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<b>Section-14 Health Services</b>	<b>OP-140124</b>	<b>Page: 1</b>	<b>Effective Date: 08/15/2019</b>
<b>Dental Services</b>	<b>ACA Standards: 2-CO-4E-01, 4-4350, 4-4351M, 4-4360, 4-4375, 4-4382M, 4-ACRS-4C-11</b>		
<b>Scott Crow, Interim Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Dental Services

The dental services program includes specific guidelines to ensure that inmates receive routine and emergency dental health care in a cost-effective manner. A dental classification system will be utilized to ensure that priority is given to inmates whose oral pathosis is detrimental to their general physical health. Dental services will be provided strictly on a priority basis in accordance with the inmate’s needs as established by the facility dentist. A dental emergency will take precedence over any priority of need status. The dental services program will operate as an integral part of the health services unit. (2-CO-4E-01, 4-4360, 4-ACRS-4C-11)

### I. Program Components

#### A. Organization

1. All dental personnel will be licensed or certified in accordance with Oklahoma State statutes. (4-ACRS-4C-11) Each dentist will provide a copy of his/her current license to practice dentistry in the State of Oklahoma and current Drug Enforcement Agency (DEA) certificate to Medical Services Administration in accordance with [OP-140134](#) entitled “Credentialing Process.” (4-4360) A written job description as

approved by the Office of Human Capital Management (HCM) will be maintained on file for each dental employee. (4-4382M)

2. Each dental unit will have a fully equipped and functional dental operatory.
3. The chief dental officer will ensure peer reviews are conducted every two years in accordance with [OP-140142](#) entitled "Peer Review."
4. The dentists' responsibilities will include:
  - a. Provide dental care services consistent with community standards utilizing the priority system;
  - b. Clinical supervision of all dental personnel;
  - c. Supervise the care and maintenance of dental equipment and supplies;
  - d. Develop job accountabilities for dental personnel;
  - e. Advise the Medical Services administrator, through the facility correctional health service administrator (CHSA), of personnel status that may adversely affect the facility's dental operations;
  - f. Implement infection control procedures in accordance with current Occupational Safety Health Administration (OSHA), American Dental Association (ADA) guidelines and [OP-140125](#) entitled "Bloodborne Pathogen Exposure Control Program" and monitor dental personnel for compliance with established infection control protocols; and
  - g. Ensure strict adherence to the State of Oklahoma Dental Practice Act and the Board of Dentistry's Rules and Regulations by all dental personnel. (4-4350)

B. Dental Program Objectives

1. Relieve pain and alleviate infection;
2. Encourage inmates to preserve and maintain their own natural dentition through education; and
3. Restore and help the inmate maintain the oral cavity in a healthy condition.

C. Assessment and Reception Center Screening and Dental Examination (4-4360)

1. Upon arrival, all inmates receive a dental screening by a health trained or qualified health care staff in accordance with [OP-140113](#) entitled "Health Assessment for Inmate Transfers" and [OP-140114](#) entitled "Screening New Arrivals." (4-4360 b #1)
2. The dentist will ensure that all inmates receive a full dental examination, with instructions on dental hygiene, oral disease education and self care instruction, within 30 days of arrival. (4-4360 b# 2, 3) The dentist will document the examination utilizing the "Dental Initial Exam" located in the electronic health record (EHR) on each inmate. (4-4360 b# 4)
3. The dentist will assess the inmate's dental health needs and assign a priority classification code in accordance with Section I. item D. of this procedure. (4-4360 b# 4)
4. Any dental service or treatment rendered will be documented in the EHR.
5. While in reception, inmates will receive Priority I care as needed. After transfer, other classes of care will be provided by the receiving facility's dentist, to include an examination and development of a treatment plan. (4-4350)
6. In the event that circumstances necessitate the transport of an inmate from the assessment and reception center prior to obtaining an intake screening and examination, the following notification will occur:
  - a. The assessment and reception center CHSA or designee will notify the chief dental officer by telephone. The information provided will include the following:
    - (1) Inmate's name;
    - (2) DOC number;
    - (3) Date of reception;
    - (4) Reason for the transport without the exam; and
    - (5) Name of the receiving facility.
  - b. The assessment and reception center CHSA or designee will follow up with this information in writing (email, fax or regular mail) within 48 hours of the verbal notification.
  - c. The dental staff at the assessment and reception center will be notified verbally by the CHSA or designee and given a copy of the written notice within 48 hours of the telephone call.

- d. The chief dental officer or designee will then notify the receiving facility by telephone to advise the receiving facility's or host facility's dental staff of the above information and that the procedures listed in Section I. C. items 1. through 5. must be completed within seven days of reception.
- e. The chief dental officer or designee will follow the phone call with written notification to the receiving facility (via email, fax or regular mail) within 48 hours of the telephone call.

#### D. Priority Dental Classification System

To enable and increase efficiency of care, an inmate will be classified by the highest priority that his/her condition by quadrant indicates and treatment by quadrant will be provided whenever possible. Gross scaling and/or treatment for mild periodontal disease will be provided in conjunction with quadrant dentistry.

An initial priority classification code will be assigned to each inmate during the reception process at the assessment and reception center. Access to dental health care will be prioritized in accordance with the inmate's current classification. Radiographs will be used to document and justify classification and treatment. Periodic reclassification will be conducted as indicated. Appropriate oral hygiene instruction will be an integral part of all classifications.

Priority categories include: (4-4360 b #4)

##### 1. Priority I

Includes gross pathosis of the oral cavity that may provide an immediate threat to the inmate's health.

Priority I may include:

- a. Postoperative bleeding that is uncontrolled;
- b. Facial fractures, including the maxilla, mandible and zygomatic arch;
- c. Avulsed teeth;
- d. Lacerations requiring suturing; or
- e. Swelling, facial or intraoral, arising from acute infection of the teeth, oral mucosa or periodontium.

##### 2. Priority II

Includes pathosis of the oral cavity that may not provide an immediate threat to the inmate's health, but in the dentist's opinion, if left untreated for three to six months will become a Priority I problem.

Priority II may include:

- a. Advanced carious lesions or teeth that have lost restorations, (may have temporary or sedative fillings);
- b. Teeth for which routine restoration is not a terminal treatment, endodontics or extraction is required;
- c. Severe periodontal disease (7 mm or greater pockets, Priority III mobility, gross debridement as clinically indicated);
- d. Root fragments with evidence of pathosis;
- e. Cysts or growths in the mucosa or supporting structures;
- f. Repairs of dentures that will allow those dentures to be wearable regardless of time remaining on sentence and adjustments of complete or partial dentures to relieve pain, regardless of time remaining on sentence; or
- g. Dental treatment needed prior to therapy for malignancies of the head or neck or prior to IV bisphosphonate therapy.

3. Priority III

Priority III may include:

- a. Partially edentulous and present with seven or fewer occluding natural and/or artificial posterior teeth, with a six months minimum of continuous incarceration completed in ODOC custody on current conviction, and there is a medical necessity.
- b. Completely edentulous will be treated as outlined in Section I. F. item 1. of this procedure;
- c. Routine restorative dentistry;
- d. Moderate periodontal disease (5-6 mm pockets, Priority II mobility). To increase efficiency, periodontal treatment may proceed in conjunction with Priority II treatment; and
- e. Root fragments.

- f. Priority III treatment must be preceded by:
- (1) A complete examination;
  - (2) Additional radiographs, if needed;
  - (3) A “Dental Treatment Plan” and treatment plan for periodontal disease, if appropriate, documented by a dentist in the EHR;
  - (4) A six month minimum period of continuous completed ODOC custody for the current conviction precedes all Priority III work;
  - (5) Documented compliance with oral hygiene regimen prescribed, as indicated by a documented plaque index of 35% or lower on at least two occasions separated by a two week minimum time frame, for inmates who will retain any natural teeth. The plaque index will be documented on the “Dental Plaque Index” in the EHR; and
  - (6) Treatment for periodontal disease may proceed before plaque indices are performed and prior to the six months of incarceration and in conjunction with other, higher priority, treatment.

4. Priority IV

Simple prophylaxis only, no restorative treatment needed.

5. Priority V

Inmates who do not demonstrate a current need or have no desire for dental health care.

E. Access to Dental Health Care (4-4360, 4-4351M)

1. Dental health care will be accessible in accordance with [OP-140117](#) entitled “Access to Health Care.”
2. Dental health care will be available and provided to community security inmates. (4-ACRS-4C-11)
3. Upon receipt of an inmate by the receiving facility, a screening will be conducted by health trained or qualified healthcare providers and a review of the chart will be conducted by dental staff. New arrival inmates identified with a need for dental service/treatment, as determined in the initial intake screening and examination, will submit

a "Request for Health Services" ([DOC 140117A](#)) in accordance with [OP-140117](#) entitled "Access to Health Care" for scheduling of a dental examination. (4-4351M)

4. Priority II, III and IV dental health care will be available during scheduled working hours at facilities having dental units. Priority I dental care will be available 24 hours per day, seven days per week. (4-4351M)
5. Dental health care will be available and provided to ODOC inmates housed in qualified county jail programs.
6. ODOC inmates in county jails, who have been sentenced and are awaiting transport to a reception center, will receive Priority I care only. Other classes of care will be provided after transfer and examination and development of a treatment plan by the receiving facility's dentist.

F. Dental Emergencies

1. Dental emergencies constitute acute medical conditions involving the oral cavity that exhibit an abrupt onset of symptoms that may endanger the inmate's health if not treated immediately. Symptoms may include, but are not limited to:
  - a. Pain;
  - b. Swelling;
  - c. Trismus;
  - d. Uncontrolled Bleeding;
  - e. Infection; or
  - f. Trauma to teeth and/or supporting tissues.
2. The dentist or, if the dentist is not available, medical provider or nurse on-site or on call will be responsible for assessing any inmate who presents with symptoms of a dental emergency. (4-4351M, 4-4360)
  - a. A dentist will be consulted for recommendations when the medical staff member identifies an urgent condition as indicated by the inmate's report or evidence of any of the above listed criteria (Section I. E. 7. items a-f). Painful conditions may be temporarily treated with non-prescription analgesics until the dentist can examine and diagnose the inmate.

- b. The examination will be within one working day of receipt of the "Request for Health Services" form ([DOC 140117A](#)) indicating an urgent condition as defined in Section I. E. item 7. of this procedure.
- c. An inmate with a dental emergency that presents an immediate threat to life will be transported to an emergency facility. (4-4351) These emergencies may include trauma with swelling to obstruct the airway or swelling from an infection that has not responded to treatment or has increased following treatment.

G. Dental services not available:

The following dental services are not available:

1. Fixed Prosthetics;
2. Molar and premolar endodontics, not including pulpectomy/pulpotomy, for inmates who will be discharging from the correctional system within one year from the date of diagnosis of the condition necessitating endodontics. An "Endodontic and Orthodontic Consent" ([DOC 140124F](#), attached) must be signed by the inmate prior to the procedure;
3. Orthodontics, except for the removal of fixed appliances, which may be performed only with written and signed informed consent of the inmate with the use of the "Endodontic and Orthodontic Consent" ([DOC140124F](#));
4. Any highly specialized dental procedure, including implants and treatment associated with implants; and
5. Endodontics in (periodontally or other) compromised teeth.

H. Refusal of Prescribed Dental Treatment

The dentist will counsel any inmate refusing prescribed dental treatment as to the potential consequences of the refusal to his/her dental and overall health. If, after counseling, he/she still chooses to waive treatment, he/she will sign a "Waiver of Treatment/Evaluation" form ([DOC 140117D](#)) and the dentist will document the refusal in the EHR in accordance with [OP-140106](#) entitled "Healthcare Record System" and [OP-140117](#) entitled "Access to Health Care."

I. Consent for Treatment

Consent for treatment will be in accordance with [OP-140701](#) entitled "Informed Consent for Medical, Dental and Mental Health Care."



J. Prosthetic Dental Appliances (4-4375)

1. Complete and partial dentures will not be available to inmates unless there is an identified medical necessity. A medical necessity could include but is not limited to:
  - a. A BMI less than 18.5;
  - b. An obturator when used in conjunction with maxillo-facial reconstruction; or
  - c. A documented medical condition contributing to mal-absorption or malnourishment.
2. If there is a medical necessity for a complete or partial denture, the dentist will submit a "Request for Dental Exception" ([DOC 140124G](#), attached) to the chief dental officer for approval before beginning fabrication.
3. If a partial denture is a medical necessity, it will be provided when the attending dentist determines they are necessary for proper mastication as outlined in Section I. D. 3. item a. of this procedure. All restorative work will be completed; non-restorable or severely compromised teeth (due to caries, periodontal disease, or other) will be extracted as Priority I or II. The condition of the oral cavity will be documented by radiographs as clinically indicated and requirements defined in Section I.D.3.f. of this procedure must be met before partial dentures are begun.
4. All fillings or other restorative treatment will be completed. A "Review for Partial Dentures" form ([DOC 140124E](#), attached) will be completed and signed by the chief dental officer as approved by a committee of three dentists prior to impressions for any partial. Impressions to begin fabrication of dentures (complete or partial) will only be done if the inmate has at least one calendar year remaining before discharge from the correctional system. Relining, rebasing or repairing defective dentures or partials will be considered, if the complete or partial denture is considered a medical necessity.
5. Complete and partial dentures will only be replaced under the following circumstances:
  - a. They are a medical necessity;
  - b. The dentist has determined that replacement is necessary due to physiologic or pathologic changes in the supporting structure;

- c. The dentist has determined that prosthetic deterioration resulted from normal use and aging;
  - d. The dentist has determined that replacement from causes other than normal use and aging is necessary to maintain proper mastication and oral health; or
  - e. A denture provided by ODOC will not normally be replaced in less than five years, and only with an authorization on a "Request for Dental Exception" ([DOC140124G](#)) signed by the chief dental officer.
6. Inmates who receive prosthetic appliances will sign the "Orthoses, Prostheses, and Other Aids to Impairment Appliance Record" form ([DOC 140133A](#)) at the time they accept the item.
  7. Inmates will receive instructions from the dental staff concerning the proper use, care, and maintenance required for the appliance issued.

K. Prosthetic Service Contracts

1. A dental laboratory contract will be initiated and maintained to ensure the availability of necessary prosthetic services that cannot be provided through an ODOC dental facility.
2. The attending dentist will submit a written prescription to the dental laboratory when a prosthetic appliance is requested.

L. Specialized Oral Surgery (4-4360)

Any inmate who may require oral surgical intervention will be referred to the ODOC Oral Surgery Clinic, OU Medical Center or other provider for further evaluation after approval by the chief dental officer or designee. X-rays, if clinically indicated and a completed consult/referral form will be sent via the EHR to the chief dental officer or designee for this review. Oral or maxillofacial surgery will only be performed upon the recommendation of the consulted dentist. (4-4360, b# 5)

M. Recovery of Precious Metals

1. Any precious metal recovered from an inmate will be thoroughly cleaned and secured in a sealed envelope. The envelope will be labeled with the:
  - a. Inmate's name and ODOC number;
  - b. Date the item was recovered;
  - c. Description of each item recovered;

- d. Dentist's signature who recovered the item(s); and
  - e. Inmate's signature.
2. The envelope containing the recovered items will be delivered to the facility's property officer for final disposition in accordance with OP-030120 entitled "Inmate Property."
  3. The dentist who performs the recovery will document the items recovered and identify the property officer who received final custody in the inmate's EHR.

N. Dental Hygiene Education

Dental hygiene education is a primary objective of the dental services program. Dental assistants, when trained by the dentist, as well as the dentist and/or hygienist, will be responsible for disseminating dental hygiene education to inmates. Individualized one-on-one instruction may be provided to demonstrate the proper use of the toothbrush and dental floss, floss picks, or other aids. Educational resources may include the use of brochures, fact sheets and videotapes or DVDs. Education will be documented in the EHR per dental progress notes, treatment plan or examinations.

O. Security of Dental Equipment and Supplies

1. All dental staff will be responsible for the security of dental equipment and supplies. The dentist will be responsible for the supervision of the care and maintenance of dental equipment and supplies.
2. Dental instruments will be secured, stored, maintained, disposed of, and inventoried daily in accordance with [OP-040107](#) entitled "Tool Control Standards."
3. The dentist or his/her designee will maintain a current inventory list of all dental instruments.
4. Lost, misplaced, or unaccounted inventory will be reported, through the CHSA, to the facility's chief of security and tool control officer upon discovery. The dentist or his/her designee will submit a written report to them before the end of the current workday. The chief dental officer will be notified by phone and a follow up e-mail will be submitted within 48 hours.
5. A perpetual daily inventory will be initiated and maintained for sharps, instruments, needles, and syringes in accordance with [OP-040107](#) entitled "Tool Control Standards" and [OP-140130](#) entitled "Pharmacy Operations."

6. The dentist or dental assistant will document dental instruments added or deleted from existing inventory in the inventory logbook.

P. Hazardous Materials

Chemicals (caustics, toxics or flammables) used by dental or medical services will be maintained and controlled in accordance with [OP-150310](#) entitled "Hazard Communications Program."

II. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-030120 entitled "Inmate Property"

OP-040107 entitled "Tool Control Standards"

OP-140106 entitled "Healthcare Record System"

OP-140113 entitled "Health Assessment for Inmate Transfers"

OP-140114 entitled "Screening New Arrivals"

OP-140117 entitled "Access to Health Care"

OP-140125 entitled "Bloodborne Pathogen Exposure Control Program"

OP-140130 entitled "Pharmacy Operations"

OP-140134 entitled "Credentialing Process"

OP-140142 entitled "Peer Review"

OP-140701 entitled "Informed Consent for Medical, Dental and Mental Health Care"

OP-150310 "Hazard Communications Program"

OSHA 3129 (1992) "Controlling Occupational Exposure to Bloodborne Pathogens in Dentistry": <http://www.osha.gov>

American Dental Association "Infection Control Recommendations for the Dental Office and the Dental Laboratory": <http://www.ada.org>

Oklahoma Board of Dentistry "Rules and Regulations"

[https://www.ok.gov/dentistry/Statutes\\_&Rules/index.html](https://www.ok.gov/dentistry/Statutes_&Rules/index.html)

Oklahoma Dental Act, Title 59, O.S. 328.1 et. seq:

[http://oklegal.onenet.net/oklegal-cgi/get\\_statute?99/Title.59/59-328.html](http://oklegal.onenet.net/oklegal-cgi/get_statute?99/Title.59/59-328.html)

III. Action

The chief dental officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140124 entitled "Dental Services" dated April 25, 2018

Distribution: Policy and Operations Manuals  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140117A</a>	“Request for Health Services”	<a href="#">OP-140117</a>
<a href="#">DOC 140117D</a>	“Waiver of Treatment/Evaluation”	<a href="#">OP-140117</a>
<a href="#">DOC 140124D</a>	“Periodontal Charting”	Attached
<a href="#">DOC 140124E</a>	“Review for Partial Dentures”	Attached
<a href="#">DOC 140124F</a>	“Endodontic and Orthodontic Consent”	Attached
<a href="#">DOC 140124G</a>	“Request for Dental Exception”	Attached
<a href="#">DOC 140133A</a>	“Orthoses, Prostheses, and Other Aids to Impairment Appliance Record”	<a href="#">OP-140133</a>
MSRM Form	“Dental Initial Exam”	EHR
MSRM Form	“Dental Plaque Index”	EHR
MSRM Form	“Dental Treatment Plan”	EHR