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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 People Living at Fred French or Peace Haven Communities**

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

2. I understand that my consent to participate needs to be witnessed by a family member, or a member of the staff at Masonic Care Tasmania who knows me, and my condition, well. I understand that my doctor and dentist, if I have identified them, will be given information about this study and my participation in it.

3. I have read the Information Sheet about the study, or it has been read to me.

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

5. I understand that I will be asked to undergo an oral health screening at the beginning of the study. This screening will involve four items: (a) an examination of my face and inside my mouth, (b) questions about my nutritional health and my risk for being malnourished, (c) my ability to drink room temperature water from a cup through a straw, and (d) my rating of any difficulties I have with my movement, personal care, leisure activities, pain or discomfort, and anxiety or depression. I will also be asked to rate how I feel about my overall health. I understand that someone in my family or a member of the staff who knows me well can assist me with these items.

6. I understand that, after the oral health screening, if I have my natural teeth, I will be asked to use an electric toothbrush to clean my teeth after meals for 2 minutes. I understand that someone in my family, a member of the staff, or a dental or oral hygiene student may assist me. If I do not like the vibration of the electric toothbrush or the sound it makes, I understand that I can use a regular toothbrush for the 2 minutes of teeth cleaning after meals. I understand that I can take time to build up to cleaning my teeth for 2 minutes after meals if I need to.

7. I understand that if I wear dentures, I will be asked to clean them each day and take them out when I go to sleep. I understand that someone in my family, a member of the staff, or a dental or oral hygiene student may assist me with cleaning my dentures.

8. I understand that the oral health screening and teeth or denture cleaning are part of my routine oral care for the duration of the study and will not be harmful to me.

9. 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.

10. 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 birth, any medical diagnoses I have, my height and weight, and when I began living at Masonic Care Tasmania/Launceston.

11. As part of this study, I understand that my Facility Manager (Di McIntee or Zane Healy) will document any time in the past 6 months that I have had a fever, chest or lung infection, any other clinical sign of aspiration pneumonia, or been taken to hospital for illness related to aspiration pneumonia. I understand that Di and Zane will report such illnesses to the Research Team as part of a group report about residents at Fred French or Peace Haven. I will not be identified personally in such a report.

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 residence at Masonic Care Tasmania. Any information I have provided will be destroyed.

13. I agree that any questions I have asked about the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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, or the consenting family member or member of the staff, 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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