



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE

Policy No. DOC 4.5.26	Subject: OFFENDER DENTAL SERVICES
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3
Section 5: Clinical Services	Effective Date: July 1, 1998
Department Director Signature: /s/ Brian Gootkin	Revised: 04/19/2021
Dental Director Signature: /s/ Daniel W. Hash, D.M.D	
Clinical Services Division Administrator Signature: /s/ Connie Winner	

I. POLICY

The Department of Corrections’ facilities will provide offender dental services under the direction and supervision of a licensed dentist, including dental screenings upon admission and clinically indicated services during incarceration.

II. APPLICABILITY

All secure care facilities Department owned and contracted, as specified in contract.

III. DEFINITIONS

Dental Services – Routine and emergency dental care provided to offenders under the direction and supervision of licensed dental providers.

Facility – Refers to any prison or secure care correctional facility under Department jurisdiction or contract.

Health Care – The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, nutrition, and other ancillary services, as well as maintaining clean and safe environment conditions.

Health Care Staff – Includes qualified health care professionals and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

Oral Care – Instruction in oral hygiene, examination, and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral Examination – Taking or reviewing the patient’s oral history, an extraoral head and neck examination, charting of teeth, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, adequate illumination and necessary radiographs by a dentist.

Oral Screening – Visual observation of the teeth and gums, and notation of any obvious or gross anomalies requiring immediate referral to a dentist.

Oral Treatment – The full range of services that in the supervising dentist’s judgment are necessary for maintaining the offender’s health.

Qualified Health Care Professionals – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

IV. DEPARTMENT DIRECTIVES

A. General Requirements

1. Each facility will establish offender dental services to include the following:
 - a. oral screenings conducted as part of the intake process;
 - b. a timely comprehensive oral examination provided by a dentist to determine needed follow-up dental care;
 - c. diagnostic radiographs taken as needed to support the comprehensive examination and oral treatment plan;
 - d. instructions on oral hygiene provided by qualified health care professionals;
 - e. triaged oral treatment plans that identify existing dental needs and proposed oral treatment;
 - f. prioritizing clinically-indicated treatment, including emergent, urgent, and routine dental health care needs;
 - g. oral treatment that may include routine restorative treatment, extractions and other oral surgery, endodontic treatment, dental cleanings and periodontal care, partial and complete dentures. The triaged oral treatment provided will be subject to the amount of time the offender is under Department care;
 - h. preventive fluoride treatment available in a form approved by the Department;
 - i. offender oral care as part of a continuum of care unaffected by offender transfer from one facility to another;
 - j. a formal communication process by which offenders may access care; and
 - k. consultation and referral to dental specialists, including oral surgeons, when necessary.
2. To ensure the most urgent and important oral treatment is completed in a timely manner for all offenders, a treatment rotation program will be implemented at each facility. The highest priority dental care needs which can be addressed in a given dental appointment are resolved first. The offender is then again placed on the oral treatment list for one appointment at a time until all other high priority dental care needs have been attended to.

B. Standards of Practice

1. Dental care providers will:
 - a. comply with American Dental Association (ADA) clinical standards of care;
 - b. account for all sharps and instruments; and
 - c. follow Centers for Disease Control and Prevention (CDC) and ADA recommended infection control practices including instrument sterilization, equipment and surface disinfection, and hazardous waste disposal.
2. Facility health care administrators will ensure continuous quality improvement as requested by the health services bureau chief by analyzing the timeliness and

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appropriateness of offender oral care, and report such analysis to the facility administrator and health services bureau chief on a regular basis.

3. All facilities will follow *CSD 4.5.26A Dental Services Procedure* and other Department dental health care and security policies and cooperate with the Clinical Services Division concerning offender oral care.
4. Offender noncompliance with good oral hygiene practices, i.e., plaque control, may not be used as a basis to deny needed oral care.

V. CLOSING

Questions concerning this policy should be directed to Clinical Services Division administrator.

VI. REFERENCES

- A. *P-E-06, P-F-01; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- B. *CSD 4.5.26A Dental Services Procedure*
- C. *Y-E-06; National Commission on Correctional Health Care Standards in Juveniles Detention and Confinement Facilities, 2015*

VII. ATTACHMENTS

None