

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

DENTAL SERVICES

**IHSC Directive: 09-01
ERO Directive Number: 11825.2
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: April 25, 2023**

By Order of the Assistant Director

(b)(6),(b)(7)(C) DHSc, FACHE

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1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures for the delivery of oral health services in U.S. Immigration and Customs Enforcement (ICE) or contracted detention facilities staffed by ICE Health Service Corps (IHSC) personnel that support health care operations.

2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to all IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities and to IHSC headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.

3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Part 232 (8 CFR 232), *Detention of Aliens for Physical and Mental Examination*.
 - 3-2. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); *Medical Examination of Aliens*.
 - 3-3. Occupational Safety and Health Administration (OSHA) Standards.
 - 3-4. Title 29, Code of Federal Regulations, Section 1910.1030, (29 C.F.R. §1910.1030), *Bloodborne Pathogens*.
 - 3-5. Title 29, Code of Federal Regulations, Section 1910.1200 (29 C.F.R. §1910.1200), *Hazard Communication*.

4. **POLICY:** Dentists and trained qualified health care professionals provide dental services to noncitizens in ICE custody for maintenance and stabilization of oral health. Dental health services include dental screenings, emergency dental care, urgent dental care, routine dental care, oral health education, and off-site dental care.

4-1. Dental Health Services.

4-1.1 Dental Screenings.

4-1.1.a Adult Screenings: Qualified health care professionals (excluding dental hygienists) query patients about dental concerns during the intake assessment within 12 hours of arrival and provide a dental screening as part of the health assessment (physical exam) within 14 days of intake.

4-1.1.b Juvenile Screenings: Qualified health care professionals (excluding dental hygienists) query juvenile patients or guardians about dental concerns during the intake assessment within 12 hours of arrival and provide a dental screening as part of the health assessment (physical exam) within seven days of intake.

4-1.1.c Emergency Dental Care. Qualified health care professionals refer emergency dental conditions immediately to the dentist or manage the emergency within the medical health care system per IHSC Directive 03-05, All Hazards Emergency Preparedness and Response. Patients may access emergency dental care 24 hours a day, seven days a week.

4-1.1.d Urgent Dental Care. All patients have daily opportunity to request oral health care services through a local sick call process in accordance with IHSC Directive 03-02, Access to Care - Sick Call and IHSC Guide 03-02 G-01, Sick Call Guide. Dentists registered dental hygienists (RDH), physicians, advanced practice providers (APPs), and nurses manage urgent dental findings within their scope of practice and training as part of the sick call process or at other times, as patient needs dictate.

4-1.2 Routine Dental Care.

- 4-1.2.a Adults: The dentist completes a comprehensive oral examination, orders, and evaluates radiographs, and develops a plan of care, which may begin after six months but not later than 12 months of continuous ICE detention.
- 4-1.2.b Juveniles: The dentist completes a comprehensive oral examination, orders, and evaluates radiographs as necessary, and develops a plan of care within 60 days of admission or sooner, based on local detention standards.
- 4-1.2.c Routine Dental Treatment. Dentists and registered dental hygienists provide routine dental treatment within their scope of practice.
- Dentists and registered dental hygienists render routine services according to acuity. These services may include prophylaxis (cleanings), amalgam restorations, composite resin restorations and extractions consistent with community standards of care. They may complete root canals on incisors and canines according to acuity or may render additional treatment in unusual circumstances if the dentist in collaboration with the regional dental consultant determines the patient's systemic health would be severely impacted.
 - Emergent or urgent care needs take precedence over routine care needs. Dental staff under the direction of a dentist use a defined charting system within the electronic health record (eHR) that identifies oral health conditions and specifies priorities of care.
- 4-1.2.d Preventive Dental Treatment and Oral Health Education.
- Dental staff and qualified health care professionals provide oral hygiene instructions and preventive oral education. The education consists of measures to assist patients in caring for their oral health.
 - Qualified health care professionals provide patients with oral hygiene instructions and preventive oral education materials during the intake and physical exam assessment. Dental staff provide individualized oral hygiene instructions at every dental appointment.

- Patients have access to the preventive benefits of fluoride as directed by the dentist. Additionally, the custody component at each facility provides all patients with fluoride toothpaste and toothbrushes.

4-1.3 Off-site Dental Care. Dentists, physicians, and APPs initiate consultations and referrals to general dentists, oral surgeons, and other specialists when necessary through the IHSC referral process detailed in IHSC Guide 09-01 G-01, Dental Services Guide.

4-2. Dental Training for Qualified Health Care Professionals. The dentist provides initial and annual dental training to RDHs, physicians, APPs, and nurses.

4-3. Safety and Security in the Dental Clinic. The dental clinic presents unique safety and security concerns due to the extensive inventory of specialized instruments and sharps. The dentist serves as the responsible health authority for the dental clinic. The dentist ensures control and accountability for all instruments and sharps in the dental clinic.

4-3.1 Two dental staff members or designees perform a daily inventory simultaneously of all instruments and sharps in the dental clinic at the beginning and end of each workday. Dental staff secure the instruments and sharps behind two individual locks (doors, cabinets, and/or drawers). Dental staff use the IHSC dental instrument and sharps logs for the instruments and sharps maintained in the dental clinic.

4-3.2 Dental staff sterilize medical instruments and maintain the IHSC instrument exchange log. Dental staff ensure uninterrupted custodial control by tracking exchange of instruments between the medical and dental clinic.

4-3.3 IHSC 09-01 G-01, Dental Services Guide, details dental practices to optimize safety and security. Additionally, all IHSC-staffed dental clinics observe standard safety and security practices in accordance with IHSC Directive 05-05, Safety and Security and IHSC Guide 05-05 G-01, Safety and Security Guide.

4-4. Clinic Space, Equipment, and Supplies. Each IHSC dental clinic has sufficient space, equipment, and supplies available to support dental services in accordance with IHSC 09-01 G-01, Dental Services Guide.

5. RESPONSIBILITIES:

5-1. IHSC Dental Leadership.

- 5-1.1 Establishes and directs IHSC dental services including scope, standards, and competency activities.
- 5-1.2 Provides clinical consultation related to dental services.
- 5-1.3 Develops, reviews, updates, and implements dental services policy and guidance.

5-2. Designated Dental Health Authority.

- 5-2.1 The chief of the IHSC Dental Program is the designated dental health authority for IHSC.
- 5-2.2 The facility dentist serves as the designated dental health authority at IHSC-staffed clinics.

5-3. Dental Services.

- 5-3.1 Dentists, RDHs, and trained qualified health care professionals provide access to emergency dental care 24 hours a day, 7 days a week.
- 5-3.2 Dentists, RDHs, and trained qualified health care professionals provide unrestricted daily access to emergent and urgent dental services.
- 5-3.3 Dentists and RDHs provide routine dental care within an established delivery system during business hours.

6. PROCEDURES: For additional procedures, see IHSC 09-01 G-01, Dental Services Guide, which supplements this directive and explains concepts, assigns responsibilities, and details delivery procedures for dental care.

6-1. Dental Training for Qualified Health Care Professionals. A licensed dentist provides initial and annual dental training to all RDHs, physicians, APPs, and nurses. This training ensures qualified health care professionals manage and refer emergent or urgent dental cases based on the clinical findings identified during intake screenings, physical exams, sick call, or after-hours encounters. The health services administrator maintains all training documentation.

- 6-1.1 Management of Emergency Dental Conditions by Qualified Health Care Professionals. Qualified health care professionals refer emergent findings immediately to the dentist or manage through the medical health care system per IHSC 03-05, All Hazards Emergency Preparedness and Response.

Emergency signs and symptoms include, but are not limited to, rapidly advancing, or spreading swelling with fever, airway compromise, trismus, maxillofacial trauma, uncontrolled post-operative hemorrhage.

- 6-1.2 Management of Urgent Dental Conditions by Qualified Health Care Professionals. Qualified health care professionals manage urgent dental findings within their scope of practice and training. After initial assessment and management, the qualified health care professional refers the patient to the facility dentist or designee within the eHR (via a telephone encounter) for urgent signs and symptoms. These symptoms include, but are not limited to, acute pain, acute infection exhibiting the cardinal signs, active antibiotic treatment for dental infection (upon intake), traumatic injuries, and abnormal masses or lesions or other oral pathology.
- 6-1.3 Management of Non-urgent (Chronic) Dental Conditions by Qualified Health Care Professionals. Qualified health care professionals manage non-urgent dental conditions (e.g., asymptomatic decay) and routine care requests (e.g., checkups, cleanings, elective fillings, tooth replacements, esthetics, orthodontics, mouth guards). They provide patient education that includes, but is not limited to, oral hygiene instructions, availability of routine dental care after 12 months of continuous ICE custody, and availability of sick call, if urgent dental symptoms develop. A dentist performs an initial oral examination on the patient within 12 months of admission.
- 6-1.4 Environmental Health and Infection Control in the Dental Clinic. Environmental health and infection control are critical due to the high-risk dental environment involving invasive surgical procedures, specialized equipment, instrument processing, and hazardous materials. Dental procedures to optimize environmental health and infection control are detailed in IHSC 09-01 G-01, Dental Services Guide. Additionally, all IHSC-staffed dental clinics observe standard environmental health and infection control practices in accordance with applicable CDC/OSHA guidelines and IHSC medical directives 05-02, Occupational Health and 05-04, Environmental Health and corresponding guides.

7. HISTORICAL NOTES: This technical update replaces IHSC 09-01, *Dental Services*, dated April 13, 2022.

7-1. Summary of Changes:

- 7-1.1 Language “detainee/noncitizen” changed to “patient” throughout the document in the appropriate context.

7-1.2 Updated subject-related definitions were added and links to applicable policy guides.

8. DEFINITIONS: The following definitions apply for purposes of this directive only.

Additional definitions related to this directive are located in 11-00 IHSC Glossary and in IHSC 09-01 G-01, *Dental Services Guide* found in the [IHSC Policy Library](#).

8-1. Dental Screening - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate dentist referral.

8-2. Emergency Dental Care - Includes services for conditions that are of an immediate, acute, or grave nature and which, without care, would cause rapid health deterioration, significant irreversible loss of function, or maybe life threatening.

8-3. Juvenile - Any person under 18 years of age.

8-4. Oral examination - Performed by a dentist and includes taking or reviewing the patient's oral history, an extraoral head and neck examination, charting of the teeth, periodontal assessment, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination.

8-5. Routine Dental Care - Includes elective services for non-urgent, pre-existing, chronic dental conditions based on a comprehensive prioritized plan of care.

8-6. Preventive Dental Care - Includes services and activities that aid in prevention of the onset of dental disease.

8-7. Sharps - Include needles, anesthetic cartridges, sutures, and scalpels.

8-8. Urgent Dental Care - Includes services for conditions that are not immediately life threatening but may require treatment for the relief of acute pain, acute infection exhibiting the cardinal signs, or traumatic injuries.

9. APPLICABLE STANDARDS:

9-1. Performance Based National Detention Standards (PBNDS 2011):

9-1.1 Part 4: Care; 4.3 Medical Care, R. Dental Treatment.

9-2. ICE Family Residential Standards:

9-2.1. Part 4: Care; 4.3 Health Care, S. Dental Treatment.

9-3. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention Facilities.

9-3.1. 4-ALDF-4C-20: Dental Care.

9-4. National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2018.

9-4.1. J-E-06 Oral Care.

10. PRIVACY AND RECORDKEEPING. ICE uses detainee health records and information maintained in accordance with the DHS/ICE-013 Alien Health Records System of Records to provide for the care and safety of detainees. IHSC limits access to detainee health records and information to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.

10-1. IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

10-2. IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.

10-3. All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

11. NO PRIVATE RIGHT STATEMENT: This directive is an internal directive statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

12. POINT OF CONTACT: Chief, IHSC Dentist.