



SUNNYMEDE TRUST
TEETH RELIEF

ORAL HEALTH MANUAL

by

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THIS IS THE INTRODUCTION TO THE MANUAL

INTRODUCTION / CONTENTS

**SEPARATE CHAPTERS MAY BE DOWNLOADED
FOR TRAINING PURPOSES BUT PLEASE NOTE:
EACH CHAPTER WAS WRITTEN & DESIGNED TO
BE READ AS PART OF THE WHOLE MANUAL.**

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INTRODUCTION

In an ideal setting, oral health care is provided by trained dental surgeons, in fully equipped dental units, with options to refer patients on to other professionals, as required. For many communities across the world, this ideal may only exist in part, if it exists at all. The aim of this book is to provide a basic oral health manual for health care workers who operate within a variety of 'less than ideal' situations.

General health care programmes cannot be truly effective unless they address the fundamentals of oral health. Equally, this manual should be viewed as practical reference material to support and address oral health issues within the Primary Health Care approach – otherwise we might simply have called it 'How to pull teeth and impress people'.

The Oral Health Unit of the World Health Organisation (WHO) and the Collaborating Centre for Oral Health Care Planning & Future Scenarios* have produced a policy document that advocates a Basic Package of Oral Care (BPOC).

It calls for 'Each region and country to develop its own BPOC based on the perceived needs of the local population and on existing supporting environmental conditions'.

Oral Health Promotion is considered an integral part of the BPOC and comprises the following three components:

1. Oral Urgent Treatment (OUT)
2. Affordable Fluoride Toothpaste (AFT)
3. Atraumatic Restorative Treatment (ART)

This book supports that call and we would urge all readers of our manual to also study the WHO report and lobby for the development of this approach, if it's not already established, in your area. Not everything that works on one level can be applied to all but we believe that anything which is proven to work on the most basic level, should be made available to all.

The twin aspects of treatment and prevention are key to most areas of health care – how to make things better now and how to stop or reduce problems in the future. It is pointless to talk in terms of hi-tech solutions if access to these is limited but it is equally fruitless in the longer term, (as every dentist knows) to simply offer pain relief without addressing the root cause.

This book addresses both the causes and effects of oral health problems and offers guidance on procedures and treatments with a view to improving access to oral health care and education in even the most basic settings.

* The WHO Collaborating Centre for Oral Health Care Planning and Future Scenarios based at University of Nijmegen, The Netherlands:

www.whocc-nijmegen.com

WHO IS THIS BOOK AIMED AT?

This manual is written for health care workers with basic medical knowledge who want to learn more about dental care and oral health. It is intended to help them provide basic care and offer treatment in areas with limited resources and no dentist.

It has been designed as a stepping stone for those who can't yet access specialised dental training but still want to relieve pain and improve the oral health of their communities.

It is impossible to predict exact settings and situations so we have tried to avoid dependence on hi-tech resources. This chart shows various settings, ranging from the ideal hospital situation to a modest rural set up.

| SETTING | STAFFING | | | SERVICES | | EQUIPMENT | | | |
|--|----------|--------|-----------|----------|------|---------------|------------|-------------|---------------------|
| | dentist | doctor | nurse aid | water | elec | w.w.w. access | auto-clave | radio graph | drill(s) compressor |
| LEVEL 1 dental hospital or dental department | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| LEVEL 2 urban hospital no dental unit | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X |
| LEVEL 3 rural hospital or health centre no dental unit | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | X |
| LEVEL 4 outreach clinic or village setting | X | X | X | X | X | X | X | X | X |

Our manual is pitched at Level 3 and presumes the following:

- a rural/village hospital or health centre
- a doctor on site but no dentist
- nurse aids and/or other health care workers
- running water and a basic electricity supply
- access to basic hand tools and materials
- basic sterilisation unit (pressure cooker or autoclave)
- no immediate access to oral radiological equipment
- no immediate access to compression drill.

Alternatives are suggested where possible.

It is also assumed that workers undertaking procedures outlined in this manual will be competent in basic medical care including Cardio Pulmonary Resuscitation (CPR).

OUR OBJECTIVES

If you study the manual from start to finish, you should then be able to:

1. Understand the basics of oral anatomy including the function and development of teeth.
2. Recognise and record different types of teeth and oral problems.
3. Recognise the signs and symptoms of common dental problems i.e. gum disease and dental caries.
4. Understand the basics of oral health promotion within communities.
5. Understand the basic rules of Cross Infection Control as they apply to oral health treatments.
6. Understand how to conduct a full oral examination and chart the findings.
7. Understand how to diagnose common dental problems and recommend relevant treatment or referral.
8. Set up and manage a dental clinic to assess oral health needs.
9. Understand how to perform basic procedures such as: scaling, oral injections, simple extractions.
10. Recognise other conditions with oral signs or problems.

YOUR RESPONSIBILITY

Each community will have to develop their own system of care according to need and resources so we have tried to offer advice that is flexible. Some of what we suggest may not be possible or desirable but it is important that you understand the reasoning behind it. Then, if you choose to make changes, you can do so with good awareness of the need to maintain safe practice for patients and health workers.

Reference materials and preferred methods are constantly being updated so we offer basic information and point you in the right direction to obtain more via web link addresses. **It is your responsibility to keep your knowledge current.**

TELL US WHAT YOU THINK

This manual is distributed through the Sunnymede Trust. To keep information up to date and appropriate, we need your help so please:

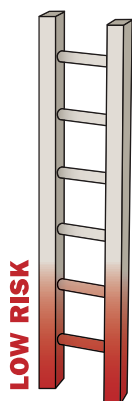
- register with our database
- complete and return the feedback form
- provide updates upon request.

We plan to develop an online community for users of this manual to share their knowledge and experiences – keep in touch:

info@teethrelief.org.uk

RISK ASSESSMENT

Every medical procedure carries some form of risk both to the patient and to the practitioner, especially in terms of cross infection. The following Risk Ladder symbols will be used to indicate the level of risk for each procedure.



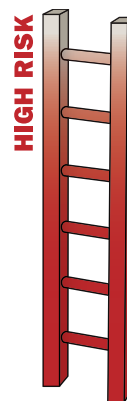
LOW RISK

This procedure is relatively safe if carried out in accordance with basic Cross Infection Control.



MEDIUM RISK

This procedure carries some level of risk and should only be attempted after supervised training.



HIGH RISK

This procedure should not be carried out by un-trained persons. A doctor should be present or available nearby.

FACT OR FICTION?

| | Which of these statements are true and which are false? | FACT (True) | FICTION (False) |
|-----|--|-----------------------|---------------------------|
| 1. | Red gums are healthy gums | | |
| 2. | All healthy teeth have roots | | |
| 3. | Women lose 1 tooth for each pregnancy | | |
| 4. | Toothpaste is not necessary to clean teeth | | |
| 5. | If you don't have any teeth, you'll never need a dentist | | |
| 6. | People 'get longer in the tooth' as they get older | | |
| 7. | No toothache = No problem | | |
| 8. | If a child has a tooth knocked out, it should not be put back into the socket | | |
| 9. | Fizzy drinks help to keep teeth clean | | |
| 10. | The more wisdom teeth a person has, the more intelligent they are | | |

Answers at the end of Chapter 1 (see p.15)