

3.3.2.13 Facility Level Dental Health Orientation/Self Care

(a) Policy

Within 14 business days of arrival at an institution, all California Department of Corrections and Rehabilitation (CDCR) patients shall receive the *Patient Orientation to Health Care Services Handbook* containing information regarding dental health care services. CDCR Mainline Facility patients shall also receive a baseline Plaque Index (PI) score as well as oral hygiene instruction (OHI) at the time of their comprehensive dental examination and treatment plan formulation.

(b) Purpose

To ensure that patients are aware of the dental services provided for them at a Mainline Facility and are educated about the importance of proper oral hygiene.

(c) Procedure

(1) General Requirements

- (A) The Health Program Manager (HPM) III at each institution shall ensure that all patients receive the *Patient Orientation to Health Care Services Handbook* within 14 business days of arrival at an institution that describes the process used for obtaining dental services.
- (B) The Supervising Dentist (SD) at each Mainline Facility shall ensure that all patients receive a baseline PI score (Reference the Health Care Operations Manual [HCDOM], Section 3.3.2.3(c)(1)(B)) as well as OHI at the time of their initial comprehensive dental examination and treatment plan formulation.
- (C) For each patient that refuses OHI, the dentist or designee shall complete a CDCR 7225-D, Dental Refusal of Examination and/or Treatment. (Reference the HCDOM, Section 3.3.5.6(c)(6) for other requirements concerning a patient refusal).
- (D) *Toothbrushing for all CDCR Inmates:* Inmates shall be allowed to brush their teeth at least once a day, within the facility's security guidelines and encouraged to brush after meals.
- (E) *Dental Floss for all CDCR Inmates:* Inmates shall be allowed to use dental floss or flossers once a day, within the facility's security guidelines.

(2) PI Score

- (A) In order to qualify for Dental Priority Classification (DPC) 3 Routine Rehabilitative care (with the exception of periodontal treatment), a patient must maintain an acceptable level of oral hygiene which shall be measured and evaluated by the use of the PI score.
- (B) A patient's PI score shall be calculated using the CDCR 237-E, Plaque Index Scoring Record, or by utilizing the following formula:

$$\frac{\text{Number of Teeth Stained with Plaque}}{\text{Number of Teeth Present}} \times 100 = \underline{\hspace{2cm}}\%$$

- (C) A PI score of 20% or less represents an acceptable level of oral hygiene.
- (D) When a patient's PI score is unacceptable, every effort shall be made to help them improve the PI score by cleaning their teeth and by giving OHI. The PI score is designed to assist dental staff in educating patients on the importance of proper oral hygiene.
- (E) Patients with a PI score above 20% or who refuse OHI shall receive only Emergency, DPC 1, 2 (subject to the requirements for time remaining on their sentence [Reference the HCDOM, Section 3.3.5.3, Appendix 1, Dental Priority Classification]), and 5 dental care.
- (F) The dentist or designee shall determine a patient's baseline PI score at the time of the comprehensive dental examination and treatment plan encounter. At the treating dentist's discretion, a patient's PI score may be re-evaluated during any subsequent encounter.
- (G) For patients administered a PI score at the comprehensive dental examination and treatment plan encounter, the dentist shall document the patient's PI score in the Electronic Dental Record System (EDRS) Perio Chart under Diagnostics in accordance with EDRS Workflow 1-4 and associated Back Office Job Aid as well as in a clinical note in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid.
- (H) During subsequent dental encounters, the dentist shall document a patient's PI score as described in Section (c)(2)(G).

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- (I) If a dentist determines that a patient who is requesting DPC 3 treatment has a PI score of greater than 20%, the dentist shall refer the patient to the Institution Dental Health and Self-Care Educator (IDHSCE) or designated Dental Assistant (DA) to receive additional OHI. In these situations, the provider or dental assistant shall set an in-house procedure code C1020 as complete in the patient's EDRS Appointment Book in accordance with EDRS Workflow 1-3 and associated Back Office Job Aid. The EDRS automatically creates a Continuing Care type of PI>20 in the EDRS Family File for patients with a PI score above 20% when the procedure code C1020 is set complete.
 - 1. After the patient has received additional OHI and practiced the skills for 30 calendar days, they may request to have their PI score evaluated by submitting a CDCR 7362, Health Care Services Request Form.
 - 2. If the patient's PI score remains greater than 20% after receiving additional OHI and practicing the skills for 30 calendar days, designated dental staff shall provide further OHI to the patient who shall follow the procedure outlined in Section (c)(2)(I)1.
 - 3. After each session of OHI and practicing the skills, patients are expected to submit a CDCR 7362 if they wish to have their PI score re-evaluated.
- (J) If a patient requests to have their PI score re-evaluated, the dentist performing the paper review shall assign the CDCR 7362 a Paper Review Code (PRC) of "Other" (or "Routine") and have the patient scheduled for a PI score re-evaluation encounter within the appropriate timeframe. (Reference the HCDOM, Section 3.3.5.13(d)(2)(B)5. through 7.).
 - 1. During the encounter, the dentist or designee shall perform a PI score re-evaluation.
 - 2. Based on the results of the PI score re-evaluation, the dentist or designee shall have the patient scheduled for treatment as outlined in Section (c)(2)(A) through (E) or shall follow the procedure outlined in Section (c)(2)(I).

(3) IDHSCE Training Program

- (A) The Chief Dentist (CD), Training, Division of Health Care Services (DHCS), Adult Correctional Dental Care (ACDC), shall coordinate development of the IDHSCE Training Program, referred to in this chapter as the training program, used to train DAs as IDHSCEs. The CD, Training, DHCS, ACDC shall review and modify the training program as needed.
 - 1. The HPM III shall implement the training program at their institution.
 - 2. The Supervising Dental Assistant (SDA) shall ensure that:
 - a. One or more DAs at their institution are trained as IDHSCEs.
 - b. Only DAs that have successfully passed the training program provide OHI to patients.
 - 3. The SDA shall document the completion of the training program along with any subsequent oral hygiene instructor training provided to the IDHSCEs.
 - 4. Documentation shall include at a minimum the following: the name of the lesson plan used to train the IDHSCEs, the name of the trainer, the names and signatures of the IDHSCEs trained, the duration of the training, and the date of the training.
 - 5. The SDA shall maintain this documentation, along with a copy of the lesson plan and handouts, for a period of three years.
- (B) The IDHSCEs shall provide OHI to the following:
 - 1. Each patient at the time of the initial comprehensive dental examination and treatment plan formulation.
 - 2. Patients with a PI score greater than 20% who are referred by a dentist for the purpose of improving the patient's PI score.
 - 3. Other patients referred by the dentist, or SD.
- (C) OHI for CDCR patients shall consist of, but not be limited to, an oral hygiene/dental health education demonstration presented by a dental clinical staff member.
- (D) Patients who do not speak or understand English, or who are hearing impaired, shall be provided OHI, where resources are available, by utilizing contract interpreting services, or staff who can translate for them. (Reference the HCDOM, Section 3.3.5.5, Interpreter Services).
- (E) All instructional materials shall be communicated in alternative equally effective means as needed.
- (F) OHI shall include, but not be limited to, the following topics:
 - 1. Causes of dental disease.
 - 2. Toothbrushing techniques.

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3. Dental flossing techniques.
 4. Responsibility of the patient for their oral hygiene.
 5. Proper nutrition for dental health.
 6. Access to dental care.
 7. Dental clinic hours of operation.
 8. Eligibility for care.
 9. Dental Priority Classification system.
 10. Types of dental care provided.
 11. The effects of certain systemic illnesses on dental health.
 12. Oral hygiene aids.
 13. Preventive dentistry education.
 14. The role of fluoride in dental health.
 15. Specialized OHI for developmentally disabled patients.
 16. Need for periodic comprehensive dental examinations.
 17. The effects of pregnancy on dental health. (Women's Institutions).
- (G) The dental clinical staff member providing the OHI shall document the completion of OHI in a clinical note in the EDRS, in accordance with EDRS Workflow 1-2 and associated Back Office Job Aid. Documentation must include the date of instruction, type of instruction given, and name of the dental clinical staff member providing the instruction.

References

- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.2.3, Comprehensive Dental Examinations
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.3, Dental Priority Classification
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.5, Interpreter Services
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.6, Patient's Right to Refuse Treatment
- Health Care Department Operations Manual, Chapter 3, Article 3, Section 3.3.5.13, Access to Care
- California Correctional Health Care Services, Patient Orientation to Health Care Services Handbook

Revision History

Effective: 04/2006

Revision: 03/2019, 11/2020, 02/2022