

Idaho Department of Correction 	Standard Operating Procedure Education Treatment and Reentry Health Services	Control Number: 401.06.03.036	Version: 3.0	Page Number: 1 of 5
		Title: Oral Care		Adopted: 06-01-1995 Reviewed: 08-02-2013 Next Review: 08-02-2015

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Open to the general public: Yes No

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

[Medical Care](#)

POLICY CONTROL NUMBER 401

[Clinical Services and Treatment](#)

DEFINITIONS

[Standardized Terms and Definitions List](#)

Dental: Relating to teeth and dentistry.

Dental Treatment: Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and maintaining the offender's health status.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

Infection Control Practices: Practices defined by the American Dental Association and the Centers for Disease Control and Prevention as including sterilizing instruments, disinfecting equipment, and properly disposing of hazardous waste.

Oral Care: Includes instruction in oral hygiene, examination, and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral Screening: Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral Examination by a Dentist: Includes taking or reviewing the offender's oral history, an extraoral head and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination.

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PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures to ensure that offenders’ dental needs are met in a timely and appropriate manner under the direction and supervision of a dentist.

SCOPE

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) employees, offenders, healthcare contractors and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible to monitor the implementation and continued practice of the provisions contained in this SOP.

When services are privatized, the contract medical provider is responsible to implement and practice all provisions of this SOP unless specifically exempted by written contractual agreements.

Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in their respective contractual agreements.

Contract Medical Provider

When services are privatized, the contract medical provider(s) ensures that all aspects of this SOP and the appropriate National Commission on Correctional Health Care (NCCHC) standards are addressed by institution-specific policy and defined procedures, and that all forms and procedures are submitted to the department health authority for review and approval prior to implementation.

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GENERAL REQUIREMENTS

Oral care will be provided to each offender under the direction and supervision of a licensed dentist based on the following:

- urgency of need versus length of sentence remaining;
- overall necessity and functional disability;
- pre-existing condition prior to incarceration;
- risk versus benefit;
- cost versus benefit, and alternate treatments available.

1. Dental treatment is categorized as emergent or non-emergent services.

Emergency Dental Treatment

Emergency dental treatment will be made available to all IDOC offenders. Emergency treatment will be made available during all hours that health service staff members are on duty. Emergency dental treatment will include, but will not be limited to, treatment for the following:

- pain;
- infection;
- jaw or facial swelling;
- bleeding;
- injuries;
- tooth fractured at gum line.

Emergency dental treatment can be accessed by medical sick call, interview requests, other healthcare staff referrals, and referrals from non-healthcare staff. Emergency dental treatment may be accomplished by instituting nursing dental protocols or by direct referral to the health services unit.

Emergency dental nursing protocols will be available to treat dental emergencies at times when the dental staff is not available. After treatment by nursing dental protocols, the offender needs to be referred to the next available dental clinic.

Non-emergency dental treatment

Non-emergent dental treatment will be accomplished through health services requests and will be prioritized by the treating dentist or designee. Non-emergent dental treatment will include, but will not be limited to, treatment for the following:

- Restoration (Fillings)

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- Tooth colored and silver (amalgam).
- Medicated, temporary.
- Stainless steel crowns only.
- The treating dentist may, at his discretion, delay restoration if the offender presents with poor oral hygiene as restoration procedures are difficult if excessive bleeding occurs from an unhealthy mouth.
- Extraction
 - Complicated cases may be referred offsite by the attending dentist.
- Periodontal Treatment (Gum Disease)
 - Periodontal treatment will be provided on both an emergent and non-emergent basis as determined by the attending dentist.
- Endodontic Treatment (Root Canal)
 - Root canal services are not provided.
 - Pulpotomies (pulp cap) may be provided at the discretion of the attending dentist.
- Prosthodontics (Dentures and Partial Dentures)
 - Does not include bridges or implants.
 - Providing dentures or partial dentures is at the discretion of the attending dentist. Partial dentures may not be provided if the offender presents with an unhealthy mouth.
 - Eligibility for replacement of dentures or partial dentures is every five (5) years.
 - Offenders within six (6) months of release are not eligible for dentures or partial dentures.
 - Retained jurisdiction offenders (riders) are not eligible for dentures or partial dentures.
 - Dental emergencies take priority over dentures/partial dentures as most facilities have only one dentist. It may take up to six (6) months to complete the prosthodontic process.
- Orthodontics (Braces)
 - Orthodontic services are not provided.
 - If an offender has existing orthodontic hardware upon arrival, his treating orthodontist will be contacted by the attending dentist to determine the proper course of action. If the offender has a long sentence the usual result is removal of the orthodontic hardware. If removal of orthodontic hardware is required, the attending dentist will make arrangements for removal.
- Minor Temporo-Mandibular Joint Treatment
 - Night guards may be provided at the discretion of the attending dentist.

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2. Dental Services at Intake

Oral Screening at Intake

An oral screening will be performed by a licensed dentist within seven (7) days of admission to an IDOC facility. The oral screening includes visual examination of the teeth and gums, noting any obvious abnormalities or offender complaints.

Oral Examination at Intake

A licensed dentist will complete a comprehensive oral examination within thirty (30) days of admission. The oral examination will be performed on all the hard and soft tissues and will include the offender's dental history, charting of the teeth, health history, home care instructions and access to care instructions. The attending dentist will determine whether X-rays are needed. A treatment plan will be completed by the attending dentist on those offenders serving more than one year.

If the medical record review shows documentation that a readmitted offender has had an oral examination within the last twelve months, a new exam is not required except as determined by the supervising dentist.

3. Dental Treatment Plans

Each offender serving more than one year will have his dental conditions explained. The conditions will be prioritized by the attending dentist. Each offender should be educated in the extent of dental treatment he may expect to receive during incarceration.

4. Outside Dental Consultations/Treatment

Any necessary dental consultation or treatment, which cannot be performed in any IDOC facility, will be made available to the offender by referral to a specialist in the community. Certain criteria prior to referral will be considered: urgency of need versus length of sentence remaining; overall necessity and functional disability; pre-existing condition prior to incarceration; risk/benefit; cost/benefit; and alternatives. Determination of dental necessity for outside consultations/treatment will be made by the attending dentist.

COMPLIANCE

Compliance with this SOP and all related department-approved forms and/or protocols will be monitored via routine reports, program reviews, audits and record reviews conducted by the department health authority or designee.

REFERENCES

NCCHC Standard P-E-06

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