

DELIVERY OF ORAL HEALTH CARE SPECIAL GROUPS: INDIVIDUALS WITH DISABILITIES

1 Introduction

- 1.1 Some level of government support for individuals with disabilities is considered appropriate.
- 1.2 More individuals are surviving life threatening conditions as a result of premature birth, accidents or diseases that may have ongoing effects that limit their activities and their social and economic participation.
- 1.3 Advances in technology, medical care and community support have resulted in many individuals with a long standing disability having a life expectancy which approximates that of the general population.
- 1.4 The number of Australians defined as having a disability is increasing with nearly one in five Australians having a disability and more than one in twenty having a severe restriction.
- 1.5 Many individuals with severe disabilities do not have full time employment and may be financially compromised in seeking dental care in private practice. Financial burdens may be placed upon individuals in dealing with their oral health.
- 1.6 **Definition**
 - 1.6.1 A DISABILITY is the presence of one or more limitations, restrictions or impairments which have lasted or are likely to last for a period of six months or more.

2 Principles

- 2.1 There is a wide variation in the ability of individuals with disabilities to maintain adequate levels of oral hygiene.
- 2.2 Given the great range of disabilities and specific restrictions in the community, various strategies must be used.
- 2.3 Assessment of an individual's ability to maintain oral health and prevent disease should be performed by a dentist.
- 2.4 Oral disease may be prevented by instructing individuals with disabilities or their carers on diet and oral hygiene.
- 2.5 Much of the care can be provided in general dental practice.

3 Policy

- 3.1 Individuals with disabilities are entitled to the same level of access to and range of oral health care services as other members of the community.
- 3.2 Modification of existing dental surgeries and ensuring that new dental surgeries are designed appropriately will result in improved access to care.
- 3.3 Special facilities may be required for individuals whose disability is too severe, or who are too frail or medically compromised, to be treated in a general dental facility. These facilities could be stand alone or attached to a general hospital or public dental clinic. Such special facilities could incorporate:
 - Sedation/GA facilities, recovery rooms, monitoring equipment.
 - Special infection control measures, e.g. CJD, tuberculosis.
 - Ready access to expert medical care.
- 3.4 Education and training for health care workers and carers of individuals with disabilities regarding oral hygiene maintenance, dietary instruction and basic dental awareness should be readily available. Dentists and allied dental personnel should be trained to provide care for individuals with disabilities within clinics, nursing homes and residential care facilities.
- 3.5 Government funding should be made available so that individuals with disabilities have improved access to oral health care.

Policy Statement 1.3.6

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