



Australian Government

Department of Education, Employment and Workplace Relations

CHCOHC401A Inform and encourage clients and groups to understand and achieve good oral health

Release: 1

CHCOHC401A Inform and encourage clients and groups to understand and achieve good oral health

Modification History

Not Applicable

Unit Descriptor

Descriptor

This unit describes the skills and knowledge required by workers to provide educational and motivational information that promotes oral health care in a way that encourages clients to take action to improve and maintain their own oral health as a contributing factor to general health

Application of the Unit

Application

This unit is intended to address skills and knowledge appropriate for workers in a range of health and community services environments whose work roles provide them with an opportunity to:

- promote the importance of good oral health care
- encourage clients to use good oral health care practices

Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Not Applicable

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

1. Develop and maintain understanding of oral health information and issues

- 1.1 Develop and maintain knowledge and understanding of what constitutes *good oral health*, including *oral health messages*
- 1.2 Develop and maintain an understanding of *oral health issues*, including *risk factors for oral diseases*, and risk factors and outcomes of poor oral health and hygiene practices
- 1.3 Develop and maintain an understanding of *oral hygiene techniques* appropriate to address specific client needs and preferences
- 1.4 Demonstrate own commitment to oral health through awareness and application of effective self-care oral health practices
- 1.5 Recognise *social and cultural determinants of health* as well as varying *individual motivations* and capacity to carry out good oral health care practices

ELEMENT

PERFORMANCE CRITERIA

2. Provide information related to oral health in a planned, individualised, client focused and outcomes based manner
- 2.1 Access and provide accurate, current and relevant *oral health information* as required to address *planned outcomes*
 - 2.2 Ensure information provided is relevant to the *target audience* and is presented in a manner that engages the client and/or group, addresses their needs and encourages them to ask questions and improve their oral health
 - 2.3 Provide accurate information to clients about risk factors, including the *importance of diet and nutrition*
 - 2.4 Provide information on the causes and problems of poor oral health, including *dental plaque, dental caries, dental erosion* and *periodontal disease*
 - 2.5 Provide information on the causes and *prevention of oral diseases, consequences of oral diseases* and the impact of oral health on general health and well being
 - 2.6 Provide information on prevention of oral injury and injury management
 - 2.7 Provide information on oral pain and options for appropriate management
 - 2.8 Provide information on available oral health care resources, services and referral pathways, including *oral health practitioners, other health practitioners* and specialist resources
 - 2.9 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, culture, capability and communication needs of the target audience
 - 2.10 Maintain client confidentiality in line with organisation and legislative guidelines

ELEMENT

PERFORMANCE CRITERIA

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|--|--|
| 3. Provide specific information on oral hygiene self-care techniques and <i>appropriate aids</i> | 3.1 Provide information on and demonstrate a variety of relevant oral hygiene techniques, including appropriate infection control practices
3.2 Provide information on the use of appropriate aids and explain their advantages in terms of achieving and maintaining effective oral hygiene
3.3 Provide appropriate information to assist people with <i>special needs</i> with their oral hygiene self care technique
3.4 Encourage clients to follow effective oral hygiene practices and to make <i>knowledge, attitude and behavioural changes</i> where necessary |
| 4. Follow up and reinforce oral health information | 4.1 Obtain feedback from the client and/or group to determine whether the information is correctly received and understood
4.2 Implement a review strategy to determine the effectiveness of the oral health information session and whether planned outcomes for the target audience were met
4.3 Implement changes to information or delivery processes based on review outcomes
4.4 Regularly update and maintain records of oral health care programs according to organisation policies and procedures |

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
- Causes and prevention of tooth wear, including erosion, abrasion and attrition
- 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 fitting dentures for satisfaction of others
 - salivary function
 - smoking

REQUIRED SKILLS AND KNOWLEDGE

- 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 and drinking 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
- Individual motivating factors for improving oral health

continued ...

REQUIRED SKILLS AND KNOWLEDGE

Essential knowledge (cont'd):

- Legislation and organisation policies and procedures relating to client confidentiality, documentation and infection control standards
- Oral disease and broad treatment options available
- Oral health information, including oral hygiene techniques
- Oral injury prevention and management:
 - first response e.g. falls, teeth falling out, swallowing teeth, soft tissue damage, such as that related to seizures
 - mouth guards
- Oral side effects of medications, such as metallic taste in the mouth, dry mouth syndrome and ulcers
- Own role in client health education and where it fits on the continuum of health promotion e.g. policy, communication and action
- Referral pathways for both private and public oral health services
- Relevant evaluation criteria for monitoring effectiveness of oral health care program
- Risk and preventive factors associated with oral disease
- Roles of oral health practitioners
- Saliva and its role in the maintenance of oral health:
 - acting as a lubricant
 - delivering calcium, phosphate and fluoride to the tooth surface
 - its effect on the ability to swallow
 - protecting teeth by neutralising acid
- Specific oral health information related to special needs due to disability, aged care, children's needs, general health, language, culture and social circumstances
- Symptoms and signs that suggest a need for further assessment
- The interaction between oral health and general health

Essential skills:

It is critical that the candidate demonstrate the ability to:

- Acknowledge client ability with oral health self-care and encourage and motivate them to improve, including encouraging friends, family and/or carers where appropriate
- Carry out effective oral health self-care practices
- Communicate effectively with a wide range of people to provide information that addresses their oral health care needs in a manner that takes into account their specific requirements, including the use of augmentative and alternative communication strategies where required
- Evaluate how well target audience has understood information provided
- Reflect on and improve own level and application of skills and knowledge to achieve

REQUIRED SKILLS AND KNOWLEDGE

desirable outcomes and maintain own capabilities

- Use evaluation skills to review the effectiveness of oral health information provided
- Use initiative in finding opportunities to promote oral health care
- Use relevant technology, including information technology safely and effectively

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 supervisor

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 competency:

- 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 conditions
- Consistency in performance should consider the particular workplace context

EVIDENCE GUIDE

- 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
- 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

EVIDENCE GUIDE

Related units:

- This unit may be assessed independently or in conjunction with other units with associated workplace application, such as:
 - CHCPROM401B 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.

RANGE STATEMENT

Good oral health refers to but may not be limited to:

- A person's mouth that has:
 - breath without offensive odour
 - inflammation and lesion-free soft tissue
 - intact and stable teeth without cavities
 - moist lips without chapping
 - no build up of food, calculus or plaque
 - no oral pain
 - pink, moist, uncoated tongue
 - watery plentiful saliva
- Looking after the whole mouth, including natural and artificial teeth, gums, tongue, lips and inside the cheeks
- Oral health related quality of life factors, such as appearance, social interaction and self esteem

Oral health messages refers to:

- State, territory or national statements that include evidence based current best practice techniques and strategies for maintaining good oral health

RANGE STATEMENT

Oral health issues may be related 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 decay
- 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

RANGE STATEMENT

Risk factors for oral diseases 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, 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
- 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

RANGE STATEMENT

Oral hygiene techniques refer to the care of teeth, soft tissue and prostheses and may include, but not be 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 technique
- 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 carer, young children and babies
- Techniques required for clients wearing oral appliances e.g. braces, crowns, implants and dentures
- Use of other specific oral hygiene techniques and aids as specified in client's oral health care plan

Social and cultural determinants of health refer to:

- The socio-economic and cultural factors that affect the living circumstances, quality of life, health literacy and in turn the health and wellbeing of individuals and communities

Individual motivations may include but are not limited to:

- Access to services
- Financial priorities
- General health and wellbeing
- Independence
- Pain management
- Potential consequences of poor oral hygiene, including impact on general health and specific health issues
- Previous experience of oral health care
- Psychological e.g. fear of being seen without dentures
- Self-awareness of personal appearance
- Self-esteem and social interaction

RANGE STATEMENT

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 refer to:

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

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

RANGE STATEMENT

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

Dental plaque refers to:

- A biofilm containing bacteria deposited on the teeth and associated with the development of dental caries

Dental caries refers to:

- A disease where bacterial processes damage hard tooth structure (enamel, dentine, and cementum)
 - also known as tooth decay

Dental erosion refers to:

- Erosion of the tooth enamel and possibly the dentine caused by acids not of bacterial origin, such as those in acidic foods, acidic drinks and stomach acids

Periodontal disease refers to:

- Diseases of the gum and/or the supporting bone that range from simple gingival or gum inflammation to serious disease that results in major damage to the soft tissue and bone that support the teeth:
 - gingivitis and periodontitis
 - characterised by:
 - bad breath (halitosis)
 - bleeding gums
 - discomfort in the gums
 - inflammation/infection
 - loosening of the teeth
 - receding of the gums
 - spaces opening between teeth

RANGE STATEMENT

Prevention of oral diseases 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 diseases 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

RANGE STATEMENT

Oral health practitioners include:

- Dental assistants
- Dental hygienists
- Dental prosthetists
- Dental specialists e.g. orthodontist
- Dental technicians
- Dental therapists
- Dentists
- Oral health therapists

Other health practitioners include but are not limited to:

- Aboriginal and/or Torres Strait Islander health workers
- Dietitians
- Enrolled nurses
- General practitioners
- Health promotion officers
- Nutritionists
- Occupational therapists
- Registered nurses
- Speech pathologists

Methods of delivery may include but are not limited to:

- Audio visual presentation
- Augmentative and alternative communication systems
- Pamphlets and flyers
- Pictures
- Verbal presentation
- Written documents

Appropriate aids may include:

- Face mirror for client
- Range of interdental aids
- Range of manual and electric toothbrushes
- Range of toothpastes
- Range of topical self-care products e.g. alcohol-free mouthwash, fluoride supplements and tooth remineraliser
- Resources e.g. teaching models

RANGE STATEMENT

Special needs include but are not limited to:

- Anxiety, including as a trigger for seizures
- Cognitive impairment
- Communication impairment
- Cultural preferences
- High gag reflex
- Homelessness/rough sleeping
- Immunosuppressed conditions
- Intellectual disability
- Language barriers
- Mental illness
- Oromotor impairment
- Physical impairment
- Swallowing disorder

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
- Minimised harm from illicit drug use
- Reduced frequency of snacking

Unit Sector(s)

Not Applicable