References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-08, 5-ACI-6A-19 Health and Wellness TX V – 4 Dental Treatment Provided

I. PURPOSE

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

II. POLICY

It is the policy of Prisons to provide all offenders with access to dental services.

III. PROCEDURE

(a) INFORMATION TO OFFENDER

Upon admission to any facility, offenders will be provided the facility's procedures for obtaining access to dental care.

(b) DENTAL TREATMENT PRIORITIES

- (1) Emergency Dental Treatment
 - (A) Emergency dental treatment is available on a 24-hour basis.
 - (B) 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".
 - (C) Dental emergencies generally include:
 - (i) Any facial fracture
 - (ii) Avulsed tooth
 - (iii) Excessive bleeding
 - (iv) An acute abscess or swelling that could compromise the airway

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(v) Other acute conditions for which immediate treatment is necessary to prevent death or severe disability

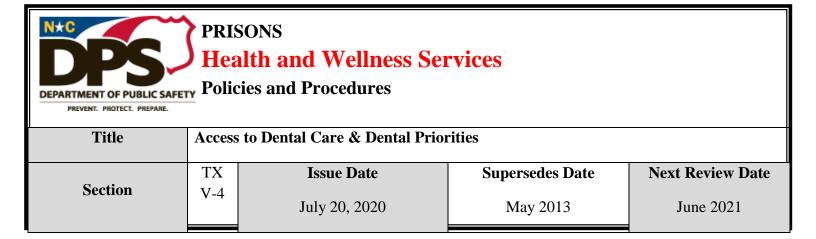
(2) Sick Call

- (A) Dental complaints will be assessed at the regularly scheduled Sick Call.
- (B) The facility nurse will refer dental patients to the supporting correctional dental clinic as provided in each facility's SOP.
- (C) All dental clinics will hold sick call consistent with their operational and security requirements to provide offenders with access to dental care.
- (3) The following problem list will be used as a basis for prioritizing dental treatment:
 - (A) Facial Fracture
 - (B) Treatment of acute infections
 - (C) Relief of pain
 - (D) Treatment of bone and soft tissue pathology
 - (E) Extraction of non-restorable and hopeless teeth
 - (F) Endodontic treatment
 - (G) Restoration of injured, carious, or previously treated teeth
 - (H) Preventive dentistry
 - (I) Replacement of lost teeth to improve masticatory efficiency
 - (J) Conditions of lesser significance as determined by the responsible dentist

(3) OFFENDERS ASSIGNED TO RESTRICTIVE HOUSING

- (A) Offenders assigned to Restrictive Housing (RH) have the same right to health care as offenders housed in general population.
- (B) Offenders assigned to RH for 90 or fewer days shall be limited to Level I dental treatment. (**defined in TX V 6, "Dental Treatment Provided".)** Oral hygiene instruction may be provided during this period and personal responsibility for selfcare 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.

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- (C) RH 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 will use professional judgement to determine if an offender should be brought from RH to the dental clinic. RH offenders shall not be eligible for routine prophylaxis until after six months in this assigned housing. instruction and personal responsibility for self-care should be emphasized when screening offenders in these units.

AUTHORIZATION FOR OUTSIDE SERVICES (c)

(1) 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.

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Date

Commissioner of Prisons

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