

GENERAL INFORMATION

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Attachments:

- 1 Interoffice Memorandum/Continuation of Prosthetic Case (sample)
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A. DENTAL EMERGENCY POLICY

1. All Department of Corrections dental clinics are to have an institutional policy that deals with dental emergencies.
2. Care for dental emergencies must be available twenty-four (24) hours per day. Therefore, each institution is to keep an updated telephone list of at least four (4) Department of Corrections/Contractor dentists who are either at the institution or a nearby institution and can be contacted in the event of a dental emergency. The name and address of the hospital(s) situated near the institution should also be listed. Any after-hours attempt to contact a dentist will usually be done by the medical staff.
3. Medical staff must be trained in emergency policies and corresponding nursing guidelines. Documentation of emergency training must be kept on appropriate Department of Corrections training forms.

B. DENTAL HOLDS

Reference: Health Services Bulletin 15.02.02 *Health Care Clearance/Holds*

1. Any inmate who is undergoing select dental treatment or whose movement might adversely affect the inmate is to be placed on dental hold.
2. Specifics on dental holds are contained in health services bulletin 15.02.02.

C. DENTAL RECORD REVIEWS

1. A dental record review is to be performed on every permanent inmate assigned to each facility within seven (7) days of her/his arrival. The dental record review may be performed by a dentist, dental hygienist, or trained dental assistant. If an inmate's dental record has not been received within seven (7) days, a dental examination is to be completed and a replacement dental record generated. This review includes the need for follow-up dental care.
2. A standard entry is to be placed in "*Dental Treatment Record*," DC4-724:

Dental Record Reviewed or Dental Record Reviewed with Visual Examination

D. DIETS

Reference: Departmental procedure 401.009 *Prescribed Therapeutic Diets* and HSB 15.04.04 *Dental Entries in the Medical Record*

1. Per departmental procedure 401.009 *Prescribed Therapeutic Diets*, dentists may order only liquid, puree, or mechanical dental diets. If a dentist feels that other diets are indicated due to an inmate's health status, the inmate should be referred to the medical department.

2. Diets are ordered using “*Diet Prescription/Order*,” DC4-728. Diets must be reordered every 28-30 days.
3. A complete and thorough entry of the diet ordered is to be entered on “*Dental Treatment Record*,” DC4-724, including documentation of inmate counseling about the prescribed diet.
4. An incidental entry of the diet is to be entered in the medical record progress notes on “*Chronological Record of Health Care*,” DC4-701.
5. The pink copy of the completed “*Diet Prescription/Order*,” DC4-728 is to be placed on “*Dietary Prescription Display Sheet*,” DC4-704B located at the back of the left-hand side of the dental record. The other copies of the completed DC4-728 are to be distributed as indicated on the form.
6. Each diet is to be documented on “*Dental Contact Coding Sheet*,” DC4-700A using code D1310.
7. A log of dental diets may be obtained from the OBIS-HS computer system using report HSS-05.

E. DRUG ENFORCEMENT AGENCY (DEA) NUMBER

Department of Corrections/Contractor dentists are not required to have a personal Drug Enforcement Agency (DEA) number, unless they intend on prescribing DEA controlled substances .

F. INMATE CO-PAYMENT PROCEDURES FOR DENTAL SERVICES

Reference: Departmental procedure 401.010 *Co-Payment Requirements for Inmate Medical Encounter*

1. The requirement for inmate co-payment for certain health care services has been established in Florida law by the legislature. Departmental procedure 401.010 *Co-Payment Requirements for Inmate Medical Encounter* addresses the technical and procedural requirements necessary to meet this requirement. All dental co-payment charges will be documented on “*Dental Treatment Record*,” DC4-724.
2. Dental services are included in the inmate co-payment requirement. The following information is to be used in determining when an inmate is to co-pay for dental services.
 - a. There will be no co-payment charge for true emergency visits. The following types of dental emergencies should not have a co-payment charge assessed:
 - (1) Dental problems relating to a current trauma situation;
 - (2) Current injury;
 - (3) Fractures;
 - (4) Visible swelling/cellulitis;

- (5) Uncontrolled bleeding from the oral cavity; and
- (6) Postoperative complications from recent dental treatment.

b. Although many inmates claim dental emergencies, the following types of sick-call visits should be assessed the co-payment charge unless the treating dentist feels the co-payment charge should be waived due to the circumstances involved:

- (1) Tooth sensitivity;
- (2) Broken dentures;
- (3) Most denture adjustments;
- (4) Ill-fitting dentures;
- (5) Crown and bridge repairs;
- (6) Broken or lost fillings; or
- (7) Bleeding gingiva due to poor oral hygiene or periodontal conditions.

NOTE: If an inmate declares a dental emergency that does not meet the dental emergency guidelines, no treatment is to be rendered and a co-payment charge shall be assessed. The inmate should be informed that this type of problem is treated at sick-call. (Do not order her/him to report to sick-call.) If the inmate does report to sick-call, another co-payment charge is to be assessed.

3. When an inmate requests routine or comprehensive dental care, a co-payment charge will be assessed at the initial visit. This co-payment will cover a complete dental examination, necessary radiographs as outlined in HSB 15.04.06, a prophylaxis including definitive debridement and any necessary extractions.

Should an inmate desire to have restoration of decayed teeth or additional dental care, they will be assessed a co-payment for each subsequent scheduled appointment in this treatment plan. They will be asked after each dental appointment if they desire additional dental treatment and they will be required to initial a notation placed in the "Dental Treatment Record," DC4-724:

I hereby request another scheduled appointment for continuation of my regular dental treatment. The co-pay fee will be \$ _____ for _____ treatment.

_____ Inmate Initials

Consultation requests for trauma, extractions, or oral pathology will be exempt from co-payment costs.

All dental treatment will continue to be provided according to Health Services Bulletin 15.04.13, *Dental Services/Standard Operating Procedures*, Supplement C.

4. In addition, the following guidelines should be followed when determining whether or not an inmate should be assessed a co-payment charge:

a. At reception centers, there should be no co-payment for Class II extractions scheduled from the initial exams;

- b. Once the dental treatment plan is completed, a co-payment charge is to be assessed to reactivate additional care unless a follow-up appointment was scheduled by the dental staff;
- c. Any inmate designated by classification as a recommitment should be assessed the co-payment charge to reactivate dental care;
- d. When an inmate has refused dental care, the inmate should be assessed the co-payment charge to reactivate dental care;
- e. All dentures inserted by the Department of Corrections will have the co-payment charge waived for a period of two (2) months or three (3) adjustments, whichever comes first; and
- f. This information is provided as a guideline. The treating dentist is tasked with determining whether or not a co-payment charge is assessed to the inmate. All dental staff members are reminded that the inmates are not to be denied access to dental care for lack of ability to pay the co-payment. Dental staff members will not make any determination relative to payment other than that the visit meets the criteria for co-payment and to check the revised encounter form. No differentiation between inmates who pay or who do not pay co-payments will be made in regard to access, timing, or care.

G. INMATE DENTAL ORIENTATION/GROUP ORAL HYGIENE TRAINING

- 1. All inmates are required to receive an orientation to dental services within seven (7) days of arrival at the assigned institution.
- 2. Normally the dental orientation is held in conjunction with other health services orientation and is usually presented by medical staff personnel.
- 3. The dental orientation must consist of, as a minimum:
 - a. An explanation of access to dental care, including the hours of emergency, sick-call, and routine dental care;
 - b. Proper forms to complete requesting dental care; and
 - c. A group oral hygiene presentation—This may be either an audio or visual presentation.
- 4. Documentation is to be placed on “*Inmate Health Education*,” DC4-773 in the medical record by the health services personnel who conducts the orientation. The entry should read Health Services Orientation.

H. LAY-INS

Reference: Health Services Bulletin 15.04.04 *Dental Entries in the Medical Record*

1. A lay-in, which includes bed rest, light duty, or other restrictions may be issued by a dentist when the need arises.
2. “*Health Slip/Pass*,” DC4-701D must be completed by the dentist.
3. A complete and thorough entry documenting the lay-in, including the reason, must be entered in “*Dental Treatment Record*,” DC4-724. **No** copy of DC4-701D is to be placed in the dental record jacket.
4. Each lay-in is to be documented on “*Dental Contact Coding Sheet*,” DC4-700A using code LAY-IN.
5. A log of dental lay-ins may be obtained from the OBIS-HS computer system using report DSS-41.

I. LICENSES AND CERTIFICATES REQUIRED

1. Dentist:
 - a. Florida Dental License (or Dental Temporary Certificate (DTC) from the Department of Health, Board of Dentistry.)
 - b. Cardiopulmonary Resuscitation (CPR) Certification
2. Dental Hygienist:
 - a. Florida Dental Hygiene License
 - b. Cardiopulmonary Resuscitation (CPR) Certification
3. Dental Assistant:
 - a. Dental Radiology Certification
 - b. Cardiopulmonary Resuscitation (CPR) Certification
 - c. Expanded Functions or Certified Dental Assistant (CDA) Certification

J. MONTHLY REPORTS

Each institutional dental clinic is to submit a monthly dental report including the following:

1. The number of provider days per practitioner (Dentist/Dental Hygienist) and an institutional total of provider days;
2. This report is to be submitted by the seventh (7th) day of the following month to the Warden and the Director of Dental Services in central office; and
3. Additional information and/or reports may be required per central office, regional office, or the institution on an as-needed basis. Examples would be no-show, refusal, sick-call, orientation, and initial oral hygiene training totals as needed for the monthly institutional health services report and quality management studies.

K. NO-SHOWS

1. A no-show is the failure of an inmate to appear on the scheduled appointment day. It is a no-show if the inmate is rescheduled on another day. The intent of this definition is that an inmate is considered a no-show if s/he does not appear for a scheduled appointment and cannot be treated the same day. The reason the inmate did not show initially must be indicated. Security must be notified of all no-shows following the appropriate Institutional Escalation Policy and Procedure,
2. A complete and thorough documentation entry must be made on “*Dental Treatment Record*,” DC4-724 for every no-show. At the minimum, the entry should contain the following information:
 - a. The reason for the no-show;
 - b. That security was notified; and
 - c. Whether or not the inmate was rescheduled.
3. Inmates who no-show for dental appointments should be rescheduled, except for the following:
 - a. All inmates having two (2) non-security related no-shows in a row or have a history of no-shows should be brought to the dental clinic to determine their desire to continue dental care;
 - b. All inmates having three (3) non-security related no-shows within a six (6) appointment time span shall be removed from the dental treatment list and will not be scheduled again for routine/comprehensive dental care unless a written request is submitted for continuation of dental care. The inmate will be placed on the appointment waiting list and will not be given preferential appointments unless their overall health would be adversely affected;
 - c. If an inmate has a no-show due to no fault of their own, the inmate is to be rescheduled within one (1) month.
4. The no-show must be documented on “*Dental Contact Coding Sheet*,” DC4-700A using code DSNS with remarks placed using code NO SHOW. An entry should be made documenting the reason for the no-show; or
5. A log of dental no-shows can be obtained from the OBIS-HS computer system using report DSS-29 or DSS-40.

L. NURSING GUIDELINE FOR TOOTHACHE/DENTAL PROBLEMS

1. The nursing guideline for toothache/dental problems is contained in the Office of Health Services *Nursing Manual- Appendix D*. Each institutional dental clinic, in conjunction with medical staff, is to develop standing orders for addressing dental problems that occur when an on-site dentist is not available. The intent of this nursing guideline is for any inmate who claims a dental emergency to be referred to the next available dental call. Nurses should use clinical judgment before contacting a dentist

from the institutional dental phone list, i.e., the inmate is swollen, been involved in a traumatic altercation, or exhibits gross bleeding (not from brushing teeth or gingiva).

2. It is the responsibility of the dentist to train medical staff in this guideline and the dental emergency policy. Documentation of this training must be kept on appropriate Department of Corrections training forms.

M. ORAL PATHOLOGY/BIOPSIES

1. General dental treatment standards call for a biopsy of oral lesions/suspected lesions if they have not healed within ten (10) days of the first observation/treatment.
2. The biopsy should be done within two (2) weeks of determination of need.
3. It is recommended that the biopsy tissue sample be sent to a pathology lab with an Oral Pathologist on staff.
4. A thorough write-up of the oral pathology/biopsy is to be placed in "*Dental Treatment Record*," DC4-724.
5. The report must be reviewed by the treating dentist upon receipt of a pathology report from the laboratory. The dentist must initial and date the report and place it in chronological order in the appropriate area on the right-hand side of the dental record (DC4-745A). The inmate patient must then be scheduled for an appointment and given an explanation of the findings. A thorough write-up of this appointment must be placed in DC4-724.
6. Follow-up therapy is to be coordinated with medical services staff as required.
7. Consults for referral of Oral Pathology are to be generated and forwarded within five (5) days of the encounter generating the need for referral.

N. PRESCRIPTIONS FOR MEDICATION

1. Dentists may write prescriptions for medications directly related to an inmate's oral health/condition. Dentists may not write prescriptions for medications affecting the inmate's medical status, i.e., medications for high blood pressure, anticoagulants, diabetes, etc.
2. Antibiotics are to be prescribed only when necessary to treat an infection, anticipated infection or swelling, or to premedicate a patient. Antibiotics will not be prescribed per inmate request unless deemed necessary by the dentist or physician.
3. Antibiotics will be prescribed only after reviewing the inmate's medical history for:
 - a. Allergies;
 - b. Problems with the antibiotic of choice;
 - c. Current use of an antibiotic and/or other medication that may serve the same purpose;
 - d. Possible interactions with other drugs; and

- e. Medical contraindication and/or precaution to the antibiotic of choice.
4. Narcotic drugs are to be prescribed only in cases of anticipated or actual verifiable severe dental pain. Narcotics are not to be used for routine dental pain.
5. Narcotic drugs/non-narcotic analgesics will be prescribed only when the medical chart is reviewed for:
 - a. Allergies;
 - b. Contraindications and precautions in the use of the drug of choice;
 - c. Possible interactions with other drugs; and
 - d. The current use of other pain medication.
6. Narcotic drugs will not be prescribed to those inmates with a history of drug abuse unless it is cleared by medical department staff. Narcotic drugs are to be administered by medical staff and will not be given for a period longer than twenty-four (24) hours. After the initial time period, either the dentist or the physician must renew the prescription for another twenty-four (24) hours.
7. Prescriptions shall be written using “*Clinician’s Order Sheet*,” DC4-714B or “*DEA Controlled Substances Physicians Order Sheet*,” DC4-714C, located in the right-hand side of the medical record. The next available section of DC4-714B/DC4-714C must be completed in its entirety including documentation of allergies. Correct distribution of the prescription is indicated on DC4-714B/DC4-714C. DC4-714B/DC4-714C is not to be placed in the dental record.
8. A complete and thorough entry of the medication prescribed must be placed in DC4-724 including:
 - a. Name of drug prescribed and reason;
 - b. Number of capsules/tablets prescribed including dosage;
 - c. Frequency of administration; and
 - d. Inmate education concerning the medication prescribed.
9. An incidental entry documenting the prescription must be placed in the medical record on “*Chronological Record of Health Care*,” DC4-701, in accordance with health services bulletin 15.04.04 *Dental Entries in the Medical Record*.
10. Each prescription written is to be entered on the “*Dental Contact Coding Sheet*,” DC4-700A using code D0476 Drugs Prescribed.
11. It is expected that prescriptions written by dentists for antibiotics and analgesics are received by the inmate within twenty-four (24) hours. It is best to keep select antibiotics and analgesics in stock per HSB 15.04.15, *Standardized Dental Medications*.

O. PRIORITIES FOR DENTAL TREATMENT

1. **Emergency Dental Treatment:** Emergency dental treatment is to be available on a twenty-four (24) hour basis through the on-duty dental staff during working hours. In

the event a dentist is not available at a facility to treat a dental emergency, the emergency should be referred to the medical department in accordance with standard dental emergency protocols and dental emergency policies which must provide back-up dental coverage. There is to be no waiting list for dental emergencies.

Dental emergencies generally consist of fractured jaw, excessive bleeding or hemorrhage, acute abscess, and/or other acute conditions.

2. **Urgent Non-emergency Dental Treatment:** All Department of Corrections dental clinics shall hold daily sick-call to provide dental access to those inmate patients who cannot wait for a routine appointment and yet do not meet the criteria for emergency care.

Urgent non-emergency dental treatment may consist of toothaches, chronic abscesses, fractured teeth, lost fillings, teeth sensitive to hot and cold, broken, and/or ill-fitting dentures, and other chronic conditions.

Dental sick-call hours shall be set in accordance with each Senior Dentist's preference.

Inmates requesting to be seen at dental sick-call are to be evaluated, triaged and/or treated by a dentist within 72 hours of the request.

If an inmate is in need of urgent non-emergency dental care and the necessary dental treatment cannot be completed that day, the inmate is to be treated palliatively and reappointed as soon as possible, but in no event longer than ten (10) calendar days.

In the event the institution does not have an assigned dentist available for dental sick call, the Department of Corrections/Contractor must ensure a back-up dentist conducts dental sick call a minimum of three (3) days per week.

3. **Regular or Routine Dental Treatment:** This treatment generally consists of routine extractions, restorations, prophylaxis, periodontal treatment, endodontics, and prosthetics.

Each inmate should submit a written request upon reaching eligibility to obtain dental care (DC6-236). When a request is received, the name shall be placed on a list of individuals awaiting services on a first-come, first-served basis. However, those individuals without sufficient teeth for proper mastication of food, or those deemed by the dentist to be in urgent need of dental care, are to have a higher priority in the distribution of appointments.

P. PROVIDER DAYS

1. Provider days represent actual days where the dentists and dental hygienists treat patients.
2. Provider days are broken down into half-day (.5) segments. If one patient is treated and the dentist/dental hygienist is available to treat more patients at least two (2) hours during each half-day segment, that is counted as a half (.5) provider day.

3. If no patients show for appointments during a half-day segment or the provider is not available to provide patient care for at least two (2) hours, that half-day segment is not counted as a provider day.
4. Examples:
 - a. If on sick leave, annual leave, administrative leave, etc.—no provider day for each half-day segment.
 - b. Treated patients for one (1) hour and attended a three-hour quality management meeting—no provider day for that half-day segment.
 - c. Treated patients for one (1) to two (2) hours and had numerous no shows—.5 provider days for that half-day segment.
 - d. Treated patients for two-and-one-half (2.5) hours and attended medical staff meeting for one hour—.5 provider days for that half-day segment.

Q. REFUSALS

1. Refusals for dental care must be documented by completing “*Refusal of Health Care Services*,” DC4-711A.
2. All refusals of dental services must be reviewed and countersigned by a dentist prior to placement in the inmate dental record.
3. A complete and thorough documentation of the refusal, including: type of dental service being refused, consequences of not receiving the dental service, and alternative treatment options, if any, is to be entered in the “*Dental Treatment Record*,” DC4-724.
4. The completed DC4-711A is to be placed in the appropriate area on the left-hand side of dental record jacket (DC4-745A).
5. It is not required for an entry to be made in the medical record, nor is it required for DC4-711A to be placed in the medical record.
6. Refusal of dental services signed by a hospital inpatient will be placed in the inpatient medical record with a corresponding entry placed in the inpatient medical record.
7. Each refusal of dental services must be documented on DC4-700A *Dental Contact Coding Sheet*. There are two (2) types of refusals:
 - a. Appointment Refused (Code DSRF)
This situation exists when an inmate refuses dental care before being seen by a dentist or dental hygienist; or
Example: The inmate refuses to leave a work assignment for a dental appointment.

b. Treatment Refused (Code D0151)

This situation exists when an inmate refuses recommended dental treatment while in the dental operatory and directly in front of the dentist/dental hygienist.

Example: The inmate reporting to sick-call is informed that an extraction is required and the inmate refuses to have it done.

8. A log of dental refusals may be obtained from the OBIS-HS computer system using report DSS-29 or DSS-40.
9. If an inmate refuses part of the recommended dental treatment plan, the treating dentist can (at her/his discretion) continue with the dental treatment plan up to a point that the refusal does not compromise the remainder of the dental treatment plan. As an example, do not proceed with fixed or removable prosthetics if the inmate refuses extractions.

R. TOOTHBRUSHES

1. All inmates are to be provided standardized toothbrushes by the Department of Corrections at no cost.
2. Toothbrushes shall be purchased by each institution utilizing a toothbrush contract.
3. The toothbrush recommended for purchase is type III; adult, 4 rows, minimum 36 tufts, soft.
4. All toothbrushes shall be purchased by the institution, and this process does not normally involve the dental department. Alternate toothbrushes may be sold in the institutional canteen.
5. Toothbrushes for inmates are distributed in the housing areas. The type III toothbrush should be acceptable for three (3) months usage before replacement is necessary.

S. TOOTHPASTE

1. All inmates are to be provided standardized toothpaste by the Department of Corrections at no cost.
2. Toothpaste shall be purchased by each institution utilizing a toothpaste contract.
3. Toothpaste on the contract includes:
 - a. Toothpaste containing fluoride that is free of animal products; and
 - b. Desensitizing toothpaste.
4. If no bid is awarded, the institution will normally order the toothpaste in question from the least expensive source. In these cases, dental staff involvement may be required to ensure that an acceptable product is obtained.

5. All toothpaste shall be purchased by the institution and does not normally involve the dental department. Alternate toothpaste may be sold in the institutional canteens.
6. Toothpaste for inmates shall be distributed in the housing areas.

T. TOOTH NUMBERING SYSTEM

1. All Department of Corrections dental staff members shall utilize the universal 1 to 32 numbering system of permanent teeth, with tooth 1 being the upper right third molar, 16 the upper left third molar, 17 the lower left third molar and 32 the lower right third molar.
2. Primary teeth are to be numbered from A to T where A is the upper right primary second molar, J is the upper left primary second molar, K is the lower left primary second molar and T is the lower right primary second molar.

U. TRANSFER OF AN INMATE WHILE UNDERGOING ACTIVE PROSTHETIC TREATMENT

If an inmate is transferred while undergoing active prosthetic treatment, complete the continuation of prosthetic case memo (see attachment 1) and forward the completed form to the Senior Dentist at the receiving institution. Forward one (1) copy to the PRIDE Dental Laboratory and keep one (1) file copy.

V. WAITING TIMES FOR ROUTINE COMPREHENSIVE DENTAL CARE

1. Inmates are eligible for Level III and above dental care after six (6) months or more of continuous FDC incarceration time.
2. Initial waiting time for routine comprehensive dental care is defined as the time between receipt of an eligible inmate's initial request for routine comprehensive dental care and when he/she is seen for actual development of the Dental Treatment Plan (DC4-764, *Dental Diagnosis and Treatment Plan*), signed by the dentist.
 - a. The exposure of radiographs does not constitute development of the dental treatment plan.
 - b. The initial waiting times for routine comprehensive dental care should not exceed eight (8) months for any eligible inmate.
3. After development of the *Dental Treatment Plan* (DC4-764), waiting times between all subsequent dental appointments should not exceed three (3) months for any inmate.

W. X-RAY MACHINE REGISTRATION

1. All dental x-ray machines must be registered through the Department of Health radiation control section located in Jacksonville.

2. Annual renewal of all dental x-ray machines must be completed by the expiration date of the existing registration. This is the responsibility of the Dental Health Care Provider.

3. Dental x-ray machines must be inspected and certified every five (5) years. Contact a local dental supply company for the inspection as necessary.