

B S D H



UNLOCKING BARRIERS TO CARE

**The Development of Standards
for
Domiciliary Dental Care Services:
Guidelines and Recommendations**

**Report of BSDH Working Group
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THE DEVELOPMENT OF STANDARDS FOR DOMICILIARY CARE SERVICES: GUIDELINES AND RECOMMENDATIONS

INTRODUCTION

The number of people requiring domiciliary dental care services (DDCS) is growing as medical science advances enabling people to survive more illness and disability. People are living longer but physical or mental disability and other chronic diseases often reduce their mobility. It may, therefore, be unreasonable or impractical for them to attend a dental surgery for treatment. Increasing numbers of people requiring care via DDCS are dentate and thus the skills and equipment required to provide a comprehensive service are more testing than previously.

DDCS are still not widely known about. Even when they are, there remains a public perception those only oral examinations and simple dental procedures can be carried out in the domiciliary setting. The purpose of this document is to:

1. Alert purchasers and service providers of the need for increasing the availability of DDCS
2. Provide guidance to establish standards for DDCS.

Definition of Domiciliary Care

'A service that reaches out to care for those who cannot reach a service themselves'.

The term domiciliary care is intended to include dental care carried out in an environment where a patient is resident either permanently or temporarily, as opposed to that care which is delivered in dental clinics or mobile units. It will normally include residential units and nursing homes, hospitals, day centres and the patient's own home. Domiciliary care excludes dental screening procedures.

Aim

To deliver appropriate oral health care to all patients whose circumstances make it impossible, unreasonable or otherwise impractical for them to receive care in a fixed clinic, hospital or mobile dental clinic. Domiciliary care may be provided via the general dental service (GDS), community dental service (CDS) or hospital dental service (HDS).

Client Groups

Client groups include:

- 1) People with the following:
 - Physical disabilities causing problems with mobility
 - Learning disabilities such as autism
 - Mental health problems such as Alzheimer's disease and agoraphobia
 - Dental anxiety and phobia
 - Medical conditions eg Chronic obstructive airway disease, emphysema
- 2) Some people in the following environments:
 - Hospitals
 - Palliative care units
 - Hostels for homeless people.
- 3) Any other individuals whose circumstances prevent them from accessing surgery-based care, either short term, such as an illness or accident, or long term.

IDENTIFYING CLIENTS

It is recommended that referral criteria for clients to access DDCS be agreed and an appropriate referral form used (see example, Appendix 1). Liaison with health and social service professionals, carers and the voluntary sector will enable clients who require a domiciliary service to access care.

DENTAL TEAMS

Special knowledge and skills are required for the provision of domiciliary care.

Knowledge

A good knowledge of the following is essential: It is recommended that the dental team develop their knowledge and understanding of conditions leading to impairments and disabilities and the effect of these conditions on oral health.

A good knowledge of the following is essential:

- Medical conditions and associated problems
- Gerodontology
- Use of domiciliary equipment
- Causes and management of medical emergencies.

Skills

Teamwork is an essential skill for domiciliary care. In addition the following skills need to be developed:

- Time management
- Planning
- Navigation and map reading
- Driving (required by at least one team member)
- Flexibility
- Improvisation
- Communication
- Empathy
- Assertiveness
- Anticipation
- Networking and liaison
- Basic life support
- Manual handling

Training issues

It is recommended that dental staff receive training in order to develop and maintain the required knowledge and skills for provision of domiciliary care.

PLANNING VISIT

Forward planning helps to prevent problems and maximise the use of available time and resources. If possible, before a visit:

- Determine special requirements eg translator, carer
- Send medical history questionnaire to be completed in advance if possible
- Telephone, if possible, to clarify the dental problem and the need for a domiciliary visit
- Check full and correct address and any helpful directions
- Enquire about parking facilities
- Send written appointment confirming visit

Domiciliary equipment

The equipment required will depend on the number and type of visits planned and the resources available to purchase it. However, the following checklist may be helpful. This list is an *aide memoire*, and is not prescriptive. Other items may be included according to individual preference. Some recommended items of equipment are listed in Appendix 3.

General	Portable light	Portable suction
	Infection control items and equipment:	
	Gloves	Masks/Face visors
	Sharps disposal	Disinfection solution
	Liquid soap	Plastic over-sheaths/cling film
	Waste bags	Paper towels, rolls, tissues
	Dirty instrument-carrying receptacle	Protective spectacles for patient
	Laerdal resuscitation pocket mask	Emergency drugs kit / oxygen
	Protective clothing for dentist and nurse e.g. plastic aprons	
	Administrative	Identification badge
Diary		BNF
Appointment cards		Mobile phone
Record cards		Pen
Referral forms		A - Z Route Map
Laboratory forms		Change for parking
Post-op instruction leaflets		Medical history forms
Consent forms		Health promotion literature
Prosthetic Kit	Impression material	Scalpel
	Impression trays and mixing equipment	Shade guide
	Safe air heater	Articulation paper
	Portable motor, handpieces and burs	Plastic bags
	Waxes	Gauze
	Pressure relief paste	Cotton wool rolls
	Bite registration material	Vaseline
	Wax knife	Denture fixative
	Bite gauge	Dividers
	Paint scraper/ occlusal rim trimmer	Indelible pencil
Conservation kit	Portable unit (motor and suction)	Handpieces and burs
	Conservation instruments and tray	Light source
	Syringes, needles, needle-guards	Mirrors
Materials	Temporary dressing materials	Dry socket medicament
	Filling materials	Local anaesthetic cartridges
	Matrix bands	Topical anaesthetic cream/spray
	Gauze	Suture materials
	Cotton rolls and pellets	Haemostatic agents
	Vaseline	Bite packs
Periodontal kit	Hand scalers	Portable ultrasonic scaler
	Toothbrushes/pastes/therapeutic agents, e.g. Corsodyl, Omnigel	
Surgical kit	Forceps	
	Elevators	
	MOS instruments including instruments for suturing	

ENVIRONMENT

Domiciliary care involves a wide variety of environments and the dental team may not always have complete control over the conditions. However, the following must always be ensured:

- **Privacy**
- **Confidentiality**
- **Access to water and electricity**

Health and safety issues:

- **Infection control** (see appendix 2)
- **Good manual handling in accordance with manual handling training and guidelines**
Equipment and materials to be transported on a trolley when possible. Patients only to be lifted or moved using proper procedures
- **Personal safety**
The dentist to be accompanied by a member of the dental team if visiting an individual's home and accompanied by a staff member in a residential home or hospital. Personal alarms should be available
- **Safety of the individual and their home:**
Dissuade people from allowing strangers access to their home without proper identification.
- **Risk assessment of environment:**
Safe wiring in home, use circuit- breaker plug. Use safe practice, avoid naked flames etc.

PLANNING THE TREATMENT

- The provisional treatment plan to be discussed with the patient and /or carer, relative as appropriate
- The need for future investigations, liability for any changes and timetable of treatment to be discussed and recorded
- An appropriate and realistic treatment plan negotiated and agreed
- Whenever possible, informed consent to be obtained. If this is not possible, the clinician to act in the best interests of the patient, with the carer's approval and with a second dental opinion where appropriate. It is recommended that local procedures are followed.

RECOMMENDATIONS

- **Development of domiciliary dental care services which:**
 - a) **enable access to dental care for people unable to travel to a dental surgery**
 - b) **are acceptable to patients, carers and families**

- **Provide oral health advice and support for patients, families and carers, appropriate to their needs**

- **Establish liaison between health and social service professionals as well as carers and voluntary agencies to identify people who are unable to access surgery- based dental care**

- **Purchasers must ensure that resources are provided to purchase the necessary equipment and materials for domiciliary dental care and the manpower to deliver the service**

- **Provide training to enable the dental team to develop and maintain the knowledge and skills required to deliver a domiciliary dental care service**

- **Include domiciliary dental care in the undergraduate and auxiliary teaching curriculum.**

APPENDIX 2

INFECTION CONTROL POLICY FOR DOMICILIARY DENTAL VISITS

Introduction

All members of the dental team have a duty to ensure that all necessary steps are taken to prevent cross infection in order to protect their patients, themselves, their families and others.

It is important to carry out the same routine for all patients since most carriers of latent infection are unaware of their condition.

The British Dental Association (1991) indicates that if recommended cross infection control procedures are followed and accidental inoculation by sharps is avoided, there is minimal risk of transmission of serious infectious diseases during dental treatment.

It is recommended that BDA Advice Sheet No12 as well as local guidelines are followed with the following additions for domiciliary treatment:

The working environment

- Identify the most appropriate working area - ensuring a clear pathway from this area to the sink. For instance, in an individual's home - you might consider using the kitchen rather than the sitting room; and a residential home may have a dedicated medical room.
- Use the principle of zoning for identification of clean and dirty areas
- Cover work surfaces with clinical sheets, or the like, in the dirty area and confine clinical work to the covered area
- Cover equipment surfaces that may become contaminated with blood or saliva, with clear plastic wrap. Dispose of the covering after use and replace it so that equipment is ready to be used again
- Alternatively, the surfaces may be sprayed or wiped with disinfectant using the 'spray, wipe, spray' method

Laboratory items

It is recommended that single use disposable impression or autoclavable trays are used. Disinfect all laboratory items according to local procedures:

- On return from the laboratory before being placed in patient's mouth
- At the end of treatment before being returned to laboratory
- At any point during treatment which requires returning the lab work to the models or articulator

Disposal of Waste

- Dispose of waste according to local guidelines. Make use of yellow bags in hospitals and homes
- Waste can be bundled and placed inside contaminated gloves during the degloving procedure. Dispose of this in yellow bag if available
- Dispose of sharps into puncture resistant sharps boxes or leave assembled and store safely until return to the surgery

APPENDIX 3

RECOMMENDED EQUIPMENT DETAILS

Name	Manufacturer	Price (approx including VAT)
Portable units		
Eddystone Gocase	Eddystone Dental Company	£2,800
Mini-dent domiciliary unit	Dentronic	£5,500
Pac-1	A-Dec Dental	£2,500
Portable dental surgical unit	Den-doc	£5,850
Portable handpieces (rechargeable)		
Etelna micromotor	Orthomax	£410
Derota	Quayle	£300
Light source		
Lightpen	Quayle	£275
Voroscope MXL	Garth Jessamine Healthcare	£175
Heat source		
Safe Air	Healthco	£85
Carrying boxes		
Baby box	Mothercare	£18

REFERENCES and FURTHER READING

British Dental Association. 1991. Guidelines for the Control of Cross-Infection in Dentistry. Advice Sheet No 12.

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