



Australian Government

Assessment Requirements for HLTOHC004 Provide or assist with oral hygiene

Release: 1

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Modification History

Release	Comments
Release 1	This version was released in <i>HLT Health Training Package release 2.0</i> and meets the requirements of the 2012 Standards for Training Packages. Minimal changes to the elements and performance criteria. New evidence requirements for assessment including volume and frequency requirements.

Performance Evidence

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:

- performed effective oral hygiene practices on 3 different patients in the workplace
- used processes, aids and equipment appropriately in provision of oral hygiene, including performing the following tasks at least 1 time:
 - tooth brushing
 - soft tissue cleaning
 - use of mouthwash
 - care of dentures
 - care of crown or bridge or implant or braces

Knowledge Evidence

The candidate must demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- awareness that good oral health refers 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
- well-fitting dentures
- relevant state/territory and national government policy and programs and reporting processes for oral health
- accessibility to services, including availability of private and public oral health services and eligibility for services
- basic anatomy and physiology underpinning oral health and hygiene, including what is considered healthy and unhealthy
- basics of oral health and hygiene and variations in oral hygiene care support requirements
- common and specialised equipment, products and aids utilised in provision of oral hygiene care support
- factors that impact on oral health, including:
 - abuse (neglect of oral health needs)
 - access to dental and health services
 - alcohol, licit and illicit drugs and substances, over the counter and herbal treatments
 - bacteria in dental plaque
 - correct infant feeding practices
 - damage from habitual grinding of teeth
 - diet and nutrition, including fluids and excessive intake of sugar
 - fluoride
 - general health and wellbeing
 - immunosuppressant conditions, HIV, chemotherapy and radiation
 - injury to mouth, such as from a seizure
 - medical history
 - oral piercings
 - patient oral health information
 - psychological issues, such as fear of being seen without dentures or persisting with ill-fitting dentures for satisfaction of others
 - salivary function
 - smoking
 - social and cultural determinants of health
 - susceptible tooth surfaces
 - transmission of bacteria particularly from family/carer to child
 - teeth misalignment causing trauma to teeth
 - trauma to the mouth as a result of an accident
- individualised care support plans, including terminology
- mobility and dexterity issues exhibited by patients and the impact this may have on oral hygiene
- oral side effects of medications, such as metallic taste in the mouth and ulcers
- dry mouth syndrome (xerostomia) related to conditions such as diabetes and ageing

- organisation requirements for documentation and report writing
- own work role and responsibilities in provision of oral hygiene
- personal safety and security risks associated with provision of oral hygiene care support and strategies to minimise risks
- principles and practices in undertaking technical skills associated with supporting or assisting people to meet oral hygiene care needs
- principles and practices of confidentiality, privacy, respect and dignity
- processes and strategies to support people with, and provide, oral hygiene care needs
- role of carers and substitute decision makers in relation to oral hygiene decisions and support
- roles of oral health practitioners
- significance of service setting, including specific contexts of supporting oral hygiene care needs in a patient care setting and in a patient's private home
- signs and symptoms of an allergic reaction
- the interaction between oral health and general health
- oral hygiene products and aids for teeth and soft tissue may include:
 - alcohol-free mouthwash directed by an oral health practitioner as part of an oral health care plan
 - fluoride toothpaste
 - interdental brushes
 - manual and electric toothbrushes
 - modified toothbrushes
 - mouth props (if trained in their use)
 - saliva substitutes
 - soft toothbrush suitable for bending
 - specialised aids
 - sprays
 - sugar-free gums
 - tongue scraper
 - tooth remineralising agent
- oral hygiene products and aids for dentures may include:
 - denture adhesive
 - denture brush
 - denture disinfection product
 - denture labelling kit
 - denture soaking products
 - denture-friendly cleaner
 - named denture storage container (disposable or non-disposable)
- techniques to improve oral hygiene practices may include:
 - bridging:

- engages patients senses of sight, sound and touch by mimicking brushing of own teeth to provide physical prompt
- place brightly coloured toothbrush in patient's preferred hand to mirror behaviour
- chaining:
 - bring patients hand and toothbrush to their mouth, describing activity and encouraging the patient to continue unaided
- hand over hand:
 - using a hand over patient's hand to start brushing patient's teeth in unison
- distraction:
 - use of a familiar item, such as towel, cushion or activity board, in patient's hand while brushing their teeth
- rescuing:
 - attempts at oral hygiene are not successful and assistance is required
- modified oral hygiene methods and aids, may include:
 - appropriate alcohol-free mouthwash and gel
 - backward bent toothbrush, or similar implement to retract cheek while brushing with another toothbrush
 - bite block
 - end tufted brush
 - flossers
 - hand grip on toothbrush for patients with reduced grip strength
 - high fluoride toothpaste applied onto teeth instead of brushing as a short term alternative only
 - mouth props for patients who clench or bite or who have difficulty opening mouth (specific training required)
 - mouth spray
 - mouth swabs
 - saliva substitute
 - suction swabs
 - tongue scraper and/or brush

Assessment Conditions

Skills and knowledge must be demonstrated in the workplace with the addition of simulations and scenarios where the full range of contexts and situations cannot be provided in the workplace or may occur only rarely.

The following aspect of the performance evidence for the provision of oral hygiene must have been demonstrated using 10 simulations scenarios covering a range of different people and complexities prior to demonstration in the workplace or with members of the general public:

- • performed effective oral hygiene practices

The following conditions must be met for this unit

- use of suitable equipment and resources, including:
 - age related oral health care resources
 - appropriate personal protective equipment (PPE)
 - *Dental board of Australia – dental guidelines* on infection control, on which the planning process is based
 - oral hygiene placebo products and aids for teeth and soft tissue
 - oral hygiene products and aids for dentures or oral hygiene self-care aids
- modelling of industry operating conditions, including access to people for the simulated scenarios

Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>