MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS E-06.3 NON-EMERGENT DENTAL TREATMENT**
Effective Date:	11/01/2010 Page 1 of 7
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I. PURPOSE

Make available to all inmates opportunities to receive non-emergent dental care with the goal of maintaining or improving their dental and general health.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Access to Care

1. Inmates may access non-emergent dental treatment through:
   a. Comprehensive Oral Examination
      1) The inmate will be given an option to be placed on the appropriate dental treatment list.
      2) The inmate will then be brought to the dental clinic when the inmate's name is at (or near) the top of the treatment list.
      3) The inmate will be rotated back onto the dental treatment list as needed until all their prioritized dental care is completed.
   b. Periodic (Re-Care) Oral Examination
      1) During each Periodic Oral Examination, the inmate's dental health needs will be re-assessed. If additional dental treatment is indicated, the inmate if desired will be placed on the appropriate dental treatment list.
   c. Reinstatement on Treatment List
      1) If an inmate originally did not desire to be placed on a dental treatment list, had requested the inmate's name to be removed from a dental treatment list, or signed a refusal for dental treatment, the inmate can at any time request that the inmate's name be placed back on the dental treatment list.
         a) If the request is less than 12 months since the last Oral Examination, the inmate will be placed on the applicable dental treatment list (as well as the Periodic (Re-Care) Oral Examination list).
         b) If the request comes after 12 months from the inmate's last oral examination, the inmate will be placed on the Periodic (Re-Care) Oral Examination list. At the Oral Examination appointment, the inmate will be placed on the appropriate dental treatment list.
         c) If the request for dental treatment is due to an oral condition causing severe pain, acute infection, or oral-facial trauma, the MSP Emergency Dental Evaluation protocols will be followed.

B. Triaged Treatment Plan

1. At the Comprehensive or Periodic Oral Examination appointment, a triaged dental treatment plan will be established to ensure proper prioritization of the inmate's dental needs.
   a. This prioritization system will ensure the inmate's most urgent and important dental needs are completed as expeditiously as possible, for all inmates.

2. 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.
      2) Oral pathology with the potential of being a significant risk would also be considered a P1 condition.
   b. Priority 1b (P1b)
      1) Conditions that are not currently causing significant pain, acute infections, and trauma; however, P1b conditions 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) teeth that have had a First Step root canal therapy should always be considered a P1b condition until the root canal has been completed
         g) patients with teeth planned for ART provisional restorations
   c. Priority 2a (P2a)
      1) Certain conditions, while currently not resulting in severe pain or acute infection, 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, they 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 which likely can wait 12 - 24 months or more before being addressed. 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 P2a condition.
      2) 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 that are 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

3) 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

C. Dental Care Scheduling

1. The treatment goals at each appointment will be to take care of the most urgent treatment need(s). This will normally be treatment that can be accomplished in 60-90 minutes or less.
   a. P2a Operative Treatment
      1) treatment generally limited to one or two teeth
   b. P2a Extractions / Oral Surgery
      1) treatment for a single tooth or limited area for extractions (such as a posterior quadrant)

2. As needed, the inmate is rotated back onto the P2a treatment list for additional dental care.

3. When the patient comes to the top of the treatment list again, the patient's highest priority needs will be addressed. This cycle will continue until all of the patient's priority dental care needs are resolved or the inmate is released.
   a. This will allow for the most urgent dental care needs of the largest possible number of inmates to be taken care of.

4. Dentures / Partial Dentures
   a. If the inmate is at the top zone of the Denture list, then all necessary restorative treatment for completion of the partial denture will be expedited.

5. The dentist will still retain the ability to set additional appointments in select cases.
   a. The provider can request (through the scheduled Sick Call appointment notations) that the inmate be rescheduled as a priority if deemed necessary.
      1) This could occur if the provider feels that another appointment is needed with minimal delay.
   b. This should be the exception, not the rule, for rescheduling dental care.

6. Dental care that normally requires multiple appointments for a given procedure is scheduled by the provider by scheduling Sick Call appointments in the timeline that is appropriate.

7. This scheduling system should maximize the number of patients seen in a given amount of clinic time.
   a. This will address the desired distribution of dental services equitably.
   b. In addition, this guideline should ensure that the highest priority dental care needs are addressed first.

D. Dental Treatment

1. Restorative (Operative)
   a. Basic restorative dental treatment will be provided.
   b. Restorative materials utilized will be based on the dentist assessment about which material will be best suited for the specific situation, the inmate's age, general health, and the inmate's oral hygiene.
   c. The inmate will not be given the option of choosing the restorative materials to be utilized.

2. Oral Surgery
   a. All basic needed oral surgery, within the scope of ability of the dentist, is authorized.
      1) Assessment should be made of current diagnostic radiographs, the inmate's health history, and pertinent medical information.
      2) The dentist should have a pre-operative consult with the inmate, concerning the major surgical risk factors, utilizing the *Dental Pre-Treatment Consultation* form.
         a) Once this form has been reviewed with the inmate, the appropriate check boxes marked, initialed, and signed by the inmate and signed by the reviewer, it needs to be uploaded into the Electronic Health Record (EHR).
      3) The inmate should be informed of any complications that may arise during the actual procedure, as well as expected prognosis.
         a) This should be documented, and the inmate should be placed on the follow-up treatment list.
         b) The medical staff may be notified if their involvement in follow-up care is likely.
      4) Oral and written post-operative instructions should be provided to the inmate.
      5) Potential pathological conditions not immediately biopsied or referred should be re-evaluated within 14-21 days.
      6) Any surgical conditions beyond the ability or comfort level of the dentist should be reviewed for referral.

3. Endodontic Treatment
   a. Endodontic (Root Canal) treatment is authorized in select cases, where endodontic treatment would significantly enhance the inmate's oral health, arch integrity, or if a required abutment for a partial denture. The following considerations should be evaluated:
      1) the inmate's overall oral health;
      2) partial denture considerations;
      3) likelihood of the inmate following through with a cast crown after release;
      4) overall condition and restorability of the tooth, periodontal condition, bone support, and long-term prognosis;
      5) whether significant contribution to the maintenance of the inmate's oral health would be gained by saving the tooth;
      6) it is expected that all endodontic treatment, when deemed appropriate, will be accomplished at MSP, including molar endodontics; and
      7) on occasion, a request for a referral to an off-site endodontist may be made through the Dental Service Review process. This should be considered only when the tooth has a high long-term prognosis, is beyond the scope of the dental provider, and would significantly contribute to the maintenance of the inmate's oral health.

4. Endodontic treatment is **not** recommended if:
   a. the inmate does not have the ability or desire to have a cast restoration (if needed) placed on the tooth after release from Department custody;
   b. the overall poor condition of the inmate's dentition would make a partial (or full) denture a recommended choice for the inmate;
   c. the inmate would benefit significantly from a partial denture and the tooth is not an essential abutment tooth for the partial denture; and/or
   d. the long-term prognosis of the tooth is poor or guarded due to the overall poor condition or lack of long-term restorability of the tooth, significant periodontal involvement, or lack of adequate bone support for the tooth.

5. The inmate's desire to "keep the tooth" is **not** an over-riding factor in determining whether endodontic treatment is to be performed.
   a. If the inmate is scheduled for release within a very short time period, and the inmate desires to "keep the tooth," a first step endodontic procedure may be provided.
      1) However, the inmate must be informed (and this notification must be documented) that the inmate, not the Department, will be responsible for completion of the endodontic treatment and subsequent restoration.

6. There should be a pre-operative consult with the inmate, concerning the major risk factors, using the *Dental Pre-Treatment Consultation* form. Once this form has been reviewed with the inmate, the appropriate check boxes marked, initialed, and signed by the inmate, and signed by the reviewer, it needs to be uploaded into the Electronic Health Record (EHR).

7. Periodontal Care
   a. For non-surgical periodontal care, s*ee MSP HS E-06.4 Periodontal Care*.
   b. Surgical periodontal treatment can be provided, in select cases, for inmates who have limited areas of periodontal disease where periodontal surgery can correct or reduce the periodontal defect.
      1) If scheduled to receive a partial denture, inmates who have correctable periodontal defects should have the periodontal surgery, if indicated, prior to construction of the partial denture.

8. Removable Prosthodontics
   a. Complete dentures, partial dentures, and occlusal splints are discussed in *MSP HS E-06.5 Dental Prosthetic Services*.

9. Orthodontics
   a. Orthodontic services are not normally provided. In special circumstances, orthodontic treatment can be considered through the Dental Services Review process.
   b. For inmates entering the correctional facility with fixed or removable orthodontic appliances:
      1) Consult with the inmate's Orthodontist to determine, based on the inmate's projected incarceration time, whether to continue or terminate the orthodontic treatment.
      2) If the orthodontic treatment is to be continued, the inmate should be set up for regular follow-up appointments with MSP dental staff. For inmates with fixed orthodontic appliances, periodontal care and personal oral hygiene is very important and should be closely monitored.
         a) This should only be done if the inmate has a very short-term incarceration time.
      3) If the orthodontic appliances are to be removed, written informed consent should be obtained from the inmate.
         a) In some cases, orthodontic appliances can be inactivated by removing the wires and elastics but leaving the brackets and bands in place.
            (1) This should not be done with inmates with long sentences.
         b) If the inmate refuses to allow the recommended removal of the orthodontic appliance, this refusal of treatment must be documented in the EHR.

10. Fixed Prosthodontics
    a. Fixed prosthodontics (cast crowns and bridges) are not normally provided.
       1) In special circumstances, fixed prosthodontic treatment can be considered through the Dental Services Review process.
       2) If the inmate has a crown or bridge being fabricated but not cemented, arrangements should be made to have the appliance delivered to MSP Dental to enable completion of the treatment.
       3) The Department of Corrections is not financially responsible for any cost related to prosthodontic treatment started prior to the inmate entering the correctional system but completed while the inmate is under the care of the Department of Corrections.

11. Implants
    a. Dental implant services are not normally provided. In special circumstances, dental implants can be considered through the Dental Services Review process.
        1) In cases where dental implants and associated restorative treatment have been initiated, but not completed, a consultation with the originating dentist should be made.
        2) A determination should be made whether:
            a) the treatment can be suspended until the inmate's release;
            b) the restorative phase can be finished at MSP; or
            c) the inmate needs to be transported to the originating dentist office for continued treatment.

12. Preventive Services
    a. Preventive dental services include periodontal care, oral health education, and preventive fluoride treatment. See *MSP HS E-06.4 Periodontal Care*.
    b. Sealants may be placed in select cases on an individual basis when recommended by a MSP staff dentist as a preventive measure.
        1) Any teeth recommended for sealants to be placed by a staff dental hygienist should be evaluated for incipient decay and possible pre-sealant tooth preparation.

13. Periodic (Re-Care) Oral Examination
    a. MSP inmates will be given an option to be placed on the Periodic (Re-Care) Oral Examination Treatment List.
        1) Inmates are authorized to receive a Re-Care examination on an annual basis.
        2) If medically necessary, an inmate may be scheduled for more frequent oral examinations.
            a) These inmates will be placed on the Special Needs List to allow for tracking of their Special Needs dental care.
            b) This should especially be considered for inmates who have or have had a history of oral or oral-pharyngeal cancer.
        3) New bitewing radiographs may be taken during the Re-Care examination. New Panograph radiographs should be taken every 5 years, or as deemed necessary by the dentist.
        4) A medical history update should be completed during the Re-Care examination.

14. Infirmary Dental Care
    a. When necessary, an inmate can be transferred to the MSP Infirmary for treatment or 24-hour monitoring of the inmate.
        1) The inmate should be admitted to the Infirmary with appropriate physician orders and notes placed in the inmate's EHR.
        2) The Chief Dental Officer should be notified and shall notify the appropriate administrative medical staff.
        3) An Infirmary Care Treatment Plan should be developed, including expected length of stay in the Infirmary and assignment of staff.
        4) Staff will consult, as needed, with the appropriate clinical medical staff concerning the inmate's medical and dental care and make notations concerning these consultations.
            a) Medical consultation for medically compromised inmates receiving dental treatment is encouraged.
        5) Staff will document dental care provided in the inmate's EHR.
        6) When the inmate is to be released from the Infirmary, staff:
            a) complete a discharge summary;
            b) determine any post-release follow-up dental care; and
            c) notify the Dental Services Manager.
        7) Medical tests can be ordered for the inmate through the Infirmary.

15. Documentation
    a. All notations about the provision of dental care made in the EHR Guidelines set forth by the *Guide to the Electronic Dental Record* will be utilized when documenting information about the provision of dental care.

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; MSP HS E-06.4 Periodontal Care; MSP HS E-06.5 Dental Prosthetic Services*
D. *MT DOC Guide to the Dental Chart*

VI. FORM

Special Management Inmate Dental Care