

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> E-06	<b>TOTAL PAGES</b> 7
	<b>RELATED NCCHC / ACA STANDARDS:</b> NCCHC: P-A-06 (essential), J-A-06 (essential) ACA: 5-ACI-6A-17 (mandatory), 5-ACI-6A-19	
<b>CHAPTER:</b> 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	<b>SUBJECT:</b> Oral Care	
<b>APPROVED BY THE BUREAU CHIEF:</b> Bureau Chief, Michael Records (signature on file with BHSAMH)		
<b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE</b> Commissioner Monroe B. Hudson Jr. July 28, 2022 (signature on file with BHSAMH)		
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** Offenders under the DDOC custody in Level 5 and Level 4 facilities will have access to general dentistry services. Oral care is an important component of an offender’s overall health care. Poor oral health has been linked to numerous systemic diseases.
- III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. **DEFINITIONS:** See Glossary
- V. **SUMMARY OF CHANGES:** This policy has not changed significantly. Section S – Priority was enhanced slightly.
- VI. **POLICY:**
  - A. **DOC Dental Program and Clinical Supervision:** Routine and emergency dental care is provided for all offenders through a dental care program under the direction and supervision of a Dentist licensed in the State of Delaware. A Dental Director coordinates the provision of all dental care in the DDOC health system, supervises the work of Dentists, Dental Assistants and Dental Hygienists, ensures the clinical appropriateness of dental care provided, and provides peer review for dentists operating in the DOC. Dentists, Dental Hygienists and Dental Assistants working within DDOC facilities report to the Dental Director.
  - B. **Oral Screening:** Oral screening must be conducted as part of the receiving screening that is completed during initial intake.
    - 1. The oral screening is performed by a qualified health care professional who has received documented training approved or provided by a licensed dentist. The training includes how to complete a visual observation of the teeth and gums, document any obvious or gross abnormalities requiring follow-up care, and completion of an appropriate referral to the dentist.

- 2.The screening includes visual observation of oral hard and soft tissues, placement and status of teeth, and coloration and position of the tongue and uvula. The findings of the oral examination are documented in the offender's chart.
  - 3.For offenders identified during the oral screening as having urgent or emergent dental needs, an urgent referral is completed for dental care and an emergency dental sick call is scheduled.
  - 4.Instructions in oral hygiene and preventive oral education that is provided during the receiving screen at minimum includes information on plaque control and the proper brushing of teeth.
- C. **Initial Oral Examination:** An initial oral examination (IOE) is performed by a state licensed dentist.
- 1.Offenders of facilities that are NCCHC Prison accredited shall have an initial oral examination conducted within 30 days of admission.
  - 2.Offenders of facilities that are NCCHC Jail accredited shall have an initial oral examination conducted within 12 months of admission.
  - 3.If an offender is readmitted and had an IOE conducted within the correctional system in the previous 12 months, a new IOE is not required, except as determined by a dentist.
  - 4.An IOE will include at minimum:
    - a. Taking or reviewing of the offender's oral and medical history.
    - b. An extraoral head and neck examination.
    - c. Current dental complaints of offender.
    - d. Charting of existing, missing and decayed teeth.
    - e. A periodontal screening.
    - f. An examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination.
    - g. Appropriate x-rays if deemed necessary for diagnostic purposes.
    - h. Identification of oral health and specific priorities and creation of a preliminary treatment plan; and
    - i. Oral Hygiene instructions and preventative education.
  - 5.The examination results should be recorded on a uniform dental record in the Electronic Health Record (EHR).
- D. **Treatment Plan:** Oral Treatment, not limited to extractions, is provided according to a treatment plan, developed by a dentist, that is based on a system of established priorities for care when, in the dentist's judgment, the patients' health would otherwise be adversely affected. This treatment plan may include diagnostic imaging and specialty oral care if necessary. Radiographs are used in the development of the treatment plan. Offenders have access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the individual's needs. Offenders who do not practice good oral hygiene practices should not be denied urgent oral care when needed.
- E. **Dental Sick Calls:** Dental sick calls are evaluated and prioritized daily by a nurse in accordance with DOC Policy E-07 Nonemergency Healthcare Requests and Services.
- 1.**Emergency/Urgent dental care:** Emergent and urgent dental care are available to all offenders regardless of length of sentence.
    - a. Emergency Care: Requiring immediate assessment and/or treatment including but not limited to:

- a. Post-operative uncontrolled bleeding
- b. Face or neck edema secondary to a dental infection that is of a life-threatening nature or causing facial deformity
- c. Fracture of the mandible, maxilla, or zygomatic arch
- d. Avulsed or subluxed dentition
- e. An extremely painful condition that is non-responsive to routine pain control measures
- f. Intraoral lacerations that require suturing (including lacerations to the vermillion border of the lips)
- g. Fractured tooth secondary to trauma
- h. Purulent drainage/discharge or dental/intraoral abscess
- i. Fever secondary to dental infection
- b. Urgent Care: Evaluated within 72 hours
  - a. Toothache
  - b. Pain after dental extraction
  - c. Abscess not involving orofacial spaces
  - d. Oral pathological condition that may severely compromise the general health of the offender
  - e. Acute necrotizing ulcerative gingivitis/periodontitis

**2. Routine Dental Care:** Oral care that is not considered emergent or urgent is not routinely available for patients sentenced to less than 6 months of incarceration in DDOC.

- F. **Comprehensive Oral Exam:** After 6 months of incarceration, an unsentenced offender may request a comprehensive oral examination and dental prophylaxis (cleaning) by submitting a sick call. The comprehensive oral examination must be completed by a state licensed dentist prior to the dental prophylaxis. The comprehensive oral examination will include:
- 1. Reviewing of the offender's oral and medical history,
  - 2. An extra-oral head and neck examination,
  - 3. Current dental complaints of offender,
  - 4. Charting of existing, missing and decayed teeth,
  - 5. A periodontal examination,
  - 6. An examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination,
  - 7. Appropriate x-rays if deemed necessary for diagnostic purposes,
  - 8. Identification of oral health and specific priorities and creation of a treatment plan, and
  - 9. Oral Hygiene instructions and preventative education.
- G. **Periodic Recall Exam:** After the comprehensive oral exam is completed, offenders are entitled to a periodic recall exam and dental prophylaxis once a year for the remainder of their sentence. The recall exam must be completed prior to the dental prophylaxis and will include:
- 1. Reviewing of the offender's oral and medical history,
  - 2. Current dental complaints of offender,
  - 3. Extra-oral head and neck examination,
  - 4. Examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination,
  - 5. Update charting of existing, missing and decayed teeth,

- 6.Update x-rays,
- 7.Update periodontal status,
- 8.Update of a treatment plan, and
- 9.Oral Hygiene instructions and preventative education.

- H. **Dental Prophylaxis (Cleaning):** Offenders are eligible for a dental cleaning after being incarcerated for 6 months. Offenders must submit a sick call and have an examination by a state licensed dentist prior to the dental cleaning. The dentist must determine if the patient is medically stable, requires pre-medication or if any labs are necessary prior to the dental cleaning. The dentist must also determine the type of cleaning that is necessary based upon the periodontal screening recording and evaluation of proper x-rays. Offenders may request a routine cleaning once per year by submitting a sick call. The dental hygienist will review oral hygiene with the offender and give any preventative education that is necessary. A fluoride rinse or topical fluoride may be applied. Toothbrushes, dental floss and dentifrice are available to offenders through the commissary.
- I. **Periodontal Disease:** During the comprehensive oral exam, a periodontal examination will be completed, and the periodontal status will be classified. The patient will be educated regarding the methods and procedure to control periodontal disease.

Based on the diagnosis, periodontal disease may be treated with scaling and root planing (SCRP) by a licensed dentist or hygienist. A comprehensive periodontal evaluation and probing may be indicated prior to the start of the SCRP. If local anesthetic is required for the SCRP the hygienist should request the dentist at the facility to administer the local anesthetic. Quadrant SCRP is usually scheduled over the course of 2 visits: appointment 1 – Right Side (Upper right/Lower right); appointment 2 – Left side (Upper Left/Lower Left).

Patients who undergo SRP procedures may be scheduled for a reevaluation of their periodontal status 8 weeks after the SRP is completed. After the reevaluation, the patient may be eligible for periodontal maintenance appointments.

DDOC will only offer basic Periodontal Therapy in the prison system as part of the dental care services (Quadrant SCRP and Curettage and/or in conjunction with Antibiotic Therapies). Further elective periodontal treatments (e.g., flap surgeries, pocket reduction, bone or soft tissue graft, etc.) will not be offered.

- J. **Oral Surgery:** Whenever possible teeth will be restored with a restoration rather than extracted. The decision to restore or extract a tooth will be made by the Medical Services Contract Provider Dentist and documented on the offender's treatment plan. If the extraction or treatment indicated is beyond the scope of the treating dentist, a referral to an oral surgeon is necessary.

The following should be noted during an extraction:

- 1.A periapical or panorex radiograph to visualize root structure, anatomic landmarks, and pathology before an extraction is completed,
- 2.Review of medical history,
- 3.Blood pressure,
- 4.Written informed consent,
- 5.Written post-operative instructions,
- 6.Surgical complications and follow up if necessary, and

7. Medication prescribed.

If an intraoral lesion is noted during any visit to the dental clinic, the patient should be scheduled for follow up in 2 weeks. If after 2 weeks the lesion is still present, a biopsy may be completed, or the patient may be referred for biopsy as appropriate.

- K. **Criteria for Removal of Wisdom Teeth:** Wisdom teeth should not be removed or referred to an outside provider for removal if they are asymptomatic, symptomatic but can be treated with conservative measures such as medications, better oral hygiene practices, soft tissue removal, occlusal adjustment or extraction of the opposing third molar. Removal may be considered if:
1. The condition persists or exacerbates
  2. There is demonstrated pathology (either by x-ray or clinical examination)
  3. There is continual presence of infection
  4. The wisdom tooth is affecting the adjacent tooth causing it to become loose or decayed.
- L. **Restorative (Fillings):** Every effort will be made to provide non-emergency restorations to all offenders with considerations for offender availability, e.g. court appearances, segregation, etc. Current x-rays < 1 year should be available prior to any restorative treatment. The restorative materials will meet the American Dental Association and Delaware State standards.
- M. **Endodontics (Root Canal Therapy):** Endodontic treatment is not routinely available within DDOC but may be considered on a case-by-case basis. The tooth must be functional, have a good/excellent prognosis and be restorable without a crown. The Medical Services Contract Provider Dentist shall determine if root canal therapy is an appropriate treatment option for the patient.
- N. **Implants:** are not routinely available within DDOC. If an offender is incarcerated with incomplete implant therapy, the outside dentist providing the implant therapy should be contacted to determine the best course of action to avoid serious complications
- O. **Orthodontics:** Orthodontics are not routinely available within DDOC. If an offender is currently undergoing orthodontic treatment and has been sentenced to greater than 6 months of incarceration, the offender may be given the option of band and bracket removal. The treating orthodontist should be consulted regarding the continuation or termination of the orthodontic treatment plan. Informed consent should be obtained prior to the termination of orthodontic treatment. If removal of the orthodontic appliance is recommended, but refused by the offender, then a refusal of treatment should be signed.
- P. **Fixed Prosthodontics (Crown and Bridge):** Fixed crown and bridge are not routinely available within DDOC. If an offender has a fixed prosthodontic restoration that becomes un-cemented, the treating dentist will decide if the restoration is able to be re-cemented.
- Q. **Removable Prosthodontics (Complete and Partial Dentures):** Offenders must be sentenced and incarcerated more than 6 months in a Level 5 facility prior to denture fabrication. No prosthetic replacements other than first priority or where the teeth were extracted by DDOC as part of a treatment plan that included replacement will be started if the offender has less than 6 months remaining in custody.
1. Priority
    - a. First priority will be given to those requiring full dentures in order to be able to chew, medically compromised patients who as a result of

missing teeth are exhibiting a significant medical condition that can be ameliorated by return to adequate masticatory function.

- b. Second priority will be given to those sentenced offenders needing full upper and/or lower dentures as a result of extractions performed as part of an ongoing treatment plan or who have lost teeth while in custody.
  - c. Third priority will be given to those offenders requiring partial dentures (offenders with less than six posterior occluding natural teeth) which were removed while in custody. Inadequacy of mastication, usually due to the absence of premolars and molars, is an indication for partial dentures. Unopposed teeth that would otherwise cause pain/bleeding is also an indication.
  - d. Fourth priority will be given to those who enter DDOC with missing teeth (edentulous upper and/or lower). Patients should have at least one year remaining on their sentence at a Level 5 facility. DDOC is not obligated to provide dentures to patients who are edentulous upon entry to DDOC.
  - e. Fifth priority will be given to those patients requiring partial dentures (patients with less than 6 posterior occluding natural teeth) where teeth were not removed by DDOC. DDOC is not obligated to provide dentures to patients who are partially edentulous upon entry to DDOC.
  - f. Sixth Priority will be given to those patients requiring a partial denture solely for esthetic purposes (missing one or more of their six upper teeth) that meet the following criteria and will be reviewed on a case by case basis:
    - a. Patient must have at least 5 years remaining on their sentence
    - b. Patient must be missing less than 2 posterior teeth
    - c. Patient must have had their teeth extracted as part of a treatment plan while in custody of DDOC
2. Patients with poor oral hygiene are not considered good candidates for partial dentures. Only acrylic partials are permitted (no metal). Any periodontally compromised teeth should be removed and all fillings and a cleaning are to be completed before the fabrication of a partial denture.
3. The treating dentist should evaluate the offender prior to submitting a denture consult. The consult should include:
- a. Estimated time of release
  - b. What type of procedure is being requested (reline, partial, complete)
  - c. All necessary dental work has been completed
  - d. The specific teeth that are missing
  - e. Work that was completed by DDOC
  - f. Any health/nutritional or bleeding issues
4. Patients may have access to dentures fabricated in the community prior to their entry into DDOC. Patients must file a sick call slip to be evaluated by the dental department and should note on the sick call that they are requesting to have their dentures from home. The dental assistant should inform custody that a patient has requested his or her dentures from home. The dentures should be sent to the Health Services Administrator at the address of the facility. Once scanned and cleared by custody, the dentures must be examined by a dentist and the offender

scheduled with the dental clinic to receive the dentures and for the dentist to assess fit and functionality of the dentures.

5. The DDOC is not responsible, or required, to replace dentures that have been lost, stolen, or broken within 3 years of fabrication date.

a. The contracted medical provider may review a request for the fabrication of replacement dentures on a case-by-case basis.

R. **Clinical Performance Enhancement/Peer Review:** A peer review will be completed annually for each dentist practicing within DDOC.

1. The review will be conducted by the dental director and should evaluate:

- a. Correct documentation
- b. Quality and accuracy of dental radiographs
- c. Treatment planning
- d. Correct sequence of treatment
- e. Proper treatment performed
- f. Any complications from treatment provided

2. The review will be discussed with the dentist. If any significant concerns are found, a follow up review will be performed within 90 days.

S. **Infection Control:** All Guidelines set forth by Federal or Occupational Safety and Health Administration and the Centers for Disease Control will be followed.

T. Individuals providing oral care follow the plan for the management of biohazardous waste and the decontamination of dental equipment in accordance with Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) Policy *B-02 Infectious Disease Prevention and Control*.

U. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a facility-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.