Oral Health Audit Readiness Checklist

Action 5.5.7 — Strengthened Aged Care Quality Standards

Use this checklist to assess your organisation's current position against Action 5.5.7 before your next audit. Each item reflects a documented expectation from the Aged Care Quality and Safety Commission. Gaps identified here are the starting point for a compliant oral health governance framework.

SECTION 1 — POLICY AND GOVERNANCE

- [ ] A written oral health policy is in place and reviewed at least annually.
  Must reference Action 5.5.7(a), (b) and (c) and your organisation's duty of care obligations.
- [ ] The policy defines staff roles and responsibilities for oral health support.
  Including who screens, who escalates, and who coordinates dental access.
- [ ] Oral health is included in your quality improvement plan.
  With measurable targets and a nominated lead accountable for outcomes.
- [ ] Oral health incidents and complaints are captured in your incident management system.

SECTION 2 — ASSESSMENT AND CARE PLANNING

- [ ] Every resident has an oral health screen documented on admission.
  A validated observation-based screen, not a self-report question.
- [ ] Oral health care plans are in place for all residents with identified needs.
  Reviewed at least 6-monthly or following a clinical change.
- [ ] The oral health care plan is integrated into the overall care plan.
  Not a standalone document — visible to all treating staff.
- [ ] Deterioration in oral health is documented and triggers a clinical response.
  Including escalation pathway to a dental professional where indicated.

SECTION 3 — DAILY ORAL HYGIENE SUPPORT (Action 5.5.7c)

- [ ] Daily oral hygiene assistance is documented in each shift handover.
  Not assumed — recorded. Auditors will look for contemporaneous evidence.
- [ ] Staff know the difference between denture care and natural tooth care.
  Including overnight soaking protocols and morning reinsertion routines.
- [ ] Residents who decline oral care have refusals documented and reviewed.
  Refusal is not a reason to stop — it is a reason to reassess approach.

SECTION 4 — DENTAL ACCESS (Action 5.5.7a)

- [ ] Your organisation has a documented pathway for arranging dental appointments.
  Including public dental, private, and mobile dental service contacts for your area.
- [ ] Funding pathways are understood and documented for each resident.
  CHSP dental, DVA, private fund, self-fund, Smile Foundation — whichever applies.
- [ ] Consent for dental referral is obtained and documented.
  Including for residents who lack decision-making capacity — substitute decision maker process recorded.
- [ ] Time from identification of dental need to appointment is tracked.
  Auditors may ask for evidence that referrals result in access, not just referral letters.

SECTION 5 — WORKFORCE COMPETENCY

- [ ] All direct care staff have completed oral health training in the last 12 months.
  Training must cover recognition of oral health problems, not just hygiene technique.
- [ ] A training register is maintained with dates, content, and staff names.
  This is the primary evidence document auditors will request.
- [ ] New staff receive oral health orientation before working unsupervised.

SCORING YOUR READINESS	14+ checked: Strong foundation. Focus on evidence quality.	8-13 checked: Gaps present. Prioritise policy and care planning.	Under 8: Significant risk. Act before your next audit cycle.