

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.28</u>
SUBJECT: <b>DENTAL CARE</b>  PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/15/14</u> REVIEW DATE <u>06/15/15</u> SUPERSEDES PPD# <u>6.28</u> DATED <u>10/15/12</u>
ISSUING OFFICER:  <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

To stabilize and maintain the inmates/patient population's oral health and to assure that inmates'/patients' serious dental needs are met. Dental care will be conservative, providing necessary treatment for the greatest number of inmates/patients within available resources.

II. **APPLICABILITY:**

To all inmates/patients and health care personnel.

III. **POLICY:**

It is the policy of the NH Department of Corrections that dental program and services are under the direction and supervision of the Chief Dental Officer (CDO) licensed in New Hampshire. Dental services include emergency and routine care provided in a timely manner according to dental classification categories with immediate access for urgent or severely painful conditions under the dentist's judgment that the inmate's/patient's health would otherwise be adversely affected.

IV. **PROCEDURES:**

A. The CDO works in conjunction with the Division administration regarding dental health care in support of the dental policy.

1. Dental staff provides oral health and hygiene education to the institution population.

Information covers the following areas:

- a. Plaque control;
- b. Brushing;
- c. Flossing;
- d. Diet and nutrition;
- e. Other oral self-care; and
- f. Instruction on acquiring oral hygiene products.

2. The intake screening process includes inquiry into the inmate's/patient's oral health status. Dental emergencies are assessed immediately according to Dental Classification Categories.

3. Dental hygienists target performing dental intake screening examinations within seven days of admission to include all necessary dental radiographs.
4. Dentists target performing intake comprehensive oral examinations, comprehensive examinations and periodic examinations within 30 days.
  - a. Exceptions to completion of the comprehensive oral examination within 30 days are on readmitted inmates who have returned in less than one year and have one on file.
5. Dental treatment includes the range of services that in the supervising dentist's judgment are necessary for proper mastication and maintaining the inmate's/patient's health status.
6. Dental services can be accessed through routine appointments, dental sick call or request slip.
7. Emergency care will be available to all inmate's/patients on a 24-hur basis and includes treatment for relief of severe dental pain, uncontrolled bleeding, traumatic injuries, acute infections, placement of sedative fillings, extraction of non-restorable teeth and gross debridement of symptomatic areas.
8. Dental staff triage and prioritization of inmate/patient requests for services and to schedule appointments based on the Dental Classification Categories (Attachment 1).
9. County jail inmates/patients housed at any NHDOC facility will receive only emergency dental care.
10. Parole Violator will receive only emergency dental care if their set back from the Parole Board is less than one year.
11. Non-emergency or routine dental treatment is accessible for sentenced inmates/patients according to availability of staff resources, time, and materials and consistent with the professional dentist's judgment regarding treatment necessity. Oral treatment is provided according to an individualized treatment plan using the Dental Classification Categories and radiographs as clinically indicated.
12. The following procedures will **NOT** be provided by the NHDOC (this list is not inclusive):
  - a. Quadrant scaling;
  - b. Root planning;
  - c. Curettage;
  - d. Gingival grafting;
  - e. Crown lengthening;
  - f. Osseous recontouring/flap surgery;
  - g. Pocket reduction;
  - h. Gingivectomy;
  - i. Apical surgery;
  - j. Tooth splinting; or
  - k. Removal of asymptomatic third molars and beyond.
- B. Consultants/Specialty Services through community specialists are available as needed and determined to be clinically indicated by the CDO subject to NHDOC's utilization management.
- C. NHDOC is NOT responsible for completing dental care or therapy initiated prior to incarceration unless deemed medically necessary by the CDO in consultation with the Division Director. Treatment will be provided as policies, procedures and resources dictate.
- D. Infection control standards and practices as defined by the American Dental Association and the Centers for Disease Control and Prevention are utilized on-site.

REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards  
**4-4285; 4-4360**

Standards for Adult Community Residential Services  
Fourth Edition Standards  
**4-ACRS-4C-11**

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other

HANKS/clr

Attachment

*NH Department of Corrections Dental Services***Dental Classification Categories**

Category 1	Inmates/patients with no immediate dental needs: recall visits, periodic exams, radiographs and prophylaxis (mild gingivitis with possible tartar build up).
Category 2 Minimum: Asymptomatic	Inmates/patients with minimal dental needs: small carious lesions, visible by eye or radiograph that do not jeopardize the pulp. (Mild to moderate gingivitis and/or local chronic periodontitis which is asymptomatic). Appointment can wait more than 4 weeks.
Category 3 Moderate: Asymptomatic	Inmates/patients with moderate dental needs: medium to large carious lesions, broken teeth or restorations. IRM restorations, missing teeth requiring replacement with full or partial dentures, broken or ill fitting removable prosthetics, teeth requiring extractions or endodontic therapy but are otherwise asymptomatic. (Moderate gingivitis or early generalized periodontitis with visible or radiographic calculus which may require scaling and root planning). Appointment should be made within 4 weeks.
Category 4 Urgent: Symptomatic	Inmates/patients with urgent dental needs: sensitive teeth, large carious lesions, painful broken teeth needing extraction or endodontic therapy. (Severe gingivitis, chronic, generalized, late stage periodontitis with mobility and severe bond loss). Appointment should be made within 1 week.
Category 5 Emergent: Symptomatic	Inmates/patients with emergent dental needs: Severe pain accompanied by swelling, visible abscesses, exposed pulps, suppuration, trimus, trauma, operculitis, etc. (Severe acute gingivitis, ANUG, severe acute localized periodontitis – perhaps by food impaction). Appointment should be immediate or within 24 hours (48 hours if on a weekend).