



सत्यमेव जयते

Ministry of Health & Family Welfare
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राष्ट्रीय स्वास्थ्य मिशन



Training Manual on Oral Care for ASHA at Ayushman Bharat – Health and Wellness Centres



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2021

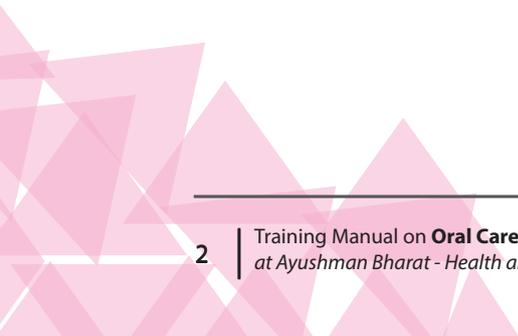
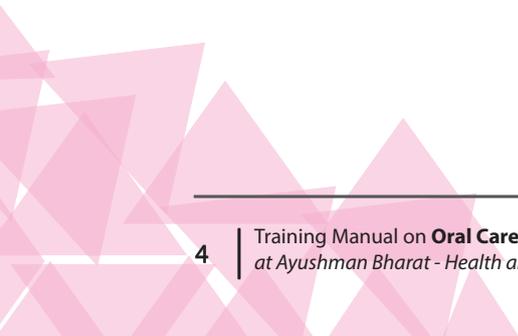


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1. INTRODUCTION

India's National Health Policy, 2017 recommended strengthening the delivery of primary health care through establishment of "Health and Wellness Centers" (HWCs) as the platform to deliver Comprehensive Primary Health Care (CPHC).

Ayushman Bharat- HWCs is an initiative to move from a selective approach to health care to delivering comprehensive range of services spanning preventive, promotive, curative rehabilitative and palliative care. The wide range of services provided at these Health and Wellness Centres will encompass strengthening of existing Maternal and Child health and communicable disease related services and roll out of additional services such as Non-Communicable diseases, Oral health, Mental health, ENT, Ophthalmology, elderly care, palliative care and trauma care. Thus, HWCs provide an opportunity to strengthen the delivery of integrated oral health care services in the country

Problems associated with the mouth, teeth and tongue can cause a lot of discomfort and affect the routine functioning of a person . Such as , someone who has a tooth problem can be in severe pain and may not be able to eat comfortably. Oral Cancer is still worrisome due to large number of people affected by it in our society. Thus, it becomes important to pay attention to oral health of individuals and provide necessary preventive and curative oral care services.

As an ASHA, you are a very important member of the HEALTH AND WELLNESS CENTRE team and are closest to the community. Therefore, you have a significant role in helping the health team in screening, referring and follow-up care for oral conditions and common preventable Oral Problems. You can play an important role in educating people on health promotion, maintaining oral hygiene and seeking care as soon as some health problem comes up.

In this module, you will learn about:

1. Who can get oral diseases?
2. How to keep the oral cavity healthy?
3. Common diseases of the oral cavity and how to identify them.
4. Your role in common diseases of the oral cavity
5. When to refer patients and what advice to give them regarding staying healthy.

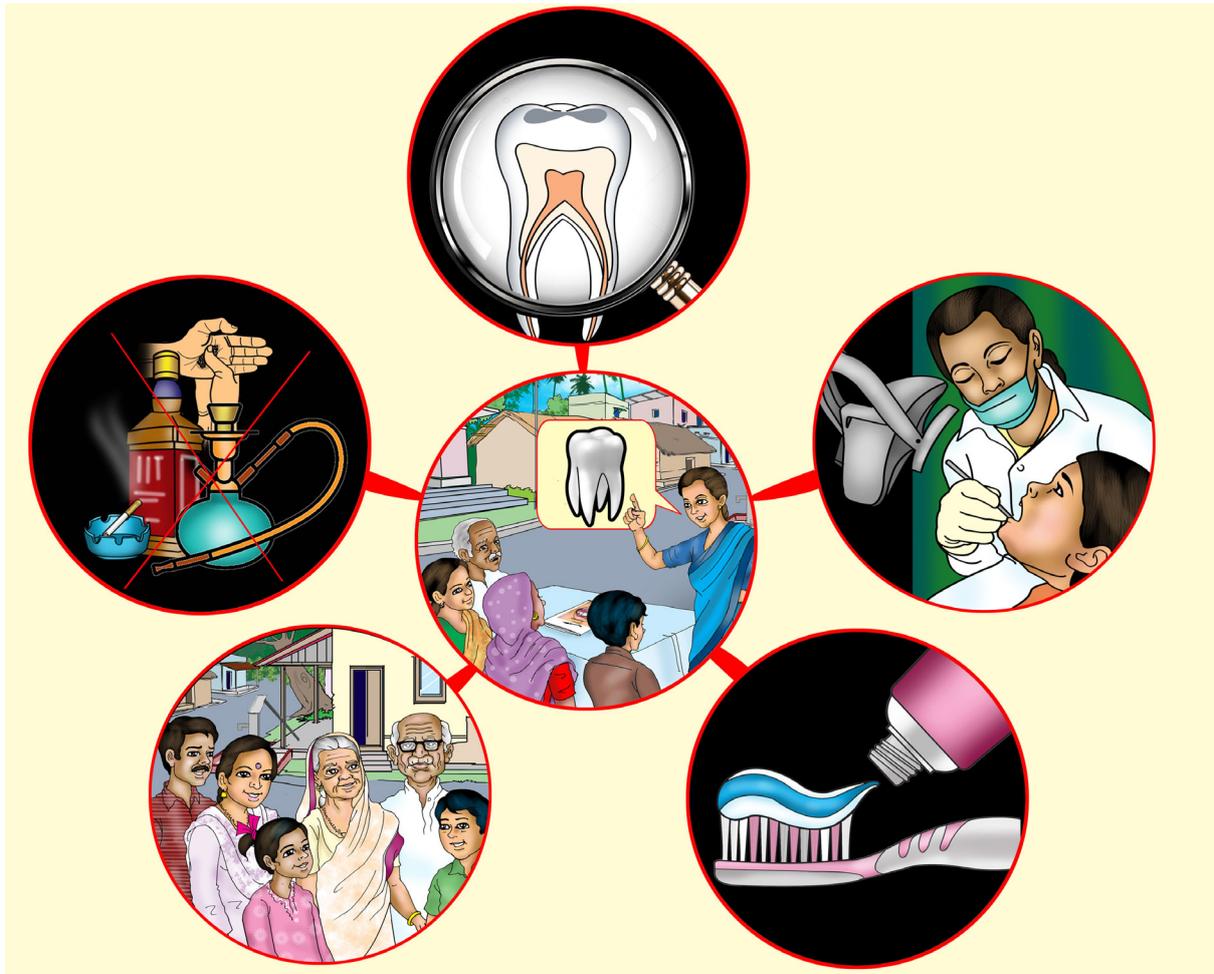
2. ROLE OF ASHA IN ORAL HEALTH CARE

In this chapter, you will learn:

Your role in oral health care prevention and promotion at the community level.

1. Identify personal oral hygiene practices, oral health risk behaviours and raise awareness about common dental diseases including the role of oral hygiene, diet counselling, tobacco cessation, promotion of regular dental visits especially among pregnant women, infants, children, elderly, medically compromised and the population with special health care needs.
2. Complete CBAC for all community people above 30 years of age, with a particular focus on tobacco users and provide tobacco cessation advice. Also, ASHAs will work with HWC team in ensuring Universal Screening for Oral Cancers.
3. Co-ordinate with Anganwadis/school teachers for ensuring daily tooth brushing among school children. Habit of brushing twice daily with correct technique can be developed through incorporating jingles/ rhymes in pre-school teaching at Anganwadi centres.
4. Along with MPW, Coordinate with RBSK team to ensure oral health check-up for all children.
5. Educate and motivate pre-school children for hand wash and mouth rinse before and after every meal.
6. Educate and motivate school children to brush daily and in correct manner.
7. Co-ordinate and participate in the outreach activities of PHC/CHC/ District Mobile dental clinic. Mobilization of community members to attend dental screening camps or use of Village Days
8. Guide patients to the nearest SHC-HWC/ Referral centre and reinforcement to attend all the follow up visits. Through home visits, VHNDs, community platforms, ASHA will ensure follow-up of people.
9. Guide the community to undertake immediate measures of pain relief like- Saline rinses, Using clove/clove oil.
10. Provide appropriate guidance and timely referral in cases of dental emergencies including maxillofacial trauma.





Role of ASHA in diagnosis and treatment of oral diseases:

a. Oral examination

You will facilitate examination of the month of every individual in the community by a doctor once in six months. You can utilize VHNDs to organize oral examinations along with MPW /CHO.

b. Refer people with oral health problems to nearest SHC-HWC

You will ensure universal screening for oral cancers and ensure completion of CBAC, with a particular focus on tobacco users and provide tobacco cessation advice.

In case you find any individual with a suspicious lesion in the oral cavity, you must immediately refer him/her to the nearest SC-HWC. The lesions to look out are given below.

- ♦ Black/brown spot/discolouration or cavity in any tooth/teeth
- ♦ White/yellow patch in teeth
- ♦ Bleeding/swelling of gum
- ♦ Any ulcer anywhere in oral cavity
- ♦ Any white or red patch anywhere in oral cavity
- ♦ Whitish curd-like patch anywhere in oral cavity
- ♦ Irregular arrangement of teeth, missing teeth, jaw dislocation, restricted opening of mouth

c. In case of delay in treatment, you can provide temporary pain relief medication like Paracetamol to the patient after consulting CHO. You will also follow up on those individuals who received treatment from higher health facilities.

3. INTRODUCTION TO A HEALTHY MOUTH

In this chapter, you will learn:

1. Importance of Oral Health
2. Parts of a Healthy Mouth
3. Who can get Oral diseases?

Oral and dental problems are commonly seen among people. You may have come across individuals who complain of toothache or pain in their gums. Diseases of the oral cavity are seen among children, infants, adults and old people.

Oral health focuses on keeping the oral cavity healthy. This includes the teeth, tongue, inner surfaces of cheeks and lips, roof of mouth and floor of mouth.

Fortunately, most of these diseases are easily preventable if one adopts good oral hygiene practices

- **Oral infections can lead to heart problems**
- Inability to eat properly

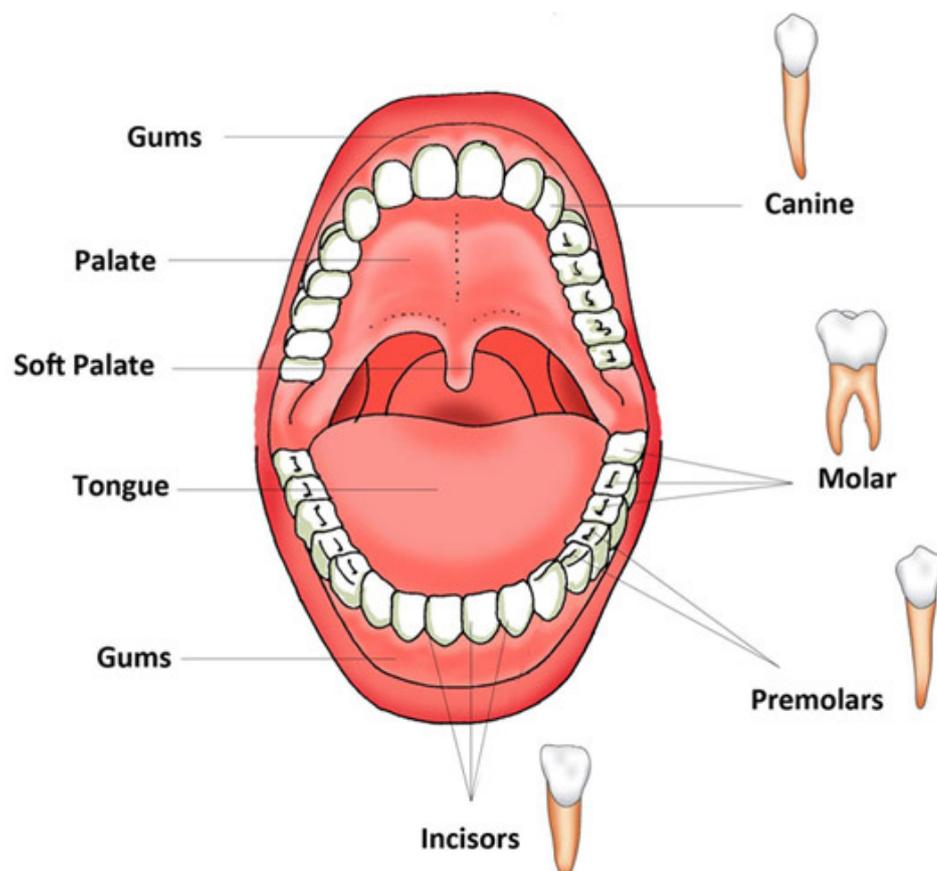


Figure 1 Part of healthy mouth

PARTS OF THE HEALTHY MOUTH

Teeth – Humans have two sets of teeth: (i) Milk teeth/baby teeth/primary teeth, which erupt during the first two years of life and shed between 6-12 years of age, and (ii) Adult teeth/permanent teeth, which start erupting at 6-7 years of age and remain lifelong. There are four types of teeth in humans: (i) Total 8 incisors or front teeth, (ii) Total 4 canines or conical teeth, (iii) Total 8 premolars and (iv) Total 12 molars. All teeth have an outer surface towards the cheek and lips, inner surface towards the tongue and the biting/chewing surface.

Cross section of a Tooth

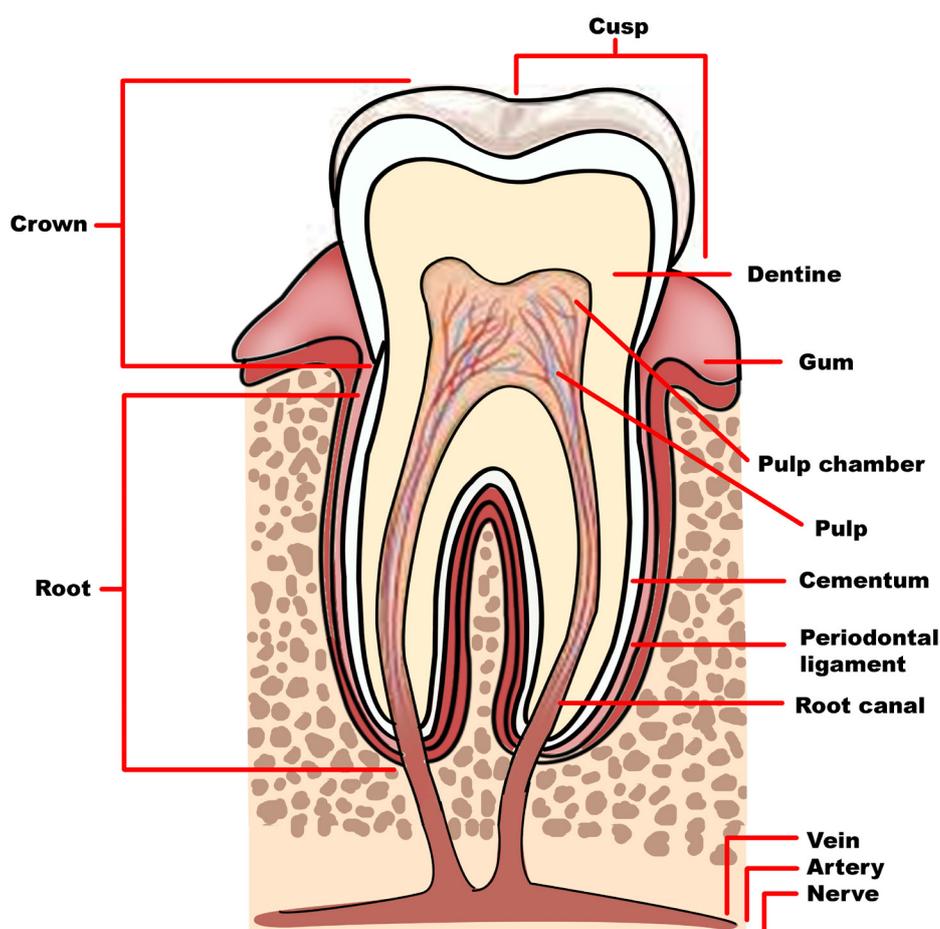


Figure 2 Cross Section of a Healthy tooth

Tongue – The tongue has four surfaces: upper, lower and two side surfaces.

Palate – The roof of the mouth is called the palate, which is formed by hard palate towards the front and soft palate behind.

Lips and cheek – These consist of the surfaces of the cheek and lips inside the oral cavity.

Gums – It is the layer which covers the teeth and attach them to the jaw bone. Healthy gums are pink in colour.

Floor of mouth – It is the layer of the oral cavity below the tongue on which the tongue rests.

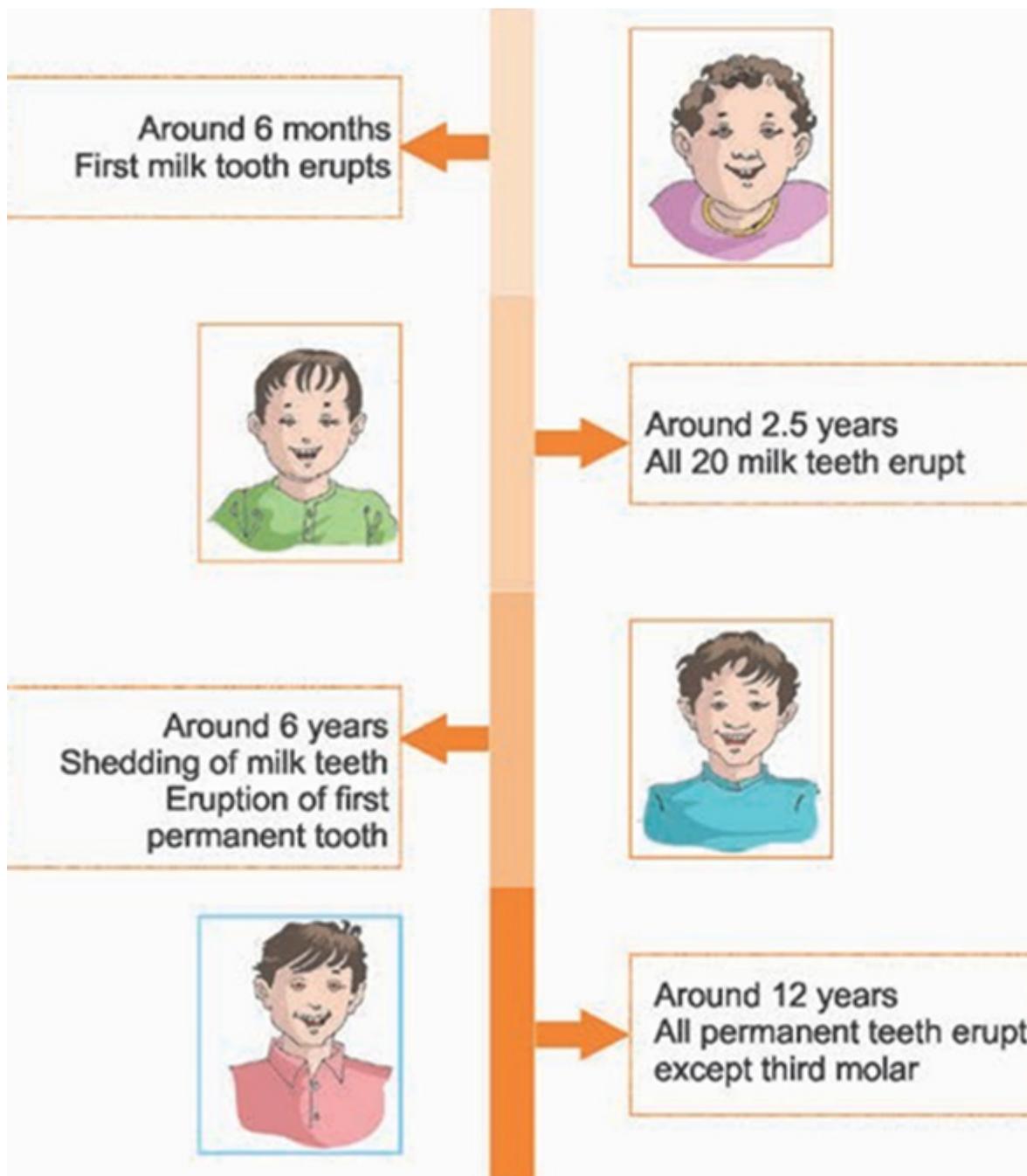


Figure 3 Sequence of Tooth Eruption as per age

WHO CAN GET ORAL DISEASES?

It is important to note that oral related diseases can be seen in infants, children, adolescents and adults as well. Therefore you need to ensure that everyone in the community from a newborn baby to the elderly maintain good oral health.

Infants:

Breastfeeding is important for growing healthy teeth and strengthening gums of the baby. It is essential to initiate breastfeeding within an hour after birth, practice exclusive breastfeeding for the first six months of life and continue breastfeeding till two years of age. If a baby is bottle fed, they can develop gum diseases.

Children:

At this age, children are very vulnerable to getting tooth decay. This happens because of poor oral hygiene and improper tooth brushing. Also increase in intake of sweets and junk food can lead to cavities in the teeth. In small children (0-6 years old) sometimes, certain cavities affect upper front teeth and are common mainly in those who are fed bottled milk.

Adolescents and adults:

This is the age when people develop the habit of chewing tobacco or smoking. Tobacco consumption can affect the Oral health in several ways and is leading cause of Oral cancers. Also, poor oral hygiene and improper tooth brushing can cause several oral health problems. Women tend to ignore symptoms till it is late after which they have complications.

Elderly:

The main problem in elderly is missing teeth. Maintaining oral hygiene and use of properly fitting dentures can prevent teeth and gum diseases in the elderly. Many old people also chew tobacco or smoke. They can be prone to oral cancers.

4. ORAL HEALTH PROMOTION

In this chapter, you will learn:

1. What is oral health promotion?
2. How to maintain a good oral hygiene?
3. Risk factors and Prevention of Oral Diseases

As you have learnt in other modules, health promotion focuses on

- Keeping people healthy
- Helping people make changes in lifestyle to prevent diseases
- Motivating behaviour changes to avoid complications among those with diseases

Similarly, prevention and control of health problems also involves these principles. The three main ways in which you can help prevent oral diseases among people in the community are:

- A. Oral health promotion – Prevent oral diseases from occurring in individuals by helping them adopt healthy lifestyle practices such as proper tooth brushing.
- B. Diagnosis and treatment – Early detection of oral diseases in individuals and help them get prompt treatment so that the disease is controlled at an early stage, especially in oral cancers.
- C. Prevent complications of the disease and its progression to late stages in the individual by facilitating complete treatment and follow ups.

ADOPTION OF HEALTHY PRACTICES

Oral health promotion focuses on

- Teaching proper tooth brushing techniques
- Explaining how to adopt healthy lifestyle to prevent oral diseases
- Creating awareness among people regarding common oral diseases
- Getting people to go for regular annual oral health check-up after the age of 30 years.

How to maintain a Healthy Mouth

1. Good oral hygiene

a. Brushing teeth

- Brush teeth at least twice a day (after waking up in the morning and before going to sleep at night). Brushing teeth before going to sleep is more important since it removes all food particles which provides suitable environment for the germs to create mouth problems like bad breath, tooth decay etc.
- The correct technique of brushing teeth is shown in the diagram below. It should be followed to make brushing effective.

- Teeth should be brushed for at least two minutes every time with a soft toothbrush and pea-sized amount of toothpaste.
- Ideally, toothbrush should be changed every three months or when the bristles start to flare. In addition, toothbrush should be discarded in case the person suffers from any respiratory infection and a new toothbrush should be used after recovering from the illness.

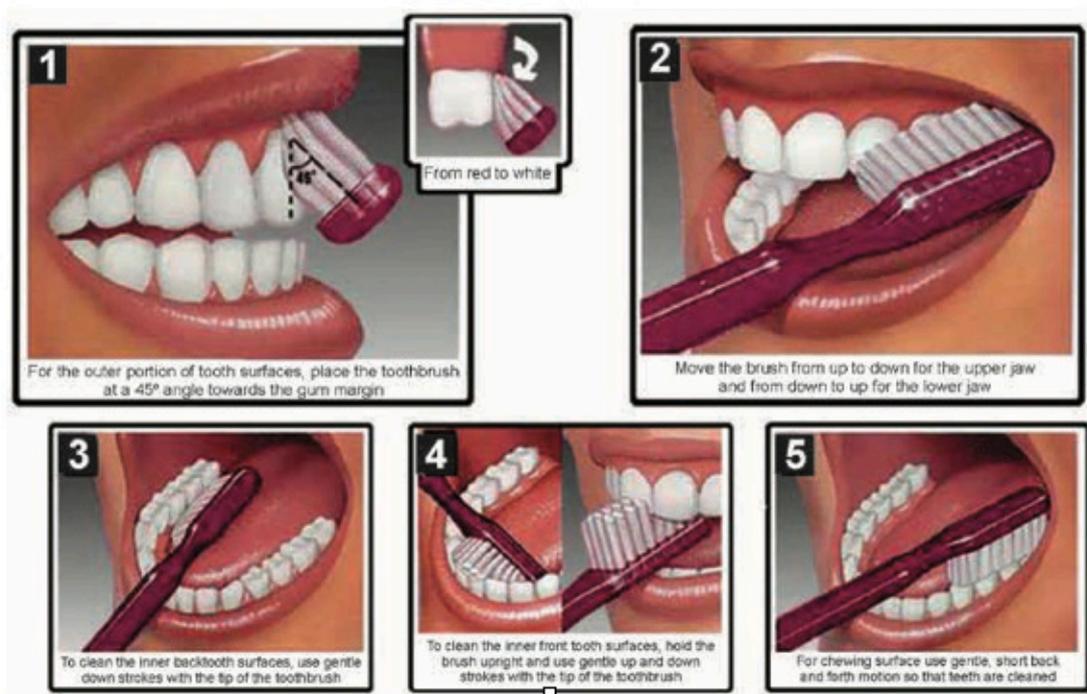


Figure 4 Brushing Technique

b. Cleaning tongue

- The tongue should be cleaned using the toothbrush or a tongue cleaner every time along with brushing teeth.
- The technique of cleaning tongue is shown in the picture below.

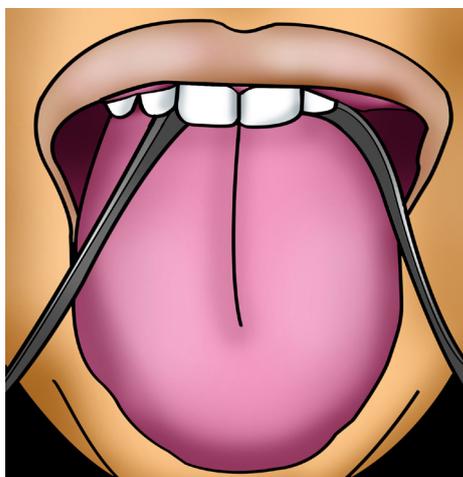


Figure 5 Tongue cleaning after brushing

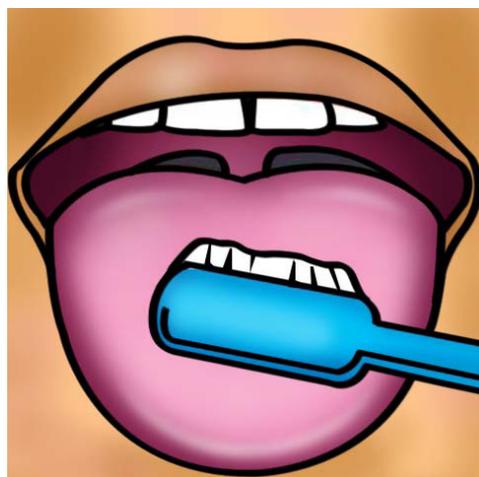


Figure 6 Tongue cleaning with the help of Toothbrush

c. Rinsing of mouth after every meal

- The mouth should be rinsed with water after every meal. This helps remove any food particle stuck to the teeth which can cause tooth decay.
- If possible swish water in mouth for 2 minutes or at least 60 seconds



2. Eating right

- Eating too much of sweet and sticky foods like chocolate, toffee, chips, cold drinks, gajjak, rewdi can lead to tooth decay. After eating these items, the mouth should be rinsed properly with water. Snacking between meals should be avoided. A healthy diet is essential to maintain healthy teeth and gums. A well-balanced diet should be taken including grains, fruits, vegetables, nuts and dairy products.



Figure 7 Consume Balanced diet



Figure 8 Avoid food causing caries

3. Avoiding tobacco use

- The use of tobacco in any form (smoke or chewable) causes stains on teeth and increases the risk of gum disease. Tobacco consumption can also cause burning sensation in mouth while eating, reduced mouth opening, white patches in mouth and oral cancer. Every person who uses tobacco should be motivated to stop and those who have not yet started should be counselled not to start. Stress often leads to increased consumption of tobacco and alcohol. Stress management techniques like yoga and meditation should be practised.



4. Regular dental check-ups

- Healthy mouth is required for eating balanced diet, speech clarity, socialising with people which are also needed for a healthy life. Therefore, Oral health check-up should be done routinely to detect oral diseases in an early stage which will aid in prevention and easy management of oral diseases. It is important to get regular dental/oral check-ups to assess oral health status by a qualified Dental Specialist /Dentist. It is recommended that Oral check-up should be done every six months to one year.



5. Oral self-examination

- Self-examination of the oral cavity is very important. It is essential to raise awareness about oral self-examination technique as well as common oral lesions to look out for and seek treatment in case they are seen. The technique of oral self-examination is shown in the picture below.
 - a) First check the lips, and the inside lining of the lips
 - b) The next place is to check the inside of the cheeks on both sides
 - c) Thirdly, check on the palate the hard and soft part on the roof of the mouth
 - d) Then check the tongue. If you have a piece of gauze or a clean cloth, you can hold the tongue with that and look in the mirror
 - e) Then look under the tongue
 - f) Finally check both sides of the tongue.

You can advise people to do this examination once a month. If they find anything abnormal then they can inform you or visit the nearest Health facility for check-up

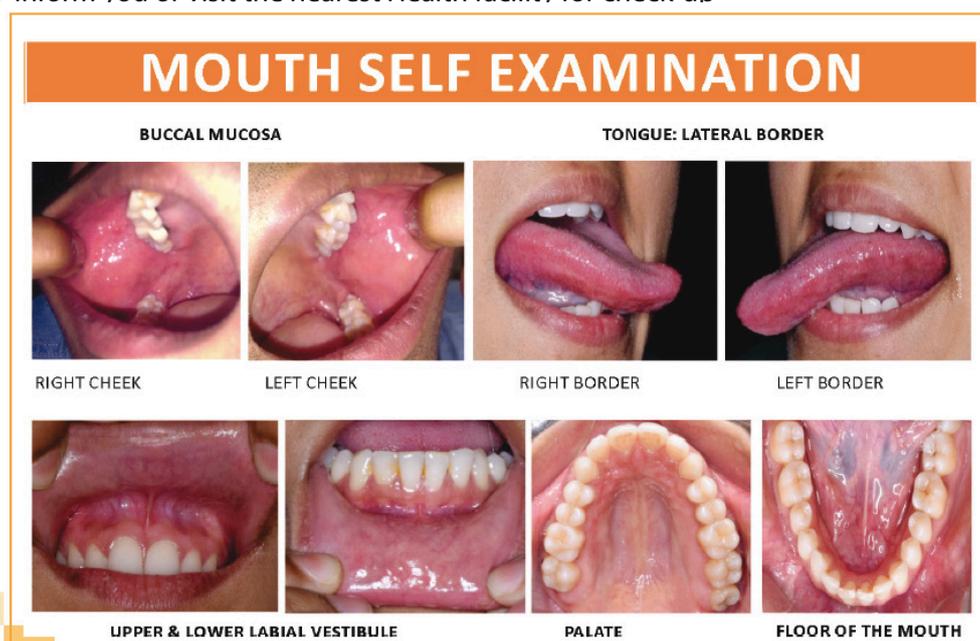
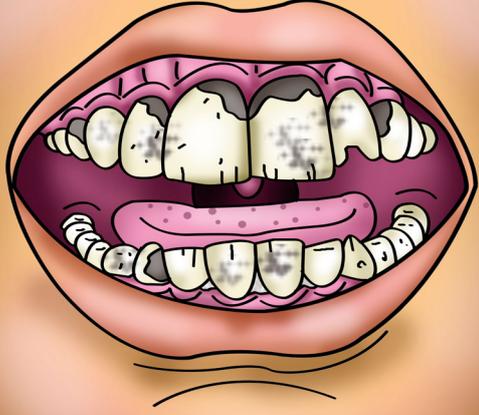


Figure 9 Steps in Self Examination of Mouth

RISK FACTORS AND PREVENTION OF ORAL DISEASES

The risk factors for diseases of the oral cavity are discussed below:

<p>Diet</p>		<ol style="list-style-type: none"> 1. Consumption of aerated sweetened beverages and high sugary foods including a lot of sugar and fat, low in fibre and essential vitamins can lead to dental caries. 2. Vitamin C is required for maintaining proper health of gums. Vitamin C can be obtained from citrus fruits and vegetables like Orange, Amla, Pineapple etc
<p>Tobacco and Alcohol Consumption</p>		<ol style="list-style-type: none"> 1. Any form of tobacco consumption including smoking (cigarettes, bidis, pipes, hukka etc) and smokeless (chewing tobacco, snuff, paan, masher (tobacco applied on gums) forms of tobacco can increase the risk of developing gum diseases and oral cancer which can also cause deaths. 2. Intake of alcohol in large quantities increases the risk of general conditions such as high blood pressure, liver disease, heart disease and oral cancer
<p>Poor Oral Hygiene</p>		<p>Not brushing teeth and rinsing mouth regularly leads to poor oral hygiene and can cause bad breath, gum diseases, and various oral infections</p>

Tooth Injury		Injury to the teeth and jaw can cause improper alignment of teeth. This may lead to food stagnation and can cause tooth decay and gum diseases.
Stress		Excessive stress can lead to health problems and lifestyle changes (like, excessive smoking, increasing alcohol intake, changing dietary habits, becoming physically inactive, and neglecting oral & personal hygiene) which further leads to oral health problems

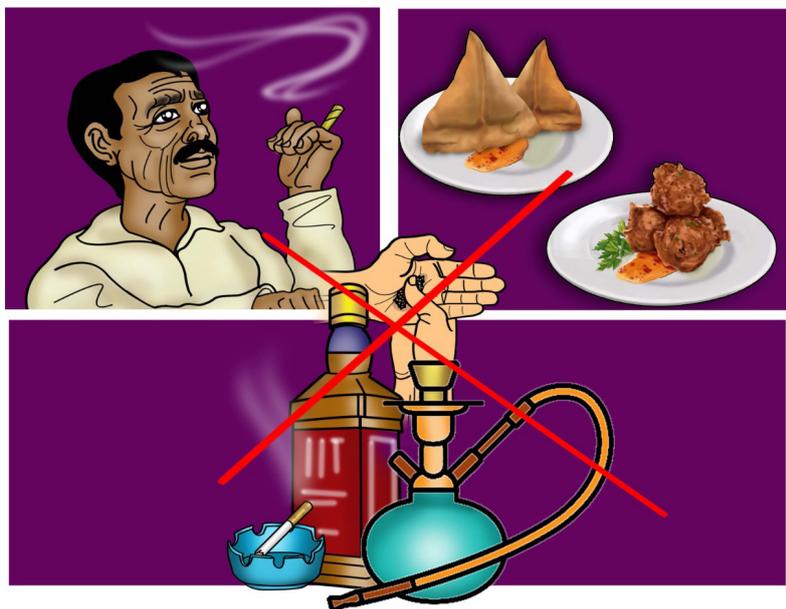


Figure 10 Common Risk factors for Oral Health

Diagnosis of Oral Diseases, Treatment and Prevention of Complications

Every individual should get their oral cavity examined regularly, like regular general health check-ups. It is recommended to get oral examination done by a doctor every six months. This is required in order to diagnose any oral or dental disease at the earliest so that it can be promptly treated at the early stage. This also helps in early resolution of the disease and avoids its progression to complications. Any case of oral disease should be immediately referred to a dentist.

5. ROLE OF ASHA IN PREVENTION OF COMMON ORAL DISEASES

In this chapter, you will learn:

1. Different types of common dental problem
2. Your role pertaining to each dental problem

I. Tooth Decay/ Dental Caries

What is Dental Caries?

Tooth decay is a bacterial disease affecting the hard structure of the tooth which results in breakdown of the tooth structure leading to cavity formation.



Figure 11 Dental decay in behind tooth

Symptoms and Signs:

- Sensitivity to hot & cold, sweet & sour Black/ brown discoloration or spots on tooth
- Cavity/hole on the tooth or in between two teeth
- Breaking of tooth or tooth surface
- Food lodgement in the cavity between the teeth.
- Sudden pain involving tooth and may involve area up to ear and temple region.
- If left unnoticed, complications like
 - ♦ Swelling
 - ♦ Pus discharge



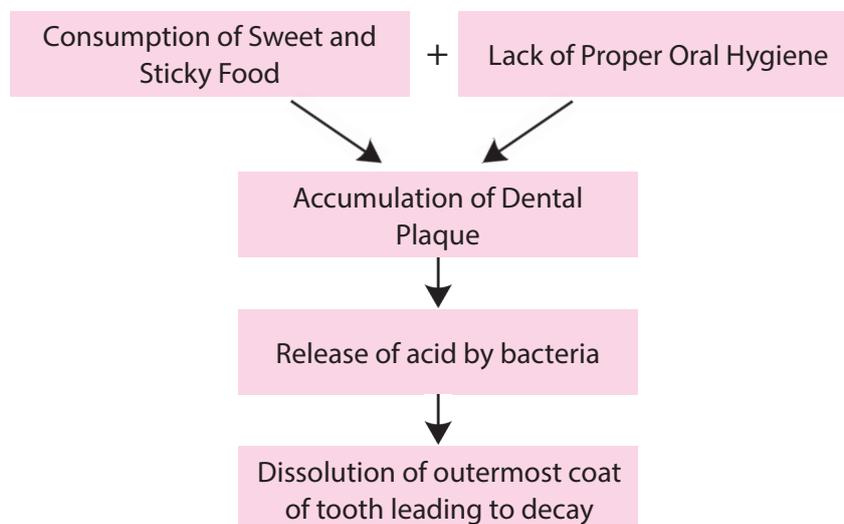
Figure 12 Dental Decay in front teeth

Causes:

- Bacteria- Bacteria are very small organisms, not visible to naked eye. When you eat certain foods, the bacteria on your teeth breaks them down and produces acids that have the ability to seriously damage the hard tissues of your tooth. The result is the formation of cavities in the tooth.
- Pits, groove and fissures present on chewing surfaces of teeth are difficult to clean. Bacteria tend to accumulate on it and causes tooth decay

- If food is left in the mouth for longer duration , bacteria tends to accumulate, releases acid and thus leads to tooth decay
- Sweet and sticky food like toffees, chocolates, biscuits, cold drinks, artificial juice causes tooth decay
- Common reasons leading to the tooth decay are illustrated in the picture below.

Causes of Dental Decay



Your Role in Prevention of Common Oral Problems:

Do	Don't
<ul style="list-style-type: none">• Place a clove or apply clove oil at pain site.• Refer to SHC-HWC in case you see following:<ul style="list-style-type: none">♦ Increased sensitivity to hot and cold for more than 2 weeks♦ Pain and swelling♦ Pus discharge♦ Black spot /discoloration/ Cavity on tooth surface	<ul style="list-style-type: none">• Do self-medication or pain killers• Avoid intake of extreme hot and cold food & drinks• Reduce frequent consumption of sugary and sticky diet.• Avoid placing camphor/tobacco/petroleum products/salt at the site of pain• Use sharp objects like pins, needles etc to clean teeth
Advice: <ul style="list-style-type: none">• Rinsing mouth thoroughly with water after every meal and snacks• Brushing of teeth twice a day with pea sized tooth paste• Visiting dentist in case of complications or emergencies.	



Figure 13 Clove oil application for pain relief at the site of tooth pain

II. Early Childhood Caries/Nursing Bottle caries

Early childhood caries (ECC) has also been called nursing caries, nursing bottle caries, and baby bottle tooth decay. The cavities are mostly seen on upper front teeth but can affect other teeth also.

ECC leads to early loss of milk teeth, delayed eruption of permanent teeth, difficulty in eating, pain, abscess and malnourishment.

Causes:

- It occurs in children whose teeth are exposed to sugary liquids for long periods of time.
- Children who fall asleep with a bottle in their mouths or who carry a bottle and drink sweetened liquids throughout the day.



Figure 14 Avoid sleeping with bottle in mouth

Signs:

- White spots on teeth initially along the gum line
- Brownish/black discoloration



Figure 15 Early Childhood caries

Your Role:

Advise

- Avoid letting baby sleep with sweet nipple or bottle in the mouth
- Cleaning of gums with soft moist clean cotton cloth after each feeding. Residual milk should not be left in the mouth
- Avoid sleeping with the bottle or sweetened nipple

III. Gum Diseases/Gingivitis

Gum diseases happens when naturally occurring sticky film containing bacteria, builds up on the teeth and causes inflammation of the gums.



Figure 16 Healthy gums in adults

Causes:

- Bacteria
- Poor oral hygiene
- Chewing Tobacco /smoking use
- Stress



Figure 17 Gingivitis or Bleeding gums

Sign and Symptoms:

- Red, puffy/swollen gums along tooth margin
- Bleeding gums
- Tooth pain or sensitivity
- Bad breath
- Loose teeth
- Widening of gap between teeth
- Swollen gums
- Deposits and discoloration of tooth

Your Role:

Advise

- Advise to rinse mouth with warm salt water
- Advise brushing of teeth twice a day
- Refer to nearest facility in case you see above symptoms
- Avoid consumption of tobacco and related products

IV. Gums Abnormal Growth / Enlargement

This is a condition where there is an abnormal increase in size of gums

Causes:

- Gum diseases
- History of taking some medicines (for epilepsy, organ replacement, hypertension etc)
- Pregnancy induced



Figure 18 Increase in size of gums during pregnancy

Signs:

- Red swelling with smooth and shiny surface
- Balloon shaped swelling of gum margins
- Increase size of gums with redness

Your Role:

Advise

- Advise the patient to rinse mouth with water after meal
- Brushing gently with soft bristle tooth brush
- Refer to SHC-HWC in case you find any above symptoms

V. Ulcers, abnormal growth or patch in the oral cavity

Oral Ulcers include all those in the oral mucosa/inner lining of mouth/lip/cheek or tongue. Many times, a white patch is formed on tongue and lining of mouth.

Causes:

- Trauma or tissue damage- Damage from vigorous brushing, ill-fitting dentures, biting with teeth inside the mouth
- Stress- Mostly common in teenagers
- Allergic reactions and hormonal changes
- Nutritional deficiency
- Infections- Bacterial, viral or fungal infection causes oral ulcers
- Foods & drinks- Some foods and drinks releases acid causing ulcers
- Harmful habits of tobacco and excessive alcohol consumption

Sign and symptoms:

- Mostly ulcers occur on inner lining of lips/cheeks/tongue and palate
- White / red patch at times accompanied with change in voice, lump in the neck
- Burning sensation in mouth
- Inability to eat spicy food
- Not being able to open mouth fully

Your Role:

Advise

- Advise on rinsing the mouth with salt water
- Advise brushing twice a day
- Advise intake of bland and healthy diet rich in fruits and vegetables
- Advise avoidance of very hot food and drinks
- Immediate referral to SHC-HWC in case you identify any of these symptoms
- Raise awareness in the community regarding the harmful effects of tobacco and alcohol use
- Help individuals to quit using tobacco products
- Follow the population- based screening protocol for oral cancer and refer to SHC-HWC

VI. Fungal Infection of Mouth (Oral Thrush)

Most common fungal infection of mouth is **Candidiasis or Oral thrush**.

Sign & Symptoms:

- Whitish curd like patch
- Burning sensation and pain
- Altered taste
- Difficulty in chewing or swallowing
- Foul odour

Your Role:

Advise individuals to maintain good oral hygiene

Refer patients with these symptoms to SHC-HWC.



Figure 19 Fungal infection of Mouth

VII. Irregular Arrangement of Teeth and Jaws (Malocclusion)

Any deviation from the normal alignment of teeth and /or upper/lower jaw. It may compromise the appearance or other functions like speech and chewing.

Sign & Symptoms

- Crowding / very closely placed teeth
- Protruding/Forwardly placed teeth
- Spacing between teeth (adults)



Figure 20 Forward placed teeth

Your Role:

Refer to SHC-HWC in case you see any of above signs and symptoms



Crowding (Crooked teeth)

Figure 21 Irregularly arranged teeth

VIII. Cleft lip or Palate

A split in the lip or the roof of the mouth seen at birth is called cleft.

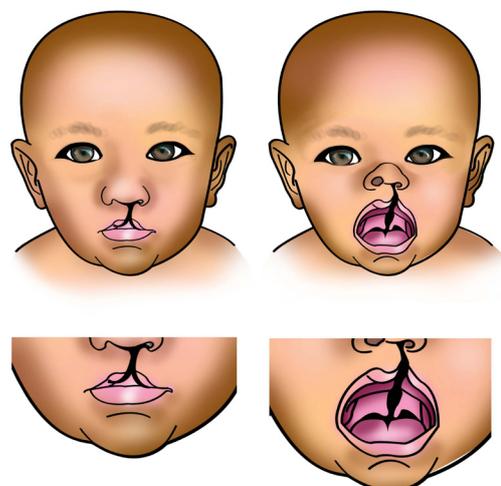
Cleft lip- split in the upper lip.

Cleft palate- Midline split in the roof of the mouth that results from failure of two sides to fuse.

Cause:

- Genetic reasons
- Deficiency of folic acid during pregnancy
- Smoking and drinking alcohol during pregnancy

Cleft lip or Palate



Cleft Lip Cleft Lip and Cleft palate
Figure 22 Cleft lip or palate

Sign & Symptoms:

- Spilt lip/palate or both
- Difficulty in feeding, swallowing and talking

Your Role:

- In case of cleft, refer to CHO at SHC-HWC
- Advise on stopping intake of alcohol/smoking during pregnancy
- Educate parents on feeding practices for cleft children
- Advise pregnant women to take full course of Iron Folic Acid tablets during pregnancy

IX. Missing Tooth/Teeth

Sometimes there is loss of tooth or teeth in the oral cavity.

- The jaws without teeth are called “edentulous”
- Partially edentulous- when a few teeth are missing either from upper or lower jaw
- Completely edentulous- when all teeth are missing

Sign & Symptoms:

- Missing teeth
- Inability to chew
- Difficulty in speech in case of missing front teeth
- Compromised smile

Your Role:

- Identify and refer to the nearest dentist for replacement of missing teeth by informing CHO.



Missing Anterior Tooth
(Partial Edentulous)



Completely Edentulous



Missing Posterior Teeth
(Partial Edentulous)

Figure 23 Missing Tooth / Teeth

X. Trauma to the teeth and face

Teeth and face may get injured easily. Injury can occur in the following cases:

- Playing/cycling/running
- Sport injuries
- Road accidents
- Physical violence
- Falls

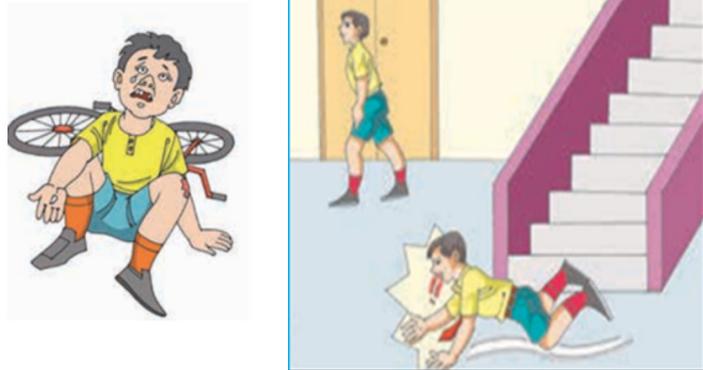


Figure 24 Tooth injury due to fall

Signs & Symptoms:

- Broken tooth/ knocked out tooth
- Bleeding
- Loss of front tooth
- Wounded and swollen lips
- Back teeth not meeting
- Pain & bleeding
- Numbness
- Reduction in mouth opening



Figure 25 Tooth fracture

Your Role:

Do	Dont's	Advise
<ul style="list-style-type: none"> • Arrest the bleeding with pressure /cold pack • Save the knocked out tooth /broken tooth fragment and place it in a milk /tender coconut water • Refer the patient to SHC-HWC/nearest dentist as soon as possible • If injury involves face/head, refer to the nearest health facility immediately 	<ul style="list-style-type: none"> • Do not rub or scrub the tooth • Do not wrap the tooth in soiled cloth • Do not let the tooth dry • Do not throw the tooth or broken fragment 	<ul style="list-style-type: none"> • Promoting safe environment for preventing trauma

Save your tooth



Most of your permanent teeth may be saved if you know what to do after a blow to the mouth



What to do if your tooth is BROKEN



1 Find the piece of tooth



2 The piece can be placed back



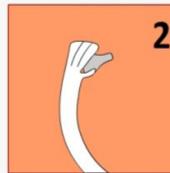
3 For this to be possible seek attention immediately from a Dentist



What to do if your tooth is KNOCKED OUT



1 Find the tooth



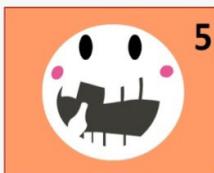
2 Hold it by the crown



3 Rinse in cold tap water



4 Never leave the tooth dry



5 FOLLOW ONE OF THESE ALTERNATIVES



5a Put the tooth back in its place



5b Place the tooth in a cup of milk or salt water



5c When milk is not available place the tooth in the mouth between cheeks and gums or below the tongue



6 Seek immediately specialized dental treatment within one hour time period

Figure 26 Process to be followed in case of Broken tooth

XI. Oral Cancer

This is one of the most common cancers in India. It can occur in the oral cavity including lips, cheeks, teeth, gums, tongue, floor of the mouth, below tongue and the bony roof of mouth.

Causes or risk factors:

- Tobacco/smoking and alcohol consumption
- Chewing betel quid (paan), which is made up of areca nut (supari) and lime (chunna)
- Weak immune system
- Poor oral hygiene

Sign & Symptoms:

- A white or red patch in the oral cavity
- Difficulty in tolerating spicy food
- Difficulty in opening the mouth
- Difficulty in protruding the tongue
- Change in voice (nasal voice)
- Excessive salivation
- Difficulty in chewing/swallowing/speaking



Figure 27 Oral cancer

Your Role:

- Follow the population based screening protocol for oral cancer and refer to SHC-HWC
- Advise –
 - ♦ Brief interventions for quitting tobacco/betel or such products
 - ♦ Delay the consumption of tobacco
 - ♦ Distract or divert mind from tobacco towards any other activity like music/reading/conversing with friends
 - ♦ Drink water frequently and keep mouth wet to reduce craving for tobacco
 - ♦ Regular exercise

REFERENCES

Guidelines-

1. Operational Guidelines for Oral Health Care at Health and Wellness Centres, 2019
2. Rashtriya Bal Suraksha Karyakram Guidelines

Textbooks-

1. Concise Oral Medicine - HR Umarji - (2018) 296 pp., ISBN: 9788123928685
2. Dental Emergencies – Mark Greenwood, Ian Corbett, Wiley Blackwell
3. Facial Trauma - edited by Seth R. Thaller W. Scott McDonald ,University of Miami School of Medicine Miami, Florida, U. S. A.
4. Grossman's Endodontic Practice 13th edition
5. Pediatric Dentistry- Shobha Tandon 2nd edition

Academic Journal Articles-

1. An Era from Extention for Prevention to Constriction with Conservation 1 Dr. Suyash Jain, 2 Dr. Alpana Katiyar 1,2M. D. S. Pediatric Dentistry International Journal of Dental Science and Innovative Research ,IJDSIR
2. Alliance for a Cavity-Free Future. 2010: 1-5

Picture Courtesy:

1. National Oral Health Programme, Ministry of Health and Family Welfare
2. Developed and Conceptualised at Centre for Dental Education and Research, National Centre of Excellence for the Implementation of National Oral health Programme, All India Institute of Medical Sciences, New Delhi

Training Modules:

1. Training Manual on Oral Health Promotion for Health Workers- National Oral Health Programme, Ministry of Health and Family Welfare, Government of India

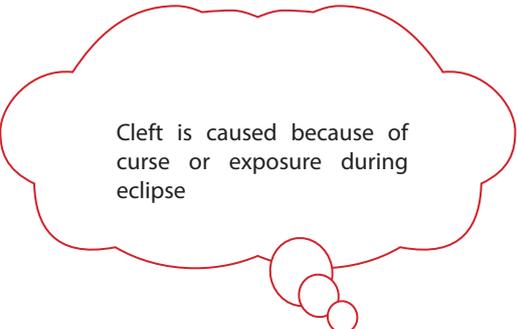
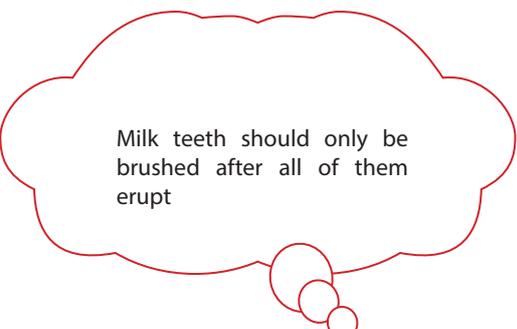
ANNEXURE - 1

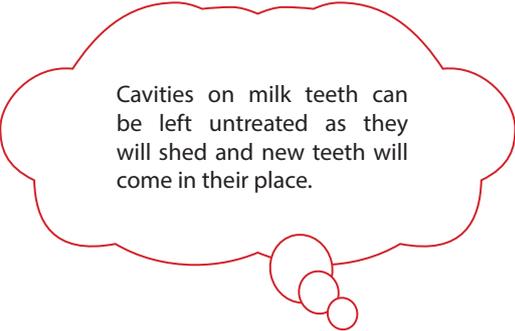
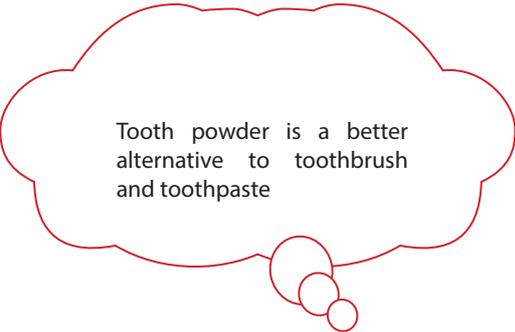
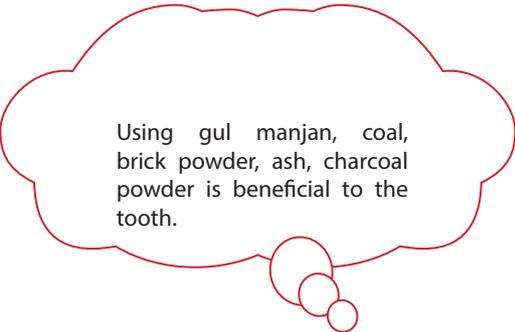
SERVICE DELIVERY FRAMEWORK

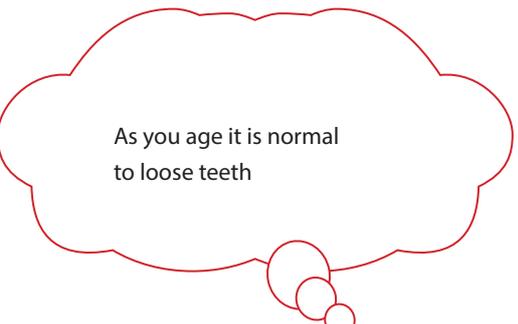
Care at Community Level	Care at SHC-HWC	Care at PHC-HWC/UPHC-HWC
<p>Awareness generation and Health promotion (ASHAs, MPW and CHO)</p> <ul style="list-style-type: none"> Through home visits, VHNDs, VHSNC, MAS meetings etc. Measures for health promotion with special focus on pregnant women, mothers, children, elderly and medically compromised. Oral Health Education- addressing oral hygiene practices, habits, myths and taboos. Prevention of common oral diseases through dietary advice and tobacco cessation. <p><u>Screening and early detection</u></p> <ul style="list-style-type: none"> Population based screening for 0-18 years (under RBSK) and completion of Community Based Assessment Checklist (CBAC) for people > 30 years. Assessment of individuals for oral health conditions using CBAC form by ASHAs. Early identification of specified common conditions including pain and any potential malignant lesion by ASHAs and MPW and referral to CHO at Health and Wellness Centres. Follow-up care of identified cases for treatment adherence during home visits and outreach activities 	<p>Community Health Officer, MPW</p> <p><u>Screening and Identification</u></p> <ul style="list-style-type: none"> Opportunistic dental screening for individuals (18-29 years) who are not covered under CBAC for NCD screening. Early detection, screening and first level management of common dental diseases Identification and referral for tooth loss, mal-alignment of teeth/jaws, dental fluorosis, premalignant lesions, and oral manifestations of systemic conditions to facility where dentist is available and dental lab is functional. <p><u>Management</u></p> <ul style="list-style-type: none"> First level management of common dental diseases like arresting bleeding, temporary pain relief, antibiotic/anti-inflammatory medication etc. Maintaining case records and providing follow up care. Coordinate with RBSK and School health program to ensure oral health check-up for all children. Mentor ASHA and MPW for imparting preventive and promotive oral health education in coverage area <p><u>Oral Health Promotion</u></p> <p>Oral health Promotion among out patients through:</p> <ul style="list-style-type: none"> IEC activities Oral Health Education – Oral hygiene practices, habits, addressing myths and taboos Prevention of common oral diseases through dietary advice and tobacco cessation 	<p><u>Screening and identification (MO/ dentist)</u></p> <ul style="list-style-type: none"> Opportunistic screening for dental conditions Examination of cases referred by ASHAs, MPW, CHO <p><u>Management</u></p> <p>MBBS MO:</p> <ul style="list-style-type: none"> Emergency management of pain, uncontrolled bleeding, tooth avulsion and first aid management for maxillofacial trauma. Topical application of fluoride for caries prevention. Atraumatic Restorative Technique (ART) after adequate training. <p><u>Additional services if dentist available:</u></p> <ul style="list-style-type: none"> Restoration of carious teeth using Glass Ionomer Cement (GIC) or Composites. Sealing deep pits and fissures with sealants when indicated. Scaling, root planning and polishing of teeth. Emergency access opening and pulp therapy to address infections of dental origin. Address fractured restorations and faulty restorations. Simple extractions and abscess drainage. Emergency management of dental/ facial trauma. Referral to CHC/DH for identified cases for tooth loss, mal-alignment of teeth/jaws, cleft lip/palate, dental fluorosis, premalignant lesions, and oral manifestations of systemic conditions Coordinate with school oral health programs, RBSK, NPPCF, RCH, ICDS, NTCP. Monitoring of activities undertaken at SHC-HWCs Capacity building of primary healthcare team at SHC-HWCs.

ANNEXURE - 2

MYTHS AND FACTS ABOUT ORAL HEALTH

MYTH	FACT:
 <p>Oral health has no impact on General Health</p>	<p>Oral cavity is the mirror of your body. It is very important to maintain good oral health and go for timely dental check-ups. Poor oral health can lead to serious problems in the body</p> <ul style="list-style-type: none"> a) Pre term birth or low birth weight of child in pregnant women who do not maintain their oral health b) Research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause. c) Germs from your mouth may travel to damaged parts of your heart through the bloodstream leading to a disease called endocarditis
 <p>Cleft is caused because of curse or exposure during eclipse</p>	<p>Cleft of the lip or palate in a child can occur due to some reasons like lack of vitamin C/B in the mother during pregnancy, consumption of alcohol/ tobacco products during pregnancy, in certain genetic diseases or syndromes etc. Management and feeding of a child born with a cleft of the lip or palate is possible and these children can also lead a normal and active life. Talk to your doctor and dentist about this condition</p>
 <p>Milk teeth should only be brushed after all of them erupt</p>	<p>As soon as the first tooth erupts in the mouth, one must start brushing the tooth/teeth using a baby tooth brush</p>
 <p>Brushing during pregnancy can worsen the gum bleeding/gum enlargement during pregnancy</p>	<p>Enlarged gums during pregnancy is due to hormonal changes in the body and must not be considered as an excuse to stop brushing altogether, seek consultation from your dentist if the problem persists</p>

MYTH	FACT:
 <p>Cavities on milk teeth can be left untreated as they will shed and new teeth will come in their place.</p>	<p>Cavities on teeth should be given immediate attention . They can progress to severe problems if left untreated, premature loss of deciduous teeth can lead to loss of space in the jaw, malaligned teeth etc. on the long run.</p>
 <p>Tooth powder is a better alternative to toothbrush and toothpaste</p>	<p>Tooth powder /Dantmanjan have abrasives in high quantities that can wear off and damage teeth over a period of time. Hence, it is recommended to clean your teeth using toothbrush and toothpaste everyday.</p>
 <p>Using gul manjan, coal, brick powder, ash, charcoal powder is beneficial to the tooth.</p>	<p>These substances have abrasives that wear out the tooth structure at a fast rate and are not recommended to clean your teeth. Gul manjan has nicotine as one of its components and can get one addicted to the use of tobacco therefore, it must be avoided altogether.</p>
 <p>Worms can be removed from teeth upon noticing decay and cavity</p>	<p>Small microscopic organisms called bacteria can damage the tooth structure and lead to cavities when given the apt condition to grow. However, these organisms are too small to be appreciated without microscopes. Your dentist can remove the damaged tooth structure and place a filling to prevent deepening of existent cavities or perform a root canal treatment if the cavities are too deep .</p>

MYTH	FACT:
 <p>Keeping /chewing tobacco numbs tooth pain</p>	<p>Tobacco should not be considered as a remedy for tooth pain, one can start warm saline gargles or take medicines as prescribed by a qualified doctor and visit the dentist at the earliest to identify the cause of dental pain and seek apt dental treatment.</p>
 <p>Scaling weakens the teeth and loosens them, therefore tooth-brushing with toothpaste is recommended</p>	<p>Scaling is done with special instruments to facilitate the removal of tartar and calculus only, They do not have detrimental effects on the teeth or the gums. Unless suggested by your Dentist, scaling is recommended at timely intervals to maintain good gum health</p>
 <p>Tooth extraction can lead to weakening of eyesight</p>	<p>Improper technique of tooth removal such as techniques practised by quacks can be detrimental to the health of the tooth and adjacent structures. Consult a qualified Dentist for tooth extraction if the need arises to avoid such undue complications</p>
 <p>As you age it is normal to loose teeth</p>	<p>Fact: The life of your teeth depend on how well you keep them. Factors like diet, correct oral hygiene practices, regular dental check up are very vital for healthy tee</p>

ANNEXURE - 2.1

FREQUENTLY ASKED QUESTIONS

1. Can decay occur early in childhood, what should be done when decay is noticed early in childhood?

Yes. Continuous bottle feeding of sweetened milk to infants after weaning, particularly at night can lead to rampant decay of all teeth, sparing the lower front teeth. Immediately after the first tooth erupts, it is important that the mother consults a dentist and gets advised on importance of oral hygiene early in life.

3. What has to be done to avoid staining of teeth?

Regular tooth brushing and mouth rinsing habits can help avoid staining on teeth. In case stains persist, a dentist has to be consulted.

4. How often should teeth be cleaned by a dentist?

If maintained well, a regular check-up once a year would suffice. Cleaning is essential only when plaque deposits harden to form calculus tenaciously attached to the gum.

5. Can salt / manjan be used for cleaning teeth instead of tooth paste?

Gul manjan / manjan / tooth powder or any other such material is found to contain abrasive compounds that can lead to wearing off the tooth enamel. Also, it is found that Gul manjan contains tobacco and thus can be addictive leading to oral ulcers / cancer.

6. What can be used to clean teeth?

It is advisable to use a soft bristle brush and pea size of tooth paste to clean teeth twice a day. This avoids plaque accumulation and prevents decay and gum diseases.

7. How to keep teeth healthy?

Brushing once in the morning and always before sleeping along with a practice of rinsing mouth with water after every meal is the best way to keep teeth healthy. Mouth rinsing should also be practised after eating sweet / sticky food like cake, bread, biscuits, chocolates, candies, rice etc.

8. What is the reason for whitish stains on teeth?

Presence of whitish stains on teeth following a specific pattern covering multiple upper and lower front teeth is indicative of Dental Fluorosis. It occurs due to excessive fluoride in the ground water supplies of that region. It needs to be evaluated by a dentist for severity assessment and necessary action. Also, if found in excess, the authorities concerned need to be alerted about fluoride in water.

9. What are clefts and why do clefts occur? Can this be treated?

A split or opening in the roof of the mouth or the lip is called a cleft. The cause could be genetic or certain drugs during early pregnancy or also undernourishment during pregnancy. It is important to report to a doctor immediately after birth to understand treatment protocol and feeding practices.

10. What to do when teeth do not begin to erupt even after the age of 1 year?

Consult a dentist before any further options are considered.

11. Can irregularly aligned teeth be corrected, if yes when?

Yes. Consult your dentist. Some children need correction of crooked teeth and bite as early as 3 years while some may need treatment around 12 years.

12. What is the best way to help a person quit smoking / chewing tobacco?

Advising them to delay tobacco use, divert the mind from the thought of tobacco, drink about 4-5 litres of water a day, do exercise and identify a quit date to completely forgo tobacco is something any person can do. In addition, referral to the nearest health facility for personalised counselling can help.

13. How important is it to fill milk teeth?

Milk teeth guide the eruption of permanent teeth and act as natural space maintainers for the permanent set of teeth. Also, they are important for functional aspects like chewing and speaking. It is thus important to keep milk teeth healthy and get decayed milk teeth filled.

14. Why should a child rinse mouth after using medicated syrups?

Most medicated syrups for children are made palatable by adding sweetener. If left uncleaned, the retention of syrup on teeth can lead to decay.

ANNEXURE - 3

COMMUNITY BASED ASSESSMENT CHECKLIST (CBAC)

Date: DD/MM/YYYY	
General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - specify details):
Address:	
Is this person having any visible/known disability ?	If yes, Please specify

Part A: Risk Assessment			
Question	Range	Circle Any	Write Score
1. What is your age? (in complete years)	0 – 29 years	0	
	30 – 39 years	1	
	40 – 49 years	2	
	50 – 59 years	3	
	≥ 60 years	4	
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never	0	
	Used to consume in the past/ Sometimes now	1	
	Daily	2	
3. Do you consume alcohol daily	No	0	
	Yes	1	
4. Measurement of waist (in cm)	Female	Male	
	80 cm or less	90 cm or less	
	81-90 cm	91-100 cm	
	More than 90 cm	More than 100 cm	

5. Do you undertake any physical activities for minimum of 150 minutes in a week? (Daily minimum 30 minutes per day – Five days a week)	At least 150 minutes in a week	0	
	Less than 150 minutes in a week	1	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0	
	Yes	2	
Total Score			
Every individual needs to be screened irrespective of their scores.			
A score above 4 indicates that the person may be at higher risk of NCDs and needs to be prioritized for attending the weekly screening day			

Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	Y/N		Y/N
Shortness of breath (difficulty in breathing)		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discolored lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	
B2: Women only	Y/N		Y/N
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific (60 years and above)	Y/N		Y/N
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available			
*If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing center			
** If the answer is yes, tracing of all family members to be done by ANM/MPW			

Part C: Risk factors for COPD

Circle all that Apply

Type of Fuel used for cooking – Firewood / Crop Residue / Cow dung cake / Coal / Kerosene / LPG

Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.

Part D: PHQ 2

Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/ MO (PHC/UPHC)					

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Namaste!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB- HWCs, do connect to the following social media handles-



<https://instagram.com/ayushmanhwcs>



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<https://www.facebook.com/AyushmanHWCs>



https://www.youtube.com/c/NHSRC_MoHFW



National Health Systems Resource Centre