



MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Table with 2 columns and 5 rows containing metadata: Procedure No., Subject, Reference, Effective Date, Signature/Title.

I. Purpose:

To make available to all inmates an opportunity to receive non-emergent dental care with the goal of maintaining or improving their dental and general health.

II. Definitions:

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.

Treatment phases – a system to divide the levels of care based on urgency of need.

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

III. Procedures:

A. Access to Care

Inmates may access non-emergent dental treatment through:

- 1. Comprehensive Oral Examination. The inmate will be given an option to be placed on the appropriate dental treatment list.
2. The inmate will then be brought to the dental clinic when their name is at (or near) the top of the treatment list.
3. The inmate will be rotated back onto the dental treatment list, as needed until all their prioritized dental care is completed.
4. Periodic (Re-care) Oral Examination. During each Periodic Oral Examination, the inmate’s dental health needs will be re-assessed.
5. Re-instatement on Treatment List. If an inmate originally did not desire to be placed on a dental treatment list, had requested their name to be removed from a dental treatment list, or signed a general refusal for dental treatment, the Inmate can at any time request that thier name be placed back on the dental treatment list.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment
Effective Date: November 1, 2010	Revised: August 10, 2020
	p.2 of 6

- c. If the request for dental treatment is due to an oral condition causing severe pain, acute infection or oral-facial trauma, the MSP Emergency Dental Evaluation protocols will be followed.

B. Triage Treatment Plan

1. At the Comprehensive or Periodic Oral Examination appointment a triaged dental treatment plan will be established to ensure proper prioritization of the inmate's dental needs. This prioritization system will assist in providing for the inmate's most urgent and important dental needs are completed as expeditiously as possible, on all Inmates.
2. Specific dental / oral treatment needs will be assigned a priority code and treatment will be divided into phases.
 - a. Phase 1 (P1): Conditions requiring treatment for the elimination of severe pain, acute infections and trauma. These conditions should be addressed utilizing Emergency Dental protocols and should be addressed within 24 – 48 hours once a dentist is available.
 - b. Phase 2: Conditions which if left untreated, will in time likely become a phase 1 condition, or result in conditions that do not allow for the adequate mastication of food. Phase 2 conditions will be divided into 2 categories bases on priority.
 - i. Category A (P2a). Dental 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. Although these urgent conditions do not require immediate treatment, time is of the essence and these conditions need to be scheduled for treatment.
 - ii. Category B (P2b). Dental conditions which have been deemed not likely to develop significantly in the next 12 – 18 months. These dental conditions will be re-assessed at the Inmates next Periodic Oral Examination appointment and re-classified if necessary. In select cases, such as restorations on abutment teeth prior to construction of partial dentures, P2b treatment will be authorized.
 - c. Phase 3: Conditions designated to be re-evaluated in future oral examination appointments or conditions beyond the basic dental treatment normally provided by the MT DOC.

C. Dental Care Scheduling

1. The treatment goals at each appointment will be to take care of the most urgent treatment need (s). This will normally be treatment that can be accomplished in 60 – 90 minutes or less.
 - a. P2a Operative treatment: Treatment generally limited to one or two teeth.
 - b. P2a Extractions / oral surgery: Treatment for a single tooth or limited area for extractions (such as a posterior quadrant).
2. As needed, the Inmate is rotated back onto the P2a treatment list for additional dental care.
3. When the patient comes to the top of the treatment list again the patient's highest priority need(s) will be addressed. This cycle will continue until all of the patient's priority dental care needs are resolved or the Inmate is released.
4. This will allow for the most urgent dental care needs of the largest possible number of Inmates to be taken care of.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment
Effective Date: November 1, 2010	Revised: August 10, 2020
	p.3 of 6

5. Dentures / Partial Dentures. If the Inmate is at the top zone of the Denture list, then all necessary restorative treatment, for completion of the partial denture, will be expedited.
6. The dentist will still retain the ability to set additional appointments in select cases. The provider can request (thru the NV notes) the Inmate be rescheduled as a priority if deemed necessary. This could occur if the provider feels that another appointment is needed with minimal delay. This should be the exception not the rule for rescheduling dental care.
7. Dental care that normally requires multiple appointments for a given procedure are scheduled by the provider thru the NV notes in the timeline that is appropriate.
8. This scheduling system should maximize the number of patients seen in a given amount of clinic time. This will address the desire distribute dental services equitably. In addition, this guideline should ensure that the highest priority dental care needs are address first.

D. Dental Treatment

1. Restorative (Operative): Basic restorative dental treatment will be provided. Restorative materials utilized will be based on the dentist assessment as to which material will be best suited for the specific situation, the Inmates age, general health and the Inmates oral hygiene. The inmate will not be given the option of choosing the restorative materials to be utilized.
2. Oral Surgery. All basic needed oral surgery, within the scope of ability of the dentist is authorized.
 - a. Assessment of current diagnostic radiographs, the inmate's health history and pertinent medical information should be made.
 - b. A pre-operative consult with the Inmate, concerning the surgical risk factors should be signed and documented in the Surgery Data Sheet (lilac chart insert).
 - c. The inmate should be informed of any complications that may arise during the actual procedure, as well as expected prognosis. This should be documented, and the inmate should be placed on the follow-up treatment list. The medical staff may be notified if their involvement in follow-up care is likely.
 - d. Oral and written post-operative instructions should be provided to the inmate.
 - e. Potential pathological conditions not immediately biopsied or referred should be re-evaluated 14 - 21 days.
 - f. Any surgical conditions beyond the ability or comfort level of the dentist should be reviewed for referral.
3. Endodontic Treatment. Endodontic (Root Canal) treatment is authorized in select cases, where endodontic treatment would significantly enhance the inmate's oral health, arch integrity or if a required abutment for a partial denture. The following considerations should be evaluated:
 - a. The inmate's overall oral health.
 - b. Partial denture considerations.
 - c. Likelihood of the inmate following through with a cast crown after release.
 - d. Overall condition and restorability of the tooth, periodontal condition, bone support and long-term prognosis.
 - e. Whether significant contribution to the maintenance of the inmate's oral health that would be gained by saving the tooth.
4. Endodontic treatment is not recommended if:
 - a. The Inmate does not have the ability or desire to have a cast restoration (if needed) placed on the tooth once they are released from MT DOC custody.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.4 of 6

- b. The overall poor condition of the Inmates dentition would make a partial (or full) denture a recommended choice for the Inmate.
 - c. The Inmate would benefit significantly from a partial denture and the tooth is not an essential abutment tooth for the partial.
 - d. The long-term prognosis of the tooth is poor or guarded due to the overall poor condition or lack of long-term restorability of the tooth, significant periodontal involvement or lack of adequate bone support for the tooth.
5. The Inmates desire to “keep the tooth” is not an over-riding factor in determining whether endodontic treatment is to be performed. If the Inmate is scheduled for release within a very short time period, and the Inmate desires to “keep the tooth”, a first step endodontic procedure may be provided. However, the Inmate must be informed (and the dental chart well documented) that the inmate, not the MT DOC, will be responsible for completion of the endodontic treatment and subsequent restoration. The pre-endodontic consult with the inmate should be signed and documented in the RCT Data Sheet (salmon chart insert).
6. Periodontal Care
 - a. Non-surgical periodontal care. Discussed in *HS E-06.4, Periodontal Care*.
 - b. Surgical Periodontal treatment. Can be provided, in select cases for inmates who have limited areas of periodontal disease where periodontal surgery can correct or reduce the periodontal defect. Inmates scheduled to receive a partial denture, who have correctable periodontal defects should have the periodontal surgery, if indicated prior to construction of the partial denture.
7. Removable Prosthodontics. Complete dentures, partial dentures and occlusal splints are discussed in *HS E-06.5, Dental Prosthetics Services*.
8. Orthodontics
 - a. Orthodontic services are not normally provided. In special circumstances orthodontic treatment can be considered through the Dental Services Review process.
 - b. Inmates entering the correctional facility with fixed or removable orthodontic appliances:
 - i. Consult with the inmate’s Orthodontist to determine, based on the inmate’s projected incarceration time, whether to continue or terminate the orthodontic treatment.
 - ii. In select cases the inmate may be transported to the orthodontist office for evaluation or treatment.
 - iii. If the orthodontic treatment is to be continued the inmate should be set up for regular follow-up appointments with the MSP dental staff. Periodontal care and personal oral hygiene, with patients with fixed orthodontic appliances is very important and should be closely monitored.
 - iv. If the orthodontic appliances are to be removed, written informed consent from the inmate should be obtained. In some cases, the orthodontic appliances can be inactivated by removing the wires and elastics but leaving the brackets and bands in place. This should not be done with inmates with long sentences. If the inmate refuses to allow the recommended removal of the orthodontic appliance, a documented Refusal of Treatment form will be completed.
9. Fixed Prosthodontics: Fixed Prosthodontics (cast crowns and bridges) are not normally provided. In special circumstances fixed prosthodontic treatment can be considered through

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment
Effective Date: November 1, 2010	Revised: August 10, 2020
	p.5 of 6

- the Dental Services Review process. If the inmate has a crown or bridge being fabricated but not cemented, arrangements should be made to have the appliance delivered to the MSP Dental Department to enable completion of the treatment. The MT Department of Corrections is not financially responsible for any cost related to prosthodontic treatment started prior to the inmate entering the correctional system but completed while the Inmate is under the care of the MT Department of Corrections.
10. Implants. Dental implant services are not normally provided. In special circumstances dental implants can be considered through the Dental Services Review process. In cases where dental implants and associated restorative treatment have been initiated, but not completed, a consultation with the originating dentist should be made. A determination should be made whether the treatment can be suspended until the inmate's release, the restorative phase can be finished at MSP, or if the inmate needs to be transported to the originating dentist office for continued treatment.
 11. Preventive services
 - a. Preventive dental services including periodontal care, oral health education and preventive fluoride treatment. Discussed in *HS E-06.4, Periodontal Care*.
 - b. Sealants may be placed on an individual bases when recommended by a MSP staff dentist, as a preventive measure. Any teeth recommended for sealants, to be placed by a staff dental hygienist should, be evaluated for incipient decay and possible pre-sealant tooth preparation.
 12. Periodic (Re-care) Oral Examination. Inmates will be given an option to be placed on the Periodic (Re-care) Oral examination treatment list.
 - a. Inmates are authorized to receive a re-care examination on an annual basis.
 - b. If medically necessary, an inmate may be scheduled for more frequent oral examinations. These inmates will be placed on the Special Needs List to allow for tracking of their Special Needs dental care.
 - c. New bitewing radiographs may be taken during the re-care examination. New Panograph radiographs should be taken every five years, or as deemed necessary by the dentist.
 - d. The medical history update section should be completed during the re-care examination. A new Medical History Sheet should be completed after 5 years since completion of the current Medical History Sheet.
 13. Infirmary Dental Care: When necessary an inmate can be transferred to the MSP Infirmary for treatment or 24-hour monitoring of the inmate.
 - a. The inmate should be admitted to the Infirmary, with appropriate physician orders, completion of the MSP Infirmary Admission Orders form, and notes placed in the inmate's Medical Chart.
 - b. The Director, Dental Services should be notified, who shall notify the appropriate administrative medical staff.
 - c. An Infirmary Care Treatment Plan should be developed, including expected length of stay in the Infirmary and assignment of staff.
 - d. Consult, as needed, with the appropriate clinical medical staff, concerning the inmate's medical and dental care and make notations concerning these consultations. Medical consultation, for medically compromised Inmates receiving dental treatment, is encouraged.
 - e. Document dental care provided in the inmate's Medical and Dental Charts.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.6 of 6

- f. When the inmate is to be released from the Infirmary, submit a release order in the medical chart, determine any post-release follow-up dental care and notify the Director, Dental Services.
 - g. Medical test can be ordered for the inmate through the Infirmary.
14. Documentation: All notations concerning the provision of dental care 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.

IV. Closing

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

V. Attachments

Special Management Inmate Dental Care