ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.60	Page 1 of 7
	Effective Date: July 1, 2019	
	Distribution: A	
Approved by: Tony Parker	Supersedes: 113.60 (1/1/16) PCN 18-38 (7/1/18)	
Subject: DENTAL SERVICES ADMINISTRATION		

I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To specify the responsibilities of the dental authority, to outline the range of dental services available to inmates (including intake dental screenings/examinations), to set guidelines in order to determine the dental classification system, and to identify treatment priorities.

III. APPLICATION: Wardens, Associate Wardens/Superintendents, Associate Wardens of Treatment/Deputy Superintendents, Health Administrators, Dentists, dental care staff, medical contractors, and privately managed institutions.

IV. DEFINITIONS:

A. Adequate Mastication: The ability to chew food, as evidenced by an occlusion score of 16 points or more.

B. Dental Authority: The licensed dentist responsible for dental care to inmates and the supervision of dental staff within the institution.

C. Occlusion Score: The meeting of two opposing tooth surfaces with the total of occlusion points scored as follows:

1. Wisdom teeth = 0 points;
2. Occluding incisors or cuspids = 1 point, (i.e. #7 with #26 = 1 point);
3. Functioning Premolars = 2 points
4. Functional 1st or 2nd molars = 3 points, (i.e., #3 with #30 = 3 points).

V. POLICY: An initial dental examination shall be completed within 14 days of receipt into physical custody of the Tennessee Department of Correction (TDOC). Inmates shall be provided routine and emergency dental care as part of the institutional health care program according to priority of need.

VI. PROCEDURES:

A. Dental Staff:

1. The responsibilities of the dental authority shall include, but not be limited to:

a. Providing dental services in accordance with the Department's policies, OSHA standards, the American Dental Association's infection control guidelines, and regulations of the Tennessee Board of Dentistry.

b. Requesting dental specialty consultations for the appropriate care of the inmate, as needed.

c. Coordinating clinical schedules with the health administrator and institutional staff to ensure the delivery of dental care within the security constraints of the institution.

d. Ensuring continuity of care to all inmates permanently transferred to the facility according to priority of need.

2. The duties of dental assistants and dental hygienists shall be in accordance with the rules and regulations of the Tennessee Board of Dentistry. The dental authority shall supervise the assignment, duties, and clinical training (if necessary) of all dental staff.

B. Intake Dental Services: Dental services available through intake shall include the following:

1. Intake Dental Examination: Each inmate shall receive an examination by a dentist during the period of intake classification. The examination shall consist of a pan-oral x-ray to aid in the detection of abnormalities, and as needed, an intra-oral x-ray to aid in the detection of dental caries and other dental problems which will assist in the development of the treatment plan established by the dentist. The treatment plan is established to inform the inmate of his/her oral condition at the time of intake.

2. Dental treatment during the period of intake classification shall be limited to dental care requiring immediate attention, including instructions on basic oral hygiene and how to access dental services. Dental hygiene education shall initially be provided at intake and then subsequently by the dentist or designee as deemed necessary.

3. In accordance with Policy #113.62, reception centers shall provide dental prosthetics for inmates who require them and are permanently assigned to their institution.

C. General Dental Services:

1. Inmates shall access dental services by signing up for sick call. All dental staff shall provide dental services in accordance with the priorities outlined in Section (D) of this policy.

2. Scheduled Dental Treatment: Treatment shall be based on inmate needs as determined in the dental examination and according to the treatment priorities outlined in Section VI. (D) of this policy. Dental treatment shall include x-rays, restorative procedures, extractions, and dental specialties as defined in Policy #113.62.

3. Dental Sick Call: Dental complaints shall be presented during the regularly scheduled sick call visit and will be conducted by a nurse. After the inmate is examined, the nurse shall document the complaint and objective assessment on the TDOC Nursing Protocols Nursing Protocol Progress Note (NPPR), Problem Oriented-Progress Record, CR-1884, in the health record, and refer such complaints to the institutional dentist on the Institutional Health Services Referral, CR-3431, as appropriate. (See Policy #113.11) The dentist will triage the complaints and provide treatment following recognized clinical priorities, making special effort to care for dental emergencies (Category I) during the established dental sick call period. Initial dental sick call visits are generally chargeable co-payment visits. (See Policy #113.15)

4. Follow-up Treatment: When follow-up treatment is necessary, either by request or as a result of the intake examination, the medical contractor or privately managed facility shall provide non-urgent care within six weeks of the sick call visit.

5. Emergency: Evaluative treatment of dental emergencies shall be available to inmates on a 24-hour basis. Such treatment may include:

   a. Relief of pain

   b. Emergency extractions

   c. Assessment of a fractured mandible with referral to an oral surgeon within 24 hours

   d. Control of bleeding and acute infection

   e. Emergency care patients with conditions such as bleeding or infection shall be seen by a dentist within 48 hours of the inmate's request.

   f. The Contractor shall provide on-call coverage for dental emergencies twenty-four hours per day, seven days per week.

6. Preventive: Oral hygiene supplies (e.g., toothbrush, toothpaste and dental floss-aids) shall be available to the inmates through the commissary unless prohibited for security and/or safety reasons.

D. Dental Classification System: After an examination by the dentist, each inmate’s case shall be placed in a treatment category based on the results of the examination. The treatment category shall be recorded in the "Remarks" section of the Dental Record, CR-1889. Structuring priorities for dental care is not a replacement for professional dental judgment; rather, it is a guide for providing dental care to a specific population whose incarceration may place a time limitation upon available dental services. Every effort should be made to prioritize Category I inmates.

1. Category I. Very Urgent; Requiring Immediate Attention:

   a. Pain or acute infection
   b. Teeth obviously requiring extraction
   c. Suspected neoplasm
   d. Trauma, fractures
   e. Acute periodontal conditions
   f. Uncontrolled bleeding

2. Category II. Moderately Urgent; Requiring Early Treatment:

   a. Dental caries into or near pulp
   b. Extensive penetration of dental caries into dentin
   c. Insufficient teeth to provide adequate mastication
   d. Edentulous oral cavity
   e. Replacement of ill-fitting removable appliances
   f. Heavy calculus causing pathology
   g. Chronic infections
   h. The presence of temporary restorations

3. Category III. Routine Dental Treatment:

   a. Incipient dental caries
   b. Periodontal treatment

4. Category IV. Maintenance care: No pressing requirement except for routine care and prophylaxis treatment. Category IV services shall only be provided after completion of services for Category I - III patients.

5. Category V. (Exempt conditions): These dental procedures shall not be provided to TDOC patients.

   a. Third molars without pathology
   b. Fixed prosthodontics (bridges/crowns)
   c. Root canals
   d. Implants
   e. Bone grafts

E. Restorative Materials:

1. The permanent restorative materials of choice shall be silver amalgam and composites.

2. Temporary fillings shall be used for emergency fillings or where advisable due to the condition of the tooth.

3. Precious metals shall not be used.

F. Dental Records: Dental records are considered confidential and shall be maintained for each inmate as follows:

1. Dental staff shall record information gathered during the examination and document the dental treatment plan on the Dental Record, CR-1889. All dental treatment and orders shall be legible.

2. In accordance with Policy #113.04, when an inmate is transferred to another TDOC facility, the dental record shall be forwarded as part of the health record.

G. Dental Reports:

1. A daily work/encounter log shall be maintained for the dental clinic showing all dental work accomplished. The inmate's name, number, type of procedure, appointment time, and name of dental staff member(s) providing the service shall be recorded. All dental instruments utilized, including sharps, shall be documented on the encounter log. A separate log shall be maintained for the inventory, accountability and control of all sharps used in the dental clinic.

2. A report of dental activities shall be completed each month, using the Monthly Statistical Report, CR-2124. (See Policy #113.54 for form sample) The dental authority or designee shall provide the institutional health administrator all data required for institutional or departmental reports.

H. Consent/Refusal of Dental Treatment:

1. Written consent is not required for routine procedures where consent is implied by the inmate presenting himself/herself for treatment.

2. The dentist shall have a Consent for Treatment, CR-1897, signed by the inmate prior to performing extractions or other oral surgical procedures. The consent shall be specific to the procedure to be performed and list alternatives and possible complications to surgery. (See Policy #113.51 for form sample)

3. If an inmate refuses the treatment recommended by the dentist, he/she may be removed from the dental waiting list and be required to sign up for dental sick call to express his/her desire for dental treatment before being rescheduled. After being advised of the consequences of refusing services, the inmate shall sign a Refusal of Medical Services, CR-1984, which will then be filed with the dental records. (See Policy #113.51 for form sample) These events shall be documented in the dental record as well as on the daily clinic log.

VII. ACA STANDARDS: 4-4381, 4-4365, and 4-4360.

VIII. EXPIRATION DATE: July 1, 2022.

914-D

STATE OF TENNESSEE

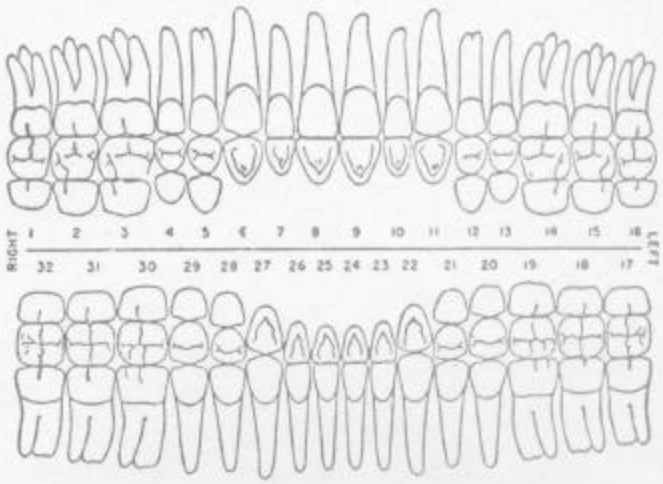
DEPARTMENT OF CORRECTION

DENTAL RECORD

SECTION 1. DENTAL EXAMINATION

PURPOSE OF EXAMINATION

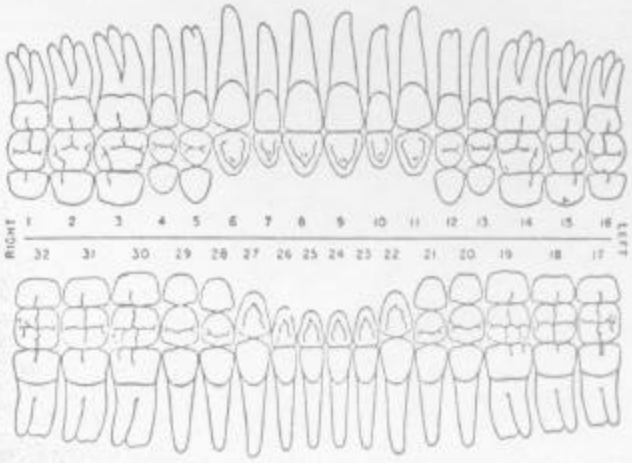
1. MISSING TEETH AND EXISTING RESTORATIONS



REMARKS:

SIGNATURE OF DENTIST COMPLETING THIS SECTION | DATE

2. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL

	INCIPIENT		MODERATE		SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S ANGINA

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS:

3. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (*Specify*)

SIGNATURE OF DENTIST COMPLETING THIS SECTION | DATE

DATE | NAME OF HOSPITAL

PATIENT'S NAME | REGISTER NO. | WARD

LAST NAME | FIRST NAME | MIDDLE NAME

(USE BOTH SIDES)

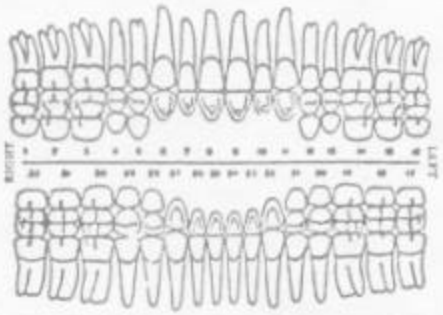
CR-1889

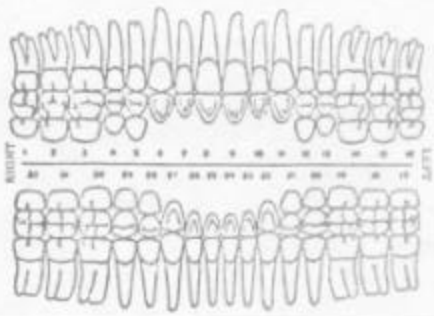
RDA-1458

SECTION II ATTENDANCE RECORD

I. RESTORATIONS AND TREATMENT—Completed during home visitation

SUBSEQUENT DISEASE AND ABNORMALITIES





REMARKS:

DATE	SERVICES PROVIDED	OPERATOR

CR-1889

RDA-1458

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

_____
INSTITUTION

INMATE NAME: _____ TDOC NUMBER: _____

DATE	TIME	

Do Not Write on Back

TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL HEALTH SERVICES REFERRAL

_____
INSTITUTION

☐ MEDICAL

☐ BEHAVIORAL HEALTH

INMATE: _____ NUMBER: _____
Last First Middle

PRESENTING PROBLEMS: _____

_____

_____

_____

_____

_____

_____

REFERRED BY: _____ _____ _____
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR	☐ Behavioral Health
	☐ Medical

RECEIVED BY: _____ _____ _____
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): _____

_____

_____

_____

_____

_____

_____

_____ DATE: _____ TIME: _____

_____
Signature/Professional Title