MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS E-06.1 INITIAL DENTAL TREATMENT**
Effective Date:	11/01/2010 Page 1 of 5
Revision Date(s):	07/25/2024; 06/30/2026
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I. PURPOSE

Provide initial dental assessment to determine the oral and dental needs of the inmate, determine if any emergent dental needs exist, and provide personal oral health care instructions to assist the inmate in caring for the inmate's own oral hygiene.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Intake Oral Screening

1. Within 7 days of admission, all inmates arriving at Montana State Prison will receive an oral screening as part of the Initial Health Intake Screening process or by a member of the dental staff.
2. The intake oral screening can be performed by a dentist, dental support staff, or by another trained health care professional.
3. All dental support staff or other Qualified Health Care Professionals (QHCPs) providing intake oral screenings must be appropriately trained.
   a. Such training must be provided by a dentist, and the standardized training program must consist of more than completion of a self-study program.
4. The oral screening includes visual observation of the teeth and surrounding soft tissue.
   a. Notations should be made of any obvious abnormalities, severe painful conditions, acute infection, or facial trauma requiring immediate referral to a dentist.

B. Comprehensive Oral Examination

1. All inmates arriving at Montana State Prison will receive a comprehensive oral examination within 30 days of admission.
2. The comprehensive oral examination shall be performed by a dentist currently licensed in Montana.
3. All notations about the Comprehensive Oral Examination will be made in the Electronic Health Record (EHR). Guidelines in the *MT DOC Guide to the Electronic Dental Record* will be used to document information resulting from the comprehensive oral examination.

4. Radiographs, necessary for the Comprehensive Oral Examination to appropriately develop a triaged dental treatment plan, will be utilized.

5. The Comprehensive Oral Examination should include evaluation of:
   a. the inmate's medical history;
   b. the inmate's oral history;
   c. current complaints,
   d. extra oral head and neck;
   e. oral hard and soft tissue;
   f. periodontal screening;
   g. examination and charting of teeth, and
   h. current radiographs.

6. If an inmate has been re-admitted or transferred from another Department facility within the previous 12 months and there is a properly documented oral examination on record, a new Comprehensive Oral Examination is not required.
   a. If an initial Comprehensive Oral Examination is not done, the inmate should be placed on the annual Re-Care Examination List appropriate to the date of the inmate's last oral examination.

C. Triaged Dental Treatment Plan

1. Through the Comprehensive Oral Exam, a triaged dental treatment plan will be developed identifying existing dental and oral needs and proposed dental treatment.

2. To ensure the most urgent and important dental treatment is completed in a timely manner for all inmates, the proposed clinically indicated dental treatment is prioritized.

3. The triaged dental treatment provided will be subject to the amount of time the inmate is under Department care.

4. The inmate's dental care is part of a continuum of care, unaffected by the inmate's transfer from one secure facility to another (not including community correction facilities).

5. Clinically indicated dental treatment needs will be prioritized and treatment plans for individual teeth condition will be divided into priority codes.
   a. Priority 1 (P1):
      1) Conditions requiring treatment for the elimination of severe pain, acute infections, and trauma. These conditions should be treated as high priority conditions and should be addressed within 24 – 48 hours once a dentist is available.
         a) Oral pathology with the potential of being a significant risk would also be considered P1 conditions.
   b. Priority 1b (P1b):
      1) Conditions that are not currently causing significant pain, acute infections, and trauma, however, should be treated within weeks, if possible, to minimize the chances of becoming P1 conditions.
      2) The timeframe for these conditions to be addressed should be noted in the *Sick Call* scheduling.
      3) P1b conditions include (but are not limited to):
         a) Teeth with large areas of decay or decay clearly into the dentin.
         b) Teeth with pulpal involvement (non-symptomatic).
         c) Root tips (non-symptomatic) with or without cyst.
         d) Partially impacted 3rd molars (non-symptomatic).
         e) Severely periodontal involved teeth requiring extractions.
         f) First Step root canal therapy should always be considered a P1b condition.
         g) Patients with teeth planned for Alternative Restorative Technique (ART) provisional restorations.

c. Priority 2a (P2a):
   1) Conditions, while currently not resulting in severe pain or acute infection, that will require scheduled treatment to prevent the condition from becoming a Priority 1 (P1) or P1b condition.
   2) Although these dental conditions do not require immediate treatment, these conditions should be treated prior to the next annual exam, if possible.
   3) If the tooth condition should be addressed within the next 12 months, it should be classified as P2a.

d. Priority 2b (P2b):
   1) Conditions that likely can wait 12 - 24 months or more before being addressed.
   2) P2b conditions will be re-evaluated at the inmate's Annual Re-Care Examination, where they may remain a P2b condition or may be re-classified as a P2a condition.
   3) P2b conditions include:
      a) routine restorative services that are not of an urgent nature
      b) areas of decay confined to the enamel or only slightly into the dentin
      c) broken areas of tooth structure with no decay and not causing problems, such as cutting into soft tissue
      d) areas of marginal breakdown without decay extending significantly into dentin
      e) impacted or partially impacted 3rd molars that are unlikely to cause problems within 12-24 months
      f) periodontal conditions that may in time require surgical treatment
      g) conditions not expected to deteriorate significantly and conditions beyond the basic dental treatment normally provided by the Department
      h) incipient decay or minor breakdown of current restorations
      i) crowns, other than those needed prior to placement of a planned partial denture
      j) bridges and implants
      k) preventive treatment, such as sealants
      l) limited orthodontics, unless required prior to partial denture placement
      m) night guards, athletic mouth guards, and occlusal stints, unless for treatment of severe pain or definite TMJ symptoms
      n) conditions that are primarily an esthetic concern
      o) chipped and broken incisal / occlusal edges not causing problems
      p) minor areas of abrasion, minor abfractions, and occlusal of attrition unless symptomatic
   4) P2b conditions that may require treatment could include:
      a) conditions requiring treatment in preparation for placement of cast partial dentures
      b) periodontal conditions requiring advanced treatment, especially for those treatments planned to receive partial dentures
      c) crowns (with prior authorization through the Dental Services Review process) required prior to placement of partial dentures

D. Intake Unit Dental Treatment

1. Urgent / Emergent (Priority 1) Dental Treatment for severe discomfort, acute infection, and trauma will be of highest priority.

2. Alternative Restorative Technique (ART).
   a. ARTs are provisional restorations, designed to remove the majority (but not usually all) of the decay, on teeth with large or open areas of decay, or to provisionally restore broken teeth or restorations.
   b. Generally, after the gross decay is removed, a layer of a CaOH paste or equivalent liner is placed over the remaining deep decay and the tooth is provisionally restored with a glass ionomer material. If the condition is due to a broken restoration or tooth structure, where there is minimal or no decay present, a liner may not be necessary.

c. Except for anterior teeth where esthetics is a consideration, a colored glass ionomer, such as Fuji Triage, should be considered, as it would be obvious to another dentist that the tooth was provisionally restored.
d. A glass conditioner is recommended unless the restoration is planned to be replaced in the very near future.
e. During the Comprehensive Oral Exam, the tooth can be charted in the EHR as an ART P1b. The planned definitive treatment should also be charted, in the same treatment plan line, however, with a P2a prioritization code.
f. ART restorations are not normally effective if the patient is experiencing significant spontaneous, throbbing-type pain.
g. The goal is to resolve (temporarily) a significant dental condition and allow for potential secondary dentin formation, especially with teeth that are symptomatic due to food impaction, exposed broken tooth structure, or with a broken restoration.

3. Priority 2a (P2a) Treatment
   a. As time permits, and if it does not interfere with Intake Comprehensive Oral Exam requirements, select routine P2a treatment can be provided, especially for extractions and other surgical procedures to allow for healing time prior to commencement of follow-on dental care.

4. Initial Debridement
   a. An initial debridement, while the inmate is at MDIU, can be done when the periodontal health of the inmate is a major or urgent area of concern or would greatly assist the restorative phase.

5. Denture adjustments, repairs, and temporary relines.

6. Stash Inmates
   a. Only Urgent / Emergent dental care is provided for these inmates, as they are not considered MSP inmates and are only at MDIU for a short time.
   b. These inmates require complete separation from all other inmates.
   c. Coordination is required with the MDIU Unit Administrator and the MDIU Medical Staff when preparing to treat Stash inmates.

E. Oral Hygiene Instruction

1. Instruction in oral hygiene and preventive oral education will be given within 30 days of admission.

2. The following interactive education will be provided:
   a. systemic health care risk associated with poor oral hygiene
   b. proper brushing and flossing techniques
   c. the need for regular dental cleanings and examinations
   d. general information about dental health care in a correctional environment

3. Notation about the provision of the oral hygiene instruction should be made, as part of the Intake Oral Exam in the EHR.
   a. The *Oral Hygiene Acknowledgement* form should be electronically signed by the inmate.
      1) The form is accessed by opening the Forms Tab on the EHR Main Page.

4. Subsequent oral hygiene education should be documented in the EHR.

5. The inmate should be offered a copy of the *MT DOC Dental Health Care* brochure and, if applicable, the *Denture Care* handout.

F. Privacy Notification

1. Privacy notification information should be presented to each inmate in Department custody.
2. The inmate should have been presented an opportunity to review the *MT DOC Privacy Practices Notification* handout.
   a. This document should also be made available to the inmate at any time.
3. An overview of privacy notification should be presented at the Intake Screening Evaluation or at the initial Comprehensive Examination.
   a. Any inmate already in Department custody who has not already received privacy notification information should have this information presented at their next Oral Examination appointment.
4. The review of privacy notification should be captured in the EHR.
5. Inmates should be given information to understand the material and should be given an opportunity to ask questions.

G. Tobacco Cessation

1. Inmates who have indicated a history of tobacco usage should be presented information concerning tobacco cessation.
2. Notation about the discussion of tobacco cessation should be made in the EHR.
3. The presentation should be tailored to whether the past tobacco usage was cigarettes, smokeless, or both.
4. Since Montana State Prison is a smoke-free prison, inmates should be encouraged to take advantage of this status and avoid re-starting unhealthy habits.
5. The inmate should be offered a copy of the Department *Tobacco Cessation* brochure.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *NCCHC Standard P-E-06*
B. *NCCHC Standards Appendix G*
C. *DOC 4.5.26 Offender Dental Services*