Name _____ Issue 1: Date: _____/_____/_____

RISK ASSESSMENT 4
Oral Health

Risk Assessment Objectives: To Promote Oral and Dental Hygiene

Tick box if relevant	
❑	Teeth and gums:
❑	Name has [Full] [Partial] [No Teeth] [Full] [Partial] [No] Dentures,
❑	[Name] [Carer] [Other] brushes Name's teeth
❑	[Name] [Carer] [Other] [Brushes [Maintains] Dentures
❑	[Name] [Home] [Other] supplies Oral Hygiene material
❑	Oral Hygiene
❑	Encourage Name to be as self-managing as possible
❑	Helpful Intervention only when required
❑	
❑	

PERSONAL STATEMENT

_____

_____

RISK ASSESSMENT THROUGH CONCERN LEVELS

IF THE SCORE IS BETWEEN 7-10 THERE MUST BE AN ESSESNTIAL ACTION PLAN

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[ ]	
09	3rd Party Intervention concerns	[ ]	
08	Destabilising concerns	[ ]	
07	Escalating concerns	[ ]	
06	Concerning concerns	[ ]	
05	Moderate Concerns	[ ]	
04	Medium concerns	[ ]	
03	Minimal concerns	[ ]	
02	Trivial concerns	[ ]	
01	No concerns	[ ]	

ACTION PLAN

1. _____
_____
_____
_____

Signed _____ Date: _____/_____/_____ Review Monthly

Name _____ **Issue 1:** **Date: _____/_____/_____**

RISK ASSESSMENT 4
Oral Health

OUTCOME: Name to have good oral hygiene and dental access

ASSESSMENT

- ❑ Name can clean their own teeth
- ❑ Name needs prompts to ensure dental access
- ❑ Name manages their own appointments except when they requires support

Name is prompted regarding dental hygiene where appropriate

SUPPORT NEEDED

- ❑ **Name buys their own oral hygiene requirements**
- ❑ **Name is supported in their hygiene needs**
- ❑ **Name is encouraged to keep dental appointments**
- ❑ **Name will be accompanied where the need for support is required/requested**

SPECIFIC OUTCOMES/ACTIONS TO ACHIEVE

- ❑ **Name** is able t to self-manage own oral hygiene needs
- ❑ **Name** is prompted regarding oral hygiene where appropriate
- ❑ **Name** can access staff to help them with oral hygiene/dental visits as required