follow prescribed treatment and review plan as directed.		**Referred to:**
	Reason for referral		**Date referral sent:**
	Prescribed treatment and duration		**Date:**
Lips Refer to Guidance Sheet No. 1 - Lips	**Dry/cracked**	☐ Apply a water based lip moisturiser as required	☐ Water based lip moisturiser ☐ Prescribed medication Product Name:
	Ulcer < 21 days	☐ Monitor (Refer if present > 21 days)	
	Red/cracked/crusted at corners*	☐ Follow prescribed treatment if required	
	Cold sore*	☐ Follow prescribed treatment if required	
Inside of Mouth Refer to Guidance Sheet No. 2 - Inside of Mouth	• Persons without teeth or dentures should have gentle cleansing of the inside of mouth (using mouth cleanser/damp gauze)		☐ Soft toothbrush ☐ Tongue scraper ☐ Mouth cleanser ☐ Damp non-fraying gauze ☐ Prescribed medication Product Name:
	White/red/speckled patches*	☐ Consider candida (thrush) and follow prescribed treatment if required	
	Ulcer < 21 days	☐ Monitor (Refer if present > 21 days)	
	Coated tongue	☐ Brush tongue with soft toothbrush (or use tongue scraper if heavily coated)	
	Food lodging*	☐ Clean inside cheeks/lips/palate (using a mouth cleanser/ damp gauze)	
Saliva Refer to Guidance Sheet No. 3 - Saliva	**Dry mouth***	☐ Use Sodium Lauryl Sulphate (SLS) free or high fluoride toothpaste (5000 ppm) if prescribed ☐ Saliva substitutes/stimulants may be used if prescribed by doctor. Reapply saliva substitutes as needed by the person **N.B.** Refer to No.3 Guidance Sheet: Saliva for advice in relation to food/drinks to alleviate discomfort from dry mouth	**Toothpaste** ☐ Non-foaming SLS free fluoride ☐ High fluoride toothpaste (5000 ppm)** **Other oral care product/aid:** ☐ Mouth cleanser ☐ Soft toothbrush ☐ Non-fraying gauze (damp/dry) ☐ Saliva substitute/stimulant ☐ Water based lip moisturiser ☐ Skin moisturiser/barrier cream **Product Name(s):**
	Thick or dried/ crusted secretions*	☐ Secretions must be removed for comfort. Dried secretions must be softened prior to removal and saliva substitutes reapplied as needed	
	Hypersalivation or drooling*	☐ Follow prescribed treatment if required ☐ Remove pooling saliva/food debris prior to providing daily oral care ☐ A water based lip moisturiser may be applied and/or skin moisturiser/barrier cream may be applied to affected skin as needed by the person	
Teeth and gums Refer to Guidance Sheet No. 4 Teeth and No. 5 - Gums	• Brush teeth and gums twice daily using a soft toothbrush and standard (1450 ppm) fluoride toothpaste appropriate to the person's preferences/needs (spit, don't rinse) • Interdental cleaning aids should be used where appropriate		**Toothbrush** ☐ Soft ☐ Electric ☐ 3-sided ☐ Aspirating **Other oral hygiene aids** ☐ Toothbrush grip ☐ Mouth prop/Second toothbrush ☐ Interdental brush ☐ Floss/Floss holder
	Broken/Very worn teeth **Cavities (no pain)*** **Loose teeth***	☐ Seek routine dental review if concerns • Use high fluoride toothpaste (5000 ppm) if prescribed by dentist/doctor • Do not avoid brushing loose or worn teeth	**Toothpaste** ☐ Standard 1450 ppm Fluoride ☐ High fluoride (5000 ppm)** ☐ Chlorhexidine** ☐ SLS free fluoride (mild-flavoured/flavourless) **Other oral care product** ☐ Chlorhexidine spray/gel ☐ Chlorhexidine mouth wash 0.2% ☐ Chlorhexidine mouth wash 0.12% ☐ Fluoride mouthwash 0.05% Product Name(s):
	Red/inflamed (puffy) gums **Bleeding on brushing**	• Do not avoid or stop brushing red/inflamed/bleeding gums • Interdental brushes of appropriate size to be considered for larger spaces between teeth	
Dentures Refer to Guidance Sheet No. 6 - Denture	• Remove, clean and brush dentures with mild soap twice a day. If denture adhesive is used, it should be removed when cleaning both denture and mouth • Rinse denture well before re-fitting. Denture cleanser tablets may be used if preferred • Disinfect denture by soaking for 10 minutes once per week in appropriate disinfectant • Remove dentures overnight, clean and store dry in a labelled, lidded container		**Denture accessories** ☐ Labelled, lidded denture box ☐ Denture brush (if candida noted, replace after infection has cleared) ☐ Denture Adhesive **Denture cleaning products** ☐ Sodium hypochlorite solution 2% ☐ Chlorhexidine digluconate 0.2% ☐ Denture cleanser tablets ☐ Mild liquid soap
	Dentures Loose*	☐ If denture is loose, apply denture adhesive	Product Name(s):
	Lost*	☐ Seek dental review if necessary	
	Broken/unable to wear*	• If candida (thrush) noted: leave dentures out for as long as possible and store clean and dry in a labelled, lidded container • In addition to standard cleaning, disinfect denture by soaking in appropriate disinfectant for 10 minutes twice per day until signs of candida are gone	OCP completed by: Date:

Care products that may be used

What matters to me:	(person's name)		
Support needed for daily oral care	☐ No assistance required from support staff	☐ Needs some assistance from support staff	☐ Needs total assistance from support staff
What parts of daily oral care can the person do on their own?			
What parts of daily oral care does the person need support with?			
What other supports are useful? **How does the person like to be supported?** • *Position?* • *Location?* • *Timing?* • *Other tips?*			
Are there changes needed to diet e.g. high sugar and acidic drinks?			
How does the person communicate? *Any specific phrases that help the person understand the process or makes them more comfortable?*			
Any other relevant details?	e.g. location/description of ulcer being monitored and date first observed.		

What are your goals?

" I want to be Pain free"
"to keep smiling"
"to hold on to my own teeth"
"to wear my denture with comfort"



Programme 1 – 4 modules









Module 4: Delivering daily oral care



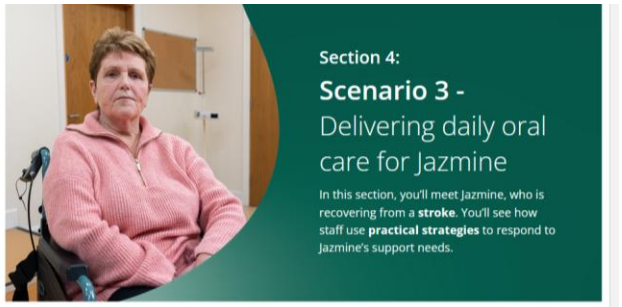
What you'll learn

By completing this module, you'll be able to:

- **Support daily oral care** according to the completed Oral Care Plan, including 'What Matters to Me'.
- **Apply practical strategies** to overcome resistance and provide compassionate care.
- **Adapt oral care** for people with specific medical conditions.
- **Record and monitor** daily oral care delivery.









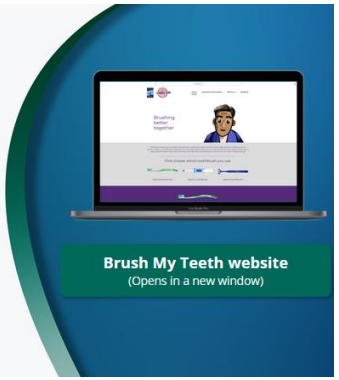
HSE Hygienist Dorothy gives us the essentials of daily oral care





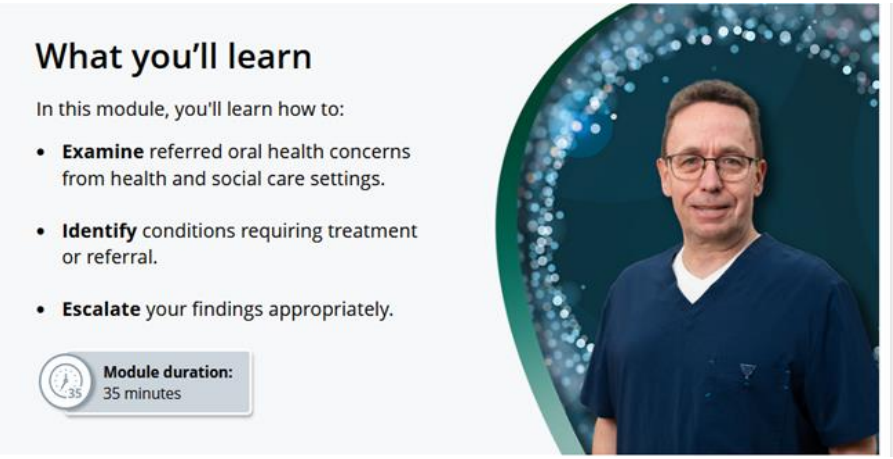
Remember

- Support and encourage as much **independence** as possible with daily oral care.
- If the person can manage their own oral hygiene, ensure they have the **products** listed in their Oral Care Plan (e.g., an appropriate toothbrush, toothpaste, and denture care items if needed).
- Helpful **step-by-step instructional videos** are also available on the **Brush My Teeth website** to guide both the person and their carer through toothbrushing.



Programme 2 – 2 modules

For Dental and Medical teams who receive, treat and manage oral care referrals



For each referred oral condition;

- Details of how to examine the area
- What to look for
- What to do now
- When to refer or escalate

Classroom based learning

Office of the Nursing and Midwifery Services Director (ONMSD)

Centres of Nursing and Midwifery Education (CNMEs)



- NOHO has collaborated with the ONMSD to get approval for ‘Supporting Smiles’ as a **National Programme** so that it is part of the nationally agreed CPD curriculum for CNME roll out; 4.5 CPD hours apply to participants

- Hybrid learning; learners to complete HSEland modules and follow up with Classroom workshop with CNME tutors and educators and a Regional dental team member

Facilitator toolkit

Session 1 - Oral Health and General Health	• Why Supporting Smiles matters • Risk factors for poor oral health • Oral health and general health
Session 2 - Roles and barriers	• Oral Health is everybody's responsibility • Barriers to oral health
Session 3 - Oral Health Assessment (OHA)	• OHA Process • Oral Health Assessment Tool (OHAT)
Session 4 - Oral Care Plan	• Care Plan – What Matters to Me • Oral Care Products and tools • Procurement of products and tools
Session 5 - Delivering Oral Care	• Guidance Sheets
Session 6 - Strategies to manage care resistance	• Strategies to manage care resistance
Session 7 - Quality improvement	• Supporting Smiles lead • Documentation and recording • Implementation and audit

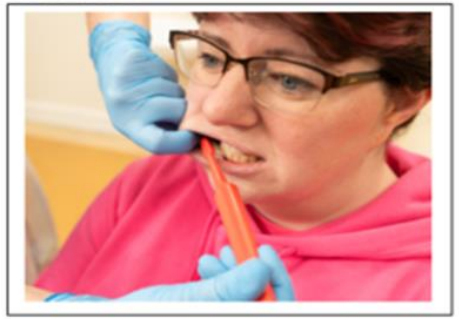


Facilitator Toolkit will include:

- **Group discussion**
- **Activity Sheets**
- **Additional resources**
- **Case scenarios**

Easy read resources

1. How to provide daily oral care - the essentials. Follow Guidance Sheets 1–5 for complete oral care

1	2	3
Carry out Point of Care Risk Assessment (PCRA) and put on appropriate PPE. 	Make sure the person is sitting upright with their head supported. Cradle the person's head in your arm. Stand to the side and behind the person. 	Gently draw back the cheek and lips with the forefinger to first gain access to the mouth. look into person's mouth before beginning brushing to check that everything looks ok 
4	**5**	**6**
Use the **toothbrush** and **toothpaste** recommended in the person's Oral Care Plan. 	Again, gently draw back the cheek and lips with the forefinger on one side of the mouth to gain access to the teeth. 	Hold the brush at a **45-degree angle** to the gum line and use gentle, circular motions, When brushing, **always** include the gum line. If gums bleed a little at first, continue gentle brushing. Do not avoid brushing loose teeth. 

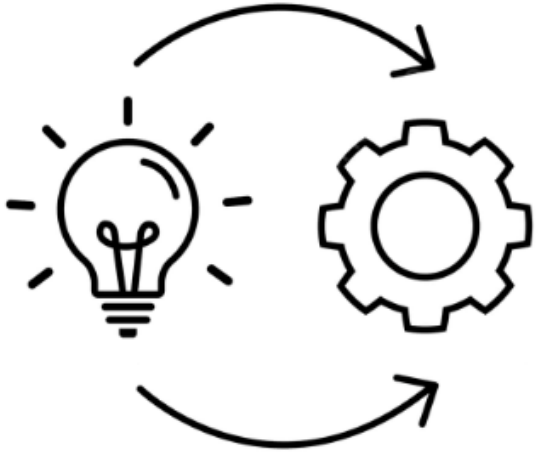
OHAT Picture Library

	LOW RISK	MEDIUM RISK *Referral may be needed	HIGH RISK Referral is needed
Inside of Mouth	Clean mouth Pink, intact mouth lining	White/red/speckled patches (consider candida or thrush)* Ulcer < 21 days Coated tongue Food lodging*	Smooth, glossy sore tongue Swelling/lump Ulcer > 21 days Persistent white/red patch Widespread redness/ Widespread ulceration
	  Clean mouth Pink, intact mouth lining	 Consider candida or thrush if; Red/speckled patches   Consider candida or thrush if; Redness matching outline of denture  Consider candida or thrush if; White patches	  Smooth, glossy sore tongue    Swelling/lump

	Clean No broken teeth No obvious cavities	Broken, very worn teeth Cavities (no pain)* Loose teeth*	Severe/persistent pain Extremely loose teeth
Teeth	  Clean No broken teeth No obvious cavities	   Broken/very worn teeth  Cavities (no pain)	  Refer if in persistent pain or if extremely loose

4. Implementation and quality improvement

- Pilot learning sites – NRH
- Baseline survey – Facility and setting overview
  - Number and staff grade
  - OHAs carried out
  - OCPs for each person
  - Delivery of Oral Care – twice daily? Recorded??
  - Staff Training – oral care part of induction training
- Supporting Smiles Audit Tool – based on recommendations
- Performance Indicators
- Developing Oral Care Champion(s) in each setting and a community of practice



Advocate

Advocate for local support within the region.
Advocate for increased time in settings to carry out safe effective oral care.
Advocate for access to a Dentist.





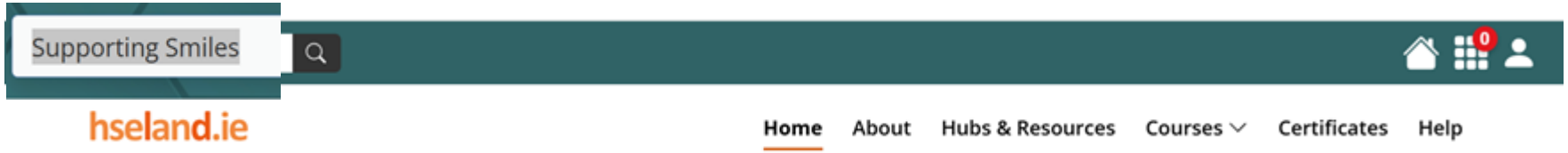
Further information:

Explainer Video QR Code

National Guideline QR Code



www.hseland.ie Search for 'Supporting Smiles' in HSELanD



Contact: nationaloralhealth@hse.ie

PATIENT STORIES

The mouth is different.

Intimate. Personal. Vulnerable.

Before we clean a mouth,
we create enough safety to enter it.

Real-life examples, Responding with skill, dignity and compassion

A Useful Mindset

Reacting vs Responding

Resistance is information — not simply “non-compliance”.

REACT

“He won’t let me.”

Automatic • task-focused • pressured

RESPOND

“What is he telling me?”

Curious • planned • person-centred

Shay

When help feels intrusive

55	Spinal injury	Limited hand use	Dry mouth

REACT

“He doesn’t want my help.”

RESPOND

- Build rapport before the task
- Offer choice; support independence
- Build up gradually — bridge, chain, distract
- Adapt brush, paste, timing

RESULT **Oral care becomes everyday care — not a battle.**

Colm

The denture that disappeared

62	Stroke	3 transfers	Denture lost

REACT

“He’s on Level 5 — chewing can wait.”

RESPOND

- Ask what matters to Colm
- Support independence with adaptations
- Refer to replace missing dentures
- Label, clean and store dentures safely

RESULT **Back to a normal diet — and rehabilitation moves forward.**

Ava

"But she's an aspiration risk..."

60	Ventilated	Tracheostomy	PEG fed

REACT

"I'm nervous to brush her teeth."

RESPOND

- Position more upright where appropriate
- Use suction during oral care
- Small, dry brush and low-foaming paste
- Moisturise mouth and lips

RESULT **A cleaner, more comfortable mouth — and Ava feels cared for.**

Greg

When the patient cannot easily say “no”

42	PDOC	Dry mouth	Clenches teeth

REACT

“I need to get this mouth open.”

RESPOND

- Position safely; seek MDT guidance
- Use a small soft / suction brush
- Consider a suitable mouth prop
- Pause, observe distress and adapt

RESULT **Less distress. Healthier gums. Safer, more compassionate care.**

Different needs. Same approach.

Good oral care starts with the person, then adapts the technique.

1	**ASSESS**	What does this mouth need?
2	**EXPLAIN**	Create safety and predictability
3	**ADAPT**	Position • equipment • timing
4	**SUPPORT**	Independence wherever possible
5	**RECORD + REVIEW**	What worked? What needs referral?

The Take-Home

“The mouth may be clinical to us. To the patient, it is personal.”

Don’t just get the mouth clean.

Make the person feel safe while you do it.

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Thank you for listening.

Any questions?

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