CPG on Oral Health Care for the Vulnerable, Housebound Elderly

Version 2.0 - 18.06.2025

Summary

1. Justification

These clinical practice guidelines are intended for dentists, dental specialists, oral hygienists and clinical dental technologists. Other oral health care professionals and health care professionals who are involved in the care for the vulnerable elderly, such as general practitioners, geriatric specialists and nursing carers, may also benefit from these guidelines. The guidelines have been developed on the initiative of the oral care institution Kennisinstituut voor Mondzorg (KIMO) and were drawn up by a Guidelines Development Committee (GDC), chaired by Prof. A. Visser, Professor of Gerodontology at the University Medical Center Groningen (UMCG), maxillofacial prosthetic dentist and geriatric dentist.

2. Introduction

With the increasing number of elderly people in the population, the number of vulnerable elderly people is also increasing. Vulnerability may lead to people becoming housebound. In such cases, a visit to an oral health care practice is no longer an obvious option, even if help is available. When it becomes impossible to visit the practice, providing oral health care in the home must be considered.
These clinical practice guidelines (CPGs) have been drawn up to offer guidance to oral health care professionals about how they can provide oral health care in the home for this target group. These guidelines are intended to support the provision of oral health care to the vulnerable, housebound elderly. These clinical practice guidelines do not concern the care itself that can be provided to the vulnerable, housebound elderly, but the organisation of this care.

3. What do we mean by the vulnerable, housebound elderly?

Vulnerability is a dynamic state in which people with impairments in one or more domains of human functioning find themselves, i.e. physical, psychological and social functioning, that is caused by a diverse number of variables and that increases the risk of undesirable oral health care outcomes. When people are unable to leave their homes as a consequence of physical and/or psychosocial problems, and cannot leave their homes even with the help of others, we refer to them as vulnerable, housebound elderly people.

4. Comments and authorisation

The CPGs have been commented on and approved by all scientific and professional bodies involved and by other organisations that are affiliated with oral health care for the vulnerable, housebound elderly.

5. Summary of the recommendations

The recommendations are summarised below.

1. Indication for oral health care in the home for the vulnerable, housebound elderly (see flow chart 1)

- Find out why a visit to an oral health care practice is not possible and/or cannot be organised. To do so, use the following question: 'What is the main reason for needing oral health care in the home?'
- An indication for oral health care in the home can be made if:
    - the vulnerable elderly patient is unable to visit the oral health care practice, with or without help, and no improvement in the physical state is expected that could lead to the patient being able to visit the practice at a later date
    - the vulnerable elderly patient cannot, or can no longer, visit the oral health care practice as a consequence of a psychological or psychogeriatric condition.
- Find out whether the patient's residence is accessible (see 2. Conditions) and whether it is safe to visit the patient (see 3. Physical safety).

2. Conditions for changing to oral health care provision in the home (see flow chart 1)

- The patient lives in an easily accessible* residence.
- The patient's residence is accessible and there is sufficient physical space next to a patient to set out, connect and use the dental equipment.
- Adequate lighting is available at the intended treatment location in the patient's residence, or adequate lighting can be created.
- If necessary, access to running tap water and electricity (with a safe and preferably earthed socket) is available at the intended treatment location.
- An oral health care professional must be able to work in an acceptable position*.
- If the patient is legally incapable (with regard to oral health care), a legal representative (relative/informal carer) must be present or contactable to allow consultation and decision-making.
- Contact information for the general practitioner, pharmacist and, where appropriate, other health care providers must be available. An up-to-date medication overview must be present. The patient or their legal representative can request a medication overview from the pharmacist.

3a. The oral health care professional's physical safety (see flow chart 1)

- Home visits are preferably made by two people.
- Consider training on how to deal with dementia, aggression or defensive behaviour.
- Assess whether oral health care can be provided safely* in the home. If oral health care cannot be provided safely, postponing or adjusting the oral health care in the home may be considered.
- Contact other health care professionals if in doubt about the aforementioned patient factors or location factors.

3b. Infection prevention measures (see flow chart 1)

Additional recommendations for oral health care in the home, in addition to the Royal Dutch Dental Association (KNMT) guidelines on Infection Prevention in Oral Health Care Practices and current additional advice can be found on www.knmt.nl/sites/default/files/platform/richtlijn_infectiepreventie_autorisatiefase_23.pdf

- Use a clean, impermeable tray or cover a hard surface with a dental towel. Take into consideration the potential leaking of fluid or piercing of the equipment.
- Avoid aerosols and splatter. If splashing occurs, cover the patient, for example with a disposable apron or a towel.
- Use water that meets the microbiological standards.
- Dispose of waste (disposables) in a closed, strong bag via household waste.
- Collect the tray, treatment materials and instruments* in sealable transport containers.
- Wear work clothes during the visit and wrap these up adequately before and after use, also

when travelling.
- Transport in such a way that contamination of the surroundings is impossible and process in the regular manner at the oral health care practice.

3c. X-ray tests (see flow chart 2)
- Find out whether any previous X-rays are available and whether additional X-ray tests are required.
- Do not take an X-ray if the ensuing information cannot lead to a realistic treatment option.
- Use mobile X-ray equipment only when in the possession of a permit, which can be obtained through the Dutch Authority for Nuclear Safety and Radiation Protection (ANVS)*.
- Use hand-held X-ray equipment if the patient is sufficiently mobile to allow correct positioning of the hand-held X-ray equipment.
- Ensure safe storage and transport to avoid damage to the X-ray equipment. To do so, use a protocol and describe in the protocol how access to the equipment by unauthorized people will be prevented.
- Only use mobile X-ray equipment that has a CE mark.

4a. The role of oral health care professionals in relation to other health care professionals
- The oral health care professional has a key leading role in relation to other health care professionals for the execution of the oral health care plan.
- Assess for which goals in the oral health care plan other health care professionals must be involved and record this in the oral health care plan*.
- Discuss the oral health care plan with the health care professionals stated in the oral health care plan (see 5. Continuity of care).
- If approved by the patient or their legal representative, share the oral health care plan with the treating physician, general practitioner or other relevant health care professional(s).
- When in doubt about the patient's legal capacity with regard to the execution of the oral health care plan, contact the treating physician or general practitioner (see 4b. The uncooperative and/or legally incapable, vulnerable elderly).

4b. The uncooperative and/or legally incapable, vulnerable elderly (see flow diagram 3)
- The starting point is that adult patients are legally capable, unless a relevant expert physician has determined that the patient is legally incapable to make a certain decision.
- Tailor the oral health care plan together with the patient and record the agreements in the health care records.
- Tailor the oral health care plan for a legally incapable patient not only together with the patient, but also with the legal representative and record the agreements in the health care records.
- If a patient displays uncooperative behaviour during an oral examination or treatment, the oral health care must always be stopped*.
- Oral health care for a legally incapable, uncooperative patient is only possible if one of the following conditions is met:
    - Not providing oral health care will be seriously detrimental to the patient*.
    - The legal representative and other health care professionals involved have been consulted about whether and how the oral health care plan must proceed and permission has been granted to proceed with the current or adjusted oral health care plan*.

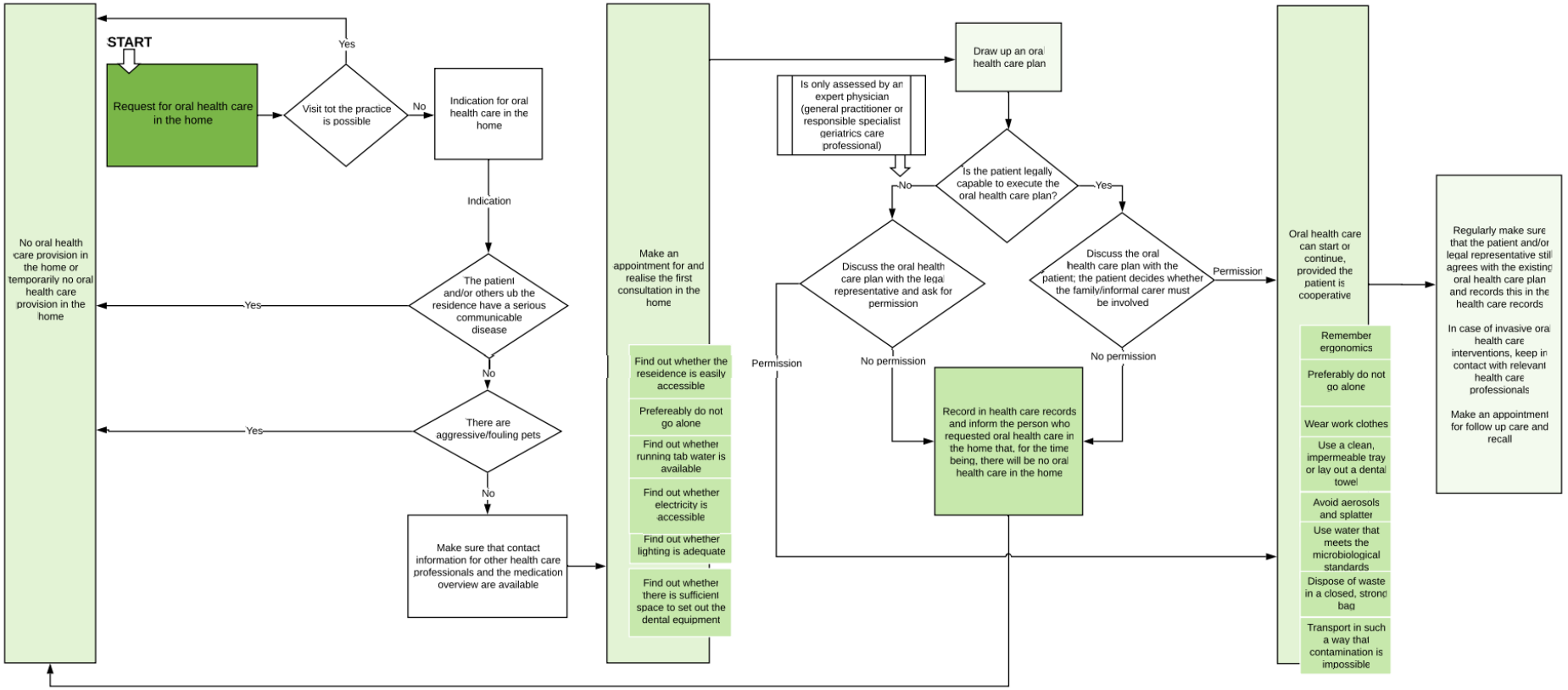
5. Continuity of care
- Make sure that there is an up-to-date oral health care plan and adjust this regularly, based on the patient's cognitive, physical and social circumstances.

- Determine a recall period, based on the oral health care plan (do not lose track of the patient).
- Assess for which goals in the oral health care plan other health care professionals must be involved and record this in the oral health care plan*.
- If approved by the patient or their legal representative, share the oral health care plan with the informal carer(s) and/or health care professional(s) involved.

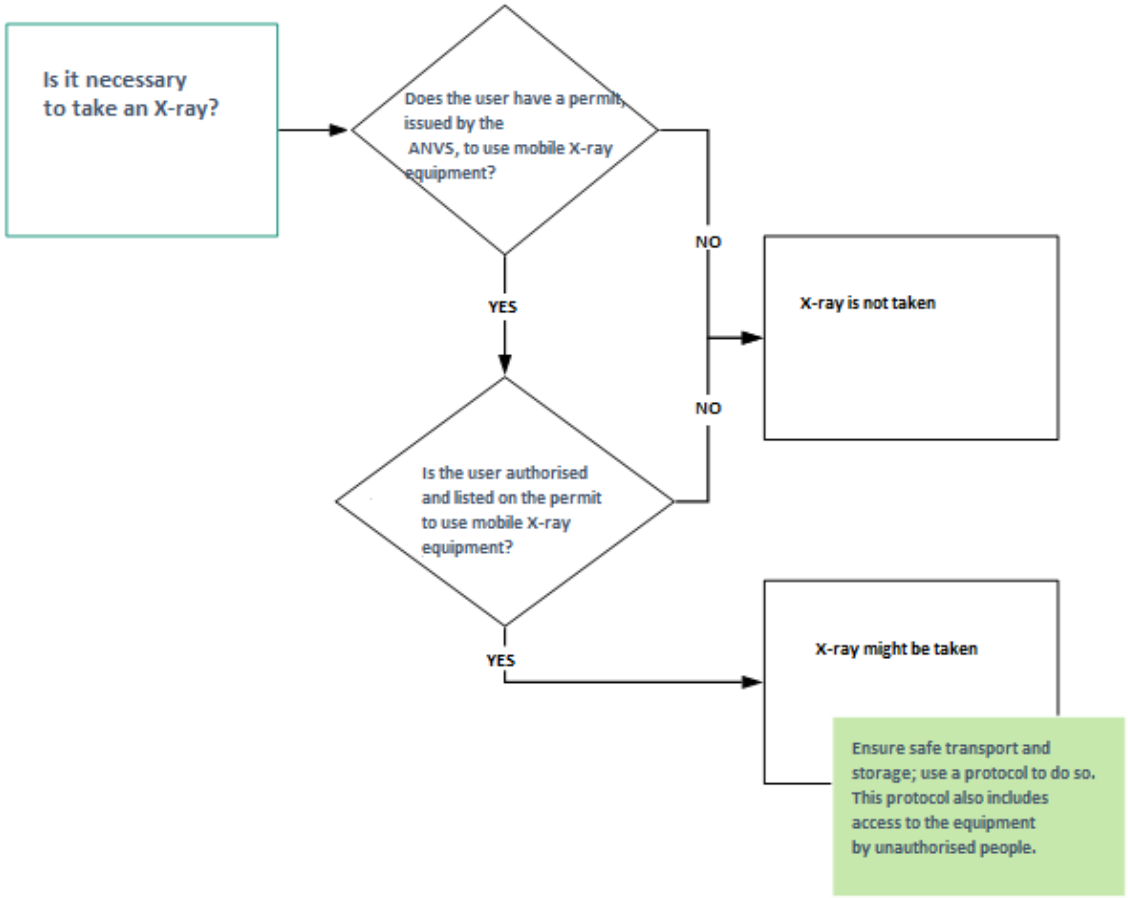
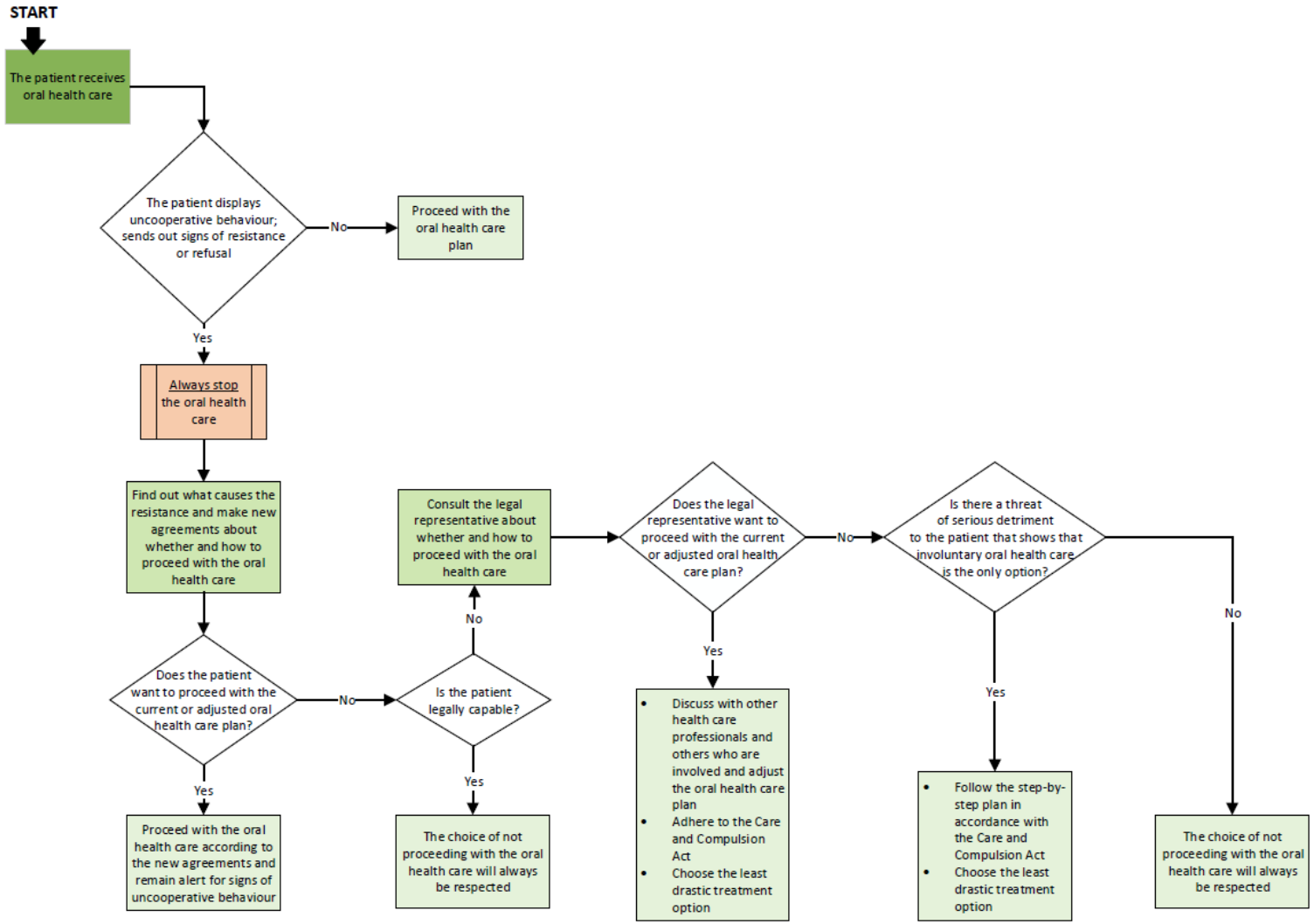
* See the complete Clinical Practice Guidelines for a more detailed description. (Dutch)

6. Flow charts

Flow chart 1. Indication and oral health care provision



Flow chart 2. X-ray tests in the home



Flow chart 3. The uncooperative and/or legally incapable, vulnerable elderly