



Dental care in a correctional setting

BY DR. M.B. HIRSCH

Outside the correctional institution dental care is not a right. However, incarcerated individuals have a mandated right to dental care according to current case law. Delivering this care requires corrections professionals and dental specialists to work in tandem to meet the challenges presented by this mandate.

Many inmates enter correctional institutions with limited dental care experiences. The introduction of dental care in corrections begins upon admission with a dentist providing a Dental Intake Assessment within 30 days of initial admission into the system. This assessment covers dental pain, infection, disease or impairment of function and establishes overall dental/oral condition. Consultation and referral to appropriate specialists are provided when medically necessary. Oral hygiene, oral disease education and self-care instruction are also provided by qualified health care personnel within 30 days of initial admission into the System. All of these services are Performance Standards established by the American Correctional Association.

Achieving oral health

The intake of new inmates bring many challenges to the correctional dental staff. The first and most urgent are conditions of pain and neglect. New inmates probably did not consider dental care a priority. Once they are incarcerated, the system regards health care as a primary function in rehabilitation. Obviously, the initial concern is to treat urgent concerns, generally toothaches, which are a result of self-neglect.

The goal is to provide dental care and restore oral health as an ingredient of overall good health for inmates.

One of the ways to help inmates achieve oral health, is through education. Teaching a third grader how to brush their teeth seems natural, but teaching an inmate takes a special approach. Correctional Dental Assistants and Hygienists are specially skilled educators that help adults achieve this skill with dignity and respect. Working from the basic premise of — “what’s in it for me,” the dental staff do an excellent job in educating inmates on proper oral hygiene/health.

The next step in Correctional Dentistry is to provide routine care. As directed in ACA Performance Standards, dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services with related timeframes.

The specifics of dental examinations and treatments are listed in the ACA Performance Standards. In general, the goal is to provide dental care and restore oral health as an ingredient of overall good health for inmates. Correctional dentists, as dental professionals, must understand we are to provide needed care and our role should never be confused with punishment.

The correctional dentist

The expectations of dental care are clearly established in ACA Performance Standards, so where do we get dedicated dentists to provide this care? They come from several branches of the dental field, but all are devoted to the dental profession.

Many are retired military dentists who bring a good background to the challenges of institutional dentistry. Others desire to leave the worries of practice management or choose to retire from private practice but want to continue in the dental profession. Few enter dental school with the idea of a career in Correctional Dentistry and many correctional dentists describe it as the best kept secret.

When it comes to the practice of dentistry, there should be no difference between a procedure performed in a civilian clinic and a correctional care clinic. State Boards apply the same Code of Ethics and Standards of Care are consistent. Inmates have the right to an explanation of treatment to be provided, alternative treatments and the right to refuse treatment, the same as any other patient.

Prisons have Written Policy of Allowable Procedures which must be defendable in court. The correctional dentist is limited to procedures allowable under institutional policy.

However, consultation and referral to appropriate specialists when medically necessary are elements of ACA Performance Standards. When a treatment deemed necessary by the correctional dentist and is beyond the



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allowable procedures, there is a channel to appeal. This is usually through a Review Committee consisting of peers, specialists and supervisors that decide, when feasible, to allow treatment in extraordinary circumstances.

One example may be allowing endodontics on a molar, which serves as an abutment for a multi-unit bridge when posterior endodontics is not normally an allowable procedure at that institution. The Review Committee may recommend treatment by an endodontist.

An area of major importance for correctional dental professionals is infection control. The American Dental Association and State Boards focused on this issue when they mandated the order to cease aerosol generated procedures as a precautionary measure to reduce the COVID-19 crisis. Correctional dentistry has set the standard for sterilization and log keeping on all instruments as examples of their commitment to infection control.

Unique challenges in correctional dentistry

A big difference between correctional dentistry and civilian dentistry is instrument accountability. When a mouth mirror goes missing in a civilian office, it is a minor monetary event. When a mouth mirror (or any instrument) goes missing in a correctional setting, everything comes to a halt until it is accounted for. (Dental instruments can be fashioned into many types of dangerous weapons.)

The first place to look is in the trash. (Go through it with gloves or if possible, take the bag to Medical and a quick x-ray can identify its presence.) If it is not in the trash, continue the search with inmates and any other traffic through the clinic. A missing instrument is everyone's worst nightmare in a correctional dental clinic.

Scheduling dental appointments for inmates is not that different than in a civilian practice. Fear of dental treatment is just as prevalent in a correctional setting. "No shows" may also be due to factors unique to the correctional setting like when an inmate has left the unit on bench warrant or has been transferred off the unit for specialty care. In addition, "no shows" due to lack of available security for an escort has been a major issue during the COVID-19 pandemic.

Inmates often simply choose to refuse treatment. In many cases, after being prescribed an antibiotic, dental pain decreases. Even when a correctional dentist carefully

explains the infection is likely to return, inmates may still prefer to refuse treatment.

Another reason for refusal of treatment is when an inmate becomes tired of waiting in the "holding cell" which is comparable to a reception area in a civilian practice. It is just as true for inmates as for civilians, people seem to become irritated and frustrated when having to wait.

Sometimes, the nature of correction facilities can spawn unusual refusal of treatment cases. For example, one inmate was in serious need of an extraction, but due to his faith, he could not have water during the daylight hours during the religious holidays. We consulted his religious advisor and had the dentist come in early (before daylight) and do the surgical extraction. This case was relatively simple to solve but other cases can present much more difficult problems.

Some of these concerns can be mitigated by different strategies. For example, a former Mental Health Director told me there had not been a suicide on fried chicken day. True or not, I have definitely correlated "no shows" and "refusal of treatment" to holidays (special meals) and family visitation.

Dental care = better overall health

COVID-19 has been a challenge to everyone and correctional dental professionals have worked diligently to protect both the staff and inmates while still doing urgent treatment during the pandemic. Major obstacles included: protocols limiting treatment to one inmate at a time, banning of aerosol-generated procedures, no handpiece for the dentist and no cavitron for the hygienist. Correctional dentistry had to rely more on antibiotics and analgesics.

Hopefully, with the increased availability of vaccines, these concerns can be alleviated and correctional dental professionals can once again provide for inmate dental health leading to greater overall health within the Correctional Care System.



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