

CHCOHC402A Support clients and groups to learn practical aspects of oral health care

Release 2



CHCOHC402A Support clients and groups to learn practical aspects of oral health care

Modification History

Not Applicable

Unit Descriptor

Descriptor

This unit describes the skills and knowledge required by workers to provide practical information and instruction to clients and groups in relevant aspects of oral health self-care

Application of the Unit

Application

This unit is intended to address skills and knowledge required by those working in a range of health and community services environments whose work roles involve a level of interaction with clients that enables them to provide practical demonstration and instruction of oral hygiene practices and techniques

Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Not Applicable

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Employability Skills Information

Employability Skills

This unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

 Use appropriate oral health care resources to address the needs of the target audience

- 1.1 Access and provide *oral health information* as required to address *planned outcomes*
- 1.2 Prepare information so that it is relevant to the target audience and use a *person-centred* approach to identify and respond effectively to individual needs
- 1.3 Ensure flexible approach to delivery, using materials and methods that take into account social and cultural determinants of health, location, economic and physical circumstances, age, language, culture, capability and communication needs of the target audience
- 1.4 Respond to client enquiries or concerns by providing accurate information about *oral health issues* and risk factors related to oral health, including the *importance of diet and nutrition*
- 1.5 Address identified client issues where appropriate by providing information about the importance of regular oral checks, *risk factors for oral disease*, *prevention of oral disease*, *consequences of oral disease* and the need to follow up oral problems

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ELEMENT

2. Demonstrate and provide information and instruction on *oral hygiene techniques* and *appropriate aids to* meet planned outcomes

PERFORMANCE CRITERIA

- 2.1 Ascertain requirements specific to client by questioning, observing and accessing available information
- 2.2 Provide accurate instruction in a variety of relevant oral hygiene techniques and demonstrate techniques addressing specific client requirements
- 2.3 Use *standard precautions* to address infection control requirements
- 2.4 Work with clients to ensure effective *toothbrushing* and soft tissue care with both manual and electric toothbrushes and other oral hygiene aids where relevant
- 2.5 Demonstrate and provide instruction on the care of partial and full dentures
- 2.6 Provide instruction on the use of fluoride toothpaste and the option of topical self-care products, advising clients to further discuss with their oral health care practitioner as appropriate
- 2.7 Provide support in a person-centred manner that engages the target audience, provides a basis for making informed decisions and encourages them to actively participate and ask questions
- 2.8 Provide opportunities for participants to demonstrate learned skills
- 2.9 Encourage clients to follow effective oral hygiene practices and make positive *knowledge*, *attitude* and *behavioural changes*
- 2.10 Maintain client confidentiality in line with organisation and legislative guidelines

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ELEMENT

3. Follow up and reinforce oral health information and instruction

PERFORMANCE CRITERIA

- 3.1 Implement a review strategy to determine the effectiveness of the oral health information and instruction and whether planned outcomes were met
- 3.2 Implement changes to oral health information and instruction processes based on review outcomes
- 3.3 Regularly update and maintain records of oral health care programs delivered according to organisation policies and procedures

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Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include knowledge of:

- Awareness of the National Oral Health Plan and other relevant state, territory and national government policy and programs
- Basic anatomy and physiology underpinning oral health
- Broad understanding of oral hygiene techniques, including for soft tissues and natural and artificial teeth
- Causes and prevention of tooth wear, including erosion, abrasion and attrition
- Client-specific issues such mental health, disability, age and general health
- Effective self-care practices for oral health
- Factors that impact on oral health, including:
 - abuse
 - access to services
 - accumulation of plaque and calculus
 - alcohol, licit and illicit drugs and substances and over the counter and herbal treatments
 - alcohol misuse
 - bacteria in dental plaque
 - client education
 - correct infant feeding practices
 - diet and nutrition, including fluids
 - fluoride
 - · general health and wellbeing
 - immunosuppressant conditions
 - medical history
 - oral piercings
 - psychological issues, such as fear of being seen without dentures or persisting with ill

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REQUIRED SKILLS AND KNOWLEDGE

fitting dentures for satisfaction of others

- salivary function
- smoking
- · social and cultural determinants of health
- susceptible tooth surfaces
- transmission of bacteria particularly from parent to child
- trauma, such as from seizures
- Guidelines for use of relevant technology, including information technology
- Healthy eating recommendations as identified in the National Health and Medical Research Council's (NHMRC) Australian Dietary Guidelines
- Impact of certain health conditions and related treatments on oral health e.g. immunosuppressant conditions, HIV, chemotherapy and radiation

continued....

Essential knowledge (contd):

- Modifications to oral health information related to special needs due to disability, aged care, child needs, language and culture
- Oral disease and broad treatment options available
- · Oral hygiene aids and the associated use and advantages of each
- Oral side effects of medications, such as metallic taste in the mouth, dry mouth syndrome and ulcers
- Organisation policies and procedures and legislation relating to client confidentiality and infection control
- Own role in client health education
- Person-centred practice
- Relevant evaluation criteria for monitoring effectiveness of oral health care program
- Saliva and its role in the maintenance of oral health:
 - acting as a lubricant
 - delivering calcium, phosphate and fluoride to the tooth surface
 - protecting teeth by neutralising acid
- The interaction between oral health and general health
- The role of properly constructed and fitted mouth guards in preventing oral injuries

Essential skills:

It is critical that the candidate demonstrate the ability to:

- Adapt information, communication and delivery techniques as necessary to meet the needs of individuals and specific groups in the provision of oral health information and practical instruction and demonstration of oral hygiene practices and techniques
- Carry out effective oral health self-care practices

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REQUIRED SKILLS AND KNOWLEDGE

- Reflect on and improve own level and application of skills and knowledge to achieve desirable outcomes and maintain own capabilities
- Use a person-centred framework to apply fundamental motivational and learning skills
- Use evaluation skills to review the effectiveness of oral health information and instruction provided
- Evaluate how well target audience has understood information and instruction provided
- Use initiative in finding opportunities to promote oral health care
- Use relevant technology, including information technology safely and effectively continued....

Essential skills (contd):

In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include the ability to:

- Apply basic problem-solving skills to resolve problems within organisation protocols
- Apply literacy and numeracy skills required to fulfill work role in a safe manner and as specified by the organisation
- Consistently demonstrate interpersonal skills, including empathy when relating to people from a range of backgrounds and abilities
- Work effectively with clients, colleagues and supervisors

Evidence Guide

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate this unit of

- The individual being assessed must provide evidence of specified essential knowledge as well as skills
- This unit is best assessed in the workplace or in a simulated workplace under the normal range of

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EVIDENCE GUIDE

competency:

conditions

Consistency in performance should consider the particular workplace context

Access and equity considerations: •

- All workers in health and community services environments should be aware of access, equity and human rights issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- In recognition of particular issues facing Aboriginal and/or Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and/or Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities

Context of and specific resources for assessment:

- This unit can be delivered and assessed independently, however holistic assessment practice with other community services units of competency is encouraged
- Resources required for assessment include:
 - access to appropriate workplace where assessment can take place
 - simulation of realistic workplace setting

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EVIDENCE GUIDE

Method of assessment:

- In cases where the learner does not have the opportunity to cover all relevant aspects in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on 'What if?' scenarios
- Assessment of this unit of competency will include observation of processes and procedures, oral and/or written questioning on essential knowledge and skills and consideration of required attitudes
- Consistency of performance should be demonstrated over a range of relevant workplace conditions

Related units:

- This unit may be assessed independently or in conjunction with other units with associated workplace application, such as:
 - CHCPROM401C Share health information
 - BSBCMM401A Make a presentation
 - · Chronic disease self-management skill set
- Where this function involves working with groups, candidates may need to undertake a unit in working with groups, such as:
 - CHCGROUP403D Plan and conduct group activities

Range Statement

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

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Target audience may include but is not limited to individuals and groups who are:

- Aboriginal and Torres Strait Islander peoples
- Children and adolescents
- Financially or socially disadvantaged
- Friends, families and/or carers of clients
- From culturally and linguistically diverse backgrounds, including refugees and migrants
- Living in rural, remote or isolated areas
- Older people
- Palliative care clients
- People with chronic disease e.g. diabetes and osteoporosis
- People with disability and/or support needs
- People with immunosuppressed conditions
- People with mental health issues
- People with substance misuse issues
- Pregnant women
- Taking medications that affect oral health
- Young parents

Oral health information may include but is not limited to:

- Brochures, posters and information sheets
- Models and mirrors
- PowerPoint presentations
- Resources available for specific groups, such as children, people from culturally and linguistically diverse backgrounds and people with disabilities
- Videos/DVDs/CD-ROMs
- Web-based resources, such as those available on The National Oral Health Clearinghouse and government health department websites, including oral health messages

Planned outcomes may refer to:

 The intended change in oral health knowledge, attitude and behaviour specific to the needs of the individual or group

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Person-centred refers to:

- Involving clients in discussions about service delivery options and issues
- Involving clients in informed decision-making relating to their care/service
- Listening to and addressing complaints
- Obtaining informed consent
- Providing effective service delivery
- Putting clients, carers and their preferences at the centre of service delivery

Oral health issues may include but are not limited to:

- Damage to teeth due to trauma
- Damage to soft tissues e.g. due to smoking or prescribed and non-prescribed drugs and over the counter and herbal treatments
- Dental caries
- Developmental abnormalities
- Non-carious tooth wear:
 - abrasion
 - attrition
 - erosion (acid)
- Oromotor impairment
- Periodontal disease
- Physical impairment
- Poor nutrition and eating and drinking habits
- Poor oral hygiene
- Poorly fitting or lack of dentures and other prosthesis
- Quality and quantity of saliva
- Soft tissue lesions
- Systemic conditions

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Importance of diet and nutrition on oral health may include:

- Ensuring dietary habits, including fluids are in line with current Australian Dietary Guidelines and taking into consideration:
 - composition
 - consistency
 - following
 - frequency of intake
 - quantity of intake
- Impact of cariogenic and acidic food and drinks

Risk factors for oral disease may include but not be limited to:

- Age-related deterioration
- Bleeding gums
- Chronic conditions, such as diabetes
- Cognitive, physical or psychological disability
- Diet and nutrition related factors in the development of dental caries, including:
 - consumption and frequency of foods with high sugar content and/or highly acidic drinks, such as carbonated drinks, fruit juices and sports drinks
 - incorrect use of infant feeding and dummies in babies/children
- Eating disorders
- Exposure to radiation and chemotherapy
- High levels of plaque
- Impact of chewing tobacco
- Impact of smoking on oral soft tissues
- Lack of fluoride
- Lack of regular dental visits
- Mental illness or disorder
- Metabolic disorders
- Oral piercing
- Poor oral hygiene
- Salivary function
- Use and misuse of alcohol, licit and illicit drugs and substances and over the counter and herbal treatments e.g. opioids and psychotropic drugs

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Prevention of oral disease may include but is not limited to:

- Addressing alcohol, drug and substance misuse issues within a harm minimisation framework
- Appropriate timing of oral hygiene e.g. after food or medication
- Dietary change
- Effective oral health self-care practices
- Encouraging smoking cessation
- Increasing salivary flow and optimising its composition
- Increasing water intake to recommended amount
- Plaque control and removal
- Preventing oral trauma from sports and other injuries
- Promoting the use of fluorides
- Regular visits to oral health practitioners

Consequences of oral disease may include but are not limited to:

- Behavioural change
- Emotional and psychological issues
- Financial impact e.g. loss of employment
- Ill health
- Impaired social interaction
- Inability to concentrate related, for example, to pain
- Infection
- Missed school or work days
- Nausea
- Noticeable physical changes
- Nutritional deficiencies
- Pain which may vary from minor to extreme levels
- Possible systemic illness
- Reduced life span
- Reduced quality of life
- Reduced self-esteem
- Speech impairment

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Oral hygiene techniques may include, but are not limited to:

- Appropriate use of oral health products, including fluoride toothpaste and alcohol-free mouthwash when recommended
- Cleaning and maintaining of full and partial dentures and all natural teeth
- Manual and electric tooth-brushing techniques
- Modifications to toothbrush handles for specific needs of client/carer e.g. as modified by an occupational therapist
- Techniques for clients with specific needs e.g. cognitive impairment, physical disability, aged clients and carers, young children and babies
- Techniques required for clients wearing oral appliances e.g. braces, crowns, implants and dentures
- Use of other specific oral hygiene aids when specified in client's oral health care plan

Appropriate aids may include:

- Alcohol-free mouthwash
- Face mirror for client
- Interdental brushes
- Range of manual and electric toothbrushes
- Range of oral hygiene aids e.g. mouth props
- Range of toothpastes

Standard precautions refer to infection control which includes:

- Wash hands before and after oral care
- Appropriate use of personal protective equipment (PPE):
 - eye/facial protection e.g. glasses/face shield
 - gloves
 - gown
 - mask
- Disposal of PPE

Toothbrushing may include:

Using currently accepted methods to clean:

- natural teeth
- fixed and removable prostheses
- soft tissue

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Knowledge, attitude and behavioural changes may include:

- Appropriate infant feeding, including:
 - breast and bottle feeding
 - introduction of solids
- Cessation of smoking
- Ensuring fluoride intake
- Improved diet and nutrition, including reduced frequency of drinks containing acid and sugars, such as carbonated drinks, fruit juices and sports drinks
- Improved oral hygiene techniques and practices, including increased salivary flow
- Increased sense of control over own oral health
- Increased use of oral health services
- Limiting foods or drinks that stay in the mouth for long periods of time
- Reduced frequency of snacking
- Use of strategies to minimise harm from licit and illicit drugs

Unit Sector(s)

Not Applicable

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