

NEVADA POLICY FOR URGENT DENTAL ISSUES IDENTIFIED DURING COMMUNITY SCREENING

Overview

This State policy provides a framework to guide dental/medical professionals as to their professional obligation when an urgent dental need has been identified as part of an oral health screening conducted at a health fair, school, or other community-based venue, and/or when people of any age are identified as having dental needs. This policy is rooted in the ethical belief that *any* type of public health screening that involves a minor or vulnerable adult includes a two-fold responsibility to recognize and report dental neglect and to provide a viable means of addressing the condition identified.

Dental caries (cavities) are the most common chronic disease of childhood and can quickly progress to negatively and significantly impact overall health.¹ It is for this reason that public health dental assessments/screenings followed by oral hygiene and dietary education for the individual/guardian and preventative fluoride varnish for children should be provided. Children, especially those with dental needs, should be assisted in finding a dental home to manage current oral health issues and establish a level of care that will protect against future infections. A similar protocol should exist for vulnerable adults or adults with special needs. In adults, poor oral health may exacerbate chronic diseases such as diabetes and cardiovascular disease and may affect mental health and overall quality of life.^{2,3} Every effort should be made to assist these individuals in finding a qualified dental provider.

Background

Community outreach, patient education, and dental assessments or screenings provide a positive public service by quickly informing large groups of individuals on their current dental status, and empowering them to become active participants in their oral health. A dental assessment or screening is a visual examination that identifies overall dental care, obvious signs of infection, dental caries (cavities), and oral disease and assigns a level of urgency regarding a dental visit. It should be noted that a dental assessment/screening does not constitute a comprehensive dental examination which is a more thorough evaluation and includes the use of x-rays. For this reason, individuals who receive a screening and are identified as having an urgent or non-urgent dental need should seek a more thorough clinical examination and health history to address the issue.

Following a screening, individuals should at a minimum receive oral health care education, information on their current dental status, and a dental referral in the form of a directory of community dental clinics whose contact information has been verified. This list should include clinics that offer reduced fee, free, or Medicaid dental services (Note: this inventory can be found on the State Oral Health Program website and downloaded for distribution). Some screening venues also notify area community clinics in advance of the date of a large-scale dental screening and have arranged to refer participants for same day care.

A more inclusive effort, particularly for individuals with urgent dental needs, includes some level of case management. Parents or guardians in the case of vulnerable adults, if not onsite, should be notified of the participant's dental needs, referred for treatment, assisted with information to address barriers, and contacted by phone to determine if the situation has been addressed. For the purposes of this policy, "urgent dental needs" are defined as "needing dental care within 24 to 48 hours because of signs or symptoms that include pain, infection, or swelling"⁴.

¹ Oral Health in America: A Report of the Surgeon General. Rockville, Md: US Dept of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research. 2000.

² Schou L. Oral health, oral health care, and oral health promotion among older adults: social and behavioral dimensions. In: Cohen LK, Gift HC,

editors. Disease Prevention and Oral Health Promotion. Copenhagen: Munksgaard; 1995.

³ Shlossman M, Knowler WC, Pettitt DJ, Genco RJ. Type 2 diabetes and periodontal disease. J Am Dent Assoc 1990;121:532-6

⁴ *Basic Screening Surveys: An Approach to Monitoring Community Oral Health*. Association of State and Territorial Dental Directors. Available at <http://www.astdd.org/basic-screening-survey-tool/>

Legal Obligation

When a dental/medical professional conducts a dental assessment or screening, s/he has assumed the responsibility of recognizing and reporting dental neglect. Per the American Academy of Pediatric Dentistry Council on Clinical Affairs, dental neglect is defined as a, “willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.”⁵ In Nevada, the protection of children from abuse and neglect is outlined in NRS 432. Negligent treatment or maltreatment is defined by NRS 432B.140 as occurring, “if a child has been subjected to harmful behavior that is terrorizing, degrading, painful or emotionally traumatic, has been abandoned, is without proper care, control or supervision or lacks the subsistence, education, shelter, **medical care or other care necessary for the well-being of the child** because of the faults or habits of the person responsible for the welfare of the child or **the neglect or refusal of the person to provide them when able to do so.**”⁶ Medical neglect is a form of child abuse, particularly when a guardian refuses to access dental/medical care for a child experiencing a dental/medical emergency.

In the case of suspected abuse in vulnerable adult or adult with special needs, a dental/medical professional who, “has reasonable cause to believe that a vulnerable person has been abused, neglected, exploited or isolated shall (a) Report the abuse, neglect, exploitation or isolation of the vulnerable person to a law enforcement agency; and (b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the vulnerable person has been abused, **neglected**, exploited or isolated.”⁷ “Neglect” means the failure of (a) A person who has assumed legal responsibility or a contractual obligation for caring for an older person or a vulnerable person or who has voluntarily assumed responsibility for his or her care to **provide food, shelter, clothing or services which are necessary to maintain the physical or mental health** of the older person or vulnerable person; or (b) An older person or a vulnerable person to provide for his or her own needs because of inability to do so.

"Older person" means a person who is 60 years of age or older.

"Protective services" means services the purpose of which is to prevent and remedy the abuse, neglect, exploitation and isolation of older persons. The services may include investigation, evaluation, counseling, arrangement and referral for other services and assistance.”⁸

Case Management

For minors and/or vulnerable adults, a consent form from the participant’s guardian must be obtained before conducting a dental assessment/screening. The guardian’s name, contact information, patient’s name, and current dentist’s name should be provided on dental screening forms. Every person screened should be sent home with information about the dental screening, the dental findings, and at a minimum, verified contact information on community clinics as described above. For adults, the findings of the screening may be discussed with both the individual and the guardian. For children and vulnerable adults with urgent dental needs, some form of case management should be attempted to explain the dental findings and assist in removing barriers to treatment. Only through this type of follow-up communication can dental neglect be identified.

⁵ *Definition of dental neglect*. American Academy of Pediatric Dentistry Council on Clinical Affairs. 2016. Available at http://www.aapd.org/media/Policies_Guidelines/D_DentalNeglect1.pdf

⁶ NRS 432B Protection of children from abuse and neglect

⁷ NRS 200.50935 Report of abuse, neglect, exploitation or isolation of vulnerable person.

⁸ NRS 200.5092 Definitions.

Dental Assessments/Screenings Conducted by the State of Nevada

When dental screenings have been conducted by the State Oral Health Program, the State Dental Health Officer will initiate contact with the individual's parent/guardian and discuss the etiology and treatment needed. This protocol will be conducted for every individual identified with an urgent dental need.

1. The seriousness of the individual's condition in regards to overall health will be reiterated to the parent/guardian.
2. The parent/guardian will be asked to schedule an appointment with a dentist within 24 to 48 hours. Should a parent/guardian be willing but unable to make a dental appointment, the State Oral Health Program will provide a Community Dental Resource Inventory which outlines dental clinics throughout the state offering reduced fee, free, or Medicaid dental services. Specifics regarding Nevada's Medicaid dental plan which provide comprehensive dental care for individuals 0-21 years, emergency dental services for adults, and transportation services will be explained. Individuals will be provided with contact information for Medicaid agencies for more information regarding eligibility.
3. The Oral Health Program staff will make subsequent follow-up phone calls to confirm that the individual was seen by a dentist.
4. If the appointment was cancelled without being rescheduled, a parent/guardian will be called and given 24 hours to reschedule the appointment. The parent/guardian will be advised that if they cannot schedule *and keep* a dental appointment (which will be determined by subsequent follow-up phone calls with the parent/guardian and dentist), the Division of Child and Family Services (DCFS) will be notified to provide additional case management.
5. Should they refuse dental care or be unable to pay for treatment due to loss of Medicaid eligibility or financial hardship, further case management will be provided by the local child welfare agency. If an individual with urgent needs resides on tribal land, then a report should be made to the tribal social work office or local Division of Child and Family Services (DCFS). The local welfare agency or DCFS will determine jurisdiction and proceed.

Community or School-Based Dental Screenings

A similar protocol should be followed by dental/medical professionals conducting community or school-based dental assessments/screenings. When an urgent dental need has been identified, the individual's parent/guardian should be assisted in accessing care and scheduling a dental appointment. It is the obligation of the provider or provider's organization to ensure that some form of case management has been attempted and referral to government agencies (ie. DCFS or Oral Health Program) is made when appropriate.