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*Sustained effective oral care to significantly reduce aspiration pneumonia experienced by adults with dementia in residential care*

**Informed Consent Form**

**for Staff providing Oral Care**

**to People Living at Fred French or Peace Haven Communities**

1. I agree to take part in this research study, named above.

2. I have read the Information Sheet about the study.

3. The purpose and length of the study have been explained to me.

4. I understand that I will be asked to attend a 60-minute education session before the 3-month study period begins. In this session, I understand that I will be asked to complete the 27-item Dementia Knowledge Assessment Scale (DKAS), developed by the Wicking Centre, and to write a brief narrative about my experiences in providing oral care for people with dementia. During this education session, I will also learn about the purpose of the four oral health screening measures participating residents will undergo, and how each is administered. I understand that, when the 3-month study period ends, I will be asked to write another brief narrative about my experiences with this oral health study and my insights into oral care for people with dementia.

5. With regard to the oral health screening of participating residents, I understand that I will be welcome to work with the Research Team to gain experience in oral health screening.

6. I understand that, after the oral health screening for residents is completed, I will be asked to assist residents in my care to clean their teeth for 2 minutes after meals using an electric toothbrush. I understand that a resident’s family member or a dental or oral hygiene student may assist me. If a resident in my care does not like the vibration of the electric toothbrush or the sound it makes, I understand that I can assist him/her in using a regular toothbrush for the 2 minutes of teeth cleaning after meals. I understand that some residents may need time to build up to cleaning their teeth for 2 minutes after meals.

7. I understand that if a resident in my care wears dentures, I will be asked to ensure that the dentures are cleaned each day and taken out when the resident goes to sleep.

8. I understand that, if I am asked to serve as a designated oral health champion in my facility, I will be asked to assist with daily checks of residents to ensure that the timed teeth cleaning after meals or daily denture cleaning is being done.

9. I understand that the education session I will attend, the DKAS I will complete, the brief narratives I will write at the beginning and end of the study, and the oral care I will provide to residents for the duration of the study are considered similar to my routine responsibilities and will not be harmful to me.

10. I understand that the information I provide will be used only for this research study and that the members of the Research Team will respect my privacy and keep my information confidential. I understand that my name will be replaced by a coded number on any documents containing information about me.

11. As part of this study, I agree that my Facility Manager (Di McIntee or Zane Healy) can provide members of the Research Team with my date of employment at Masonic Care Tasmania/Launceston, the title of my position, and my primary work responsibilities.

12. I understand that my participation in this study is voluntary and that I can withdraw at any time. If I do decide to withdraw, this will have no negative effects on my continued employment at Masonic Care Tasmania. Any information I have provided will be destroyed.

13. I agree that any questions I have asked about this study have been answered to my satisfaction.

14. I understand that the Research Team will share and publish results of the study but this will be done in a way where I cannot be identified as a participant.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement by Investigator**

I have explained the study and the implications of participation in it to this volunteer. I believe that the consent is informed and that he/she understands the implications of participation.

The participant has received the Information Sheet with my contact details. 

Printed Name and Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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