CLINICAL DENTISTRY

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A. CLINICAL DENTISTRY

The Florida Department of Corrections Dental Services Program emphasizes preventive dentistry and strives to restore and maintain the inmate's dentition to an acceptable level of masticatory function within appropriate departmental guidelines.

Most gingivitis, periodontal disease, and tooth loss can be prevented because they are caused by local factors that are accessible, correctable, and controllable.

The primary participants in any preventive dentistry program are the patients (inmates), as they must remove dental plaque that is a significant cause of oral disease. It must be stressed to all inmates that there is nothing any dentist can do which will overcome what a patient will not do.

For any preventive program to work, emphasis must be placed on maintaining an acceptable level of oral hygiene. Three (3) essential oral hygiene aids must be made available to all inmates.

1. An acceptable soft-bristled adult toothbrush;
2. An acceptable toothpaste containing fluoride; and
3. Type of floss.

Preventive dentistry must be taught to all inmate patients. This shall be accomplished in two ways:

1. Prevention training with oral hygiene instructions shall be given to each inmate as part of his/her orientation to the institution. This training is to include instructions in proper usage of the three essential oral hygiene aids (toothbrush, toothpaste, and some type of floss). (It is recommended that this be accomplished either by a direct presentation or videotape.)

2. Personal preventive training with oral hygiene instructions shall be included as part of an inmate's dental treatment plan. Oral hygiene instructions should be reinforced throughout the dental treatment plan. It is recommended that a dental plaque index be performed utilizing DC4-767A *Plaque Control Record*. Calculate the plaque free score as follows:

$$100 - \frac{\text{Number of Surfaces with Plaque}}{\text{Number of Teeth X 4}} \times 100 = \_\_\_\_\%$$

In addition, it is recommended that all dental clinics obtain Preventive Dentistry/Oral Hygiene posters and/or plaques for viewing by inmate patients.

The topical application of fluoride shall be included in the dental treatment plan as deemed necessary by the treating dentist. However, the topical application of fluoride will be included as part of the dental treatment plan for all youthful offenders.

B. LEVELS OF DENTAL CARE

Dental services available to inmates are based upon four (4) levels of dental care:

LEVEL I:

This level of dental care is available to inmates during the reception process. It includes:

1. An intake dental examination performed by a dentist and development of a provisional treatment plan using DC4-735, *Dental Clinical Examination Report*;

2. Necessary extractions as determined by the intake dental examination (CL II extractions); and

3. Emergency dental treatment including treatment of soft tissue pathology.

LEVEL II:

This level of dental care is available to inmates with less than six (6) months of Department of Corrections incarceration time. It includes:

1. All level I care;

2. Caries control (reversible pulpitis) with temporary restorations;

3. Gross cavitron debridement of symptomatic areas with emphasis on oral hygiene practices;

4. Complete and partial denture repairs provided the inmate has sufficient Department of Corrections incarceration time remaining on his/her sentence to complete the repair; and

5. If an inmate is edentulous in one or both arches and requests dentures, the inmate is to be scheduled for treatment at his/her permanent facility. The inmate is not required to wait six months for Level III care. However, to receive dentures the inmate must have at least four (4) months of continuous Department of Corrections incarceration time remaining on his/her sentence.

6. In cases of medical referral, inmates are to be scheduled as soon as possible, but no later than three (3) weeks, for evaluation for dental care.

LEVEL III:

This level of dental care is available to inmates with six (6) months or more of continuous Department of Corrections incarceration time.

Level III includes:

1. All levels I and II care.

2. Complete dental examination with full mouth radiographs, periodontal screening and recording (PSR), and development of a dental treatment plan using DC4-764, *Dental Diagnosis and Treatment Plan*.

3. Prophylaxis with definitive debridement. Periodontal examination as indicated by the periodontal screening and recording (PSR), oral hygiene instructions with emphasis on preventive dentistry.

4. Complete denture(s) provided the inmate has at least four (4) months of continuous Department of Corrections incarceration time remaining on his/her sentence.

   After the inmate has received a complete prophylaxis with definitive debridement, s/he is eligible for:

   a. Restorative – Amalgams, Resins, Glass Ionomers, Temporary Crowns, Chairside Post and Cores.

5. Removable Prosthetics:

   a. Acrylic partial dentures provided the inmate has at least four (4) months of continuous Department of Corrections incarceration time remaining on his/her sentence.

   b. Relines and rebases (provided the inmate has enough continuous Department of Corrections incarceration time remaining to complete the procedure).

6. Anterior Endodontics (Canine – Canine):

   Provided the tooth in question has adequate periodontal support (early to moderate periodontitis) and has a good prognosis of restorability and long-term retention.

7. Posterior Endodontics:

   a. Either at the local facility or by referral to an Endodontist.

   b. The tooth must be crucial to arch integrity (no missing teeth in the quadrant or necessary as a partial denture abutment), have adequate periodontal support (early to moderate periodontitis), and have a good prognosis of restorability and long-term retention.

8. Basic Periodontal Therapy as necessary:

a. Nonsurgical/Periodontal Therapy

LEVEL IV (Advanced Dental Services):

Level IV dental care represents advanced dental services that may be available on a limited basis.

This level of dental care is available for inmates on an as-needed basis after completion of level III services and successful demonstration of a plaque index score of 90% or better for two consecutive months. If an inmate does not achieve the required plaque index score, s/he will be rescheduled in three (3) months for another follow-up plaque score. If the required 90% plaque score is not obtained, advanced dental therapy will not be considered.

Dental care and follow-up for highly specialized procedures such as orthodontics and implants placed before incarceration will be managed on an individual basis after consulting with the Director of Dental Services.

NOTE: The following memorandum can be utilized to determine an inmate's approximate release date. Complete the appropriate sections of this memorandum and forward it to the institutional classification department for calculation of an inmate's approximate release date.

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
INTEROFFICE MEMORANDUM

DATE:

FROM:
Senior Dentist

TO:

RE: Approximate Release Date

In order to provide dental services, an approximate release date is requested for the following inmate:

_____
Inmate Name DC Number

Senior Dentist

The above referenced inmate currently has _____ remaining on his/her sentence and/or an approximate release date of _____.

cc: File

C. ACRYLIC PARTIAL DENTURE(S)

Acrylic partial dentures are defined as level III dental care.

Acrylic partial dentures for purely cosmetic purposes will not be made available for purposes of this policy; three (3) or more anterior teeth in an arch must be missing before an anterior acrylic partial denture is considered.

The following criteria apply to the fabrication of routine acrylic partial dentures.

1. The diagnosis for an acrylic partial denture must be documented on DC4-764 *Dental Diagnosis and Treatment Plan.*

2. The acrylic partial denture may be fabricated as part of the dental treatment plan after six (6) months of continuous Department of Corrections incarceration time.

3. The inmate must have at least four (4) months of continuous Department of Corrections incarceration time remaining on his/her sentence.

4. In the treating dentist's opinion, there is insufficient number of teeth (including replacements) to masticate a normal diet. Seven (7) or less occluding posterior teeth is considered to be an insufficient number (posterior teeth are defined as premolars and molars). Posterior teeth should be in a functional cusp-fossa relationship to be counted as teeth satisfying this requirement. Example: If #17 is in a mesioangular orientation and the opposing maxillary tooth/teeth does/do not have a functional cusp-fossa relationship with #17, neither tooth is to be counted as posterior teeth satisfying this requirement.

   This may be modified at the discretion of the treating dentist based upon clinical need.

5. All level I, II, and III dental therapy must be completed including extractions, restorative, endodontic procedures, and prophylaxis before the fabrication of an acrylic partial denture(s).

6. One acrylic partial denture(s) will be provided in a lifetime with one reline provided at no cost. Acrylic partial denture(s) required more often will be charged to the inmate unless such a requirement is caused by a change in the inmate’s dental condition that renders the existing acrylic partial denture(s) nonfunctional.

7. See note at the end of section E Complete Denture(s).

D. CAST PARTIAL DENTURES

Cast partial dentures will be fabricated only when the oral condition precludes the fabrication of an acrylic partial denture.

The following criteria apply to the fabrication of cast partial dentures:

1. The diagnosis for a cast partial denture(s) must be documented on DC4-764 *Dental Diagnosis and Treatment Plan*.

2. The cast partial denture may be fabricated as part of the dental treatment plan after six (6) months of continuous Department of Corrections incarceration time.

3. The inmate must have at least four (4) months of continuous Department of Corrections incarceration time remaining on his/her sentence.

4. In the treating dentist's opinion, there is insufficient number of teeth (including replacements) to masticate a normal diet. Seven (7) or less occluding posterior teeth is considered to be an insufficient number (posterior teeth are defined as premolars and molars). Posterior teeth should be in a functional cusp-fossa relationship to be counted as teeth satisfying this requirement. Example: If #17 is in a mesioangular orientation and the opposing maxillary tooth/teeth does/do not have a functional cusp-fossa relationship with #17, neither tooth is to be counted as posterior teeth satisfying this requirement.

   This may be modified at the discretion of the treating dentist based upon clinical need.

5. All level I, II, and III dental therapy must be completed, including extractions, restorative, endodontic procedures, and prophylaxis, before the fabrication of cast partial dentures.

6. When indicated, a cast partial denture(s) will be provided only once in a lifetime with one reline provided at no cost. When indicated, cast partial denture(s) required more often will be charged to the inmate unless such a requirement is caused by a change in the inmate's dental condition that renders the existing cast partial denture(s) nonfunctional.

7. See note at the end of section E. Complete Denture(s).

E. COMPLETE DENTURE(S)

All complete dentures must be diagnosed using DC4-764, *Dental Diagnosis and Treatment Plan.*

For inmates entering the Department of Corrections who are edentulous in one or both arches, the reception center dentist must enter a comment on the intake screening examination defining the length of time the inmate has been without dentures. This will aid in determining an inmate's masticating ability without dentures.

LEVEL II and III COMPLETE DENTURE(S):

1. If an inmate is edentulous in one or both arches and requests dentures, the inmate is to be placed on the appointment waiting list at his/her permanent facility. The inmate is not required to wait six months for Level III care.

2. The inmate must have at least four (4) months of continuous Department of Corrections incarceration time remaining of his/her sentence.

3. Appointments for each step in fabricating dentures are to be scheduled as soon as possible. The inmate is not to be placed at the end of the waiting list.

4. Immediate dentures are not to be fabricated.

5. One complete denture(s) will be provided in a lifetime with one reline provided at no cost. Complete dentures required more often will be charged to the inmate unless such a requirement is caused by a change in the inmate's alveolar condition where a rebase or reline is contraindicated.

NOTE (for all removable prostheses): Each inmate is responsible for the loss, destruction or mutilation of removable prosthesis. Failure to take responsibility for the removable prosthesis is not justification for replacement at Department of Corrections expense. Upon the inmate's receipt of a denture(s), DC4-724A *Receipt of Provisions Received* shall be completed and placed in chronological order on the left-hand side of the dental record (DC4-745A). Dentists are allowed discretion to provide replacement removable prosthesis when it is determined that the original prosthetics were inadvertently lost or damaged. An incident report and/or additional documentation shall be presented to the dentist before a replacement is fabricated at no charge to the inmate. In cases where intentional damage or loss is suggested, the incident will be considered the same as willfully damaging state property and will be dealt with in accordance with existing institutional policies.

Justification for replacement will be properly documented on DC4-724 *Dental Treatment Record.*

F. COMPLETE OR PARTIAL DENTURE REPAIRS

All inmates, regardless of incarceration time, are eligible for complete and/or partial denture repairs provided such repairs can be completed before the inmate is released from the custody of the Department of Corrections.

All complete and/or partial denture repairs will be assessed a co-payment fee unless the prosthesis is defective.

NOTE: No denture repairs are to be done for inmates in the reception process or transient status.

G. DENTAL RADIOLOGY

REFERENCE: Health Services Bulletin 15.04.06 *Guidelines for Prescribing Dental Radiographs*

Dental radiographs are to be exposed in accordance with Health Services Bulletin 15.04.06 *Guidelines for Prescribing Dental Radiographs*.

Reception centers are to expose a panoramic radiograph on all inmates when indicated at the discretion of the treating Dentist.

A full mouth series of radiographs is required for development of the dental treatment plan. This may consist of a panorex, select periapical radiographs (a minimum of maxillary/mandibular anteriors), and four (4) bitewing radiographs or a full series of 14 periapicals and four (4) bitewings.

Dental radiographs are to be mounted dot out.

Periapical radiographs from a full-mouth series and/or panorex can be acceptable for a maximum five-year period of time. Bite wing radiographs can be acceptable for a maximum two-year period of time.

Appropriate dental radiology operating and safety procedures must be utilized, including but not limited to:

1. Use of a lead apron for all radiographs. The lead apron should be hung between usages to prevent creasing of the lining.

2. All x-ray machines must be registered through the Department of Health (DOH) and a registration certificate must be posted near the dental x-ray machine.

3. Inspection of the dental x-ray machine by the Department of Health (DOH). This is usually done at five- (5) year intervals.

4. All x-ray machine operators must be certified or undergoing radiology training in accordance with Department of Health, Board of Dentistry guidelines per FL Administrative Code 64B-5 and FL Statute chapter 466, Dentistry, Dental Hygiene, and Dental Laboratories.

All dental radiographs are to be placed in the pocket on the right-hand side of the dental record (DC4-745A).

Radiographs exposed for endodontic therapy (minimum of pre- and posttreatment) shall be mounted in sequence using the same mount.

H. ENDODONTICS

Endodontic/Root Canal Therapy is available to level I and II inmates (less than six months of continuous Department of Corrections incarceration time) on an emergency basis only, i.e., emergency pulpotomies, pulpectomies.

Nonemergency endodontic therapy is available to level III inmates (more than six months of continuous Department of Corrections incarceration time) at the discretion of the treating dentist. All teeth receiving endodontic therapy must have adequate periodontal support and have a good prognosis of restorability and long-term retention. In addition, posterior teeth receiving endodontic therapy must be crucial to arch integrity (no missing teeth in the quadrant or necessary as a partial denture abutment).

If possible, all routine endodontic therapy should be completed at the local institution. Should a difficult/abnormal case be encountered or complications develop which cannot be treated at the local institution, referral to an Endodontist must be made available. Current policies should be followed to effect this referral.

Except for emergencies and/or referral to an Endodontist, all endodontic therapy should be completed at the local institution.

A permanent restoration is to be placed within two (2) weeks of endodontic treatment completion.

I. FIXED PROSTHETICS (CROWN AND BRIDGE)

Fixed prosthetics (crowns/bridges) are defined as level IV (advanced) dental care.

Fixed Prosthetics are not to be done except for unusual circumstances and only when an adequate restoration cannot be placed.

1. Traumatic injury to the tooth while performing institutional work with a verifiable incident report.

2. Traumatic injury to the tooth due to use of force with a verifiable incident report.

3. Replacement of current preincarceration fixed prosthetics due to recurrent decay, etc. The lab bill will be charged to the inmate's bank account.

All teeth involved in fixed prosthetic therapy must have adequate periodontal support (early to moderate periodontitis) and no mobility, other than physiologic. All teeth must have a good prognosis of restorability and long-term retention.

Finally, the inmate must have at least four (4) months of verifiable continuous incarceration time remaining on his/her sentence.

The use of gold alternatives is required unless the inmate demonstrates sensitivity to the metals commonly used for bridge frameworks.

Gold shell crowns will not be fabricated or received from outside sources.

Contact the Director of Dental Services with questions concerning specific cases regarding fixed prosthodontics.

J. IMPLANTS

The Department of Corrections will not initiate the placement of implants on any inmate. However, should an inmate be incarcerated with implants that have not been completed, the Department of Corrections will attempt to arrange continuation of such care, if necessary, at the inmate's expense.

Those inmates incarcerated while undergoing implant dentistry shall be identified by reception center dentists. The name and address of the treating dentist shall be obtained. The inmate's classification officer shall then be contacted so the inmate can be transferred to an appropriate facility near his/her treating dentist.

The department will arrange necessary follow-up appointments with the private dentist and provide transportation to and from the private dentist's office. However, all expenses incurred at the private dentist's office will be the responsibility of the inmate patient or his/her family.

Inmates whose implant private dentist is not located in Florida or who lack the availability of funds to follow-up on failing implants will be handled on a case-by-case basis after consultation with the Director of Dental Services.

Department of Corrections Dentists will provide a yearly prophylaxis for inmates with implants using the specialized instruments needed for this procedure.

NOTE: The Department of Corrections will not restore dental implants.

K. ORAL SURGERY

A full range of oral surgery is available to all inmates regardless of incarceration time.

Oral surgery procedures that cannot be accomplished at the institution must be made available by referral.

The Department of Corrections does not recommend routine extraction of asymptomatic third molars. Oral surgery for purely cosmetic reasons will not be performed.

L. ORTHODONTICS

The Department of Corrections will not initiate orthodontic care on any inmate unless the inmate's health would otherwise be adversely affected.

However, should an inmate be incarcerated while in active orthodontic therapy (banding), the Department of Corrections will attempt to arrange continuation of such care at the inmate's expense.

Those inmates incarcerated while in active orthodontic therapy should be identified by reception center dentists. The name and address of the treating orthodontist should be obtained. The inmate's classification officer should then be contacted so the inmate can be transferred to an appropriate facility near his/her orthodontist.

The department will arrange necessary follow-up orthodontic appointments and provide transportation to and from the orthodontist's office. However, all expenses incurred at the orthodontist’s private office is the responsibility of the inmate patient or his/her family.

Inmates whose orthodontist is not located in Florida or who lack funds for continuation of orthodontic care and who will be incarcerated for at least one year should have the bands removed due to the difficulty in maintaining adequate oral hygiene.

Deviations from this standard will be handled on a case-by-case basis after consultation with the Director of Dental Services.

M. PERIODONTICS

At all levels of available dental care, the need for adequate home care/preventive dentistry must be reinforced through oral hygiene instructions.

Group oral hygiene instructions are to be part of inmate orientation at each institution with one-on-one oral hygiene instructions to be given at the gross debridement and definitive debridement, prophylaxis appointment. Adequate self-care should be stressed at subsequent appointments.

A periodontal screening and recording (PSR) is to be included as part of all level III comprehensive dental examinations and is to be done at the treatment planning appointment. The results of the Periodontal Screening and Reporting (PSR) are to be recorded on DC4-764

Dental Diagnosis and Treatment Plan with an entry noting the PSR placed on DC4-724 *Dental Treatment Record*. Sextant charting on DC4-767 *Dental Periodontal Charting* is indicated by the reading of 4 on the Periodontal Screening and Recording (PSR).

NOTE: An in-depth description of the Periodontal Screening and Recording (PSR) system is located in section O.

It must be stressed to the inmate patient that the first step of any definitive dental treatment is the practice of adequate daily oral hygiene. A dentist cannot do what the patient will not do for himself.

Gross Debridement—use cavitron or hand scalers. Definitive Debridement/Prophylaxis—fine scale and polish (complete prophylaxis). A complete prophylaxis is not available until an inmate has been incarcerated at least six (6) months, unless it is the professional opinion of the treating dentist that a complete prophylaxis is required sooner. Subsequent prophylaxes are to be available once per year, unless the treating dentist determines a complete prophylaxis is needed sooner. The complete prophylaxis is to be performed at the beginning of the dental treatment plan unless emergent or urgent needs are of higher priority.

The department advocates the use of nonsurgical periodontal therapy for cases where pocketing exceeds three (3) millimeters. It is recommended that more frequent debridements be provided to inmates with advanced periodontal disease.

N. RESTORATIVE DENTISTRY

Routine restorative dentistry is defined as a level III procedure.

Appropriate current radiographs should be available and present before initiating restorative procedures. (Reference HSB 15.04.06 *Guidelines for Prescribing Dental Radiographs.*)

Caries reaching or penetrating the dentino-enamel junction are to be diagnosed for restoration.

The placement of veneers and/or the closure of diastemas for purely cosmetic reasons will not be done.

O. PERIODONTAL SCREENING AND RECORDING (PSR)

The examiner may pass to the next sextant whenever code 4 is recorded or the sextant is completely examined.

In addition to these scores, the asterisk symbol (*) should be added to the sextant score whenever individual findings indicate clinical abnormalities.

CODE*: Denotes clinical abnormalities including but not limited to:

1. Furcation invasion
2. Mobility
3. Mucogingival problems

4. Recession extending to the colored area of the probe (3.5mm or greater)

The management of patients according to their sextant scores should be at the discretion of the examining dentist. The practitioner's clinical judgment will determine the need for consultation with a periodontist. The following guidelines for patient management are suggested:

CODE 0: Appropriate preventive care.

CODE 1: Oral hygiene instruction (OHI) and appropriate therapy, including subgingival plaque removal.

CODE 2: OHI and appropriate therapy, including subgingival plaque removal, plus removal of calculus and correction of plaque-retentive margins of restorations.

Patients whose scores for all sextants are codes 0, 1, and 2 should be screened in conjunction with every oral examination.

CODE 3: OHI and appropriate therapy, including subgingival plaque removal, plus removal of calculus, correction of plaque-retentive margins of restorations, and root planing as indicated.

CODE 4: A comprehensive periodontal examination with charting of the affected sextant is to be included as part of the dental treatment plan. This examination should include, but not be limited to, identification and documentation of probing depths, mobility, gingival recession, mucogingival problems, and furcation invasions as well as appropriate radiographs. OHI and appropriate therapy, including subgingival plaque removal, plus removal of calculus, correction of plaque-retentive margins of restorations, root planing as indicated, extraction, or other therapy as deemed appropriate by the treating dentist. The periodontal charting should be completed prior to initiation of nonurgent/emergent dental care.

CONCLUSION

The American Dental Association and the American Academy of Periodontology recommend the use of this screening system by dentists to meet the public's need for early diagnosis of periodontal disease in a convenient and cost-effective manner. Requirements for follow-up periodontal charting have been modified for use by Florida Department of Corrections dentists.

(See next page for description.)

DESCRIPTION

The objective of this screening system is to examine every tooth individually. Implants are examined in the same manner as naturally occurring teeth. For screening, the dentition is divided into sextants as shown:

The use of a periodontal probe is mandatory. The recommended probe has a ball end 0.5mm in diameter. A color-coded area extends from 3.5 to 5.5mm. A gentle probing force should be used.

The probe tip is gently inserted into the gingival crevice until resistance is met. The depth of insertion is read against the color coding. The total extent of the crevice should be explored by walking the probe around the crevice. At least six areas in each tooth should be examined: mesiofacial, midfacial, distofacial, and the corresponding lingual/palatal areas.

For each sextant with one or more teeth or implants, only the highest score is recorded. An X is recorded if the sextant is edentulous. A simple box chart is used to record the scores for each sextant.

CODE 0:
Colored area of probe remains completely visible in the deepest crevice in the sextant. No calculus or defective margins are detected. Gingival tissues are healthy with no bleeding after gentle probing.

CODE 1:
Colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus or margins are detected. There is bleeding after gentle probing.

CODE 2:
Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or subgingival calculus and/or defective margins are detected.

CODE 3:
Colored area of probe remains partly visible in the deepest probing depth in the sextant.

CODE 4:
Colored area of probe completely disappears, indicating probing depth of greater than 5.5mm.