

Policy Statement 2.2.3 – Community Oral Health Promotion: Oral Hygiene

Position Summary

Brushing, cleaning between teeth and seeing the dentist regularly are essential for good oral health and should be promoted by governments, the dental profession, schools and health organisations.

1. Background

- 1.1. Oral hygiene is one of several key factors in the maintenance of oral and general health. Other factors include an individual's susceptibility to disease, dietary habits and exposure to harmful substances.
- 1.2. The daily oral hygiene routine is a key contribution that individuals can make to reduce the prevalence and severity of oral diseases and is a basic health requirement at all ages independent of the presence of teeth.
- 1.3. Oral hygiene strategies address four main areas:
 - the reduction in numbers of harmful bacteria and other pathogens;
 - the optimisation of the oral environment for repair mechanisms to be effective;
 - the maximisation of tooth surface resistance to dental decay; and
 - the removal of harmful substances such as sugars and acids from the mouth.
- 1.4. Dental caries and periodontal disease are two of the most common diseases experienced by Australians. Plaque is the primary causative factor in the initiation and progression of both diseases. Oral hygiene strategies can reduce plaque levels and deliver effective therapeutic agents to the sites of potential or established disease.
- 1.5. The promotion of oral hygiene is required to maintain community awareness of oral health care needs

Definitions

- 1.6. BOARD is the Dental Board of Australia.
- 1.7. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.
- 1.8. NON-DENTAL PRACTITIONERS are health care providers other than those who are registered by the Board.
- 1.9. ORAL HYGIENE is the maintenance of oral cleanliness for the preservation of health.
- 1.10. SCREENING is the intentional observation of patients to recognise potential deviations from normal health.

2. Position

- 2.1. Public education campaigns should promote good oral hygiene practice (see Appendix).
- 2.2. Oral hygiene should be taught in schools.
- 2.3. Oral hygiene should be promoted in health awareness campaigns supported by Governments, health funds, industry and health professions.
- 2.4. Education and training courses for some non-dental practitioners should include an oral health component enabling them to understand the importance of oral health. They should be trained to provide oral health promotion and dental screening.
- 2.5. Training in oral health care for carers and health care providers must be provided by dental practitioners.
- 2.6. Dentists, or delegated and suitably trained personnel, must have a role in identifying and maintaining suitable

This Policy Statement is linked to other Policy Statements: 3.14 *The Role of Non-Dental Practitioners in Oral Health* & 6.19 *Minimal Intervention Dentistry*

practices and recommending oral hygiene measures to suit individual needs and capability.

- 2.7. Parents and carers should understand the importance of oral hygiene measures to assist in the development of children's oral cleaning skills from a young age.

Policy Statement 2.2.3

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Appendix to Policy Statement 2.2.3

The following products are proven aids to oral hygiene:

1. TOOTHBRUSH OR DENTURE BRUSH – A soft brush should be selected for maximum cleaning efficiency of all exposed tooth surfaces and prostheses. The grip, head size, shape and flexibility of the bristles are important factors. Its effectiveness depends on the technique used by, and the physical ability of, the individual.
2. ELECTRIC TOOTHBRUSH – The correct use of an electric toothbrush is an effective, often superior, plaque removal technique for the exposed surfaces of the teeth. Use of an electric toothbrush is especially effective where a person's manual dexterity is limited.
3. DENTIFRICES – Fluoridated toothpastes and gels are the most common substances used by Australians during tooth brushing routines. The dental profession supports their use because they can be used to deliver therapeutic effects to the structures of the mouth. Therapeutic effects can include the delivery of:
 - fluoride to the exposed tooth surface,
 - agents that reduce tooth sensitivity,
 - agents that reduce calculus formation,
 - antimicrobial agents that reduce plaque,
 - agents that remove surface stains on teeth, and
 - agents that promote re-mineralisation of the tooth surface.
4. MOUTH RINSE – The mouth rinse offers a method of delivering a therapeutic or cosmetic effect to the teeth, but only as an adjunct to other cleaning processes. Therapeutic agents in mouth rinses may be effective in reducing plaque and gingivitis. The caries-inhibiting effect of mouth rinses which contain fluoride is also acknowledged.
5. DENTAL FLOSS – The use of dental floss is an effective means of removing inter-dental microbial plaque. Persons with good manual dexterity can apply dental floss after careful instruction by dentists or allied dental personnel. For those with impaired dexterity, implements containing pre-threaded floss are of assistance.
6. OTHER INTER-DENTAL AIDS – These include adaptable inter-dental brushes, dental wood sticks and electric cleaners which may be recommended by dentists or allied dental personnel in specific circumstances.
7. SUGAR-FREE CHEWING GUM – This can act as a mechanical salivary stimulant which accelerates the clearance of dietary substances and micro-organisms as well as diluting and buffering acid. Chewing gum can also act as a vehicle for medicaments such as anti-plaque and remineralising agents.