I. AUTHORITY:

In accordance with AS 44.28.030, AS 33.30.030, and and 22 AAC 05.155, the Department of Corrections shall develop and adopt policies and procedures that are consistent with laws for the guidance, government and administration of correctional facilities, programs and field services.

II. PURPOSE:

To establish procedures for dental screening, examination, and treatment of prisoners and to establish treatment limits.

III. APPLICATION:

To all employees and prisoners.

IV. DEFINITION:

As used in this document, the following definitions shall apply:

A. Department Medical Officer:

A licensed physician who is a State employee responsible for the planning and implementation of the prisoner health care program; serves as the medical expert on departmental medical matters; performs peer review of physicians working under contract, and ensures quality control in the prisoner health care program.

B. Necessary Dental Service:

Dental work required to provide for the maintenance of nutrition and/or the prevention of pain; does not include cosmetic and long-term growth and development dental treatments such as orthodontic services.

V. POLICY:

It is the policy of the Department to provide necessary dental service and treatment for prisoners. Each prisoner shall be provided dental care within the constraints of pathology, available resources and Department policy. Dental services with respect to congenital malformation, cosmetic surgery or dentistry for purely cosmetic reasons will not be done at the expense of the Department.
VI. PROCEDURES:

A. Each prisoner shall receive a dental review and basic dental hygiene instruction by medical personnel during the initial physical examination within 14 days of initial admission to an institution.

B. Based upon initial review, appropriate prisoners shall receive a dental screening by a dental hygienist within 90 days of initial admission to the custody of the Department.

C. Based upon dental screening, appropriate prisoners shall receive a dental examination by a Dentist within 90 days of initial admission. This examination is to include a dental history and visual examination of hard and soft tissue using a mouth mirror with adequate lighting. When deemed necessary, radiographs (x-rays) may be taken. Special examination techniques may be employed, if needed, including consultation with other health specialists. Results of the examination must be recorded on the Dental Care Record (form 20-807.12B).

D. The following types of dental work will not be accomplished unless, in the professional judgement of the treating Dentist, the treatment is medically essential:

1. Crown and bridge work;
2. TMJ Syndrome (to include surgery and any type of splint therapy);
3. Correction of congenital malformation (to include any type of orthognathic surgery);
4. Cosmetic dentistry or surgery;
5. Orthodontics of any type;
6. Periodontal or oral surgery;
7. Maxillary and mandibular reconstruction; any type of implant; or
8. Endodontic therapy.

E. Under no circumstances will purely cosmetic dental work be performed for prisoners at Department expense. The following types of dental procedures may be provided in accordance with 807.17, Dental Specialties, if, in the clinical and professional judgment of the treating Dentist, the dental work is deemed appropriate and endorsed by a consulting dentist and approval by the Department Medical Officer is obtained in advance for:

1. Partial Dentures;
2. Full Dentures; or
3. Repair of dentures.

F. Dental Classification System:

At the initial dental review, each prisoner shall be classified into one of four treatment categories. The treatment category will be recorded on the Dental Record (form 20-807.12B). A structuring of priorities for dental care is not a replacement for professional dental judgment; it is a guide for providing dental care as follows:

1. Category One, Very Urgent - Requiring immediate attention:
   a. Pain and acute infection;
   b. Teeth obviously requiring extraction;
   c. Suspected neoplasm;
   d. Trauma or fractures; or
   e. Periodontal conditions, to include periodontal abscess and tooth mobility requiring extraction.

2. Category Two, Moderately Urgent - Requiring early treatment:
   a. Cavity(s) into or near the pulp of a tooth;
   b. Extensive penetration into dentin;
   c. Edentulous oral cavity;
   d. Heavy calculus causing pathology;
   e. Chronic infections; or
   f. Placement temporary restoration.

3. Category Three, Routine dental treatment:
   a. Incipient cavities;
   b. Elective third molar extractions; or
   c. Oral prophylaxis and oral hygiene.

4. Category Four, Maintenance care:
   No dental requirement except for routine care and prophylaxis treatment.

G. Priority of Dental Care:

1. Treatment for dental problems that existed prior to the prisoner's incarceration must be considered in assessing and evaluating treatment options. The responsible dentist shall make a determination according to clinical judgment, the dental classification, and priorities for treatment;

2. The existence of dental problems outside the four categories of the dental classification system under F. above must be
considered elective dental procedures. The determination of elective procedures will be made according to the clinical and professional judgment of the dentist. A careful review and approval/disapproval will be made by the Department Medical Officer after consulting with the treating dentist; and

3. The scheduling of prisoners for dental treatment will be determined by the attending dentist in coordination with the holding institution’s medical and operations staff. Establishment of treatment priorities is a clinical and professional judgment. However, scheduled treatment for specific prisoners must meet institutional security requirements.

H. Records and Forms:

1. The results of dental examinations and screenings will be recorded on one or more of the following forms:
   a. Form 20-807.12A, Dental Care History Questionnaire;
   b. Form 20-807.12B, Dental Care Record;
   c. Form 20-807.12C, Dental Care Record Continuation; and
   d. Form 20-807.12D, Dental X-Ray Envelope.

2. Referrals for specialist care will be requested using Prisoner Health Care Referral Authorization, Form 20-807.02B; and

3. Dental Forms and associated X-rays, etc., will be filed in the Health Care Record in the order established by 807.06, Medical Records.

VII. IMPLEMENTATION:

This policy and procedure is effective as of the date signed by the Commissioner. Each Manager shall incorporate the contents of this document into local policy and procedure within 14 days. All local policies and procedures must conform to the contents of this document and any deviation from the contents of this document must be approved in writing by the Commissioner or designee.

2-5-86
Roger V. Endell, Commissioner
Department of Corrections

Forms Applicable to this Policy.
INDEX # 807.12A, B, C & D
FORM/A - Dental Care History Questionnaire
   B - Dental Care Record
   C - Dental Care Continuation
   D - Dental X-Ray Envelope