

**STATE OF LOUISIANA  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS**

**Health Care Policy  
No. HCP32**



**06 January 2020**

**INSTITUTIONAL SERVICES / HEALTH CARE POLICIES  
Health Care Policy – Dental Services  
Dental Services**

- 1. AUTHORITY:** The Secretary of the Department of Public Safety and Corrections, La. R.S. 36:404.
- 2. REFERENCES:** La. R.S. 15:831; ACA Standards 5-3A-4196 "Tools and Equipment," 5-6A-4344 "Access to Care," 5-6A-4346 "Clinical Services," 5-6A-4347 "Continuity of Care," 5-6A-4348 "Referrals," 5-6A-4349 "Transportation," 5-6A-4350 "Treatment Plan," 5-6A-4351 "Emergency Plan," 5-6A-4359 "Chronic Care," 5-6A-4360 "Dental Care," 5-6A-4361 "Health Education," 5-6A-4362 "Health Screens (Intake/Inter-system Transfers)," and 5-6A-4363 "Health Screens (Intra-system Transfers)," 5-6C-4396 "Confidentiality," 5-6C-4397 "Informed Consent," 5-6D-4413 "Health Records," 5-6D-4414 "Transfers," 5-6D-4415 "Inactive Records"; ACA Public Correctional Policy on Correctional Health Care, No. 1987-2; Department Regulations HCP19 "Emergency Care," HCP16 "Health Screens, Appraisals, and Examinations," HCP35 "Elective Procedures, Prostheses, and Orthodontic Devices," and AM-D-5 "Offender Medical Records."
- 3. PURPOSE:** This policy's purpose is to ensure each offender's access to routine and emergency dental services and oral hygiene education for all offenders.
- 4. APPLICABILITY:** Deputy Secretary, Chief of Operations, Department's Medical/Mental Health Director, Regional Wardens and Wardens, Facility Medical Directors, Health Care Practitioner/Providers, Health Care Personnel, Facility Dentists, Facility Dental Hygienists, and Facility Dental Assistants. Each Warden is responsible for ensuring appropriate unit written policies and procedures are in place to comply with the provisions of this policy.
- 5. POLICY:** The Secretary's policy is all offenders shall have access to routine and emergency dental services to promote essential personal oral hygiene and disease prevention. Therefore, each DPS&C facility shall have a designated licensed dentist, pursuant to a written agreement, contract, or job description, which dentist is responsible for the provision of appropriate routine and emergency dental care and education in a timely manner for each offender. Each facility shall also ensure

it maintains an efficient dental care prioritization system for offender dental care, which system shall include referrals for oral surgery when medically necessary.

**6. DEFINITIONS:**

- A. **Clinician:** A person qualified to assess, evaluate, and treat a patients according to the dictates of their professional practice act. Clinicians may include physicians, nurses, physician assistants, nurse practitioners, dentists, psychologists, psychiatrists, licensed professional counselors, and social workers.
- B. **Dental Exam:** An examination by a licensed dentist, which examination includes a dental history, exploration and charting of teeth, examination of the oral cavity, and x-rays as clinically indicated.
- C. **Dental Screening:** An assessment of dental pain, swelling, or functional impairment, which assessment includes checking for cavities and gum disease, and may include dental x-rays or other diagnostic procedures as clinically indicated or medically necessary.
- D. **Dental Specialist:** A licensed dentist who specializes in a specific area of oral health.
- E. **Emergency Dental Care:** Care of an acute dental illness or unexpected dental need which cannot be deferred until the next scheduled sick call. Emergency dental care shall be provided to the resident offender population by a facility's health care personnel and other health-trained staff. This care shall be expedited by following specific written procedures for medical and dental emergencies described in the ACA standards and by the Secretary and by the Department and Facility Medical Directors.
- F. **Facility:** A place, institution, building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody and/or treatment of individuals, which includes staff and services, as well as the building and grounds.
- G. **Health Care Personnel:** Individuals whose primary duty is to provide health services to offenders in keeping with their respective levels of health care training, licensure, or experience.
- H. **Health Care Practitioner/Providers:** Clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, licensed professional counselors, licensed social workers, podiatrists, optometrists, nurse practitioners, and physician assistants.

- I. **Health Care Professionals:** Staff who perform clinical duties, such as health care practitioners, nurses, dentists, licensed professional counselors, licensed social workers, and emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.
  - J. **Health Care Services:** A system of preventative and therapeutic services which services provide for the physical and mental well-being of a population, and which services include without limitation: medical services dental services, behavioral health services, nursing services, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.
  - K. **Health/Medical Screen:** A structured inquiry and observation to prevent offenders who pose a health or safety threat to themselves or others from being admitted into the general population and to identify offenders who require immediate medical, including dental, attention.
  - L. **Health-Trained Personnel/Medically Trained Personnel:** Correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of health care.
  - M. **Inter-system Transfers:** Transfers from one distinct correctional system to another (for example, the transfer of an offender from a non-LA DPS&C facility to a LA DPS&C facility) and includes LA DPS&C offenders in a non-LA DPS&C facility, such as in a local facility work release, who are transferred to a LA DPS&C facility.
  - N. **Intra-System Transfers:** Transfers from one facility to another facility within the same correctional system (for example, the transfer of an offender from one LA DPS&C facility to another LA DPS&C facility).
- 7. PROCEDURES:**
- A. **Dental Services Generally**
    - 1) Each Unit Head shall ensure each facility dentist is licensed by the Louisiana State Board of Dentistry in accordance with Louisiana law and applicable regulations.
    - 2) Each Warden and Facility Health Authority shall ensure routine and emergency dental services are available for each offender under the direction and supervision of duly-licensed dentist.

- 3) Each facility shall provide a defined scope of dental services available for all offenders, which dental services shall include:
  - a. Dental screenings;
  - b. Dental examinations;
  - c. Routine dental care;
  - d. Dental referrals; and
  - e. Emergency dental care.

B. Dental Services for Inter-System and Intra-System Transfers

- 1) All inter-system transfer offenders:
  - a. Shall receive a dental screening by a qualified health care professional or health-trained personnel trained by a dentist.
    - i. The dental screening shall include an evaluation of dental pain, swelling, and/or functional impairment and shall include an inquiry into whether the offender is being treated for a dental problem and whether or not the offender has a current dental complaint.
    - ii. Dental screenings shall be documented on "RDC Initial Intake Medical Screening Form" (Form IS-D-2-HCP16-a).
  - b. Shall receive a full dental examination by a licensed dentist within 30 days of admission into a facility.
    - i. The dental examination shall include a periodontal examination, exploration and charting of teeth, examination of the oral cavity, and taking or reviewing of the offender's dental history.
    - ii. The dental examination shall include an examination of the hard and soft tissues of the oral cavity by means of an illuminator light, mouth mirror, and explorer.
    - iii. X-rays for diagnostic purposes shall be available when deemed clinically indicated or medically necessary.
    - iv. The dental examination shall include an individualized treatment plan for each offender examined.

- c. Shall receive oral hygiene education, oral disease education, and self-care instruction by a qualified health care provider within 30 days of admission.

2) All intra-system transfer offenders:

- a. Shall receive a health screening, which includes a dental screening, by health-trained personnel or qualified health care personnel which commences upon their arrival at the facility.
  - i. The health screening shall include an inquiry into whether or not the offender is being treated for a dental problem, whether or not the offender has a current dental complaint, and a discussion about oral hygiene education, oral disease education, and self-care instruction by a qualified health care provider.
  - ii. Health screenings, including dental, shall be documented on "Intra-Institutional Health Screening" (Form IS-D-HCP16-c).
- b. Intra-system transfers shall not require a separate dental screening or a dental examination as a part of the intake process.
- c. A dental examination shall be conducted, however, if a clinical reason or a medical necessity exists. (Pursuant to Health Care Policy No. HCP16 "Health Screens, Appraisals, and Examinations" and ACA Standard 5-6A-4363 "Health Screens.")

C. Dental Services During Incarceration

1) Routine Dental Care

- a. The facility dentist shall manage routine dental care, procedures, and extractions at the unit.
- b. Each facility shall provide within each facility's respective Offender Posted Policies the procedure and process for offenders to request a dental examination as part of their ongoing maintenance of their personal oral hygiene and health and individualized dental treatment plans.

- c. Routine dental examinations shall include periodontal examinations and an examination of the offender's hard and soft tissues of the offender's oral cavity by means of an illuminator light, mouth mirror, and explorer.
- d. Routine dental examinations shall include individualized treatment plans for each offender examined and shall include taking or reviewing, and updating the offender's dental and related history.

2) Dental Referrals

- a. When dental care is beyond the scope of practice for general dentists, the facility dentist shall refer offenders for a consultation with a dental specialist for an oral/maxillofacial surgery evaluation and/or other dental treatments when medically necessary, clinically indicated, and evidence-based.
- b. Dental care which may be beyond the scope of practice for general dentists includes, but is not limited to:
  - i. Extractions from pregnant women;
  - ii. Extractions from transplant patients;
  - iii. Extractions required for patients requiring radiation therapy;
  - iv. Extractions from patients with jaw fractures;
  - v. Extractions required due to infection.

3) Emergency Dental Care and Safety

- a. Each facility shall have a written plan for access to 24-hour emergency dental services in accordance with Health Care Policy No. HCP19 "Emergency Care."
- b. Each facility shall have a written policy, procedure and practice to govern and maintain the control, inventory, and use of tools for dental instruments and supplies.

**8. DENTAL CARE CHARTS AND RECORDS:**

- A. Each facility's dentist shall be responsible for maintaining a defined dental tooth and hygiene charting system which identifies the oral health condition and specifies the priorities for treatment by category.

- B. Each facility's defined dental tooth and hygiene charting system shall include:
- 1) An individualized treatment plan for each offender receiving a dental screening, a dental examination, and any other dental care;
  - 2) The results of each offender's dental screening(s) and dental examination(s) and each offender's dental treatment plan(s) shall be documented and maintained on an appropriate uniform dental record using a universal numbered system, such as the Federation Dental International System, and shall be filed in the offender's medical record, pursuant to Department Regulation AM-D-5 "Offender Medical Records."

**9. DENTAL CARE AND ORAL HYGIENE EDUCATION**

- A. Health care personnel shall discuss with all offenders oral health information and education as part of all dental screenings and all dental examinations, including routine dental care and emergency dental care examinations.
- B. Oral health information and education shall include:
- 1) Instruction for proper tooth brushing techniques;
  - 2) Information on the relationship between dental plaque and the development and progress of oral and systemic diseases;
  - 3) Information on the relationship between oral diseases and tobacco products, alcohol, and other drugs;
  - 4) Information on diet and nutrition, including the relationship between food intake (substances and frequency), plaque formation, and dental pathology.

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James M. Le Blanc  
Secretary

Forms:      IS-D-HCP16-a      RDC Initial Intake Medical Screening  
                 IS-D-HCP16-c      Intra-Institutional Health Screening

This policy supersedes Health Care Policy No. HC-12 dated 01 December 2015.

### RDC Initial Intake Medical Screening

**Facility:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_

**DOC #** \_\_\_\_\_ **NAME** \_\_\_\_\_ **RACE** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**PRIOR INCARCERATION:** Y\* N \*WHERE/WHEN \_\_\_\_\_ **TRANSFERRED FROM:** \_\_\_\_\_

**NKDA/FOOD ALLERGIES (describe reactions):** \_\_\_\_\_

**INSURANCE:** \_\_\_\_\_

**ADMISSION V/S:** BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ SPO<sub>2</sub> \_\_\_\_\_

**VISUAL ACUITY:** Left Eye: 20/ \_\_\_\_\_ Right Eye: 20/ \_\_\_\_\_ Wears Glasses: Y N Has Glasses Here: Y N Wears Contacts: Y N

**CURRENT MEDICATIONS and/or MEDICAL TREATMENT** \_\_\_\_\_

**MEDICAL CONDITIONS (Circle and/or Complete Current and Previous Conditions):**

Cardiovascular Disease	Respiratory Disease	GI/GU	Blood Disorders	Infectious Disease	Reproductive
CAD / MI	COPD	Dialysis	Sickle Cell	HIV/AIDS	Abnormal PAP
CHF	Emphysema	Ostomy	Anemia	Genital Herpes	Abnormal Mammo.
HTN	SOB	GERD	Long Term Anticoagulation	Syphilis	LMP _____
CABG / Stent	Asthma	Hemorrhoids	Bleeding Disorder	Chlamydia	Pregnant Y / N
Neurological	Endocrine	Cancer	Leukemia	Hep A B C	EDD _____
Stroke / TIA	Diabetes	Chemotherapy		Staph/MRSA	
Seizure Disorder	Hyperthyroidism	Radiation & Type: _____			
	Hypothyroidism				

Other/Comments: \_\_\_\_\_

**FAMILY HISTORY (Circle and/or Complete):**

Cancer      Cardiovascular Disease      Diabetes      Hypertension      Mental Illness      Renal Disease      Respiratory Disease

Other/Comments: \_\_\_\_\_

**SKIN ABNORMALITIES:**

Jaundice: Y N      Trauma Markings: Y N  
Needle Marks: Y N      Infestations: Y N

**Indicate The Location of the Following:**

- Scars – S
- Tattoos – T
- Lesions – L
- Bruises – B
- Abscess/Boils – A
- Rashes – R
- Cuts – C

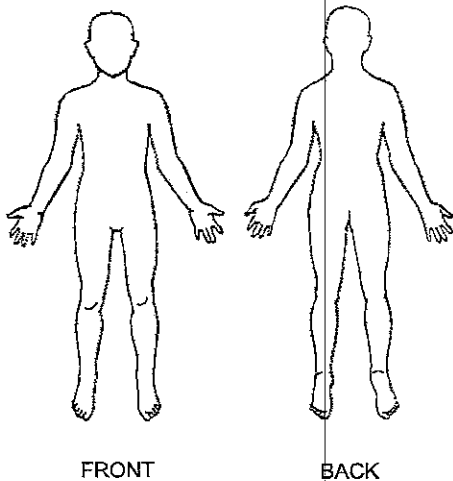
**GENERAL CONDITION:**

Behavior: \_\_\_\_\_  
 Level of Consciousness/Orientation: \_\_\_\_\_  
 General Appearance: \_\_\_\_\_ Conduct During Assessment: \_\_\_\_\_  
 Tremor Y / N      Sweating Y N  
 Ease of Movement: \_\_\_\_\_ Deformities/Abnormalities: \_\_\_\_\_  
 Prostheses/Orthotics: Y N \_\_\_\_\_  
 Medical Equipment: Y N W/C Walker Cane Other \_\_\_\_\_

**TB SCREENING (Indicate S/S Present Over the Past 3 Months):**

Unexplained Weight Loss	Y N	Comments: _____
Loss of Appetite	Y N	_____
Fever/Chills/Night Sweats	Y N	_____
Productive Cough > 1 Month	Y N	_____
Coughing Up Blood	Y N	_____
Lethargy/Weakness/Fatigue	Y N	_____

**OTHER:** \_\_\_\_\_



Comments/Describe Tattoos: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____ <b>Health Care Provider Completing Form</b>	_____ <b>DATE/TIME</b>	_____ <b>Physician Review</b>	_____ <b>DATE/TIME</b>
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### RDC Initial Intake Medical Screening Form

Facility: \_\_\_\_\_ Admission Date: \_\_\_\_\_

PRIOR SURGERIES	DATE	HOPITAL / OUT PT CLINIC	PHYSICIAN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DENTAL CONDITION (Circle and/or Complete):** Dentures: Y N Upper Lower Partial  
Dental Problems/Comments: \_\_\_\_\_  
\_\_\_\_\_

**SUBSTANCE ABUSE HISTORY: (Circle and/or Complete)**  
Smoke Cigarettes: Y N How long \_\_\_\_\_ Packs/day: \_\_\_\_\_ Quit Smoking (approx. date) \_\_\_\_\_  
Alcohol: Y N How long \_\_\_\_\_ What type: \_\_\_\_\_ Freq./Amt.: \_\_\_\_\_ Last Use (approx. date): \_\_\_\_\_  
Drug Abuse: Y N How long \_\_\_\_\_ What drug(s)/mode \_\_\_\_\_ Freq./Amt.: \_\_\_\_\_ Last Use (approx. date): \_\_\_\_\_  
IV Drug Abuse: Y N Seizures/Convulsions/Other from Stopping Alcohol/Drugs: Y N  
Substance Abuse Treatment: Y N Inpatient Outpatient  
Other/Comments: \_\_\_\_\_

**MENTAL HEALTH:**  
Current MH Treatment: Y N History of MH treatment: Y N Inpatient Outpatient Current Suicidal Ideation: Y N History of Suicide Attempts: Y N  
History of Self-Injurious Behavior Attempts: Y N  
Current Symptoms of: Psychosis Depression Anxiety Aggression  
Other/Comments (Include locations and approx. dates of treatment if known): \_\_\_\_\_  
\_\_\_\_\_

**OTHER PERTINENT FINDINGS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DISPOSITION

GENERAL POPULATION \_\_\_\_\_  
GENERAL POPULATION WITH REFERRAL TO M.D., M.H., DENTIST \_\_\_\_\_  
URGENT REFERRAL TO E.R., M.H. ON CALL, PHYSICIAN ON DUTY/CALL (if off site, written clearance required before readmission to the institution) \_\_\_\_\_

Health Care Provider Completing Form \_\_\_\_\_ DATE/TIME \_\_\_\_\_ Physician Review \_\_\_\_\_ DATE/TIME \_\_\_\_\_

**INTRA-FACILITY HEALTH SCREENING**  
**FACILITY:** \_\_\_\_\_

NAME: \_\_\_\_\_ DOC: \_\_\_\_\_ RACE: \_\_\_\_\_ DOB: \_\_\_\_\_

TRANSFERRED FROM: \_\_\_\_\_ NKDA/FOOD ALLERGIES: \_\_\_\_\_ PPD: \_\_\_\_\_

(CURRENT COMPLAINT)

MEDICAL:	CURRENT TREATMENT/MEDICATION
_____	_____
_____	_____
_____	_____
_____	_____
DENTAL:	_____
_____	_____
MENTAL HEALTH:	_____
_____	_____
_____	_____

**GENERAL APPEARANCE/BEHAVIOR**

Physical Deformities: \_\_\_\_\_ Diet: \_\_\_\_\_  
Evidence of Abuse or Trauma: \_\_\_\_\_  
Prosthetic Devices or Medical Equip: \_\_\_\_\_  
Duty Status: \_\_\_\_\_

**SCHEDULED FOLLOW UP** (note dates and locations of any scheduled clinic, hospital, lab or x-ray appointments):

\_\_\_\_\_

**MENTAL HEALTH SCREEN** (only for weekends or after hour transfers):

HX Suicide Behavior: \_\_\_\_\_ Current Suicide Ideation: \_\_\_\_\_

HX Out/In-Patient Psychiatric TX: \_\_\_\_\_

Current Signs of Psychosis, Depression, Anxiety or Aggression: \_\_\_\_\_

**DISPOSITION:**

- GENERAL POPULATION
- GENERAL POPULATION WITH REFERRAL TO MD, DENTIST, MENTAL HEALTH
- EMERGENCY REFERRAL TO: \_\_\_\_\_
- OFFENDER HAS BEEN INSTRUCTED ON PROCEDURES (for sick call, pill call, medical co-payments)

NURSE SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_