

**DENTAL SERVICES
TECHNICAL MANUAL**

HEALTH SERVICES
Richard Pratt, Assistant Director

ARIZONA DEPARTMENT OF CORRECTIONS
March 1, 2018

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|  <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> | <p>ER: 1100 HEALTH SERVICES</p> | <p>OPR: H. S. D.</p> |
| <p>DENTAL SERVICES TECHNICAL MANUAL</p> | <p>DEPARTMENT ORDER: 1103 INMATE DENTAL HEALTH CARE</p> | <p>SUPERSEDES: January 2010 EFFECTIVE DATE: March 1, 2018</p> |

The pursuit of excellence in the care of inmates is a goal that requires objectivity, openness to change, creativity, critical abilities, and support and participation from all levels of the medical staff. This manual has been developed to serve as a guide for the correctional healthcare team in pursuit of this goal. The contents should be considered as standards or procedures to best manage the dental program.

A special thanks to all the healthcare professionals who spent considerable time and effort and who provided valuable information and review.

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Date

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Date

This manual has been published by the Health Services Contract Monitoring Bureau (HSCMB) of the Arizona Department of Corrections. Copies of all or part of this publication are permitted with the written permission of the Dental Monitor.

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PURPOSE STATEMENT:

The purposes for the Dental Technical Manual:

- A. This document shall serve as the approved model in the delivery of dental care and set forth standards for the Arizona Department of corrections (ADC).
- B. The Standards, policies and services outlined within this document represent the minimum requirements for the delivery of dental care and services within ADC.
- C. It is expected that each institution shall apply these standards and policies and implement the described procedures in directing their dental services operation.
- D. Development of this document along with the delivery of quality health care is a dynamic process. It is expected that the standards, policies and services established by this document shall be subject to ongoing additions, deletions and changes.
- E. The Dental Services Technical Manual shall be reviewed annually and revised as necessary.

EXPECTATIONS OF DENTAL STAFF:

It is the expectation that all dental personnel shall adhere to the following behavior standards:

- A. Regard each patient as an individual human being, to be treated with respect, impartiality and dignity.
- B. Take time to explain dental procedures, policies, health care instructions and methods of preventive dental care to each patient.
- C. Recognize that each patient is constitutionally afforded a standard of dental care similar to that of the community at large.
- D. Avoid personal bias in the performance of their duties.
- E. Support the goals and guidelines of ethical and conscientious health care practices.
- F. Demonstrate integrity, respect and compassion in both verbal and writing communications.
- G. Be responsible, reliable in responding to safety and security concerns and remain aware at all times of their surroundings in the correctional environment.
- H. Take part in providing all staff and all patients with an environment that is safe, secure and free of environmental hazard.
- I. Maintain professional decorum at all times.
- J. Strive to improve the quality of the dental health care delivery system.

MISSION STATEMENT:

Health Services Mission Statement:

To provide professional oral health care services, with excellence as our standard, to patients within the Arizona Department of Corrections.

INTRODUCTION:

The U.S. Supreme Court in its landmark decision of 1976 (*Estelle vs. Gamble*, U.S., 97 S. Ct. 285) established in the inmates' constitutional right to adequate health care under the Eighth Amendment. This decision has had a major impact on the delivery of health care in correctional institutions.

Court decisions resulting from inmate litigation have declared that unreasonable deprivation for medical and dental care is unconstitutional. The subsequent rulings assert that a states' failure to provide adequate medical and dental services is a violation of the rights of prisoners under the eighth amendment of the constitution which prohibits "cruel and unusual" punishment.

In today's litigious environment and with many court rulings to support the right of inmates access to medical and dental care it is imperative that a correctional dental program be geared to meet or exceed the standards set forth by such agencies as the American Public Health Association, The American Medical Association, The American Dental Association, The American Correctional Association, The National Institute of Law Enforcement and Criminal Justice and the Law Enforcement Assistance Administration.

A critically important principle in the American Public Health Association Standards for Health Services in Correctional Institutions is:

That adequate health care for incarcerated individuals is a public responsibility to be borne jointly by the criminal justice and health care systems.

DENTAL PROCEDURE – 440.0

PRELIMINARY DENTAL SCREENING AT INTAKE FACILITY (Intake Screening)

1. **PURPOSE:** To identify urgent/emergent dental conditions requiring referral to a dentist for immediate care. This is a separate procedure from the Comprehensive Dental Examination procedure 440.1.
2. **RESPONSIBILITY:** The Contractor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
3. **PROCEDURES:**
 - 3.1 Each inmate, within 7 days of admission, including parole violators, upon entry into ADC shall receive a panorex x-ray in addition to any other radiographs needed and a dental screening by a dentist or qualified health care staff trained by the dentist.
 - 3.1.1 The oral screening includes visual observation of the head and neck as well as the hard and soft tissues of the oral cavity including a cancer screening, noting the presence and condition of prosthetic appliance(s) and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.
 - 3.1.2 If the health care provider determines a dental issue to be urgent, the inmate will be referred to the dentist for further evaluation and/or treatment.
 - 3.1.3 Oral Hygiene Instructions are to be given along with orientation materials.
 - 3.1.4 If the inmate refuses x-rays and/or screening. Refusal of Treatment form shall be completed and documented in the dental chart.
 - 3.1.5 ASPC-Perryville, which houses an all-female population, will complete the intake screening within 7 days of admission, unless under the discretion of the provider, time allows for the intake screening and the Comprehensive Dental Examination to take place together at the same appointment time within 7 days of admission into ADC. In this case, all requirements of each policy 440.0 and 440.1 must be met. For instance, panorex x-ray is needed to fulfill Dental Procedure 440.0 and other radiographs are needed to fulfill the requirements of Dental Procedure 440.1. If time is limited, the Preliminary Dental Screening (intake screening) will occur within 7 days of admission into ADC and the Comprehensive Dental Examination is to be completed within 30 days of admission into ADC.
 - 3.1.6 The Oral Screening section of the Intake and Receiving screening is required for all intake screenings.
 - 3.1.7 The inmate will not be charged a copay for this visit.

DENTAL PROCEDURE – 440.1

COMPREHENSIVE ORAL EXAMINATIONS (COE)

1. **PURPOSE:** To ensure that ADC patients are able to receive timely comprehensive oral examinations. The purpose of comprehensive oral examinations is for the identification, diagnosis and treatment of dental pathology which impacts the health and welfare of patients.
2. **RESPONSIBILITY:** The Contractor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
3. **PROCEDURES:** Within 30 days of admission to ADC, all patients (including parole violators) will receive a Comprehensive Oral Examination. Each patient is constitutionally afforded a standard of dental care similar to that of the community at large. Appropriate dental health standards and practices will be maintained for all patients according to current American Dental Association guidelines and the Arizona State Board of Dental Examiner requirements.
 - 3.1 The Comprehensive Oral Examination includes:
 1. Complete the Health History Section in eOMIS/ Electronic Health Record (EHR).
 2. Clinically adequate and diagnostic radiographs. The quantity and periodicity of radiographs shall be determined by the dentist to satisfy the requirement of the Arizona State Board of Dental Examiners and based on American Dental Association guidelines (Reference Dental Procedure 440.6).
 3. Radiographs shall be labeled with the Inmate's Name, ADC#, Date of Birth, Date, Name of Doctor, and Facility where taken.
 4. Document the type and number/amount of radiographs taken.
 5. An examination of the head and neck as well as the hard and soft tissues of the oral cavity with a mouth mirror, explorer and adequate illumination, which includes at least:
 - a. Cancer screening.
 - b. Charting of missing and existing teeth, restorations and dental caries.
 6. A Periodontal Screening and Recording (PSR) and/or a Comprehensive Periodontal Examination depending on the PSR results. (Reference Dental Procedure 440.7)
 7. Formulation and documentation of a dental treatment plan. The patient is to sign and date the Treatment Planned section of the Dental Treatment Plan form.
 8. Complete Dental Chart and Dental Treatment Plan Form (Reference Dental Procedure 440.5).
 9. Assign appropriate classification/priority.
 10. Provide Oral Hygiene Instructions and review and demonstrate brushing and flossing. Document as completed on the Dental Treatment plan form and/in EHR.
 11. Complete the Routine Prophylaxis if the patient does not require a Full Mouth Debridement or Scaling and Root Planing. If the patient requires a Full Mouth Debridement or Scaling and Root Planing, the patient shall be advised to submit an HNR.

12. Fluoride is to be provided at the end of the cleaning procedure such as Routine Prophylaxis, Full Mouth Debridement or at the end of the final Scaling and Root Planing visit.
- 3.2 Dental providers and/or dental staff members are to educate and advise patients to submit HNR's for their recommended schedule of Periodic Comprehensive Oral Exams and Routine Prophylaxis. Patients are qualified for Routine Prophylaxis and Periodic Comprehensive Oral Exams yearly. If the patient has Periodontal Disease and requires Periodontal Maintenance, Periodontal Maintenance is to occur every 6 months with Periodic Comprehensive Oral Exams occurring yearly as well. With the schedule of Periodic Comprehensive Oral Exams occurring yearly, a Periodontal Maintenance procedure will occur during the same visit as the Periodic Comprehensive Oral Exam.
- 3.3 The inmate will not be charged a copay for this visit if the inmate requires Routine Prophylaxis and for some reason it does not occur during the Comprehensive Oral Examination, a re-appointment date for the Routine Prophylaxis will be established and noted in the dental chart. The inmate will not be charged for the follow-up appointment/Routine Prophylaxis.
- 3.4 If the inmate refuses an initial Comprehensive Oral Exam or radiographs, a Refusal of Treatment Form is to be completed and documented in the EHR.
- 3.5 Any additional treatment can be completed at this visit. Completing as much treatment as possible is highly encouraged at all visits.

DENTAL PROCEDURE – 440.2

PERIODIC ORAL EXAMINATIONS (RECALLS/POE)

1. **PURPOSE:** Inmates are eligible for Periodic Comprehensive Oral Examinations on a yearly basis.
2. **RESPONSIBILITY:** The Contractor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
3. **PROCEDURES:**
 - 3.1 The Periodic Comprehensive Oral Examination shall include:
 1. Complete the Health History Section in eOMIS.
 2. Clinically adequate and diagnostic radiographs. The quantity and periodicity of radiographs shall be determined by the dentist to satisfy the requirement of the Arizona State Board of Dental Examiners and based on American Dental Association guidelines (Reference Dental Procedure 440.6).
 3. Document the type and number/amount of radiographs taken.
 4. New and updated charting of the inmate's periodontal status by completing a PSR and/or a Comprehensive Periodontal Examination depending on the PSR results (Reference Dental Procedure 440.7).
 5. New and updated charting of the inmate's existing dental restorations, decay, and oral conditions.
 6. New and completed Dental Treatment Plan Form. (Reference DP 440.5)
 7. Assign appropriate classification/priority.
 8. Oral Cancer screening.
 9. Provide Oral Hygiene Instructions and Review and Demonstrate Brushing and Flossing. Document as completed on the Dental Treatment Plan Form and in dental chart.
 10. Complete the routine prophylaxis if the patient does not require scaling and root planing or debridement.
 11. If the patient is on Periodontal Maintenance, the Periodic Comprehensive Oral Exam and Periodontal Maintenance will occur during the same visit.
 12. Dental providers and/or dental staff members are to educate and advise patients to submit HNR's for their recommend schedule of Periodic Comprehensive Oral Exams and Prophylaxis. Patients are qualified for Routine Prophylaxis and Periodic Comprehensive Oral Exams (recalls) yearly. If the patient has Periodontal Disease and requires Periodontal Maintenance, the Periodontal Maintenance shall occur every 6 months with Periodic Exams occurring yearly as well.
 13. Fluoride is to be provided at the end of the cleaning procedure such as Routine Prophylaxis, Full Mouth Debridement, or at the end of the final scaling and Root Planing visit.

- 3.2 Inmates will not be charged a copay for the Periodic Comprehensive Oral Examination. If for some reason the routine prophylaxis or periodontal maintenance does not occur during the Periodic Comprehensive Oral Exam visit, a follow up appointment date for the routine prophylaxis/periodontal maintenance will be established and noted in the dental chart. The inmate will not be charged a copay for the follow-up appointment.
- 3.3 If a patient refuses the Periodic Comprehensive Oral Examination and Routine Prophylaxis, a Refusal of Treatment form shall be completed, and documented in the EHR.
- 3.4 Any additional treatment can be completed at this visit. Completing as much treatment as possible is highly encouraged at all visits.

DENTAL PROCEDURE – 440.3

LIMITED ORAL EXAMINATION (LOE)

1. **PURPOSE:** To ensure patients receive proper care for the emergent, urgent, and limited oral examinations.
2. **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
3. **DEFINITIONS:** Limited Oral Examination – A problem focused visit to address a specific dental complaint or problem. This includes emergent and urgent conditions visits.
4. **PROCEDURES:** Limited Oral Examinations include:
 1. Complete the Health History section of eOMIS.
 2. Clinically adequate and diagnostic radiograph(s) of the area(s) of concern, as deemed medically necessary by the dentist.
 3. Specify the number and type of radiographs.
 4. Completion of a soft and hard tissue examination.
 5. Documentation of condition, diagnosis and pathology and treatment plan.
 6. Complete Tooth Chart and a new Dental Treatment Plan Form. (Refer to DP 440.5)
 7. More than one tooth or problem or concern can be addressed at this visit.
 8. Treatment to solve the problem(s) of concern is encouraged to be completed at this visit.
 9. Advise patient to submit an HNR if the patient is due for a Periodic Oral Exam and cleaning.
- 4.1 If a patient refuses treatment, a Refusal of Treatment Form shall be completed, and documented in the EHR.

DENTAL PROCEDURE – 440.4

DENTAL CLASSIFICATION SYSTEM

- 1.0 **PURPOSE:** To provide a standard classification system for the prioritization of dental treatment provided to inmates.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **DEFINITIONS:**
- 3.1 *Dental Classification System* - A system that establishes priorities of dental treatment based on dental conditions diagnosed by institutional dentists and established as a total dental treatment plan.
 - 3.1.1 **Priority 1 - (Emergent Care)** - A dental emergent condition includes any dental condition for which evaluation and treatment are immediately necessary to prevent death, severe or permanent disability. Patients requiring treatment for a dental emergency shall be seen immediately. Examples include, but are not limited to:
 1. Postoperative uncontrolled bleeding.
 2. Facial swelling that is of a life threatening nature or is causing facial deformity.
 3. Fracture of the mandible, maxilla, or zygomatic arch.
 4. Avulsed dentition.
 5. An extremely painful condition that is non-responsive to the implementation of dental treatment guidelines.
 6. Intraoral lacerations that require suturing.
 7. Conditions causing loss of airway.
 8. Closed-lock or dislocation of TMJ.
 9. Rapidly spreading oral infection such as Ludwig's Angina
 10. Uncontrolled or spontaneous severe bleeding of the mouth.
 - 3.1.2 **Priority 2 - (Urgent Care)** - Inmates with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living. Patients with urgent dental conditions are to be seen within 72 hours of HNR submission. Please see 442.7 for more details. Examples include, but are not limited to:
 1. Fractured dentition with pulp exposure.
 2. Acute dental abscess.
 3. Oral pathological condition that may severely compromise the general health of the inmate.
 4. Acute Necrotizing Ulcerative Gingivitis.
 5. Pain, swelling or bleeding that is likely to remain acute or worsen without

intervention.

3.1.3 Priority 3 - (**Routine Care**) - Conditions that require treatment to restore the form and function of an inmate's oral tissue:

1. Caries
2. Mild to Severe Gingivitis
3. Mild to Severe/Advanced Periodontitis
4. Routine Prophylaxis
5. Full Mouth Debridement
6. Scaling and Root Planing (SRP)
7. Periodic Comprehensive Oral Examinations
8. Periodontal Maintenance
9. Periodontal Re-evaluations
10. Non-restorable teeth
11. Edentulous and partially edentulous patients requiring replacement (see Dental Service Procedure 440.9)
12. Broken or non-functional prosthetic appliance if patient qualifies (see Dental Service Procedure 441.0)
13. Endodontics (See Dental Service Procedure 440.8)
14. Fluoride treatments:
 - a. Each patient has access to the preventive benefits of Fluoride in a form determined by the dentist.
 - b. Fluoride shall be provided at the end of each cleaning procedure such as a Routine Prophylaxis or Full Mouth Debridement or at the end of the final Scaling and Root Planing visit.
15. Ridge Augmentations, Vestibular extensions
16. Stainless Steel Crowns

3.1.4 Priority 4 – (**Elective Care**)

1. Gingival recession/root sensitivity
2. Broken prosthetic appliance that remains functional
3. TMJ disorders

3.1.5 Exempt Conditions

1. Fixed prosthodontics (including crowns and bridges; cast crowns, all porcelain crowns, porcelain fused to metal crowns).
2. Pins or post retained core build up

3. Crown lengthening
4. Orthodontics
5. Removal of asymptomatic third molars or impactions without pathology
6. Treatment for cosmetic defects
7. Mucogingival surgery, alveolar osseous surgery, periodontal grafts
8. Implants
9. Teeth whitening/bleaching

4.0 PROCEDURES:

4.1 Upon initial examination, all inmates will be classified according to the dental classification system

Priority 1 (EMERGENT CARE)

Priority 2 (URGENT CARE)

Priority 3 (ROUTINE CARE)

Priority 4 (ELECTIVE CARE)

4.2 The priority classification should be re-evaluated and updated, if necessary, at each dental visit.

4.3 The scheduling of dental appointments for inmates will be based on the current relative priority of the inmate's dental condition within the dental classification system.

DENTAL PROCEDURE – 440.5

DENTAL CHARTING and DOCUMENTATION

- 1.0 **PURPOSE:** To provide guidelines and requirements for the consistent completion of the ADC Dental Chart.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of these procedures.
- 3.0 **DEFINITIONS:**
 - 3.1 **Tooth Chart:** The section of the dental chart used to document existing conditions, pathology, previous treatment and treatment completed and periodontal conditions. This is to be completed during the Intake Screening (if needed), Comprehensive Oral Exam; updated as treatment is completed, updated at the recall visits and limited oral exams.
 - 3.2 **Dental Treatment Plan Form:** A form used to document the Treatment Plan, Periodontal Treatment Plan, PSR, types and number of radiographs taken, oral conditions, OHI given, Reviewed and Demonstrated Brushing and Flossing, Head and Neck Exam, Oral Cancer Screening, and Priority classification. The following must be filled out:
 - a. Patient signature and date
 - b. Dentist signature, signature stamp and date
 - c. Inmate Name
 - d. ADC#
 - e. Date of Birth
 - f. Complex / Unit
 - 3.2.1 The Treatment Plan section of the Treatment Plan Form is to be completed with tooth number and treatment required for each tooth. Each line is assigned to one tooth/procedure. Do not skip lines. Place a slash through all remaining empty lines. Check the appropriate periodontal treatment.
 - 3.2.2 Document “N/A” in all areas of the form that are not applicable. Do not leave any areas blank. Refer to sample Treatment Plan forms in 4.7A and 4.8A. (Pages 18 & 19)
 - 3.3 All other notes/entries are to be documented in the dental chart using the S.O.A.P.E. format.
 - 3.4 All forms such as Informed Consents, Treatment Plan Forms etc. that requires a dentist’s signature will also require a signature stamp.
- 4.0 **PROCEDURES:** The following sections of the dental chart should be completed as outlined.
 - 4.1 **Comprehensive Oral Examinations (COE)** – Entire Dental Treatment Plan Form is to be completed as stated in sections 3.2 and the Tooth Chart is to be completed. All other notes are to be documented in the dental chart using the S.O.A.P.E. format.
 - 4.2 **Periodic Comprehensive Oral Examinations (Recalls/POE):** At each Recall visit, a new Dental Treatment Plan Form will be completed as stated in section 3.2 and the Tooth Chart is to be

updated. All other notes are to be documented in the dental chart using the S.O.A.P.E. format.

4.3 Limited Oral Examinations (LOE) – A new Dental Treatment Plan Form is to be completed. The following sections of the form are required:

- a. Dentist signature, signature stamp and date
- b. Inmate Name
- c. ADC#
- d. Date of Birth
- e. Complex / Unit
- f. Type and number of radiographs taken
- g. Treatment plan if treatment is needed
- h. Inmate signature and date if treatment is needed
- i. Other areas of the Dental Treatment Plan Form will be completed as needed. Document “N/A” in all areas that are not applicable, refer to section 4.8A for Sample Treatment Plan Form.
- j. All other notes are to be documented in the dental chart using S.O.A.P.E. format.

4.4 At each visit, the Health History section of the dental chart is to be completed.

4.5 Record the treatment/services and other pertinent information on the tooth chart and dental chart using the S.O.A.P.E. format.

4.5.1 The Standard S.O.A.P.E. format will be used for recording all patient care notes. The following constitutes the accepted definitions of S.O.A.P.E.

S = Subjective data – Include symptoms, complaints, history and/or conversation concerning the problem and covering the time interval since the last entry (as indicated). Complaints may be in quotes of patients own words.

O = Objective data – Include physical examinations, signs, laboratory reports, evidence present on x-ray. Status of the soft tissue, oral hygiene level, and any x-rays, or the results of cultures, biopsies etc., should be recorded in this section. Positive as well as negative findings may be included i.e.: pain on percussion, lymphadenopathy, mobility etc.

A = Assessment – of the subjective and objective data. Usually, the diagnosis with appropriate statements about etiology, cause(s) of the problem, patient responses to the therapy and his/her coping ability. May include statements of prognosis or list of differential diagnoses.

P = Plan – This is a statement specifying what is to be done and/or what procedure was performed at this visit regarding the problem. Also may include review of health history. Amount-and type of anesthetic used, prescriptions, instructions, and notes as to which teeth were filled, extracted, etc., must be included. This is also a convenient place to record plans for the next visit along with any time constraints that need to be recognized.

4.5.1.1 The plan stems directly from the rationale in the assessment and may include any or all of the following:

1. Diagnostic Plan – States what is to be done to make the data base more complete i.e. more x- rays, lab tests etc.
2. Therapeutic Plan – Indicates projected methods for curing, improving or palliating the problem.

E = Education – Outlines the content of health teaching concerning the problem and the above mentioned diagnostic and/or therapeutic plans i.e., oral hygiene and postoperative instructions.

- 4.6 All entries in the dental chart will be made under the authority and responsibility of the dentist. It is recommended that the treating dentist write their own notes regarding the services rendered.
- 4.7 Dental Treatment Plan Form (actual form 1101.1(e)) for Comprehensive Oral Exams – *refer to sample form 4.7A.*
- 4.8 Dental Treatment Plan Form (actual form 1101.1(e)) for Limited Oral Exams (including emergency and urgent visits) – *refer to sample form 4.8A.*
- 4.9 All documents are to be included in the chart/medical record i.e. denture requests/approvals, lab slips, consent forms, documentation and any communication with specialists, special diets, etc.

4.7A DENTAL TREATMENT FORM

|  ARIZONA DEPARTMENT OF CORRECTIONS Dental Treatment Plan | | SAMPLE FORM ONLY NOT OF ACTUAL PATIENT COMPREHENSIVE ORAL EXAMS & PERIODIC ORAL EXAMS | | | |
|---|-----------------------|--|-------------------------------------|---------------|----------|
| Tooth Number | Treatment Planned | PSR | | | |
| 2 | EXT | 2 | 2 | 3 | |
| 5 | EXT | 2 | 2 | 3 | |
| 6 | EXT | | | | |
| 7 | EXT | FMX: <u>1</u> BW: <u>4</u> PA: <u>2</u> PANO: <u>1</u> | | | |
| 8 | EXT | Check | | | |
| 9 | EXT | Gingiva: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Inflamed <input type="checkbox"/> Highly Inflamed | | | |
| 14 | EXT | Deposits: <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy | | | |
| 19 | EXT | Periodontal DX: <input type="checkbox"/> Gingivitis <input checked="" type="checkbox"/> Periodontitis | | | |
| 20 | EXT | <input type="checkbox"/> Local <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Generalized | | | |
| 21 | EXT | | | | |
| 26 | EXT | Prosthesis Present (Please Circle): F/F <input checked="" type="checkbox"/> P/P | | | |
| 28 | EXT | Prosthesis Needed (Please Circle): F/F P/ <input checked="" type="checkbox"/> P | | | |
| 18 | OB FILLING | | | | |
| 22 | F FILLING | | | | |
| 29 | MOD FILLING | | | | |
| | UPPER FULL DENTURE | | | | |
| | LOWER PARTIAL DENTURE | | | | |
| | | Head and Neck Exam | Normal | Ab-Normal | Comments |
| | | Lips | X | | |
| | | Commissures | X | | |
| | | Buccal Mucosa | X | | |
| | | Pharynx | X | | |
| | | Soft Palate | X | | |
| | | Hard Palate | X | | |
| | | Tongue | X | | |
| | | Floor of Mouth | X | | |
| | | TMJ | X | | |
| | | Neck Nodes | X | | |
| | | OCS +/- | <input checked="" type="checkbox"/> | | |
| | | COMMENTS: N/A | | | |
| Recommended Periodontal Tx: <input type="checkbox"/> Prophy <input type="checkbox"/> FMD <input checked="" type="checkbox"/> SRP | | INMATE SIGNATURE | | DATE | |
| | | Signature | | mm/dd/yyyy | |
| | | DENTIST SIGNATURE | | DATE | |
| | | Signature and Stamp | | mm/dd/yyyy | |
| OVERALL | | PRIORITY | | | |
| DENTAL PRIORITY | | 1 | 2 | 3 | 4 |
| Periodontics | | | | X | |
| Restorative | | | | X | |
| Endodontics | | | | | |
| Oral Surgery | | | X | | |
| Prosthodontics | | | | X | |
| | | INMATE NAME (Last, First M.I.) (Please print) | | | |
| | | Last, First, MI | | | |
| | | ADC NUMBER | | DATE OF BIRTH | |
| | | XXXXXX | | mm/dd/yyyy | |
| | | INSTITUTION/UNIT: Florence / North | | | |

Actual Form Number and date: 1101-1(e) 7/1/14

4.8A DENTAL TREATMENT FORM

| | | | | | | | | |
|---|---------------------------------|--|--------------------|---|--------|--|----------|--|
|  | | ARIZONA DEPARTMENT OF CORRECTIONS Dental Treatment Plan | | SAMPLE FORM ONLY NOT OF ACTUAL PATIENT LIMITED ORAL EXAMS, including emergency & urgent visits | | | | |
| Tooth Number 3 4 | Treatment Planned EXT EXT | | | PSR N/A | | | | |
| \ | | | | FMX: <u>N/A</u> BW: <u>N/A</u> PA: <u>1</u> PANO: <u>N/A</u> | | | | |
| | | | | Check Gingiva: ___ Normal ___ Inflamed ___ Highly Inflamed Deposits: ___ Slight ___ Moderate ___ Heavy Periodontal DX: ___ Gingivitis ___ Periodontitis ___ Local ___ Moderate ___ Severe ___ Generalized | | | | |
| | | | | N/A | | | | |
| | | | | Prosthesis Present (Please Circle): F/F P/P Prosthesis Needed (Please Circle): F/F P/P | | | | |
| | | | | ___ Oral Hygiene Instructions given. Reviewed and demonstrated brushing and flossing. | | | | |
| | | | | Head and Neck Exam | Normal | Ab-Normal | Comments | |
| | | | | Lips | | | | |
| | | | | Commissures | | | | |
| | | | | Buccal Mucosa | | | | |
| | | | | Pharynx | | | | |
| | | | | Soft Palate | | | N/A | |
| | | | | Hard Palate | | | | |
| | | | | Tongue | | | | |
| | | | | Floor of Mouth | | | | |
| | | | | TMJ | | | | |
| | | Neck Nodes | | | | | | |
| | | OCS +/- | | | | | | |
| | | Recommended Periodontal Tx: <u>N/A</u> ___ Prophy ___ FMD ___ SRP | | COMMENTS: N/A | | | | |
| INMATE SIGNATURE Signature | | | DATE mm/dd/yyyy | DENTIST SIGNATURE Signature and Stamp | | DATE mm/dd/yyyy | | |
| OVERALL DENTAL PRIORITY | | PRIORITY 1 2 3 4 | | | | INMATE NAME (Last, First M.I.) (Please print) Last, First, MI | | |
| Periodontics | | | | | | ADC NUMBER XXXXXX | | |
| Restorative | | | | | | DATE OF BIRTH mm/dd/yyyy | | |
| Endodontics | | | | | | INSTITUTION/UNIT Florence / North | | |
| Oral Surgery | | X | | | | | | |
| Prosthodontics | | | | | | | | |

Actual Form Number and date: 1101-1(e) 7/1/14

DENTAL PROCEDURE – 440.6

X-RAY PROCEDURE

- 1.0 **PURPOSE:** To provide a standard procedure that outlines the protective measures required for exposure, development and storage of dental x-rays.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **PROCEDURES:** The overall objective is to reduce to a minimum, both patient and operator exposure to radiation while producing clinically acceptable radiographs.
 - 3.1. Procedure for exposing radiographs: Like other hazardous materials in the dental office, x-radiation must be handled judiciously. Minimum exposure can be achieved by using proper distance, shielding, optimum exposure time, and use of an x-ray film badge for monitoring exposure.
 - 3.1.1 Patient's Protection:
 1. Take a complete health history. With females, ask about pregnancy. Routine x-rays are contra-indicated for pregnant inmates, especially during the first trimester.
 2. Always cover the patient with a protective shield.
 - 3.1.2 Operator's Protection:
 1. Stand at least six feet away from primary x-ray beam.
 2. X-ray packet or sensors should not be held in patient's mouth by the operator, when an exposure is being made.
 3. Tube housing or cone should not be hand held by the operator during exposure.
 4. The amount of scattered radiation reaching the operator should be kept to a minimum.
 5. The most current Arizona Radiation Regulation Agency Notice to Employers should be posted on the wall near the x-ray machine in all dental clinics.
 6. The x-ray unit should be covered and/or surface disinfected between patients.
 - 3.2. All x-ray equipment and/or processors should be maintained according to the manufactures instructions:
 - 3.2.1 Standard label for radiography should include:
 - *Inmate Name
 - *Inmate Number
 - *Date
 - *Name of the Doctor
 - *Date of Birth
 - *Facility where taken
 - 3.2.2. The treating dentist is responsible to ensure that all radiographs are of diagnostic quality for the record.

3.2.3 The quality and periodicity of radiographs shall satisfy the requirements of the Arizona State Board of Dental Examiners and based on the American Dental Association guidelines.

3.2.4 ADA recommended guidelines:

New Patient, Dentate: Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periopical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.

New Patient, Edentulous: Individualized radiographic exam based on clinical signs and symptoms.

Recall Patient with clinical caries or at increased risk for caries, Dentate or Partially Edentulous: Posterior bitewing exam at 6-18 month Intervals.

Recall Patient, Edentulous: Not applicable

Recall Patient with no clinical caries and not at increased risk for caries, Dentate or Partially Edentulous: Posterior bitewing exam at 24-36 month Intervals.

Recall Patient with no clinical caries and not at increased risk for caries, Edentulous: Not applicable

Recall Patient with periodontal disease: Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.

Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization: Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions.

DENTAL PROCEDURE – 440.7

PERIODONTAL TREATMENT

- 1.0 PURPOSE: To define the types and extent of periodontal services, available for inmates under the Jurisdiction of the Arizona Department of Corrections.
- 2.0 RESPONSIBILITY: The Contractor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 PROCEDURES:
 - 3.1 Diagnosis of Periodontal Disease
 - 3.1.1 The PSR and/or the comprehensive periodontal examination shall be performed in conjunction with the comprehensive dental examination.
 - 3.1.2 All dentists shall utilize the PSR screening system to meet the requirement for early periodontal disease.
 - 3.1.3 The dentist shall utilize a periodontal probe or a PSR probe to determine the PSR code to be recorded for each sextant of the inmate's mouth.
 - 3.1.4 The PSR results shall be documented as follows:
 - Code 0 Colored area of probe remains completely visible in the deepest crevice in the sextant.**
 - no probing depths over 3.5 mm.
 - 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 probing depths over 3.5mm
 - 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.**
 - no probing depths over 3.5mm
 - 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.**
 - deepest probing between 3.5mm and 5.5mm

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

- deepest probing over 5.5mm

Periodontal charting (Full probings) shall be completed as part of a comprehensive periodontal examination and for all patients whose PSR examination results in two or more sextant scores of Code 3, or one sextant score of Code 4. This is to be recorded in the Tooth Chart of the dental record.

3.2 Classification of Periodontal Disease

3.2.1 Patients shall be classified according to one of the following types of periodontal diseases (either localized or generalized) based on clinical and radiographic examinations. The classification type shall be based on the most severe area of periodontal disease (possibly one tooth) and shall be documented:

- Healthy Periodontia: no evidence of current periodontal disease, which may include healthy periodontia with evidence of previous loss of support.
- Gingivitis: shallow pockets; bleeding in response to gentle probing; changes in gingival form; no evidence of bone loss.
- Mild Periodontitis: gingival form changes; increased sulcus depth, clinical attachment loss up to 3mm from the cemento-enamel junction; minor bone loss (<30% bone loss).
- Moderate Periodontitis: gingival form changes; increased sulcus depth, clinical attachment loss 4-6mm from the cemento-enamel junction; moderate bone loss (<50% bone loss).
- Advanced Periodontitis: gingival form changes; increased sulcus depth, clinical attachment loss more than 6mm from the cemento-enamel junction; severe bone loss (>50% bone loss).

3.3 Treatment of Periodontal Disease

3.3.1 The treatment of periodontal disease is a major part of dental practice and requires a coordinated effort between the patient and the dental team. The ultimate responsibility for controlling periodontal disease is that of the patient.

3.3.2 Oral hygiene and plaque control instructions, and methods of preventing periodontal disease shall be taught and demonstrated by the dentist or dental staff.

3.3.3 Treatment of periodontal disease shall be classified under Dental Classification Priority 3.

3.3.4 The treatment of periodontal disease shall consist of non-surgical scaling and/or root planing (SRP).

3.3.5 Prior to SRP procedures, the dentist shall document a baseline charting of the

- periodontal status, including but not limited to, a radiographic survey. The quantity and periodicity of radiographs shall be determined by the dentist to satisfy the requirement of the Arizona State Board of Dental Examiners and based on American Dental Association guidelines (Reference Dental Procedure 440.6).
- 3.3.6 Dentists/hygienists shall minimize the number of visits needed to complete SRP. It is recommended that patients who need two quadrants of SRP have it completed in a single visit and those needing more than two quadrants have the treatment completed in 1-2 visits. The dentist will re-appoint the patient if a second visit is required to complete the Scaling and Root Planing. The patient will not be charged for the second or subsequent visits for the completing of the SRP.
 - 3.3.7 Patients who undergo SRP procedures shall be scheduled for a follow up re-evaluation of their periodontal status within 3 weeks following completion of the SRP procedures. The re-evaluation shall include recording at a minimum, pocket depths, mobility and furcation involvement. After completion of the re-evaluation, the patient may receive subsequent periodontal maintenance visits every 6 months.
 - 3.3.8 Mucogingival surgery, alveolar osseous surgery and periodontal grafts are not provided by ADC.
 - 3.3.9 Extreme care shall be exercised when providing scaling and/or root planing to patients with implants.
- 3.4 A patient's periodontal classification may change after treatment. Any such change shall be evaluated and documented by the dentist.
- 3.4.1 When the last session of SRP is completed and in the same visit, the patient will be provided Fluoride treatment in the form determined by the dentist.
 - 3.4.2 Dental providers and/or dental staff members are to educate and advise patients to submit HNR's for their recommended schedule of Periodic Comprehensive Oral Exams and Periodontal Maintenance or Dental Prophylaxis. Patients are qualified for dental prophylaxis and Periodic Comprehensive Oral Exams (recalls) yearly. If the patient has Periodontal Disease and requires Periodontal Maintenance, the Periodontal Maintenance shall occur every 6 months with Periodic Comprehensive Exams occurring yearly as well. With the schedule of recalls occurring yearly, a periodontal maintenance procedure will occur during the same visit as the Periodic Comprehensive Oral Exam (recall).

DENTAL PROCEDURE – 440.8

ENDODONTIC THERAPY

1. **PURPOSE:** To provide standard criteria for provision of endodontic therapy in Arizona Department of Corrections dental clinics.
2. **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
3. **PROCEDURES:** Inmates shall be eligible to receive limited endodontic (root canal therapy) services in ADC dental clinics. Endodontic services within ADC shall be performed in accordance with established criteria within these specific guidelines.
 - 3.1 Endodontic procedures shall not be performed when extraction of the tooth is appropriate due to non-restorability, periodontal involvement or when the tooth can easily be replaced by an addition to an existing or proposed prosthesis in the same arch.
 - 3.2 Endodontics or root canal therapy shall only be performed when all the following conditions are met.
 - 3.2.1 The tooth is periodontally sound and has a good prognosis for long-term retention and restorability (pocket depth limited to 2-3mm).
 - 3.2.2 The tooth is restorable using ADC approved methods and materials and does not require extensive restorations including either a pin or post retained core build up and/or crown lengthening.
 - 3.2.3 Low caries index must be present (less than five carious teeth).
 - 3.2.4 There is adequate posterior occlusion, either from natural dentition or a dental prosthesis, to provide protection against traumatic occlusal forces to anterior teeth in consideration for endodontic therapy.
 - 3.2.5 The tooth in question is essential as an abutment for an existing removable partial denture or is necessary as an abutment on a proposed removable partial denture for the arch.
 - 3.2.6 Tooth must be in occlusion.
 - 3.3 All endodontics should be performed under a rubber dam.
 - 3.4 A pre and post treatment periapical x-ray will be taken.
 - 3.5 Apicoectomies, retrograde fillings, hemi-sections, root amputations, re-treatment of root canal therapies, cast crowns, all porcelain crowns, and porcelain fused to metal crowns are excluded procedures.
 - 3.6 Stainless steel crowns are permitted.
 - 3.7 The patient must sign the informed consent for Endodontic Treatment.
 - 3.8 Once a Root Canal Therapy is started, it is the responsibility of the Contract Vendor or Designee to complete the Root Canal Therapy and any restoration needed in a timely manner. In particular, this must be completed prior to the inmate's release date.

3.9 The patient will be charged a one-time a copay. The patient will not be charged for subsequent visits to complete the root canal and restoration.

DENTAL PROCEDURE – 440.9

DENTAL PROSTHESES

- 1.0 PURPOSE: To establish criteria that will be used to determine the eligibility of an inmate for replacement of missing teeth, and priorities by which they will be provided by ADC.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 DEFINITIONS:
 - 3.1. *Adequate Masticatory Function*: defined as an occlusion score of 16 points or more.
 - 3.2. *Occlusion Score*: defined as the total of occlusion points scored as follows:
 - 3.2.1 Occluding incisors and canines or canines = 1 Point, (i.e., #7 with #26 = 1Pt.)
 - 3.2.2 Occluding Bicuspids = 2 Points, (i.e., #4 with #29 = 2 Pts., #6 with #27 = 2Pts.)
 - 3.2.3 Functional 1st or 2nd Molars = 3 Points, (i.e., #3 with #30 = 3 Pts.) Note: 3rd Molars drifted to 2nd Molar position shall be recognized as functional occlusion and included when counting the occlusal score.
 - 3.2.4 Wisdom teeth = 0 Pts.
- 4.0 PROCEDURES:
 - 4.1 Full denture prostheses shall be constructed in accordance with the following:
 - 4.1.1 First priority will be given to medically compromised patients who, as a result of missing teeth, are exhibiting a significant medical condition that can be ameliorated by return to adequate masticatory function.
 - 4.1.2 Second priority will be given to those patients needing full upper or lower dentures, or both, as a result of extractions performed as part of an ongoing treatment plan, or who have lost teeth while in ADC.
 - 4.1.3 Third priority will be given to those who entered ADC with missing teeth. (Edentulous upper and/or lower).
 - 4.2 Partial denture prosthesis shall only be provided if the Occlusion Score is 15 or less and the patient does not have active caries, moderate or severe periodontal disease, mobility of abutments. Consideration should be given if there is an opposing full denture, to which a partial denture would aid in stability. Partial dentures will be constructed in accordance with the following:
 - 4.2.1 First priority will be given to medically compromised patients who, as a result of missing teeth, are exhibiting a significant medical condition that can be ameliorated by return to adequate masticatory function.
 - 4.2.2 Second priority will be those who qualify as a result of extractions performed as part of an on-going treatment plan, or who have lost teeth while in ADC.
 - 4.2.3 Third priority will be given to those who entered ADC with missing teeth.

- 4.2.4 Patients will be restored to adequate masticatory function with one partial if possible (i.e., upper or lower, whichever increases the occlusion score to 16 or above).
- 4.3 Exception to the Occlusion Score can be granted by the Contract Vendor or Designee if the teeth were lost as a result of assault or altercation which is supported by the appropriate documentation or there is a significant psychological need which is documented by a staff psychiatrist and psychologist and sent to the attention of the Dental Vendor.
- 4.4 Implants, fixed bridges, cast crowns, porcelain fused to metal crowns, all porcelain crowns and/or any crowns, post and cores, requiring lab fabrication will not be provided. Stainless steel crowns are permitted.
- 4.5 Laboratory repairs of existing fixed prosthetics must have the approval of the Dental Vendor.
- 4.6 Inmates will be provided prostheses based on priority.
- 4.7 No prosthetic replacements will be started if the inmate has less than six months remaining in ADC.
- 4.8 Ridge augmentation or vestibular extensions are permitted.
- 4.9 A complete dental scaling will be performed before impressions are taken for construction of a partial denture(s).
- 4.10 Laboratory prescriptions shall only be signed by a dentist.
- 4.11 If a patient (needs/wants/requests/is recommended by providers) full/partial dentures, approvals/rejections for full/partial dentures will be determined. The desired prostheses will be documented on the Treatment Plan Form and signed by the patient prior to the start or completion of any extractions or serial extractions. Once the full/partial dentures are approved, it is the responsibility of the Contract Vendor or Designee to complete all extractions, treatment and dentures prior to the inmate's release date.
- 4.12 All written approvals/rejections will be scanned into the EHR.
- 4.13 The inmate will be charged a one-time copay for the prostheses. The patient will not be charged for subsequent visits to complete the prostheses.

DENTAL PROCEDURE – 441.0

REPLACEMENT OF DENTAL PROSTHESES PROVIDED AT STATE/ CONTRACT VENDOR EXPENSE

- 1.0 **PURPOSE:** To provide a standard protocol for the replacement of full or partial dentures supplied to inmates by the Arizona Department of Corrections.
- 1.1 Any full or partial denture, made at state expense, remains state property until the inmate leaves the jurisdiction of the Arizona State Department of Corrections. This procedure applies to all dental prostheses provided at state expense.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **PROCEDURES:**
 - 3.1 Full or partial dentures provided to inmates at state expense will not be replaced routinely unless five (5) years have elapsed since the insertion of the appliance and only then if the examining dentist deems it necessary. Exceptions to the above will require the approval of the Contract Vendor or Designee.
 - 3.2 Each inmate requesting replacement of existing full or partial dentures supplied at state expense will be examined by a dentist. The dentist will then determine if a remake is indicated, in keeping with the procedure as written as well as consider the patient's ability to maintain appropriate level of health and weight for his or her height and frame.
 - 3.3 Broken or damaged prosthesis: If it is the opinion of the examining dentist that the inmate damaged his/her prosthesis in an attempt to get a new replacement, the dentist will document it in the chart and will take disciplinary action against the inmate for damage of state property. Replacement of such will require approval from the Contract Vendor or designee.
 - 3.4 If the broken or lost denture/partial is the result of an altercation against the inmate, by another inmate or a security officer, written documentation (Incident Report or Significant Incident Report), as to this altercation must accompany the request for the new prosthesis.
 - 3.5 If the broken or lost denture/partial is the result of a loss during inmate property transport or storage, written documentation (ADC inventory slip) must accompany the request for the new prosthesis. A claim should be filed, by the inmate with Risk Management for replacement.
 - 3.6 If the loss or damaged denture/partial is the result of a county receiving facility, i.e., Sheriff's Department, County Detention Office, etc., the inmate will apply to these facilities for assistance. If the inmate receives no resolution from these facilities, copies of all Incident Reports, written communication and determinations must accompany request for assistance for new or repaired partial/denture at Contract Vendor expense.
 - 3.6.1 Replacement of partial dentures is subject to the occlusion score criteria for adequate masticatory function outlined in Dental Service Procedure 440.9. The criteria must be met for replacement prostheses whether the original prosthesis met those criteria or not.

DENTAL PROCEDURE – 442.0

CRITERIA FOR REMOVAL OF WISDOM TEETH

- 1.0 **PURPOSE**: To provide criteria for removal of third molars (wisdom teeth) from inmates committed to the Arizona Department of Corrections (ADC).
- 2.0 **RESPONSIBILITY**: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **PROCEDURES**:
 - 3.1 Wisdom teeth should not be removed or referred to an outside provider for removal if:
 - 3.1.1 They are asymptomatic.
 - 3.1.2 Symptomatic but can be treated by medications, oral hygiene practices, soft tissue removal, occlusal adjustment, or extraction of the opposing third molar.
 - 3.2 Removal should be considered:
 - 3.2.1 If, AFTER CONTINUED TREATMENT AS OUTLINED IN 3.1, the condition persists or exacerbates.
 - 3.2.2 There is demonstrated pathology either by x-ray or clinical examination.
 - 3.2.3 There is the continuous presence of infection.
 - 3.2.4 The WISDOM TOOTH is affecting the adjacent tooth causing it to become loose or decayed.

DENTAL PROCEDURE – 442.1

TREATMENT FOR TMJ DYSFUNCTION

- 1.0 PURPOSE: To recommend guidelines for evaluation and management of Craniomandibular Disorders, Temporomandibular Joint (TMJ) Dysfunction Disorder and Myofascial Pain Dysfunction (MPD).
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 DEFINITIONS:
 - 3.1 Temporomandibular Joint Disorder (TMJ) - Refers to intrinsic joint pathology which may be ligamentous, capsular, bony degenerative, etc. The etiology is in the joint itself, or in a specific occlusal disorder.
 - 3.2 Myofascial Pain Dysfunction - Refers to a medical entity which affects muscles anywhere in the body. This condition is unrelated to the occlusion, and is generally not amenable to occlusal therapy.
- 4.0 PROCEDURES:
 - 4.1 Evaluation:
 - 4.1.1 A thorough history of the patient's craniomandibular disorder must be taken by the treating dentist.
 - 4.2 Basic examination shall consist of the following:
 - 4.2.1 Joint palpation
 - 4.2.2 Muscle testing (palpation)
 - 4.2.3 Radiographic evaluation (panorex and/or transcranial)
 - 4.3 The above are to be utilized to arrive at a preliminary diagnosis of TMJ Dysfunction.
- 5.0 MANAGEMENT
 - 5.1 Treatment modalities are designed to reduce the actual muscle spasm, reduce joint inflammation, and thus relieve the pain. The treatment is strictly palliative in nature and is not directed at achieving a cure. All treatment rendered is **STRICTLY REVERSIBLE** and the hard and soft tissues are not altered in any way.
 - 5.2 Treatment modalities may include:
 - 5.2.1 Pharmacotherapeutics
 - 5.2.2 Isometric exercise therapy
 - 5.2.3 Psychological counseling to reduce stress
 - 5.2.4 TMJ appliance/muscle relaxation splint
 - 5.3 The above modalities may be done one at a time or in combination.

DENTAL PROCEDURE – 442.2

PROTOCOL FOR MANAGEMENT OF INMATES WITH FRACTURED FACIAL BONES

- 1.0 **PURPOSE:** To establish procedures for the provision of uniform protocol in the management of inmates with fractured facial bones.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **DEFINITIONS:**
 - 3.1 Facial Bones – Maxilla, Mandible, Zygomatic Arches and the Cranial Bones joined to them.
 - 3.2 Clinical Coordinator – Person responsible for arranging transportation of inmates for health care purposes.
 - 3.3 Dentist – Person responsible for dental care at the respective facility/unit.
 - 3.4 Contract Oral Surgeon – A dental specialist contracted to provide specialized oral surgery services to ADC inmates.
- 4.0 **PROCEDURE:**
 - 4.1 Triage and Diagnosis:
 - 4.1.1 After notification of the medical provider and all injuries of a life threatening or higher priority nature have been brought under control – a Dentist shall be consulted regarding all trauma to the face, teeth, jaws and associated structures as soon as possible.
 - 4.1.1.1 After hours: the Urgent Notification provider shall be contacted by telephone.
 - 4.1.2 The Dentist shall evaluate the following:
 - 4.1.2.1 The inmate's past medical history.
 - 4.1.2.2 The inmate's and/or staff's history of the current injury.
 - 4.1.2.3 Visual examination both intra-orally and extra-orally, if necessary.
 - 4.1.2.4 Radiographs of the head and neck shall be ordered by the dentist.
 - 4.1.2.5 During after hours, the evaluation and diagnosis regarding facial trauma may be conducted via the Emergency Room Physician at a hospital that provides emergency services to the particular facility. The Urgent Notification provider shall obtain the clinical and radiographic data from the ER Physician by telephone.
 - 4.2 Notification: Once a diagnosis of fracture of facial bones has been made, the following people shall be notified as soon as is possible.
 - 4.2.1 The contract Oral Surgeon may be contacted by the Dentist to obtain his/her opinion based on the findings. The contract Oral Surgeon will specify when and

- where he wants to examine the inmate and radiographs.
- 4.2.1.1 The Contract Oral Surgeon may also give orders at that time regarding pain medications, antibiotics, diet, activity, etc.
 - 4.2.1.1.1 Prescriptions
 - 4.2.1.1.2 Diet Orders
 - 4.2.1.1.3 NPO Orders
 - 4.2.1.1.4 Duty Status
 - 4.2.1.2 The dentist must also record the pertinent facts in S.O.A.P.E. format on the Dental Chart.
 - 4.2.1.3 A medical hold will be placed on the inmate.
 - 4.2.1.4 Note of the fractured bone is to be included on problem list.
 - 4.2.2 The Clinical Coordinator or Nurse in charge of arranging transportation must be notified so that proper transportation to the contract oral surgeon or hospital can be arranged.
 - 4.2.2.1 The consultation report form, as well as verbal communication, is the mechanism for proper communication between the dentist and the contract oral surgeon via the Clinical Coordinator.
 - 4.2.3 The Facility Health Administrator (FHA) is to be alerted as to the nature of the situation.
 - 4.2.4 The Contract Vendor or Designee is to be notified and kept informed of the situation.
 - 4.2.5 The Contract Vendor or Designee at the facility is to be notified of the situation as it progresses and for follow up.
 - 4.2.6 If the inmate must be moved to a new housing location within the same facility, remote from the dentists' unit, the dentist at that unit/facility must be alerted to the presence of the new arrival.
 - 4.2.7 If the inmate is moved to another facility, the dentist shall notify the Contract Vendor or Designee at the receiving facility directly by phone and follow up in writing via continuity of care form.
- 4.3 Treatment: When the inmate returns from the oral surgeon or hospital, the Dentist shall review the consult form and implement the orders to ensure continuity of care.
- 4.3.1. A new consultation form is to be initiated and forwarded to the Clinical Coordinator to arrange for each follow-up visit to the oral surgeon.
 - 4.3.2 All notes of the treatment will be recorded in the Dental Record.
 - 4.3.3 If the inmate returns with inter-maxillary fixation with rubber bands or other devices that he can easily remove by himself, he can be returned to his/her housing unit. Monitoring by dentist and dental staff will occur as follows:

- 4.3.3.1 Weekly examination of the inmate shall be done by the dental staff with appropriate documentation in the dental record. Weekly weighing of the inmate will be ordered.
- 4.3.4 If the inmate returns with inter-maxillary fixation using wires or other devices that cannot easily be removed by the inmate, or that require the use of a wire cutter to remove, he/she does not need to be placed in an ADC in patient unit (IPC). The housing location for such inmates shall be at the discretion of the medical staff with cooperation of security staff. Orders for admission to an IPC are to be written in the dental record by the dentist. Wire cutters are to be placed in the central room where the inmate is housed. Nursing staff will have wire cutters available for inmates housed in IPC'S.
 - 4.3.4.1 Wires will be cut with wire cutters in emergency situations involving the loss of the patient's airway, to include but not limited to:
 - 4.3.4.1.1. Vomiting
 - 4.3.4.1.2. Swelling that occludes airway
 - 4.3.4.1.3. Respiratory or cardiac arrest
 - 4.3.4.1.4. Surgeon's specific instructions
 - 1. Notify the surgeon as soon as possible if wires are cut.
 - 2. Document in the dental chart.

4.4 Completion:

- 4.4.1 After the treatment is complete, the medical hold can be removed from the chart and the medical records staff should be informed as to the current status.
- 4.4.2 The pertinent orders and forms are to be discontinued as indicated and any wire cutters will be disposed of in the sharps container.

4.5 Refusal and Non-Compliance with Treatment:

- 4.5.1 Refusal to submit to any part of the treatment or comply with any of the orders will be recorded in the medical and dental charts and an informed written refusal form signed by the inmate shall be obtained by the dentist or appropriate health care staff.
- 4.5.2 Any tampering with the appliances will be discussed with the inmate and recorded in the medical and dental charts.
- 4.5.3 Extreme deviations or hindrances that may compromise the outcome of treatment should be reported to the treating Oral Surgeon, Facility Health Administrator, Contract Vendor or Designee. If non-compliance is the problem, an informed refusal of treatment form should be signed by the inmate.

DENTAL PROCEDURE – 442.3

INMATES ENTERING ADC WHO ARE UNDERGOING ORTHODONTIC TREATMENT

- 1.0 PURPOSE: To ensure that those inmates entering ADC, who are undergoing orthodontic treatment, do not have that treatment interrupted or changed without the written approval of the orthodontist or dentist of record.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 PROCEDURES:
 - 3.1 When an inmate enters ADC with orthodontic appliances in place, the dentist will take a complete dental history, including the dentist of record's name and telephone number and address.
 - 3.2 The orthodontist of record will be contacted by the dentist and inform him/her that the patient is now an inmate at ADC. The orthodontist should be asked about the treatment plan and if he/she wishes to continue treating the inmate. IT WILL BE MADE CLEAR THAT ADC WILL NOT ASSUME ANY FINANCIAL RESPONSIBILITY FOR THE TREATMENT OF THE INMATE.
 - 3.3 If the orthodontist wishes to continue treatment, the request will be submitted, in writing, to the Contract Vendor or Designee. The request must include a projection of the time it should take to complete the treatment plan and the frequency of the visits.
 - 3.4 If the orthodontist does not wish to continue treatment of the inmate, he/she will submit a letter stating so and giving ADC the authority to remove the appliances and terminate the orthodontic treatment.
 - 3.5 No orthodontic treatment is to be provided by the dentist, except that of an emergency nature.
 - 3.6 If the dentist of record is unknown or unwilling to provide written permission to remove the appliance, then with written consent from the inmate, the dentist may remove the appliance. If the inmate refuses to sign the consent form then a Refusal of Treatment Form will be signed. If the inmate refuses to sign the Refusal of Treatment Form then two witnesses must verify his refusal and sign the form.

DENTAL PROCEDURE – 442.4

INFORMED CONSENT AND RIGHT TO REFUSE

- 1.0 PROCEDURE: To ensure all dental examinations, treatments and procedures are governed by informed consent practice applicable in Arizona.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 PROCEDURES:
 - 3.1 When an inmate gives the dentist permission to perform an invasive dental procedure, he/she will be informed of the possible risks/consequences of the procedure. If the procedure includes the removal of one or more teeth, then the inmate will be notified if he/she is eligible for replacement teeth.
 - 3.2 Informed Consent for Oral Surgery will be completed and the inmate will be required to sign the form.
 - 3.3 The dentist and one other witness will also be required to sign the form along with signature stamps.
 - 3.4 If the inmate refuses the examination, treatment or procedure, dental services for that appointment will be not be provided and a Refusal Form will be completed. The risks of the inmate's action shall be explained to him/her.
 - 3.5 The completed form will be included in the inmate's Dental Record.
 - 3.6 If the inmate refuses the examination, treatment, or procedure as part of a treatment plan, the dentist may determine if further treatment cannot proceed due to the deleterious effect on the overall outcome.

DENTAL PROCEDURE – 442.5

DENTAL SERVICES FOR INMATES WITH 6 MONTHS REMAINING IN THEIR SENTENCE AND WITH TERMS OF INCARCERATION OF 6 MONTHS OR LESS

- 1.0 **PURPOSE:** To define dental services available for those inmates with 6 months remaining in their sentence and with terms of incarceration 6 months or less.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **PROCEDURES:**
 - 3.1 Dental principles state that definitive dental treatment should not be initiated when there is insufficient time to achieve completion.
 - 3.2 Priority 1 (EMERGENCY) and Priority 2 (URGENT) care is available to all inmates regardless of the length of their sentence. (See Dental Procedure 440.4 for priority of care definitions)
 - 3.3 Lower priorities of care are not routinely available for inmates sentenced to 6 months or less terms of incarceration at ADC or have less than 6 months remaining in their sentence.

DENTAL PROCEDURE – 442.6

EVALUATION AND TRIAGE OF DENTAL HEALTH NEEDS REQUEST

- 1.0 **PURPOSE:** To provide a dental evaluation and review for all inmates who submit an HNR with a dental complaint, including dental pain.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **DEFINITIONS:**
HNR: Health Needs Request Form
- 4.0 **PROCEDURES:**
 - 4.1 Upon receipt of an HNR, the nurse will triage the HNR.
 - 4.2 If the condition is deemed urgent, the patient will be seen by a dentist within 72 hours of receipt of HNR by nursing. If the dentist is not present, it is required for the patient to be seen by a nurse to alleviate pain within 72 hours of receiving HNR. After the patient is seen by nursing, it is required for the patient to be seen by a dentist within 72 hours of seeing a nurse.
 - 4.3 The primary treatment that may be rendered at this visit is treatment that will alleviate pain and/or infection, etc.
 - 4.4 A dental urgent notification list must be established by the Contracted Vendor for those times a dentist is not available-for after hours.
 - 4.5 The inmate should not be charged for the follow-up visit in order to establish a definitive treatment for the condition reported in the HNR.
 - 4.6 The Tooth Chart and the Dental Treatment Plan Form and S.O.A.P.E. notes are to be completed as needed.

DENTAL PROCEDURE – 442.7

SCHEDULING APPOINTMENTS

- 1.0 **PURPOSE:** To provide a standard procedure for the scheduling of inmate dental appointments as a supplement to ADC Health Needs Request System/Procedure.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **PROCEDURES:**
 - 3.1 **Emergency Care:**
 - 3.1.1 Inmates in need of emergency dental care should notify health services staff or security staff.
 - 3.1.2 The nurse or after hours nurse is responsible for the triage of the emergency dental complaints directed to him/her by the health services or security staff through the security shift commander. An HNR is not necessary for emergent conditions.
 - 3.1.3 The nurse should contact the medical provider on site, or on the urgent notification list for directions/orders.
 - 3.1.4 The patient is to be seen immediately
 - 3.2 **Urgent Care:**
 - 3.2.1 Upon receipt of an HNR, the nurse will triage the HNR.
 - 3.2.2 If the condition is deemed urgent, the patient will be seen by a dentist within 72 hours of receipt by nursing. If a dentist is not present, it is required for the patient to be seen by a nurse to alleviate pain within 72 hours of receiving the HNR.

After the patient is seen by nursing, it is required for the patient to be seen by a dentist within 72 hours of seeing a nurse.
 - 3.2.3 The primary treatment that may be rendered at this visit is treatment that will alleviate pain/or infection.
 - 3.2.4 A dental urgent notification list must be established by the Contracted Vendor for those times when a dentist is not available for after hours.
 - 3.2.5 The inmate should not be charged for the follow-up visit in order to establish a definitive treatment for the condition reported in the HNR.
 - 3.2.6 The Tooth Chart and dental Treatment Plan Form and S.O.A.P.E. notes are to be completed.
 - 3.3 **Routine Care**
 - 3.3.1 Inmates requesting dental treatment of a non emergent nature may request a dental appointment by submitting a Health Needs Request Form to the health staff.

3.3.2 Inmates on the routine care list will not be removed from the list if they are seen for emergent/urgent pain appointments that do not resolve their routine care issues or needs.

3.4 Follow-up Care

3.4.1 For those undergoing continuation of treatment such as root canal therapy, prosthetics, serial extractions, scaling and root planing, and periodontal re-evaluation or any follow-ups initiated by the dentist, the inmate will not be charged a copay for this type of visit.

3.4.2 For those requiring routine dental work, such as fillings, they will be required to submit a Health Needs Request Form for each visit and will be charged a copay for each visit.

DENTAL PROCEDURE – 442.8

CHARGING INMATES FOR DENTAL SERVICES

- 1.0 PURPOSE: To provide guidelines for charging inmates for dental care in accordance with the Department Order 1101.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 DEFINITIONS:
 - 3.1 Health Services Fee - In accordance with Department Order 1101 and for the purposes of this procedure, a copay charge made to an inmate for emergency and/or each health care appointment which is initiated by a Health Needs Request Form. EXCEPTIONS are:
 - 3.1.1 Medical/dental visits initiated by dental, medical or mental health care staff.
 - 3.1.2 Medical/dental visits to health care providers for inmate referred by another health care provider.
 - 3.1.3 Inmates processing through reception centers.
 - 3.1.4 Juvenile inmates.
 - 3.1.5 Pregnant inmates.
 - 3.1.6 Seriously mentally ill inmates.
 - 3.1.7 Inmates who undergo follow-up treatment specifically for their chronic conditions per provider request and for which there is no Health Needs Request Form required.
- 4.0 PROCEDURES:
 - 4.1 Inmates will be charged a Health Services Fee for all dental care requested by submission of a Health Needs Request Form and when seen on an emergency basis.
 - 4.1.1 Comprehensive Examinations, Recalls, Routine Prophylaxis: There will be no charge for Comprehensive Examinations or examinations initiated by other health care providers. Patients will be charged a Health Services fee even though dental providers and or dental staff members are to educate and advise patients to submit HNR's for their recommended schedule of Periodic Comprehensive Dental Exams (Recalls). If a simple and routine prophylaxis occurs during the same visit as the Comprehensive Dental examination or periodic Comprehensive exam, the patient will only be charged one health Services fee. If a patient only requires a simple and routine prophylaxis but time does not allow for it during the comprehensive exam or recall visit, the patient will be reappointed a no charge.
 - 4.1.2 Endodontics: A Health Services Fee will be charged for the initial visit ONLY. There will be no charge for follow-up visits initiated by the dentist, including the placement of the final restoration.

- 4.1.3 Prosthetics: A Health Services Fee will be charged for evaluating the patient on the initial visit ONLY. This charge is NOT for the appliance. There will be no charge for follow-up visit, including adjustments up to six (6) months after delivery.
- 4.1.4 Surgery: A Health Services Fee will be charged for only the initial visit when the treatment calls for serial extractions leading to construction of full or partial dentures. When the inmate wishes to deviate from the dentist's treatment plan, i.e. does not want serial extractions but wants only one or two teeth removed at a time, then there will be a charge for EACH visit. In this case, the inmate will be instructed to submit an HNR when he/she wants additional teeth removed. Upon completion of the extractions and after sufficient healing has taken place, the patient will be instructed to submit an HNR to request the making of the replacement teeth. There will be a charge for the first visit only in accordance with section 4.1.3.
- 4.1.5 Periodontitis: A Health Services Fee will be charge for the initial visit for Debridements and Scaling and Root Planing. There will be no charge for subsequent visits to finish SRP's and for Re-evaluations. There will be a charge for Periodontal Maintenance if the Periodontal Maintenance visit does not occur at the same appointment time as the Recall visit. When the Periodontal Maintenance visit occurs without a Recall visit, the patient will be charged a Health Services Fee.
- 4.1.6 TMJ: A Health Services Fee will be charged for the initial visit ONLY.
- 4.1.7 A Health Services Fee will be charged for all dental emergencies, including fractured jaws, unless the inmate has been first seen by another health staff member for the same emergency for which there was a charge.
- 4.1.8 Procedures/Treatment: A Health Services Fee will be charged for EACH visit. Performance of quadrant dentistry is highly encouraged whenever possible. This includes treating multiple quadrants, including extractions at each visit. This is an efficient way to perform restorative treatment, as opposed to restoring one tooth at a time. Operatory setup and cleanup time, greeting and dismissing the patient, and waiting for anesthesia take about the same amount of time whether one tooth or multiple quadrants are restored. This will decrease the number of future appointments needed for the patient and thus will decrease overall wait times. If a patient presents for treatment and has another simple question or concern, it would be prudent to address the question/concerns at the same visit.

DENTAL PROCEDURE – 442.9

CHART REVIEW AND CONTINUITY OF DENTAL TREATMENT

- 1.0 **PURPOSE:** To establish a uniform procedure for reviewing charts when an inmate moves from one facility to another. This procedure will aid in continuity of dental treatment, both at the initial examination stage, and during continuing treatment stages.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee will be responsible for the compliance with the requirement of these procedures.
- 3.0 **PROCEDURES:** A dentist or dental assistant trained by the dentist can perform the chart review for continuity of dental treatment.
 - 3.1 The dental assistant/dentist should access the medical/dental records of the new arrivals for review.
 - 3.2 The chart review performed by the dentist should include the following:
 - 3.2.1 Evaluation of the Medical Record Problem List to determine if any high priority dental procedures are in process and/or if any medical holds relating to dental treatment have been violated in the transfer of the inmate to the receiving institution.
 - 3.2.2 Evaluate the treatment plan. If any dental treatment is needed, schedule the inmate for continuing treatment.
 - 3.2.3 Evaluation of the dental history to see if premedication is indicated so that proper arrangements can be made prior to scheduling any necessary appointments.
 - 3.2.4 Chart review to be completed within twelve (12) hours.
 - 3.3 If the preliminary dental screening indicates an urgent status then appoint the inmate as soon as possible. If the inmate has not received a Comprehensive Oral Examination by a dentist the inmate should be scheduled to see the dentist within (30) days of his/her **initial** arrival at ADC.
 - 3.4 If the inmate has not been seen/treated for an outstanding Routine Care HNR at his/her previous facility, his/her name should be inserted on the routine care waiting list at the receiving facility by the date of submission of the HNR.
 - 3.5 An entry into the dental record indication “chart review” by the dentist or trained dental assistant.

DENTAL PROCEDURE – 443.0

MEDICAL HOLD FOR DENTAL PROCEDURES

- 1.0 PURPOSE: To provide a uniform procedure for maintaining continuation of care for inmates who are in the process of receiving certain types of dental treatment.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of these procedures.
- 3.0 PROCEDURE:
 - 3.1 It is recommended that medical hold be instituted when one of the following dental procedures is initiated.
 - 3.1.1 Reduction of Fractured Facial Bones
 - 3.1.2 Endodontic Treatment
 - 3.1.3 Prosthetics
 - 3.1.4 Any other condition requiring continued observation or follow-up by the attending dentist.
 - 3.2 An entry describing the pertinent treatment is to be made on both the Problem List and the Progress Notes in the dental chart.
 - 3.3 The dental staff will be responsible for informing the medical records department to enter the information into the AIMS computer system.
 - 3.4 When treatment is completed the appropriate entries should be made on the Problem List and in the dental chart.
 - 3.5 The Medical Records Department should be informed when the medical hold is to be released.

DENTAL PROCEDURE – 443.1

ANTIBIOTIC PROPHYLAXIS

- 1.0 **PURPOSE:** The recommended prophylactic antibiotic regimen for patients at risk of developing bacterial endocarditis, and other complications while undergoing dental treatment at Arizona Department of Corrections dental clinics.
- 2.0 **RESPONSIBILITY:** The Contact Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 **PROCEDURES:** Dentists will prescribe appropriate antibiotic regimen to inmates with risk factors of developing bacterial endocarditis.
 - 3.1 Dentist will follow the most current recommendations released by the American Heart Association (AHA).
 - 3.2 The complete recommendations, including the recommended regimen, can be found in: The Journal of the American Dental Association (JADA): Prevention of Infective Endocarditis: Guidelines from the American Heart Association.

DENTAL PROCEDURE – 443.2

VITAL SIGNS FOR DENTAL PROCEDURES

- 1.0 PURPOSE: To provide a procedure to determine the vitals of an inmate prior to initiating a dental treatment.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 PROCEDURES:
 - 3.1 Blood Pressure
 - 3.1.1 The inmate's blood pressure will be taken and recorded before the administration of local anesthetic.
 - 3.1.2 The values will be recorded in the S.O.A.P.E. notes.
 - 3.1.3 If the inmate's blood pressure is above 150/90 mm Hg, the blood pressure should be repeated after 5 minutes. If the blood pressure continues to be above 150/90 mm Hg, a medical provider should be consulted before proceeding with any treatment.
 - 3.2 Other Vitals:
 - 3.2.1 The following vitals are to be taken at every visit:
 - Temperature
 - Pulse
 - Height
 - Weight
 - Blood Pressure

DENTAL PROCEDURE – 443.3

MEDICAL EMERGENCIES IN THE DENTAL CLINICS

- 1.0 PURPOSE: To provide a procedure for the handling of medical emergencies in Arizona Department of Corrections (ADC) dental clinics.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 DEFINITIONS:
 - 3.1. Medical Emergency: Unforeseen medical condition of a dental patient during his/her treatment which requires prompt action.
 - 3.2. Classification: For purpose of convenience and easy reference, common medical emergencies have been classified into:
 - 3.2.1 Unconsciousness
 - 3.2.2 Respiratory Difficulty
 - 3.2.3 Altered Consciousness
 - 3.2.4 Seizures
 - 3.2.5 Drug Related Emergencies
 - 3.2.6 Chest Pain
 - 3.3 Management Criteria - Appropriate steps in the management of the common medical emergencies listed in above.
- 4.0 PROCEDURES:
 - 4.1 Each dental staff should hold current Basic Life Support Certificate by the American Red Cross or equivalent.
 - 4.2 Each dentist should be familiar with the criteria and the various steps in the management of common medical emergencies in the dental clinic.
 - 4.3 Upon assessing that a medical emergency has taken place, the dentist may use the steps outlined in the management criteria to institute the emergency response.
 - 4.4 If the condition is not outlined in any of the ADC (ICS) the dentist should use appropriate measures in instituting the emergency response.
 - 4.5 Patients who experience medical emergencies should have medical clearance before continuation of routine dental treatment.
- 5.0 EMERGENCY DRUGS AND EQUIPMENT:
 - 5.1 Each dental clinic will maintain a medical emergency kit to include at a minimum, the following equipment and medications:
 - 5.1.1 Glucose

5.1.2 Diphenhydramine

5.1.3 Nitroglycerin

5.1.4 Albuterol

5.1.5 Aspirin

5.1.6 Epinephrine

5.1.7 Automated External Defibrillator (AED)

5.2 Each kit will have a breakaway security seal and a sheet listing the contents. The drugs will have their earliest expiration date listed. Once a month the dentist will check the list and sign and date when it was checked. Any drug that is due to expire will be removed and replaced.

DENTAL PROCEDURE – 443.4

TRAINING FOR MEDICAL EMERGENCIES

- 1.0 PURPOSE: To ensure that dental staff have adequate skills to handle medical emergencies in the dental clinics.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 PROCEDURES:
 - 3.1 All dental staff should have current CPR certification.
 - 3.2 Medical emergency drills should be held *annually* at each complex. These drills should include the following:
 - 3.2.1 Monitor vital signs
 - 3.2.2 Administration of O2 with Ambu Bag
 - 3.2.3 Administration of CPR
 - 3.2.4 Administration of CO2 enriched air
 - 3.2.5 Administration of medication
 - 3.2.6 Coordination with medical staff
 - 3.2.7 Review of responsibilities assigned to each staff member
 - 3.3 Report of performance noting deficiencies in the drill and recommendations will be sent to the Dental Director of the Dental Contract Vendor and to the Health Services Dental Monitor two weeks from date of the drill.

DENTAL PROCEDURE – 443.5

DENTAL SERVICES WAIT TIMES REPORT

- 1.0 PURPOSE: To provide a procedure for the gathering of information on the waiting times for a dental appointment for the dental treatment of a routine nature in the Arizona Department of Corrections (ADC).
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of the contract. Statistical reports will be provided to Health Services Contract Monitoring Bureau.

DENTAL PROCEDURE – 443.6

DENTAL PRODUCTION REPORTING

- 1.0 PURPOSE: To compile statistical data that delineates dental services provided by each dentist.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of the contract. Statistical reports will be provided to the Health Services Contract Monitoring Bureau.

DENTAL PROCEDURE – 443.7

CONTINUOUS QUALITY IMPROVEMENT - PEER AUDIT / PEER REVIEW

- 1.0 PURPOSE: To provide a system of continuing quality improvement of the dental services program through a peer audit system.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure as stated in the contract.

DENTAL PROCEDURE – 443.8

INFECTIOUS & HAZARDOUS MATERIAL CONTROL

- 1.0 **PURPOSE:** To promote a safe and healthy work environment in which dental services are provided to inmates; minimize the possibility of the transmission of infection to patients or dental personnel by establishing procedures to ensure that patients and staff infected with communicable diseases receive prompt care and treatment. And to protect the health and welfare of all patients and staff and establish procedures and regulations for the safe handling and disposal of hazardous materials and waste.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee is responsible for compliance with these requirements and for following the Arizona Department of Corrections Department Order 116 EMPLOYEE COMMUNICABLE DISEASE EXPOSURE CONTROL PLAN and Department Order 1102 COMMUNICABLE DISEASE AND INFECTION CONTROL.
- 3.0 **PROCEDURES:** The Contract Vendor or Designee at each facility is the resource person for infection control for that facility. Standard precautions require that health care workers consider all patients as potentially infected with blood borne pathogens and shall follow infection control protocols to minimize the risk of exposure to blood and body fluids (secretions and excretions, except sweat, regardless of whether they contain blood) which come in contact with non-intact skin or mucous membranes.
 - 3.1 Requirements for the management of occupational exposures to blood borne pathogens including post exposure prophylaxis for work exposures shall be followed.
 - 3.2 All dental employees at their institution shall receive annual training on infection control procedures.
 - 3.3 Each new dental department employee is provided training on infection control procedures prior to assignments involving direct or indirect patient care duties.
 - 3.4 Documentation of training provided to dental staff on infection control procedures shall include the following information:
 - a. Date(s) of training
 - b. Duration of training
 - c. Contents of training
 - d. Name(s) and signature(s) of person(s) conducting the training
 - e. Name(s) and signature(s) of all employees attending the training.
 - 3.5 The Contract Vendor or Designee can use training programs they possess or they can use training programs from the Arizona Department of Corrections.
 - 3.6 A thorough health history shall be compiled for all patients. Patients with a suspected undiagnosed infectious disease shall be referred to a physician for a follow-up medical evaluation.
 - 3.7 **Personal Protective Equipment (PPE):** Protective clothing, gloves, masks, protective

eyewear, as well as other PPE shall be made available for use by dental staff and shall be removed prior to leaving laboratories or patient care areas.

- 3.8 Dental staff shall wear PPE for any surgical procedure, when decontaminating and disinfecting environmental surfaces and at all times when splashes, SRPay, spatter, aerosols, or droplets of blood, or other potentially infectious materials may be generated. In addition, dental personnel who clean instruments or other soiled items shall wear puncture and chemical resistant/heavy duty utility gloves to minimize health risk.
- 3.9 Critical and semi-critical items shall be packaged prior to sterilization in a self or manual sealing pouch, or sterilization wrap.
- 3.10 All metal or heat-stable, re-useable, critical and semi critical items including instruments attached to, but removable from, the dental unit air and water lines, such as ultrasonic scaler tips and components or parts of air/water syringes, etc., shall be cleaned and sterilized after each use.
- 3.11 Items being sterilized shall be arranged in the chamber to allow free circulation of the sterilizing agent. Manufacturer's guidelines for loading the chamber shall be followed.
- 3.12 Sterilized instruments shall not be stored unwrapped.
- 3.13 Proper functioning of sterilizers shall be verified by the use of Mechanical, Chemical and Biological indicators.
 - 3.13.1 Mechanical Indicator-assessing the cycle time, temperature and pressure of sterilization equipment by observing the gauges or displays on the sterilizer.
 - 3.13.2 Chemical Indicator-sensitive chemicals used to assess physical conditions such as temperature during the sterilization process. These indicators can be internal (inside the sterilization pouch) or external (on the outside of the sterilization pouch).
 - 3.13.3 Biological Indicator-used to determine whether resistant microorganisms were successfully inactivated. These indicators are also referred to as spore testing.
 - 3.13.4 All sterilizers shall be monitored at least once a week using a BI with a matching control; (i.e., one BI that is run through a sterilization cycle and one control BI from the same lot number that is not sterilized). The spore tests shall be sent to a commercial monitoring service for verification and documentation of the proper operation of each sterilizer.
 - 3.13.5 Dental staff may continue to use a sterilizer as long as the spore test results are "negative for growth."
 - 3.13.6 If the spore test comes back "positive for growth" the following procedures shall be followed:
 1. The sterilizer shall be removed from service and sterilization procedures reviewed, (i.e. work practices and use of mechanical and chemical indicators), to determine whether operator error could be responsible.
 2. After any identified procedural problems have been corrected, the sterilizer shall be retested using the same type of sterilization cycle that produced the

positive BI. Biological, mechanical, and chemical indicators shall be used during this sterilization cycle.

3. If the repeat spore test is positive:
 - a. The sterilizer shall not be used until it has been inspected or repaired, and the reason for the positive test has been determined and corrected.
 - b. To the extent possible, all items from suspect loads dating back to the last negative BI test should be recalled, re-wrapped, and re-sterilized.
 - c. The possibility that the improperly sterilized instruments may have contaminated the outer surface of the previously sterilized instrument's sterilization pouch must be taken into consideration and appropriate preventive measures taken.
- 3.13.7 All surfaces of submitted material shall be SRPayed with an EPA-registered hospital disinfectant with a tuberculocidal claim (i.e. CDC intermediate-level disinfectant capabilities).
- 3.13.8 The solution shall be permitted to remain on the materials in accordance with the manufacturer's instructions before rinsing with water.
- 3.13.9 Submitted materials shall be placed on the drain board with the prosthesis or cast standing on end so that the disinfectant will not pool in the palatal and lingual areas.
- 3.13.10 Heat tolerant items used in the mouth, (i.e. metal impression trays, face-bow forks etc), shall be cleaned and heat-sterilized prior to being returned to the dental clinics.
- 3.13.11 Manufacturer's instructions shall be followed for cleaning, sterilizing, or disinfecting items used in dental laboratories that become contaminated but do not normally contact the patient, (i.e. lab burs, polishing points, rag wheels, articulators, case pans, and lathes etc.) shall be followed.
- 3.13.12 If the manufacturer's instructions are unavailable, items shall be cleaned and heat sterilized (if heat-tolerant) and/or cleaned and soaked overnight in an EPA registered hospital disinfectant with a tuberculocidal claim, (i.e. CDC intermediate level disinfectant capabilities).
- 3.13.13 Shipping and receiving areas shall be cleaned and disinfected daily with an EPA registered hospital disinfectant with a tuberculocidal claim (i.e. CDC intermediate-level disinfectant capabilities). Follow manufacturer's instructions when utilizing disinfectant products.
- 3.13.14 Identical procedures shall be used to disinfect laboratory case pans.
- 3.13.15 Splash shields and equipment guards shall be used on all dental laboratory lathes.
- 3.13.16 Disposable plastic liners, rag wheels, and pumice used on all dental laboratory lathes shall be changed after each patient.
- 3.13.17 Pumice pans that are used for polishing prostheses immediately following clinical adjustment shall have disposable plastic liners (saran wrap or polyethylene tray

covers).

- 3.14 All hazardous materials and dental medicaments utilized in each dental clinic shall have an individual Material Safety Data Sheet (MSDS), on file in a visible location in the dental clinic.
- 3.15 The storage and disposal of toxic materials shall be performed in accordance with manufacturer's and institutional regulations and in a safe and environmentally sound manner.
- 3.16 All dental departments shall implement required emergency procedures in the event of a chemical spill or accident.
- 3.17 Emergency eye wash stations shall be installed in all dental clinics and dental laboratories and shall be connected to cold water only.
- 3.18 Dental staff shall utilize precautions when handling hazardous material and waste.
- 3.19 Amalgam Waste and Empty Amalgam Capsules:
 - 3.19.1 Non-contact amalgam is excess mix leftover at the end of a procedure.
 - 3.19.2 Contact amalgam is amalgam that has been in contact with the patient. Examples are extracted teeth with amalgam restorations, carving scrap collected at chair side, amalgam captured by chair side traps, filters, or screens, as well as drain traps containing amalgam.
 - 3.19.3 Empty amalgam capsules are the individually dosed containers leftover after mixing pre-capsulated dental amalgam.
 - 3.19.4 All dental clinics shall utilize individually dosed amalgam capsules and covered amalgamators. Dental departments shall not formulate amalgam (i.e. utilizing bulk liquid mercury and metal powder or tablets to make the amalgam alloy).
 - 3.19.5 A licensed commercial waste disposal service or amalgam waste recycler shall be used to dispose of or recycle contact or non-contact amalgam waste and empty amalgam capsules.
 - 3.19.6 Proper protocol for the storage, disinfection and disposal of empty amalgam capsules and contact or non-contact amalgam waste shall involve consultation with local city and county regulatory agencies, commercial waste disposal services or amalgam waste recyclers and the institution's Hazardous Materials (HazMat) Specialist.
 - 3.19.7 Containers shall be kept for no longer than the legally allowed period of time until removal by the institution's HazMat Specialist.
- 3.20 Lead Foil from Radiographic Film Packets:
 - 3.20.1 A licensed commercial waste disposal service or waste recycler shall be used to dispose of recycle lead foil.
 - 3.20.2 Lead foil from radiographic film packets shall be separated from the film packets as directed by the contracted licensed commercial waste disposal service or waste recycler.

- 3.20.3 Lead foil shall be stored in the clinic or other appropriate area for no longer than one (1) year from the accumulation start date until disposed of by the institution's HazMat specialist.

DENTAL PROCEDURE – 444.0

INFECTION CONTROL DURING THE PRETREATMENT PERIOD

This section describes infection control guidelines for use during clinical activities. Careful attention to these practices will help during clinical activities. Careful attention to these practices will help to reduce the possibility of exposure to, and the transmission of the infectious agents. Infection control guidelines will be covered in phases:

Pre-treatment

Treatment

Post-treatment

Radiographic procedures

PROCEDURE:

The process of infection control begins during the period of preparation for clinical treatment. Paying attention to infection control at this time has several payoffs. In addition to reducing the risk of transmission of infectious agents during patient care, thinking ahead will make the treatment session more efficient, and will also make the post treatment infection control process easier and more effective.

1.0 Infective Control Procedures - Pretreatment

- 1.1 Remove unnecessary items from the operatory. The operatory should be arranged to facilitate thorough cleaning following each patient. This can be achieved by reducing the number of items that may become contaminated during patient treatment. Unnecessary items and unused or seldom used equipment should be removed. Keeping the operatory as uncluttered as possible reduces the number of items that could become contaminated and consequently makes post treatment clean-up easier.
- 1.2 Preplan the materials needed during treatment. Careful planning before treatment begins is an important aspect of infection control. Set out all instruments, medication, impression materials and other items that are needed for a procedure. Thinking ahead minimizes the need to search for additional items or enter cabinets and drawers once gloves have become contaminated.
- 1.3 Utilize disposable items whenever possible. The use of disposable items saves time during cleanup and decontamination. Disposables also solve the problem of decontaminating hard-to-clean items such as the saliva ejector.
- 1.4 Use prearranged tray set-ups for routine or frequently performed procedures whenever possible. The use of prearranged trays containing the instruments and supplies required for a clinical procedure helps to eliminate the need to go into drawers and cabinets once you have started a procedure.
- 1.5 Use individualized, sterilized bur blocks for each procedure. Using individualized bur blocks containing only the burs required for that procedure helps to eliminate the contamination of other unneeded burs and makes clean up easier.

- 1.6 If indicated, have the rubber dam setup on the tray. When a rubber dam will be used during a clinical procedure, it should be included on the tray setup. In addition, include those items needed for high-velocity evacuation.
- 1.7 Identify those items that will become contaminated during treatment. While preparing the operatory prior to beginning a clinical procedure, consider which items will become contaminated during treatment. Decide whether to use a barrier to prevent contamination of these surfaces and items or to disinfect them when the procedure is completed.
 - a. The decision to use barriers or chemical disinfection should be based on individual circumstances. Barriers are quick and easy to use, and can be readily changed, but may be more expensive than chemical disinfection. In contrast, disinfectants are generally less expensive and are easy to use on flat surfaces, but they may stain or corrode some materials, may be toxic, and are difficult to use effectively on rough and odd-shaped surfaces.
 - b. If barriers are chosen, a number of readily available materials can be utilized. These include plastic wraps, aluminum foil, impervious backed paper, and commercially available polyethylene sheets and tubing. Some examples of the use of barriers follow:
 1. Light handles may be covered with plastic wrap or aluminum foil. Disposable light handle covers are available commercially and some manufacturers offer removable light handle attachments that can easily be decontaminated.
 2. The chair back may be covered with a polyethylene bag to protect the headrest, control buttons, and arms of the chair; or you may use a headrest cover and protect the control buttons with plastic wrap and the arms with polyethylene tubing.
 3. Cover counter tops with plastic-backed paper covers. Covers facilitate the clean-up process following use of impression materials or cement.
 4. Protect the controls of the air/water syringes, saliva ejector, high-velocity evacuator, and hand pieces with polyethylene tubing.
- 1.8 Place radiographs on the view box and review patient records before initiating treatment. Do not leave the record on the countertop or handle it after beginning treatment. Place the record in a drawer or out of the operatory, so that it does not become contaminated. Entries into the record should be made before gloves are put on or after they have been removed and hands have been washed.
- 1.9 Follow manufacturer's direction for care and maintenance of water lines. Because bacteria may grow or accumulate within the water lines, follow the manufacturer's directions for care and maintenance of water lines within the handpiece hose, air water syringes, and ultrasonic scaler. Run hand pieces and air-water syringes for at least 30 seconds each morning to flush out any residual material. Although there is a risk of infection from contaminated water lines, the magnitude of this risk is not presently known. However, bacterial infections in medically compromised patients attributed to contaminated dental unit water lines have been reported. Some dental units are equipped with water check valves that prevent aspiration of microorganisms

into the water lines. Other units do not have check valves, and capillary retraction of fluid may occur. For this reason, it is recommended that flushing of the water lines be done after each patient use. Systems for dental units that periodically disinfect the water lines are commercially available and should be utilized at the end of the day.

- 1.10 Prepare personnel involved in patient care. An essential pretreatment procedure is the preparation of all personnel involved in patient care. This includes the utilization of personal protective equipment (gown, eyewear, mask, and gloves) and hand washing.
 - a. Gowns protect skin and clothes from spatter of saliva and blood. For effective protection, a gown with long sleeves should be worn.
 - b. Protective eyewear must be worn during procedures that involve splash and spatter of saliva and blood, or that have the potential for creating projectiles. Shatter-proof goggles should be worn for protection against solid debris such as amalgam. As an alternative to protective glasses or goggles, a face shield may be worn.
 - c. A mask should be worn any time splash or spatter of saliva or blood is anticipated. Masks serve as barriers to protect the mucous membranes of the nose and mouth from spatter. Use a face mask for procedures such as preparing a tooth with an air-turbine handpiece, or polishing teeth with a slow-speed handpiece, as well as during ultrasonic scaling or other procedures likely to generate spatter and splash. The mask must fit snugly around the face. Use a new mask for each patient. Finally, the mask should not be left hanging around the neck or worn out of the operatory.
 - d. Gloves must be worn whenever you anticipate contact with blood or saliva of dental patients, or any objects contaminated with these fluids. The type of glove worn will depend on the procedure that is being performed.
 - e. Hand washing is one of the most important procedures for preventing infection. Hands should be washed before putting on gloves and after their use because of the possibility that gloves may have defects or incur tears not visible to the eye which may allow microorganisms to contact the skin. If a glove becomes torn or punctured, it should be removed and hands should be washed as soon as patient care permits. If hands become contaminated with blood, wash them immediately and thoroughly.
 - f. When washing your hands, try to minimize their contact with any surface to avoid re-contamination. Ideally, a foot-operated soap dispense should be used. Sinks with faucets that are elbow or foot operated and that are designed to minimize splash can help avoid re-contamination of washed hands. Lather hands well and rub them together for at least 15 seconds so that all surfaces are scrubbed, then rinse them well under a stream of water. If hands are heavily soiled, longer washing times may be needed. Before surgical procedures scrub hands and arms to the elbows with an antimicrobial hand washing product for 5 minutes. Rinse and dry with a sterile towel. Towels used for drying hands after washing should be disposable or changed for each patient. Maintain well-manicured, short nails, and avoid wearing rings, fingernail polish, or false fingernails because these items provide places where microorganisms can collect and multiply and cannot be removed by hand washing.

2.0 Infection Control Practices - Chairside

- 2.1 Use care when receiving, handling or passing sharp instruments. Many of the instruments used in dentistry can easily cut glove and skin. When passing a sharp instrument, the proper technique is to keep the sharp end angled away from both yourself and your coworker.
- 2.2 Take special precautions with syringes and needles. Needle stick injuries are a major cause of infection in health care personnel. Needles should not be recapped, bent, broken or otherwise manipulated by hand. In the dental setting, because a patient may require a second injection of local anesthetic, and most syringes are not disposable, recapping is sometimes necessary. Never recap a needle using a two-handed technique. Instead, use one of the commercially available sheath holders or the “scoop” technique. In this technique, the cap is scooped up from the tray with the needle tip using only one hand. As additional protection against needle sticks, do not allow uncovered needles to remain on the instrument tray. It is far safer to dispose of them immediately after use in a puncture-proof container. Finally, never allow the point of needle to move in the direction of any part of your or a coworker’s body.
- 2.3 Use a rubber dam whenever possible. Rubber dams limit the splash and spatter of blood and saliva and should be used whenever possible to prevent contamination. Similarly, use high-velocity evacuation for all ultrasonic and air turbine procedures to reduce the amount of spatter of blood and saliva to which each dental operator is exposed.
- 2.4 Avoid touching unprotected switches, handles and other equipment once gloves have *become contaminated*. If objects are touched or handled, they should be carefully cleaned and disinfected at the end of the procedure.
- 2.5 Avoid entering drawers or cabinets once gloves have become contaminated; adequate preplanning will reduce and often eliminate the need to reach into drawers and cabinets for additional items with necessary to do so no matter how well you have planned. There are several ways to handle this situation while maintaining effective infection control. You may simply ask another person for assistance; or you may use another barrier, such as prepackages of aluminum foil-squares or plastic gloves, to grasp the cabinet or drawer handle. However, if these options are not available, you must remove the contaminated gloves, and wash hands before entering a drawer or cabinet, and then re-glove before resuming patient treatment.
- 2.6 Do not use dental unit water for any procedure that involves cutting to the bone.
- 3.0 Infection Control during the Post-treatment Period Procedure: The infection control process continues after the patient has been dismissed. Although effective pretreatment planning will simplify your task, there are a number of things that should be done following patient care to further reduce the risk of transmission of infectious agents.
- 3.1 Continue to wear personnel protective equipment during clean-up. After patient care is completed, begin the cleaning and disinfecting process by removing contaminated gloves used during treatment. Following removal of gloves, wash your hands and put on a pair of utility gloves before beginning the clean-up. Continue to wear protective eyewear, mask and gown.
- 3.2 Remove all disposable barriers. All of the barriers placed before treatment, including light handle covers, polyethylene tubing and countertop barriers should be removed.

Follow State and local regulations for proper disposal of waste.

- 3.3 Clean and disinfect all items not protected by barriers. All surfaces and equipment that were not protected by barriers and are visibly contaminated by SRPay or spatter must be cleaned and then disinfected with an intermediate level surface disinfectant - for example, iodophor, phenolic solution, or diluted household bleach (sodium hypochlorite).
- 3.4 Remove the tray with all instruments to a sterilization/clean-up area separate from the treatment room. Ideally, dental offices should be designed with a separate room for instrument clean-up and processing for heat sterilization to reduce the likelihood that items already disinfected or sterilized may inadvertently become contaminated. Instruments should be picked up individually. Instruments should be cleaned in an ultrasonic cleaner rinsed thoroughly after cleaning. Let the instruments dry thoroughly; bag or wrap. The clean instruments are then ready for sterilization. Using the appropriate container (IMS cassettes, Peel-View bags etc.) sterilize the instruments according to the manufacturer's recommendations for your sterilizer. A steam autoclave that accommodates IMS cassettes is the recommended standard for ADC dental clinics. Biological monitoring of the efficacy of the sterilizer should be done weekly. The types of non-pathogenic spores used in monitoring are specific for the different types of sterilizers; be sure to use the system designed for your sterilizer. The results and any action taken should be recorded in the Biological Log.
- 3.5 Sterilization of hand pieces between patients should be done. Hand pieces should be flushed discharging the water into a sink or container. The manufacturer's recommendations should be followed for proper flushing of hand pieces, and for the use and maintenance of waterlines and check valves. The hand piece should then be scrubbed thoroughly with a detergent and water to remove any adherent material. Finally, sterilize it according to the manufacturer's instructions.
- 3.6 Waste that is contaminated with blood or saliva should be placed in sturdy, leak-proof bags. Bags should be disposed of according to State and local regulations. Sharp items, such as needles and scalpel blades, should be placed intact into puncture resistant regulations. Sharp items, such as needles and scalpel blades, should be placed intact into puncture resistant containers and disposed of according the State and local regulations.
- 3.7 Handle sharp items carefully. Appropriate procedures for handling sharp instruments include the following:
 - a. Wear sturdy utility gloves when cleaning contaminated instruments or other sharp items.
 - b. Avoid picking up sharp instruments by the handful
 - c. Keep hands away from rotating instruments.
 - d. Dispose of needles and other sharp items promptly and appropriately.
 - e. When handling sharp instrument, avoid any quick motions that would bring one hand toward the other or the instrument across the plane of any part of your body.
 - f. Use the proper technique when passing sharp instruments to another person (see discussion above).

- 3.8 Exposure to blood borne microorganisms may have occurred if:
- a. The skin is cut with a blood contaminated sharp item or punctured with a blood contaminated needle.
 - b. Blood is splashed on broken skin.
 - c. Blood is splashed in the eyes, nose or mouth.
 - d. If an exposure incident occurs, consider the recommendations for the management of exposures published by the Centers for Disease Control, ie: Recommendations for Prevention of HIV Transmission in Health Care Settings, MMWR, August 21, 1987, 36, No 2S: 16-17; and Recommendations for Protection Against Viral Hepatitis, MMWR, 1985, 34:313-324, 329-335.

4.0 Infection Control During Radiographic Procedures

4.1 Infection Control Procedures

4.1.1 Use barriers to protect radiographic equipment. In preparation for exposing periapical radiographs, place a polyethylene bag over the tube head so that it will be protected from contamination when it is positioned for various exposures. It is easier to protect the tube head by use of a barrier than to disinfect it using chemicals afterwards. The exposure control switch should be protected with a plastic covering if a foot- activated switch is not available. After the radiographs have been taken, place the exposed film in a paper cup for processing.

4.2 Use appropriate developing procedures. When automatic film processor with daylight loader is used, contamination of the fabric light shield is likely to be a problem. Because there is no practical way to disinfect this material, the following procedure is suggested to prevent contamination:

- a. Place the exposed film in a paper cup previously set aside for this purpose. Do not touch the outside of the cup with contaminated film or soiled gloves.
- b. Remove soiled gloves and put on a pair of clean gloves.
- c. Place the cup inside the daylight loader and close the lid.
- d. Place the gloved hands through the light shield, unwrap the film packet, and drop the film onto the surface inside the loader.
- e. Place the film wrapping into the cup. Remove the gloves, turn them inside out and place them in the paper cup.
- f. Drop the film in the chute for developing.
- g. Remove hands from the loader, lift the lid, and dispose of paper cup and waste.
- h. Wash hands thoroughly.

5.0 Summary

5.1 Infection control during patient care can be viewed as a four stage process. During the pretreatment period, that is, before the patient arrives, preplanning is the key to effective infection control. Arrange the operatory so that all of the items that will be needed during

the procedure are ready and items not needed are removed to reduce the number of objects that must be decontaminated later. Place disposable, protective coverings over items and surfaces likely to become contaminated. Protect yourself by washing your hands and by using personal protective equipment including eyewear, mask, gloves, and gown. At chair side, use care when handling sharp instruments and use the proper technique for passing instruments to reduce the possibility of puncture wounds and cuts. Use an appropriate technique for recapping needles if they must be recapped. Use a rubber dam whenever possible, and high-velocity evacuation to reduce splash and spatter. Avoid touching unprotected switches, handles, or equipment with contaminated gloves. During the post-treatment period, flush the high-velocity evacuation system and dental unit water lines. Clean visible contaminated environmental surfaces and then use an appropriate disinfectant according to manufacturer's directions. In a separate area (if possible) clean the instruments and hand pieces, then sterilize or disinfect as necessary. Again, exercise great care in handling sharp instruments. Handle suctioned fluids appropriately. Dispose of wastes appropriately and according to State and local regulations. Finally, remove personal protective equipment, and wash hands thoroughly.

- 5.2 During radiographic procedures, maintain infection control by protecting radiographic equipment with appropriate covers. In the darkroom, use appropriate procedures to prevent or minimize contamination.
- 5.3 There are no shortcuts to achieving the goals of infection control during clinical procedures. However, by following the practices presented here, the risk of infection can be managed more effectively.

DENTAL PROCEDURE – 444.1

CONTROL OF DENTAL INSTRUMENTS AND SHARPS

- 1.0 **PURPOSE:** To provide a procedure for the safe and effective handling, control and disposal of potentially dangerous items and materials in the correctional dental environment.
- 2.0 **RESPONSIBILITY:** The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of Arizona Department of Corrections Department Order 712 Tools and Restricted Product Control.
- 3.0 **PROCEDURES:**
 - 3.1 Sharps – Is any instrument, implement or artifact, whether made of metal, glass or other substance that could aid in the abuse of drugs or cause bodily injury. i.e., needles, scalpels, broken glass, syringes, etc.
 - 3.2 Unopened containers of dental needles, local anesthetic carpules and disposable dental syringes will be stored in locked cabinet in the dental clinic.
 - 3.3 Accounting will be maintained in accordance with Department Order 712 Tools and Restricted Product Control.
 - 3.3.1 A count sheet, or sheets, are to be maintained for each drawer and cupboard within the Dental Clinic, Lab, etc., where dental instruments are kept.
 - 3.3.2 The count sheet will accurately reflect the number and type of instruments kept in the respective drawer, cupboard etc.
 - 3.3.3 Dental instruments should be verified by a visual check at the completion of each patient visit. The packet or cassette will be wrapped and the dental assistant checking and packing the instruments will date and initial the package. By placing their initials on the pack, they are attesting to the fact that all instruments, in the pack, are accounted for and contained in the pack.
 - 3.3.4 Inventory of all the dental instruments in the dental clinic will be conducted to maintain control and accurate records. An inventory will be performed before the first patient and again after the last patient of the day.
 - 3.3.5 A copy of all the completed Inventory Sheets should be forwarded to the office of the Facility Health Administrator on a monthly basis for filing and distribution to the unit Chiefs of Security.
 - 3.3.6 Each clinic should have a master list on file that accurately depicts the type and quantity of all dental instruments and hazardous supplies in the dental clinic area. The exact location may also be recorded.
 - 3.3.6.1 The master list only needs to be updated when items are purchased or discarded. All supplies that have an expiration date should be checked monthly. If the item is within 30 days of expiration, it should be flagged and disposed of when it expires as in Anesthetic carpules that are to expire shall be disposed.

- 3.3.7 Disposable Sharps such as needles, scalpels, carpules, etc. shall be accounted for on the Daily Sharps Inventory.
- 3.3.8 Dental tools /instruments are to be engraved in accordance to Department Order 712. The strength and integrity of tools/instruments are not compromised by engraving.

DENTAL PROCEDURE – 444.2

HAZARD COMMUNICATION PLAN FOR ARIZONA DEPARTMENT OF CORRECTIONS

INTRODUCTION:

On August 24, 1987, the Occupational Safety and Health Administration (OSHA) of the United States Department of Labor published Hazard Communication Standard, 29CFR1910.1200, to take effect on May 23, 1988. The standard was written to ensure that the hazards of all chemicals produced or imported are evaluated and that this information is transmitted to employers and employees at their worksite. The standard requires that all employers inform and instruct their employees of the chemical hazards in their work place. Through this information and instruction, injuries and illnesses should be minimized. Please refer to Department Order 712, Tools/Hazardous Materials Control. The Contracted Vendor will implement a Hazardous Communication Plan.

The primary responsibility for hazard determination lies with the chemical manufacturers or importers. They are to evaluate the hazards and prepare a Material Safety Data Sheet (MSDS) with the appropriate information and correctly label their product. Distributors of the chemicals are to provide this required information to the employers. The employers are to provide this information to their employees by means of a Hazard Communication Plan that specifies information on MSDS, Labeling, and Training.

To facilitate implementation of this plan, this clinic has named _____ to coordinate implementation of this Hazard Communication Plan.

The Hazard Communication Plan and MSDS file are available for employees to review at any time. They are located: (Specific location) _____

1.0 Levels of Responsibility

1.1 Employers:

- a. Monitors/reviews program progress.
- b. Assures compliance with MSDS and label requirements.
- c. Assures mandatory education and training.
- d. Shall immediately refer employee with chemical accident to appropriate medical personnel.
- e. Shall inform outside contractors about potential exposures when those employees perform work in the office and provides them with access to MSDS file.
- f. Assures compliances with hazardous waste removal.
- g. Handles concerns of employees.

1.2 Hazard Communication Plan Coordinator:

- a. Maintains current employee list.
- b. Maintains training records.

- c. Maintains hazardous chemical list.
- d. Can demonstrate safe handling of hazardous chemicals.
- e. Be knowledgeable with the MSDS's and their use.
- f. Maintain MSDS file and keeps it current.
- g. Be knowledgeable with label requirements and monitors labels.
- h. Ensures compliance to safety procedures.
- i. Assures training when new chemicals arrive.

1.3 Employees:

- a. Responsible for practicing job safety.
- b. Attend training and education sessions and apply this information on the job.
- c. Read and become familiar with MSDS file.
- d. Become familiar with labeling protocol and keep them current.

2.0 Identification of Hazardous Materials:

2.1 Primary responsibility for hazard determination lies with the product supplier.

2.2 Once the hazard determination is made, the supplier must develop a Material Safety Data Sheet (MSDS) for each Material that contains hazardous ingredients.

2.3 It is the responsibility of the dental clinic to keep a current inventory list of hazardous materials used, along with the products MSDS. (See Inventory Sheet)

3.0 Material Safety Data Sheet (MSDS)

3.1 All employees shall have access to Material Safety Data Sheets.

3.2 The clinic has designated an employee as the hazard communication plan coordinator and this person is responsible for MSDS collection, updating, and availability. If this person leaves, a new person will be appointed as soon as possible.

3.3 The hazard communication plan coordinator will ensure that as new products are received, the inventory and MSDS file will be updated and the rest of the staff will be made aware of the new hazard. If no MSDS is received with the product, the dental supplier or manufacturer will be contacted and a copy of the request placed in the MSDS file.

3.4 All employees will periodically review the Hazard Communication Plan and MSDS file.

3.5 At least yearly, the MSDS file shall be checked to see if there are any MSDS's that are no longer used or current.

4.0 Labeling:

4.1 The hazard communication plan coordinator shall ensure the hazardous materials label has the identity of the chemical, the type of hazard posed by the material, and the supplier's name and address.

4.2 If materials are placed in a secondary container, this unmarked container needs to have a label posted on it that indicates the chemical name and appropriate warning.

- 4.3 Rather than handwriting a new label, it is possible to Xerox the label off the original container and tape the reproduction on the secondary container.
- 4.4 If the secondary container is stationary, labeling may be done by posting a placard on or near the stationary container.
- 4.5 All staff will ensure that the labels are legible, not defaced, nor removed. If they are, make additional labels when needed.
- 5.0 Information and Training
- 5.1 At the time of initial employment, employees will be provided with information and training on hazardous chemicals.
 - a. Employees will be provided the Hazard Communication Plan and MSDS file and are expected to become familiar with their contents, including the requirements of the OSHA Hazard Communication Standard, the list of hazardous chemicals in the office, the location of the MSDS file, the labeling protocol, etc.
 - b. This information will be reviewed on an annual basis and documented.
- 5.2 As new products are introduced to the work area, the hazard communication plan coordinator will plan training in identifying the physical and health hazard of the new chemical and present measures staff can take to protect themselves.

DENTAL PROCEDURE – 444.3

EXPIRATION OF DENTAL MATERIALS AND DENTAL PHARMACEUTICALS

- 1.0 PURPOSE: To provide a standardized procedure so that dental materials and pharmaceuticals are kept current and properly disposed of prior to the manufacturer's expiration date.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirements of this procedure.
- 3.0 PROCEDURES:
 - 3.1 All dental materials that have a manufacturer's expiration date and are placed or inserted permanently into a patient and all pharmaceuticals that have a manufacturer's expiration date will be identified and so noted on the "Expiration Log".
 - 3.2 A written entry denoting the name of the item and its expiration date will be made on the log. This date will correspond to the date that is 90 days prior to the manufacturer's expiration date.
 - 3.3 On the first Monday of each month, the Dental Assistant will review the Expiration Log and note all items that are due to expire within the 90 day time frame.
 - 3.4 Upon receipt of the new stock, it will be checked for its expiration date and an entry made per section. If the item expires within 6 months of receipt, it will be returned to the vendor as unacceptable. A vendor deficiency report will be completed.
 - 3.4 The expiring item will be properly disposed of and the replacement item will be added to the current inventory.

DENTAL PROCEDURE – 444.4

EQUIPMENT MAINTENANCE

- 1.0 PURPOSE: To establish a preventive maintenance schedule for major dental equipment.
- 2.0 RESPONSIBILITY: The Contract Vendor or Designee at each facility will be responsible for compliance with the requirement of this procedure.
- 3.0 PROCEDURES: Each facility should maintain a log book continuing documentation of periodic maintenance.
 - 3.1 Equipment maintenance log sheets are to remain near the respective equipment.
 - 3.2 Completed log sheets will then be transferred to the maintenance log book, and a blank log sheet replaced in the clear protective cover.
 - 3.3 Equipment should be maintained according to the manufacturer's recommendations.