


<p>NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE</p> <p>Pursuant to RSA21-H:8 (III) Internal Practices and Procedures</p>	<p>CHAPTER <u>Medical & Forensic</u> STATEMENT <u>571.00</u> NUMBER _____</p>
<p>SUBJECT: ORAL CARE</p> <p>PROPONENT: <u>Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i></p>	<p>EFFECTIVE DATE <u>05/01/2022</u> REVIEW DATE <u>04/01/2025</u> SUPERSEDES PPD# <u>6.28</u> DATED <u>10/15/12</u></p>
<p>ISSUING OFFICER:</p> <p> <i>Helen E. Hanks, Commissioner</i></p>	<p>DIRECTOR'S INITIALS: _____ DATE: _____</p> <p>APPENDIX ATTACHED: YES _____ NO _____ S _____</p>
<p>REFERENCE NO: See reference section on last page of PPD.</p>	

- (a) **PURPOSE:**
To establish procedures to address the oral health of residents under the care and custody of the New Hampshire Department of Corrections (NHDOC).
- (b) **APPLICABILITY:**
To all NHDOC residents, and NHDOC staff.
- (c) **POLICY:**
It is the policy of the NHDOC that basic dental treatment, including education on prevention, will be provided for all residents regardless of sentence structure, consistent with the dentist's professional judgment regarding treatment necessity to ensure that any serious dental needs are met.
- (d) **PROCEDURES:**
 - (1) Oral care program and services are under the direction and supervision of the Chief Dental Officer (CDO), who shall be licensed in the State of New Hampshire. The program includes instruction on oral hygiene, examination and treatment of dental problems. Oral hygiene instruction at a minimum will include information on plaque control and proper brushing.
 - a. The CDO works in conjunction with the Director of the Division of Medical & Forensic Services to ensure the appropriate oral health and education of NHDOC residents.
 - b. Dental services are based on resident needs and at a minimum include emergency and basic care provided according to the *Dental Classification Categories*, section (5) below.

- (2) Intake Screening & Comprehensive Assessment.
- a. Qualified dental personnel or nondental qualified health care professionals with appropriate training (e.g. nurse) shall perform as part of the intake screening questions to triage a general dental intake screening as soon as possible but no later than seven (7) calendar days from booking. Information recorded by qualified health care staff during the intake screening relevant to dental needs emergent or urgently identified will be referred accordingly for clinically appropriate intervention. The screening is documented in the resident's electronic health record and will include a visual examination of the teeth and gums with notation of any obvious or gross abnormalities requiring immediate referral to a dentist or other healthcare provider.
 - b. An oral examination on each resident is conducted within thirty (30) days of admission to NHDOC by a dentist and documented in the resident's health record..
 - c. The oral examination process includes:
 1. All necessary dental radiographs;
 2. Update of medical history;
 3. Review and signing of consent forms in the resident's electronic health record (EHR); and,
 4. taking and reviewing the resident's oral health status and history.
 5. An extraoral head and neck examination;
 6. Charting of the teeth; and
 7. Examination of the hard and soft tissue of the oral cavity with moth mirror, explorer, and adequate illumination.
 8. If the initial oral screening identifies a dental emergency, pursuant to the *Dental Classification Categories*, section (5) below, the resident shall be seen as soon as possible. If unable to be seen by a dentist immediately, a plan of care to manage pain or any other adverse outcomes shall be made in conjunction with other health care staff as clinically appropriate.
- (3) Oral Health Care Education.
- a. Dental staff provides oral health and hygiene education to the resident population, typically during routine cleanings but also through published informationals, relative to the following areas:
 1. Brushing;
 2. Flossing;
 3. Diet and nutrition;
 4. Other oral self-care; and,
 5. Instruction on acquiring oral hygiene products.
- (4) Access to Dental Services.
- a. Dental services can be accessed by a resident through routine appointments; weekly dental sick calls on each housing unit; or, via a *Request Slip*, pursuant to Cor 312.
 1. Residents in the Special Housing Unit (SHU) and Secure Psychiatric Unit (SPU) do not have routine dental sick calls. The dental office manager shall call the SHU Captain, or designee, weekly to assess if a resident is requesting dental care. SPU nursing staff shall contact the dental office, per resident need, to consult and/or to arrange an appointment with the appropriate dental staff.(See (4) b.)
 - b. Emergency care will be available to all residents on a 24-hour basis by the Health Services Center (HSC) staff (PPD 573.00 Emergency Medical Response), and can include, but not be limited to: treatment for relief of severe dental pain; uncontrolled bleeding; traumatic injuries; acute infections. Care will be provided by medical and nursing staff outside of the dental staff regular business hours. Resident noncompliance with good oral hygiene practices or past treatment recommendations is not to be used as a basis to deny urgent or emergent oral care.
 - c. During normal business hours, dental staff triage resident requests for services and

schedule appointments based on the *Dental Classification Categories*, section (5) below.

- (5) Dental Classification Categories.
- a. Category 1
 1. Patients with routine dental needs such as recall visits, periodic exams, radiographs, and prophylaxis.
 2. No follow up appointment necessary.
 - b. Category 2 (Minimum, asymptomatic)
 1. Patients with minimal dental needs such as small carious lesions that do not jeopardize the pulp, mild/moderate gingivitis, and local chronic asymptomatic periodontitis.
 2. Appointment can wait more than 4 weeks.
 - c. Category 3 (Moderate, asymptomatic)
 1. Patients with moderate dental needs such as medium/large carious lesions or fractured teeth close to pulp, moderate gingivitis.
 2. Appointment should be made within 4 weeks.
 - d. Category 4 (Urgent, symptomatic)
 1. Patients with urgent dental needs such as large symptomatic carious lesions, symptomatic broken teeth needing extraction, severe gingivitis, acute apical periodontitis.
 2. Patients with urgent dental needs should be evaluated within 72 hours. If no dentist is available within 72 hours, the patient will be managed by medical personnel until such time that a dentist can provide care.
 3. Appointment for treatment should be made within 1 week of the evaluation.
 - e. Category 5 (Emergent, symptomatic)
 1. Patients with emergent dental needs such as severe pain with swelling/abscess/trismus, exposed pulp, suppuration, trauma, severe acute gingivitis, severe acute symptomatic apical periodontitis, uncontrolled oral bleeding.
 2. These patients will be seen as soon as possible by a dental provider and if one is not immediately available, they will be managed by a medical provider until a dentist is available.
- (6) Dental treatment Plan.
- a. Treatment plans will be created to align with the dentist's professional judgment regarding treatment necessity; and, to ensure that dental needs are met to include but not limited to extractions, fluoride treatments, and cleanings based on the resident's individual needs.
 - b. Dental treatment is provided according to an individualized treatment plan using the *Dental Classification Categories*, section (5) above, and radiographs as clinically indicated.
 - c. Treatment must be done on a progressive basis, pursuant to the dentist's professional judgment, outlined in the treatment plan.
- (7) The following procedures will not be provided by the NHDOC:
- a. Quadrant scaling;
 - b. Root planing;
 - c. Curettage;
 - d. Gingival grafting;
 - e. Crown lengthening;
 - f. Osseous recontouring/flap surgery;
 - g. Pocket reduction;
 - h. Gingivectomy;
 - i. Apical surgery;
 - j. Periodontal tooth splinting;
 - k. Removal of asymptomatic teeth; or,

1. Any other procedure that must be performed by a specialist and is deemed not appropriate and/or necessary by the CDO, in consultation with the Director.
- (8) Consultants/specialty services through community specialists are available and scheduled as needed, as determined to be clinically indicated by the CDO, subject to NHDOC's utilization management practice. 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.

REFERENCES:

Standards for Adult Correctional Institutions

Fifth Edition Standards

5-ACI-5A-01; 5-ACI-^A-08; 5-ACI-6A-19

National Commission on Correctional Health Care (2018)

P-E-06 *Oral Care*

[Microsoft Word - Dental Health Care 2008 Revision 2_js.docx \(ncchc.org\)](#)

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