



Operating Procedure

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Amended		Operating Level	Department
Supersedes	Operating Procedure 720.6 (10/1/13)		
Authority	COV §53.1-32		
Subject	DENTAL SERVICES		
	ACA/PREA Standards 4-4360; 4-ACRS-4C-11		
Incarcerated Offender Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	FOIA Exempt Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #1 <input type="checkbox"/>	Office of Primary Responsibility Chief Dentist	

I. PURPOSE

This operating procedure provides guidance for the provision of adequate, necessary, and cost effective dental care to offenders incarcerated in Department of Corrections facilities.

II. COMPLIANCE

This operating procedure applies to all facilities operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

III. DEFINITIONS

Chief Dentist - Dentist responsible for the oversight of dental services in the Department of Corrections; responsible for planning, budget, training, and supervision of dentists employed or contracted by the Department of Corrections

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide the Detention Center Incarceration program in accordance with [COV §53.1-67.8](#) or the Diversion Center Incarceration Program in accordance with [COV §53.1-67.7](#)

Dental Auxiliary Staff - Registered Dental Hygienist or Dental Assistant

Dental Health Authority - The individual who functions as the administrator of the facility dental department; usually the Regional Dental Director

Dental Personnel - Other individuals who are qualified and are involved in providing direct dental care under the supervision of a dentist

Dentist - Person licensed by the state, who is responsible for providing dental services for a facility; a major institution has at least one dentist. A field unit uses the dentist at the major institution where its offenders receive dental care or a contract dentist in the community who provides emergency dental services.

Emergency Dental Treatment - Treatment performed in a reasonable period of time to correct an acute dental condition such as pain or swelling that is determined to have an immediate effect on the offender's health and well-being.

Facility - Any Community Corrections facility or institution

Full-time Dental Department - The collective staff of all dental providers and personnel (dentists, dental hygienists, and dental assistants) assigned to a facility and made available to provide for the full-time coverage of emergency dental care and adequate coverage of routine dental care; staffing criteria is facility specific, and based on the needs-analysis assessments of the individual facility's patient population trends, as dictated by available DOC resources.

Health Authority - The individual who functions as the administrator of the facility medical department at the facility

Institution - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers

Quality Assurance Monitor and Intake Dentist - The facility's designated Dental Authority or lead provider who is tasked with monitoring the Quality Assurance (QA), Continuous Quality Improvement (CQI) and Intake protocols as directed by the Dental Health Authority

Regional Dental Director - A dentist who reports to the Chief Dentist; supervises the Dental Clinical Authority and the dentists; and serves as the Dental Health Authority at the facilities within their assigned region

Routine Dental Treatment - Any treatment other than emergency treatment necessary to correct and improve an offender's dental condition and maintain the integrity and health of the dental arches.

IV. PROCEDURE

A. Mission, Objective

1. The mission of Dental Services is to provide adequate, necessary, cost effective oral health care to the offender population.
2. This essential dental care is to be provided to the greatest number of offender patients within available resources consistent with ACA and generally accepted national standards.
3. Dental Treatment - Institutions (4-4360)
 - a. Routine and emergency dental care is provided to each offender under the direction and supervision of a licensed dentist.
 - b. A qualified health care professional or health trained personnel will conduct a dental screening as part of the initial health care screening at admission. Dental screening is an assessment of dental pain, swelling, and ability to masticate.
 - c. A dentist will conduct a full dental examination within 30 days of the offender's arrival into the DOC. The examination should include visual observation of the teeth and supporting structures and a periodontal examination using Periodontal Screening and Recording (PSR). Radiographs will be taken as necessary. A detailed treatment plan will be developed based on the examination.
 - d. Instruction on proper oral hygiene care, oral disease education, and self-care instruction will be provided within 30 days of the offender's arrival into the DOC.
 - e. The offender's dental condition will be charted (see [Dental Chart](#) 720_F29) and classified according to the classification system.
 - f. Acute conditions requiring immediate treatment should be noted and referred for treatment.
4. Dental Treatment - Community Corrections Facilities (4-ACRS-4C-11)
 - a. A dental screening of each offender shall be conducted by the nurse on admission to a Community Corrections facility. Referrals will be made for any emergency dental care needed.
 - b. After the dental screening, offenders in a Community Corrections facility will receive emergency dental care only.
 - c. Emergency dental care will be provided by a DOC dental clinic, if available. If a DOC dental clinic is not available, services will be provided by a vendor approved by the Health Services Unit.

B. Dental Services Administration

1. Dental Services are under the general supervision of the Regional Dental Director, under the direction of the Chief Dentist. All dentists will report to their assigned Regional Dental Director or the Chief Dentist if the Regional Dental Director position is vacant.
2. Dental treatment will be delivered by a dentist who is licensed by the State of Virginia or by dental personnel under the direction and supervision of a dentist licensed by the State of Virginia.

Minimum qualifications for employment of DOC dental staff are as follows:

- a. Dentist
 - i. Graduate of an accredited school of dentistry
 - ii. Satisfactory completion of National Board Examinations for dentistry
 - iii. Licensed in the Commonwealth of Virginia by the Virginia State Board of Dentistry
- b. Dental Hygienist
 - i. Graduate of an accredited program in dental hygiene
 - ii. Satisfactory completion of National Board Examinations for dental hygiene
 - iii. Licensed in the Commonwealth of Virginia by the Virginia State Board of Dentistry
- c. Dental Assistant
 - i. Certificate of completion of a formal course of study in dental assisting preferred.
 - ii. Certification in Dental Assisting by satisfactory completion of the dental assisting examination preferred.
 - iii. Certification in Radiation Safety prior to employment

3. Data Management

- a. Each dentist and dental hygienist will maintain a separate [Dental Services Daily Log](#) 720_F27 of dental procedures accomplished.
- b. The *Daily Logs* will be used to complete the [Dental Services Monthly Activity Report](#) 720_F28.
- c. The assigned Quality Assurance (QA) Dentist shall submit a [Dental Services Monthly Activity Report](#) 720_F28 to the Health Services Unit by the 15th of the following month. A separate monthly report for each practitioner will be submitted.
- d. At multiple practitioner facilities, only the assigned QA Dentist will complete the *Additional Information* section.

C. Oral Health Education

1. Personal oral hygiene is an individual responsibility and an essential component in maintaining good dental and general health.
2. As health providers, dental staff are responsible for the recognition, diagnosis, and documentation of oral diseases, and for providing the information necessary for self-care and prevention.
3. Areas of information should include the following:
 - a. Offender education: an elementary understanding of the relationship of dental plaque and oral health.
 - i. It is important that the offender is aware of their personal responsibility in maintaining good oral hygiene and that successful continuation of treatment will be dependent upon the offender's practice of good oral hygiene habits.
 - ii. Offenders are required to demonstrate that they are practicing adequate and proper oral hygiene prior to the delivery of routine dental care.
 - iii. The treating dentist may discontinue routine care at any time when it becomes apparent that the offender is not practicing proper oral hygiene.
 - b. Brushing: technique, type of brush, how often
 - c. Flossing: technique, type of floss, how often
 - d. Diet and nutrition: relationship of plaque formation and dental pathology to the intake of simple carbohydrates and the frequency of intake, and the importance of a balanced diet high in fruits and vegetables.

D. Dental Charting and Classification

1. The following dental charting system should be utilized (See [Dental Chart](#) 720_F29).
 - a. Oral-paraoral examination

- b. Missing teeth and existing restorations should be charted in blue pencil. Missing teeth should be marked with an "X."
 - c. Decay should be charted in red pencil for teeth to be restored.
 - d. Teeth to be extracted should be charted with a red "X."
 - e. Panoramic X-ray or other X-rays should be evaluated.
 - f. Completed treatment should be charted in blue.
 - g. The Universal Numbering System should be used.
2. The following dental classification will be used:
- a. Class 1
 - i. Offender does not require any dental care or only requires stain removal and polishing.
 - ii. Priority level - low
 - b. Class 2
 - i. Offender requires routine dental treatment; examples:
 - (a) Fillings
 - (b) Simple wisdom teeth extractions
 - (c) Extractions
 - (d) Periodontal treatment to include gingivectomies, root planing, scaling
 - (e) Complete and partial dentures
 - (f) Root canals
 - (g) Pre-prosthetic surgery
 - (h) Bite splints
 - (i) Temporary crowns and restorations
 - (j) Sensitivity to hot and cold temperatures
 - (k) Broken dentures
 - (l) Removal of passive orthodontic appliances
 - ii. Priority level - Moderate
 - c. Class 3
 - i. Urgent dental conditions, while not life threatening, have high priority and require prompt attention due to extreme pain or need for immediate intervention to control or prevent the exacerbation of the condition. Examples are:
 - (a) Severe, unrelenting toothaches
 - (b) Localized swelling from an abscessed tooth
 - (c) Painful impacted wisdom teeth
 - (d) Avulsed or displaced teeth
 - (e) Follow-up care for post-operative complications
 - (f) Overdue removal of intermaxillary fixation or arch bars
 - (g) Overdue suture removal
 - ii. These offenders will be seen the next available dental clinical day.
 - iii. When the urgent condition has been resolved, the offenders will be reclassified into an appropriate treatment category.
 - d. Class 4
 - i. Emergency dental treatment is of the highest priority and is available on a 24 hour basis. These offenders will be seen immediately and will be referred for outside care, if necessary.
 - ii. This class includes offenders with facial swelling, uncontrolled bleeding, severe traumatic injuries, and other conditions that, if not treated immediately, will have an immediate effect on the health of the offender.
 - iii. When the emergency condition has been resolved, the offender will be reclassified into an appropriate treatment category.

E. Availability of Dental Services

1. Facilities without on-site dental clinics have access to dental clinics in accordance with the facility assignments on Attachment 1, *Access to Dental Clinics*.
 - a. Offenders assigned to work centers without on-site dental clinics will receive access to routine dental care at the assigned institution as the resources of staff, time, and materials are available.
 - b. Offenders at work centers will not be transported to the assigned institution for treatment of mild gingivitis or for teeth polishing, but will be provided offender education and/or oral hygiene instructions.
 - c. Offenders with Adult Periodontal Disease, PSR Code 3 and higher, will receive periodontal treatment at the assigned institution.
2. Not all Community Corrections detention and diversion centers utilize DOC on-site dental clinics. Dental treatment provided to these facilities' offenders is emergency/urgent care only and because of security or transportation considerations, some of these facilities may use private dental services in their communities.
3. All Community Corrections facilities have been assigned to an on-site dental clinic in the event they need to use a major institution for dental treatment in lieu of or as an adjunct to private local services.

F. Levels of Care

1. **Dentally Mandatory:** Any condition that puts the offender's health or well-being at immediate risk, such as, urgent care for immediate relief of pain, traumatic injury, or acute infection. Emergency dental care falls into this category.
2. **Presently Dentally Necessary:** If not treated, the offender would be at significant risk of further serious deterioration of his condition or there would significant reduction of a chance of possible repair after release. Routine dental care falls into this category.
3. **Dentally Acceptable but Not Dentally Mandatory:** Includes such treatment as dental implants, fixed bridges, permanent crowns, cast-metal partial dentures, orthodontics, edentulous ridge augmentation, and TMJ surgery. This level of care is not provided by the DOC.

G. Accessing Dental Services

1. It is the responsibility of the offender to request dental care by using the appropriate request form.
 - a. The appropriate emergency request form will be addressed the day that it is received.
 - b. Requests for routine dental treatment will be scheduled in the chronological order in which they are received.
 - c. Routine dental treatment should not be initiated when an emergency form is submitted and no emergency condition exists.
2. Offenders are subject to co-pay charges for dental services in accordance with Operating Procedure 720.4, *Co-Payment for Health Care Services*.

H. Emergency Care

1. Dental emergencies may involve traumatic injuries, facial swelling, or other conditions that may have an immediate effect on the health of the offender.
 - a. Conditions such as tooth decay without pain, pain to hot or cold substances, bleeding gums, lost fillings, or broken dentures do not constitute emergencies.
 - b. Emergency dental care is of the highest priority and shall be provided as the emergency dictates.
2. If emergencies occur during the regular workday, the dental staff will make arrangements to have the offender seen as soon as possible. The offender's condition will be assessed to determine the nature of the emergency.
3. After hours, emergency care is usually handled by on duty medical staff. A protocol for 24 hour emergency care will be provided for after-hours emergency care to ensure that emergency needs are

triaged, treated, and reported to the dental staff.

4. All emergency cases will be documented using the "SOAP" format:
S - Subjective findings: Symptoms described by the offender. Review of health history
O - Objective findings: Results of the clinical exam, radiographs, or tests
A - Assessment: Diagnosis
P - Plan: Treatment rendered

I. Routine Dental Treatment

1. The DOC will provide access to routine dental care for offenders, as the resources of staff, time, and materials are available and commensurate with the offender practicing good oral hygiene habits.
2. Routine dental treatment is elective and an offender must request this care by using the appropriate request form.
 - a. Access to this care is equitably controlled by use of an appointment book or scheduler template to schedule according to the chronological date on the request form. Separate treatment lists will not be maintained for routine dental care procedures.
 - b. If a treatment plan requires several appointments, subsequent appointments will be no more than twelve weeks apart when the institution has an on-site, full time dental department.
3. Routine care is to be initiated by a comprehensive exam, a charting update, necessary radiographs, development of a written treatment plan, and oral health education.
4. All routine dental care will be delivered as outlined in the treatment plan.
 - a. If an offender refuses a part of the treatment plan that would cause subsequent dental treatment to fail, the dentist may discontinue treatment until the offender is prepared to follow the plan.
 - b. DOC will not be responsible for completion of a treatment plan to accommodate an impending release date.
5. Restorative Dentistry:
 - a. Permanent restorations (amalgam and resin) should be placed when possible. Amalgam is the preferred restoration for posterior teeth.
 - b. Acrylic or stainless steel crowns are discouraged because they often require frequent re-cementing and may be aspirated when they become uncemented.
 - c. If an existing crown or fixed bridge can be repaired, it must be done in-house.
6. Periodontal Treatment: The following recommendations were adopted by the Virginia Board of Dentistry to assist the general dentist in the application of periodontal diagnosis and treatment.
 - a. Plaque Associated Gingivitis: This is defined as inflammation of the gingiva in the absence of clinical attachment loss.

Treatment Considerations: Offenders with mild inflammation of the marginal tissue, minimal calculus, little or no clinical evidence of attachment loss and insignificant pocket depths (less than 3 mm) are candidates for scaling or polishing. However, offender education and oral hygiene instruction can be appropriate treatment. This service will be provided no more than once every twelve months. A request must be submitted.
 - b. Adult Periodontitis: This is defined as inflammation of the gingiva and the adjacent attachment apparatus. The disease is characterized by the loss of clinical attachment due to the destruction of the periodontal ligament and the loss of the adjacent supporting bone.

Treatment Considerations: Treatment plans for adult periodontitis include offender education, customized oral hygiene instruction, and debridement of tooth surfaces to remove supra/subgingival plaque and calculus. This treatment is included in the treatment plan by the dentist if it is deemed necessary. Adult periodontitis may require additional treatment modalities including root planing, scaling, gingivectomies, and extractions. When treatment requires more than one appointment, each appointment will be assessed a separate co-payment.

7. Oral Surgery:

- a. A signed [*Consent for Oral Surgery and Special Dental Procedures*](#) 720_F31 will be required for all oral surgery cases.
- b. Extractions are to be performed when indicated.
- c. The facility dentist will perform most oral surgery.
- d. Complicated oral surgery that is beyond the capability of the facility dentist may be referred to an oral surgeon.
 - i. Pre-approval for outside referral to an oral surgeon must be obtained in instances when immediate care is not an issue.
 - ii. If immediate care is provided, approval must be requested by the next working day.

8. Prosthodontic Treatment:

- a. Removable complete and partial dentures should be made when the facility dentist determines that they are necessary for mastication and the offender's earliest release date is at least one year from initiation of prosthodontic treatment.
- b. Restoration of function should be the primary consideration when denture cases are prioritized.
- c. The facility dentist will perform all prosthodontics.
- d. Before proceeding with any prosthodontic case, the following must apply:
 - i. Oral hygiene must be acceptable.
 - ii. Appropriate periodontal and restorative treatment must be completed.
 - iii. Proper surgical healing has occurred.
 - iv. The offender must have at least one year remaining on their sentence to allow for the possibility of a prosthetic case being completed and delivered before the release date, as dictated by DOC resources.
 - (a) Offenders will not be advanced ahead of other waiting offenders to achieve the one-year limit.
 - (b) When the facility dentist is treating an edentulous or near edentulous offender, the dentist may use their discretion to determine if dentures are to be fabricated if the offender has less than one year remaining before release.
 - v. Before pre-prosthetic surgery, such as tori removal, undercut elimination, or vestibuloplasty is initiated, it should be determined if the offender will have sufficient time remaining to complete the denture fabrication process.
- e. In most cases, removable partial dentures will be made of acrylic with wire clasps.
- f. Repairs and relines should be performed when the dentist determines that they are appropriate.
- g. When a denture is lost, broken, or stolen due to an offender's carelessness, it should be remade at 100% replacement cost to the offender.
- h. When an offender has been released from the DOC before delivery of a dental prosthesis, the offender will be refunded the copayment for the prosthesis.

9. Endodontic Treatment:

- a. Root canals are to be performed on offenders who do not exhibit gross dental neglect.
- b. An offender with multiple broken down teeth or advanced periodontal disease is not a candidate for root canal therapy.
- c. The tooth in question must be restorable with filling material and it should be functional.
- d. In all cases, the decision to perform root canal treatment lies with the facility dentist.

J. Medical Conditions Affecting Dental Treatment

1. If a physician determines that an offender has a medical condition that rules out dental treatment for a period, the offender will receive dental treatment as soon as a physician determines that it is feasible to do so.

2. If the dentist determines that the offender's medical condition makes him at risk for in-house oral surgery procedures, a referral to an Oral Surgeon is indicated.
3. Dental treatment will not be withheld from an offender because of a medical condition unless that medical condition has been determined to be of such severity that the offender's health would be further compromised.

K. Incomplete Dental Treatment Started before Incarceration

1. The DOC is not responsible for completing care or therapy started prior to incarceration.
2. Care will be provided as procedure and resources dictate.
3. For offenders in orthodontic tooth movement, active therapy will be discontinued and the appliance can be worn as a passive device.
4. The facility dentist may remove the appliance if the offender requests removal and gives consent in writing.

L. Anesthetics

1. When an offender gives a history of allergy to a local anesthetic(s), documentation of such allergy by a health professional should be furnished by the offender. If this is not possible, allergy testing for local anesthetics should be performed on the offender to determine to which compounds, if any, they have an allergy.
2. If an allergy is found, it should be marked in red on the Dental Chart as well as on the front cover of the Health Record.
3. If an individual is allergic to some but not all of the tested local anesthetic compounds, dental treatment can be performed using the local anesthetic compound determined safe by the allergy testing.
4. If the offender is allergic to all commonly used local anesthetic compounds, they will be considered for dental treatment with general anesthesia.

M. Dental Suite Sanitation and Safety

1. OSHA (Occupational Safety and Health Administration), CDC (Centers for Disease Control), and ADA (American Dental Association) recommend procedures to be followed for infection control in the Department of Corrections dental clinics.
2. Requirements include:
 - a. "Universal Precautions" will be observed at all times.
 - b. All non-disposable dental instruments are scrubbed, disinfected, and sterilized after each use.
 - c. Treatment and work surfaces are disinfected prior to and after each appointment with OSHA, CDC, and ADA accepted disinfectant solutions.
 - d. Hand pieces are sterilized after each use by heat and steam (autoclave) sterilization.
 - e. Disposable dental items are used for only one offender and properly discarded after use on that offender.
 - f. Needles, scalpel blades, and other sharps are stored after use in labeled sharps containers in accordance with Operating Procedure 740.2, *Infectious Waste Management and Disposal*.
 - g. Other infectious waste such as extracted teeth, bone, soft tissue, and blood soaked gauze are also discarded in accordance with Operating Procedure 740.2, *Infectious Waste Management and Disposal*.

V. REFERENCES

Operating Procedure 720.4, *Co-Payment for Health Care Services*

Operating Procedure 740.2, *Infectious Waste Management and Disposal*

VI. FORM CITATIONS

[Dental Services Daily Log](#) 720_F27

[Dental Services Monthly Activity Report](#) 720_F28

[Dental Chart](#) 720_F29

[Consent for Oral Surgery and Special Dental Procedures](#) 720_F31

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

Signature Copy on File

4/15/16

N. H. Scott, Deputy Director of Administration

Date