SUBJECT: Access to Dental Care & Dental Priorities

EFFECTIVE DATE: May 2014
SUPERCEDES DATE: May 2013

PURPOSE
To provide guidelines on offender access to dental services including prioritizing treatment.

POLICY
Offenders will have access to dental services.

PROCEDURE

I. INFORMATION TO OFFENDER
Upon admission to any facility, the offender will be provided, both in writing and verbally, the facility’s procedures for obtaining access to dental care.

II. DENTAL TREATMENT PRIORITIES

A. Emergency Dental Treatment
1. Emergency dental treatment is to be available on a 24-hour basis.
2. In the event a dentist is not available at a facility to treat a dental emergency, the emergency should be referred to the medical department in accordance with the Dental Nursing Protocols, Nursing Telephone Triage, and the “Dental Call List for Serious Oral Conditions”.
3. Dental emergencies generally include:
   a. Any facial fracture
   b. Avulsed tooth
   c. Excessive bleeding
   d. An acute abscess or swelling that could compromise the airway
   e. Other acute conditions for which immediate action and treatment is necessary to prevent death or severe disability

B. Sick Call
1. Dental complaints will be presented at the regularly scheduled sick-call.
2. The facility nurse will refer dental patients to the supporting correctional dental clinic or to a local dentist as provided in each facility’s SOP.
3. All DOP dental clinics will hold sick call consistent with their operational and security requirements to provide offenders with access to dental care.
C. The following problem list will be used as a basis for prioritizing dental treatment:

1. Facial Fracture
2. Treatment of acute infections including swelling and cellulitis
3. Relief of pain
4. Treatment of bone and soft tissue pathology
5. Extraction of non-restorable and hopeless teeth
6. Endodontic treatment
7. Restoration of injured, carious, or previously treated teeth
8. Preventive dentistry
9. Replacement of lost teeth to improve masticatory efficiency
10. Conditions of lesser significance as determined by the responsible dentist

III. DISCIPLINARY SEGREGATION

A. Offenders assigned to administrative or disciplinary segregation, HCON, ICON, MCON, and PCON have the same right to health care as offenders housed in general population.

B. Offenders with 90 days or less remaining in segregation shall be limited to Level I dental treatment. Oral hygiene instruction may be provided during this period and personal responsibility for self-care emphasized. The offender should be advised to seek dental care, as needed, once returned to general population. When this advice is provided it shall be documented in the dental record.

C. Disciplinary segregation, HCON, ICON, MCON, and PCON offenders completing a sick call request should be screened by the nurse or the dentist. If treatment is deemed necessary, the dentist shall arrange with custody staff to see the offender in the clinic. When an escorted offender arrives, priority should be given to getting the offender seen, treated, and out of the clinic as soon as possible.

D. The dentist must use professional judgement to determine if any offender should be brought from disciplinary segregation housing to the dental clinic. The purpose of such housing is to limit contact as these offenders have proven to be a threat to staff and other offenders. HCON, ICON, MCON offenders shall not be eligible for routine prophylaxis until after six months in this assigned housing. Oral hygiene instruction and personal responsibility for self-care should be emphasized when screening offenders in these units.

IV. AUTHORIZATION FOR OUTSIDE SERVICES

Outside services, including laboratory services may not be initiated without prior approval of the Dental Director. Refer to policy TX I-4, Medical Treatment Services outside DOP.

Paula Y. Smith, M.D. 7/11/2014
Paula Y. Smith, MD, Chief of Health Services Date

SOR: Dental Committee