



Australian Government

Department of Education, Employment and Workplace Relations

CHCOHC404A Recognise and respond to signs and symptoms that may indicate oral health issues

Release: 1

CHCOHC404A Recognise and respond to signs and symptoms that may indicate oral health issues

Modification History

Not Applicable

Unit Descriptor

Descriptor

This unit describes the skills and knowledge required to recognise and respond appropriately to signs and symptoms that may indicate a potential for oral health issues in clients

Application of the Unit

Application

This unit is intended to address skills and knowledge appropriate for direct care workers in a range of health and community services environments whose work roles enable them to recognise potential oral health issues through observation of the behaviour, habits and physical condition of clients

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. Identify variations in *client* behaviour

- 1.1 Identify *client behaviour and habits* that may indicate oral health issues or associated pain or discomfort
- 1.2 Observe, listen for self-reports and question client and/or carer or *other relevant people* as required to determine whether the client is experiencing any pain or discomfort that may be associated with oral health issues
- 1.3 Take into account *contributing factors* that may produce variation from normal behaviour

ELEMENT

PERFORMANCE CRITERIA

2. Undertake basic visual oral check and questioning

- 2.1 Obtain consent from the client or *substitute decision maker* to conduct basic visual oral check and questioning
- 2.2 Ensure comfort of client by developing trust and rapport and working in an appropriate environment and at an optimal time
- 2.3 Ensure client is in a position which provides access to the mouth seeking their assistance to open their own mouth limiting contact inside the mouth
- 2.4 Provide support for client's head or chin if necessary to enhance visual access without creating discomfort for the client
- 2.5 Perform basic visual oral check in line with *legislative requirements, organisation guidelines*, policies and procedures and within own work role
- 2.6 Ensure visual check is conducted in accordance with *standard precautions*
- 2.7 Identify *signs and symptoms of potential oral health issues* that may indicate variation from normal and actively listen to and be aware of self-reports

3. Follow up and promote ongoing oral health care

- 3.1 Complete reporting processes, using *information from client* and/or carer or other relevant people as well as own observations in relation to potential oral health issues
- 3.2 Discuss potential oral health issues with client and/or relevant others in line with organisation policies and procedures and respecting client priorities and choices
- 3.3 Take appropriate action within work role, including discussing with supervisor in consultation with client
- 3.4 Provide client with information relevant to promoting and maintaining *good oral health* using appropriate communication strategies
- 3.5 Support clients to take a self-care approach to oral health in line with individual needs where possible
- 3.6 Identify and address key barriers to management or self-management of oral health

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, including what is considered healthy and unhealthy
- 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

REQUIRED SKILLS AND KNOWLEDGE

- 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
- Infection control standards and guidelines

continued ...

REQUIRED SKILLS AND KNOWLEDGE

Essential knowledge (contd):

- Key elements of accurate reporting
- Oral disease and broad treatment options available
- Oral side effects of medications, such as metallic taste in the mouth, dry mouth syndrome and ulcers
- Organisation policies and procedures relating to:
 - client confidentiality and consent
 - limits to own role and authority/responsibility
 - referral, including various levels of urgency
- Own ability and role in relation to client oral health
- Range of behavioural changes that may be indicative of oral health issues
- Range of relevant oral health referral options
- 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
- Systemic conditions which influence the development of oral disease
- The interaction between oral health and general health

Essential skills:

It is critical that the candidate demonstrate the ability to:

- Accurately differentiate between healthy and unhealthy oral presentation
- Carry out effective oral health self-care practices
- Communicate effectively to provide information of processes and protocols to be undertaken
- Consistently apply standard precautions where necessary
- Elicit relevant information from client or documents
- Identify situations when assistance is required
- Recognise changes in clients behaviour, habits and physical condition that might indicate potential oral health issues
- Reflect on and improve own level and application of skills and knowledge to achieve desirable outcomes and maintain own capabilities
- Use active listening and questioning skills
- Use appropriate reporting and documentation practices
- Use communication skills to effectively establish a relationship of trust with clients, their family and/or carers and other relevant people
- Use initiative in finding opportunities to promote oral health care
- Use relevant technology, including information technology safely and effectively

REQUIRED SKILLS AND KNOWLEDGE

continued ...

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 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

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.

Client refers to those living in the community and/or facilities and may include:

- Children receiving care, including in children's services
- Older people
- Palliative care clients
- People in care facilities
- People with dementia
- People with disabilities
- People with mental health issues

RANGE STATEMENT

Client behaviour and habits may include:

- Anxiety around or avoidance of specific events
- Apparent pain or discomfort in or around the mouth
- Behaviours of concern
- Change in eating habits
- Change in mood or demeanour
- Changes in communication
- Crying
- Difficulty with eating, including spitting out food
- Hands in the mouth
- Inconsistent wearing of dentures
- Lethargy
- Physical aggression
- Refusal to open mouth
- Rubbing own teeth or gums
- Seemingly normal behaviours e.g. coughing could be indicator that food is in the lungs
- Self-harming behaviour
- Social isolation or withdrawal

Other relevant people may include but not be limited to:

- External health care providers
- Other service providers
- Personnel internal to the service provider

Contributing factors may include but not be limited to:

- Abuse
- Ageing
- Disability
- Injury
- Medications
- Substance misuse
- Systemic illness

RANGE STATEMENT

Substitute decision maker (in relation to consent) must be:

- The person appointed with the right to speak for the client, such as:
 - advocate
 - carers
 - guardians
 - health attorneys
 - medical power of attorney
 - members of family
 - other practitioners
 - parent of child
 - person responsible
 - public trustee

Legislative requirements refers to:

- Federal, state or territory legislation that may impact on workers' practices and responsibilities, noting that implementation of the unit of competency must reflect the legislative framework in which a worker operates

Organisation guidelines may include but are not limited to:

- Clinical protocols
- Position descriptions
- Workplace policies and procedures, including:
 - infection control
 - occupational health and safety

Standard precautions refer to infection control and may include:

- 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

RANGE STATEMENT

Signs and symptoms of potential oral health issues may include but not be limited to:

- Observed and/or reported signs in or around the mouth, such as:
 - bad breath (halitosis)
 - bleeding
 - broken teeth
 - brown or discoloured teeth
 - calculus (mineralised plaque that will not brush off) on teeth particularly at gum line
 - change in colour or coating of tongue
 - dry mouth
 - eruption issues for children
 - evidence of build up of dental plaque on teeth, particularly at gum line
 - holes in teeth
 - lip blisters, sores or cracks
 - loose or mobile teeth
 - mouth debris/excessive food left in mouth
 - mouth ulcers
 - premature loss of baby teeth
 - receding or enlarged gums
 - soft tissue lesions e.g. red or white spots
 - swelling of face or localised swelling/inflammation
 - tooth sensitivity
- Issues reported by client and/or others, such as:
 - tooth sensitivity
 - refusal of oral care
 - sore mouth, gums, tongue or teeth
- Other observations, such as:
 - change in appetite
 - change in demeanour or mood
 - difficulty eating/speaking
 - inability to open mouth very wide
 - irritability
 - refusing to open mouth
 - weight loss

RANGE STATEMENT

- Observed and/or reported issues with dentures, such as:
 - broken metal wires/clips on partial denture
 - calculus on denture
 - chipped or missing teeth on denture or chipped or broken acrylic areas on denture
 - denture movement when client is speaking or eating
 - refusal or failure to wear denture
 - sore spots caused by wearing denture
 - unclean denture

- Information from client may include but is not limited to:*
 - Basic dietary information on eating patterns and cariogenic food and drink intake
 - Client concerns, beliefs and preferences regarding their signs and symptoms
 - Clinical progress notes relevant to the presenting problem
 - Current prescribed and other medications
 - Current support mechanisms
 - Family and community circumstances, including environmental factors that may contribute to client's health
 - History of the presenting problem e.g. character, severity and duration of symptoms and past dental visits
 - Medical history, e.g. chemotherapy
 - Significant ongoing health conditions

RANGE STATEMENT

Good oral health refers to but is not 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

Unit Sector(s)

Not Applicable