WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.337

Oral Care

Authority: Wyoming Statute(s): 25-1-104; 25-1-105 ACA Standard(s): 4-4360-R NCCHC Standard(s): P-E-06	**Effective Date:** December 1, 2016 **Revision/Review History:** 07/30/15, 07/01/14, 07/01/13, 07/25/12 **Summary of Revision/Review:** Updates existing policy pursuant to annual review.
Cross Reference of Policy:	**Supersedes Existing Policy :**
Approved: R.O. Lampert — 10-28-16 Robert O. Lampert, Director — Date	

APPROVED FOR INMATE DISTRIBUTION

REFERENCE

1. **ATTACHMENTS**

2. **OTHER – None Noted**

I. PURPOSE

A. Provision of Oral Care. The purpose of this policy and procedure is to provide for oral care (*i.e.*, dental) services for Wyoming Department of Corrections (WDOC) inmates.

II. POLICY

A. Access to Oral Care. It is the policy of the Wyoming Department of Corrections that inmates shall be provided oral care, under the direct supervision of a Dentist licensed in Wyoming. This shall include timely and immediate access for urgent or painful conditions.

III. DEFINITIONS

A. Oral Care: Instruction in oral hygiene, examination, and treatment of dental problems.

B. Oral Screening: Visual observation of teeth and gums and notation of abnormality and referral to a dentist.

C. Oral Treatment: Range of services that are necessary for mastication and maintaining health.

D. Prosthesis: (*For this policy only*) An artificial device to replace or augment a missing or impaired part of the dentate which may be lost through trauma, disease or congenital condition(s).

E. Prostheses: (*For this policy only*) Is the plural of prosthesis.

IV. PROCEDURE

A. Scope of Service. Routine and emergency dental care shall be provided to each offender under the direction and supervision of a licensed dentist. WDOC shall provide a defined scope of available dental services, including emergency dental care, which includes the following: (ACA 4-4360 Revised; NCCHC P-E-06)

1. A dental screening (excluding intra-system transfers) upon admission by a qualified health care professional or health-trained personnel;

2. A full dental examination (excluding intra-system transfers) by a dentist within thirty (30) days of admission;

3. Oral hygiene, oral disease education, and self-care instructions provided by a qualified health care provider within thirty (30) days of admission;

4. A defined charting system that identifies the oral health condition and specifies the priorities for treatment by category is completed; and

i. Documentation of dental examinations plans of care and treatments are maintained in the health record.

5. Consultation and referral to dental specialists, including oral surgery, when, in the judgment of the dentist, it is necessary.

B. Oral Treatment and Care

1. Oral treatment, not limited to extractions, is provided according to a treatment plan based upon a system of established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected.

i. Extractions are performed in a manner consistent with community standards of care.

ii. Radiographs are appropriately used in the development of the treatment plan.

2. Fluoride supplements should be provided through drinking water and or dental cleaning agents.

3. Where oral care is provided on site, infection control procedures are followed.

4. Inmates are required to demonstrate they are practicing adequate and proper oral hygiene prior to the delivery of non-emergency treatment.

i. The treating dentist may discontinue care at any time if it becomes apparent the inmate is not practicing proper oral hygiene.

a. Inmates will still have access to emergency dental care (*e.g.* to treat infection, pain, etc.).

ii. Non-emergent dental treatment will include, but may not be limited to the following:

a. Restoration (Fillings);

b. Medication—temporary;

c. Stainless steel crowns; and

d. Extraction.

1. Complicated cases may be referred offsite by the contracted dentist.

iii. The treating dentist may, at his/her discretion, delay restoration if the inmate presents with poor oral hygiene as restoration procedures are difficult if excessive bleeding occurs from an unhealthy mouth.

5. Preventative Care

i. Prophylaxis (teeth cleaning).

6. Prosthodontics (Dentures and Partial Dentures)

i. Bridges and implants shall not be provided.

ii. Obturators, removable, complete and partial prosthesis are provided when determined to be medically necessary, this includes replacements. The contracted dental provider will make the determination using the patient's medical and dental records. The WDOC relies on the expertise of the contracted dental provider to determine medical necessity for dental prosthesis.

iii. A removable prosthetic will not be undertaken if any of the following conditions are present:

a. Poor periodontal health;

b. Poor oral hygiene;

c. Infection, bleeding, injuries; and

d. Non-restorable teeth.

iv. Obturators, removable, complete and partial prosthesis that are NOT deemed medically necessary can be undertaken at the discretion of the treating dentist only if the following apply;

a. There will be no disruption to the dental clinics emergent and non-emergent needs. The prosthetics that are not medically necessary will be prioritized on the lowest level.

b. No prosthesis will be fitted until such time as the inmate has the appropriate amount of funds on record at the facility.

c. Care and upkeep of a removable prosthetic is the responsibility of the inmate. If broken or damaged, it will be the responsibility of the inmate to pay for repair or replacement.

d. The inmate will be required to remain at the facility where the prosthesis is started and shall not transfer until the work has been completed and the prosthetic is available; unless the dentist determines it is necessary to discontinue the process or, the inmate's classification level prohibits him from remaining at the facility.

1. If transferred for disciplinary reasons, the dentist shall not complete the prostheses and if the inmate paid any expenses (*i.e.* if broken and/or damaged) shall not be reimbursed any expenses expended up to the date of the needed transfer.

v. Emergent and non-emergent oral care shall take precedence over prosthodontic care.

7. Endodontic treatment (root canal) services shall not be provided.

V. TRAINING POINTS

A. How many days after admission should an inmate receive a dental screening?

B. How many days after admission should an inmate receive a full dental examination?