



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS E-06.1	Subject: Initial Dental Treatment
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC 4.5.26, Offender Dental Services;	Page 1 of 4 and no attachments
Effective Date: November 1, 2010	Revised: August 10, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To provide initial dental assessment and to determine the oral and dental needs of the Inmate, determine if any emergent dental needs exist and to provide personal oral health care instructions to assist the Inmate in caring for their own oral hygiene.

II. Definitions:

Oral Screening – A visual observation of the teeth and oral structures and making notations of any obvious or gross abnormalities requiring immediate referral to a dentist.

Comprehensive Oral Examination – An evaluation of the patient’s oral history, hard and soft tissues of the oral cavity, extra oral evaluation and detailed examination of the dentition.

Triage – A systematic prioritization of health care to maximize the overall benefit of care provided with the resources available.

III. Procedures:

A. Intake Oral Screening

1. All Inmates arriving at Montana State Prison will receive an oral screening, as part of the Initial Health Intake Screening process or by a member of the dental staff, within 7 days of admission.
2. The intake oral screening can be performed by a dentist, dental support staff or by another trained health care professional.
3. All dental support staff or other qualified health care professionals providing intake oral screenings must be appropriately trained. Such training must be done by a dentist and the standardized training program must consist of more than completion of a self-study program.
4. The oral screening is to include a visual observation of the teeth and surrounding soft tissue. Notations should be made of any obvious abnormalities, severe painful conditions, acute infection or facial trauma requiring immediate referral to a dentist.

B. Comprehensive Oral Examination

1. All Inmates arriving at Montana State Prison will receive a comprehensive oral examination within 30 days of admission.
2. The comprehensive oral examination shall be performed by a dentist currently licensed in the State of Montana.
3. All notations concerning the comprehensive oral examination will be made in a standardized MT DOC dental chart. Guidelines set forth by the [MT DOC Guide to the Dental Chart](#) will be utilized when documenting information resulting from the comprehensive oral examination.
4. Radiographs, necessary for the comprehensive oral examination to appropriately develop a triaged dental treatment plan, will be utilized.

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5. The comprehensive oral examination should include an evaluation of the Inmates medical history, the Inmates oral history, current complaints, extra oral head and neck evaluation, oral hard and soft tissue evaluation, periodontal screening, examination and charting of teeth, as well as evaluation of current radiographs.
6. If an Inmate is re-admitted or transferred from another MT DOC facility within the previous 12 months and there is a properly documented oral examination on record, a new comprehensive oral examination is not required. If an initial comprehensive examination is not done, the Inmate should be placed on the annual Re-care Examination list appropriate to the date of their last oral examination.

C. **Triaged Dental Treatment Plan**

1. Through the comprehensive oral exam, a triaged dental treatment plan will be developed identifying existing dental and oral needs and proposed dental treatment.
2. To ensure the most urgent and important dental treatment is completed in a timely manner on all Inmates, the proposed clinically-indicated dental treatment is prioritized.
3. The triaged dental treatment provided will be subject to the amount of time the Inmate is under MT DOC care.
4. The Inmates dental care is part of a continuum of care, unaffected by the Inmates transfer from one Secure facility to another (not including Community Correction facilities).
5. Clinically-indicated dental treatment needs will be prioritized:
 - a. Phase 1(P1): Conditions requiring treatment for the elimination of severe pain, acute infections and trauma. These conditions should be treated as high priority conditions and should be addressed within 24 – 48 hours once a dentist is available.
 - b. Phase 2 (P2): Conditions which if left untreated, will in time likely become a phase 1 condition, or affect the Inmates ability for adequate mastication of food. Phase 2 conditions will be divided into 2 categories in order of priority.
 - 1) P2a: Conditions, while currently not resulting in severe pain or acute infection, will require expedited treatment to prevent the condition from becoming a Phase 1 condition. If in the estimation of the dentist, the tooth condition needs to be addressed within the next 12 months it is to be classified as P2a.
 - 2) P2b: Conditions recognized as requiring treatment, however, in the estimation of the dentist, will not likely result in acute infection, severe pain, pulpal exposure or significant tooth structure loss even if left untreated for 12–18 months, or longer. P2b restorative needs will in most cases not be treated. At the annual Periodic (Re-care) Examination, dental treatment needs classified as P2b, will be re-evaluated and if necessary, re-classified.
 - c. Phase 3 (P3): Conditions which are not expected to deteriorate significantly if left untreated, areas to be evaluated at subsequent examination appointments or conditions requiring treatment beyond the dental treatment normally provided by the MT DOC. At the annual Periodic (Re-care) Examination P3 conditions will be re-evaluated.
 - d. A more in depth discussion of prioritizing the dental treatment needs can be found in the [*MT DOC Guide to the Dental Chart*](#)

D. **Intake Unit Dental Treatment**

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1. Urgent / Emergent (Priority 1) Dental Treatment for severe discomfort, acute infection and trauma will be of highest priority.
 2. ART. Alternative Restorative Technique (ART) is a provisional restoration designed to remove the majority (but not all) of the decay on teeth with large or open areas of decay and placing a provisional restoration. Generally, after the gross decay is removed, a layer of a CaOH paste, or equivalent liner, is placed over the remaining deep decay and the tooth is provisionally restored with a glass ionomer material. If the condition is due to a broken restoration or tooth structure, where there is minimal or no decay present, a liner may not be necessary. Except for anterior teeth where esthetics is a consideration, a colored glass ionomer, such as Fuji Triage, should be considered, as it would be obvious to another dentist that the tooth was provisionally restored. During the Comprehensive Oral Exam, the tooth can be charted as a P2a ART with the second line in the treatment planned. The goal is to resolve (temporarily) a significant dental condition and allow for potential secondary dentin formation, especially with teeth that are symptomatic due to food impaction, exposed broken tooth structure or with a broken restoration. ART restorations are not normally effective if the patient is experiencing significant spontaneous, throbbing type pain.
 3. Priority 2a (P2a) treatment. As time permits, and if does not interfere with Intake Comprehensive Oral Exam requirements, select routine P2a treatment can be provided. Especially if the Inmate has minimal treatment needs; when a specific treatment need is of high risk of becoming symptomatic within a very short time frame, or for extractions and other surgical procedures to allow for healing time prior to commencement of follow-on dental care.
 4. Initial Debridement. An initial debridement, while the Inmate is at MDIU, can be done when the periodontal health of the Inmate is a major or urgent area of concern, or would greatly assist the restorative phase.
 5. Denture adjustments, repairs and temporary relines.
 6. Stash Inmates. Only Urgent / Emergent dental care is provided for these Offenders, as they are only at MDIU for a short time and require complete separation from all other Inmates. Coordination is required with the MDIU Unit Administrator and the MDIU Medical Staff.
- E. Oral Hygiene Instruction.
1. Instruction in oral hygiene and preventive oral education will be given within 30 days of admission.
 2. Interactive education, concerning systemic health care risk associated with poor oral hygiene, proper brushing and flossing techniques, the need for regular dental cleanings and examinations and general information concern dental health care in a correctional environment will be provided.
 3. The Oral Hygiene Instruction label will be utilized, signed by the instructor and inmate and placed on the lower left portion of the Dental Chart cover. If, during an annual examination or dental cleaning appointment there is no Oral Hygiene Instruction label on the cover, then presume no formal instruction has been given and present to the inmate instructions in oral hygiene and preventive oral education.
 4. For more information concerning oral hygiene instruction consult the *MT DOC Guide to the Dental Chart*.
 5. Subsequent oral hygiene education should be documented in the Daily Treatment Sheet or the Dental Hygiene Record in the dental chart. Additional oral hygiene education should be provided whenever it is evident the inmate's oral health would benefit from the additional instruction.
 6. The inmate should be offered a copy of the [MT DOC Dental Health Care brochure](#) and, if applicable the Denture Care handout.

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F. Privacy Notification.

1. Privacy Notification information should be presented to each Inmate in MT DOC custody.
2. The Inmate should have been presented an opportunity to review the [MT DOC Privacy Practices Notification handout](#). This document should also be made available to the Inmate at any time.
3. An overview of the Privacy Notification should be presented at the Intake Screening Evaluation or at the initial Comprehensive Examination. Those Inmates already in MT DOC custody and have not already received the Privacy Notification information should have this information presented at their next Oral Examination appointment.
4. A Privacy Practice Notification label (see below) should be placed in the lower right area of the MT DOC dental chart.
5. The two boxes should be checked off indicating the subject material has been covered and the Inmate has been given an opportunity to review and receive a copy of the Privacy Practice Notification Handout.
6. Ensure the Inmate understands the material and has been given an opportunity to ask questions.
7. After the Presenter signs and dates the label, the Inmate initials, signs and date the label.

G. Tobacco Cessation.

1. Inmates who have indicated, in the Drug Use section of the MT DOC Dental Chart, a history of tobacco usage should be presented information concerning tobacco cessation.
2. The presentation should be tailored to whether the past tobacco usage was cigarettes, smokeless or both.
3. Since Montana State Prison is a smoke-free prison, the Inmates should be encouraged to take advantage of this and avoid re-starting unhealthy habits.
4. The Inmate should be offered a copy of the MT DOC Tobacco Cessation brochure.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments

None