I. **AUTHORITY:**

In accordance with AS 44.28.030, AS 33.30.021 and 22 AAC 05.155, the Department of Corrections will establish and maintain a manual of policies and procedures to interpret and implement the statutory and regulatory duties of the department.

II. **REFERENCES:**

Manual of Standards For Adult Correctional Institutions, 1991
Standards: 3-4347

Manual of Standards For Adult Local Detention Facilities, 1991
Standards: 3-ALDF-4E-23, 29

Manual of Standards For Health Care Programs, 1989
Standards: HC-064, HC-077

III. **HISTORY:**

This policy supersedes the policy of the same title dated 86-2-5. Minor revisions have been made to this policy.

IV. **PURPOSE:**

To provide guidelines for the provision of necessary dental specialty services to prisoners.

V. **APPLICATION:**

To all employees and prisoners.

VI. **DEFINITIONS:**

**Necessary Dental Services:** 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.
VII. **POLICY:**

Specialty dental consultation examination and/or treatment will be provided within the limitations of necessary dental services and available resources. Such consultation or treatment may be provided upon the recommendation of the institutional dentist, when authorized by the Department Medical Advisory Committee.

VIII. **PROCEDURES:**

A. **Fixed Dental Prosthesis**

Dentists will not undertake to provide crown or bridge work or any precious metal work except in very rare instances in which, for serious health reasons, no other type of prosthetic appliance is feasible. These appliances will not be provided to prisoners without the approval of the Department Medical Officer.

B. **Removable Dental Prosthesis**

1. Limited prosthesis service may be provided in accordance with 807.15, *Health Care Prosthesis*. Limited prosthesis service is defined as the providing of economical appliances necessary for the proper mastication of food. These appliances will not be provided to prisoners without the approval of the Department Medical Advisory Committee;

2. In providing prisoners with prosthetic service, the full denture must be the appliance of the dentist’s choice, if the prognosis for partial denture is dubious. When a prisoner refuses the dentist’s recommendation that a full denture be applied, the prisoner will not receive a partial denture substitution and will be treated as a refusal of treatment case;

3. The construction and type of full or partial denture will be determined by the clinical judgment of the attending dentist. Partial dentures will be restricted to usage in cases where the number of remaining teeth are insufficient to provide proper mastication; and

4. Prosthetic care should only be initiated when the subject prisoner will remain at the institution for a length of time sufficient for completion of work.
C. **Prisoner Responsibility Regarding Prosthetics**

Under normal circumstances, the prisoner will have dental prosthesis provided only once. The prevention of loss, destruction, or mutilation of the denture provided by the State is the prisoner's responsibility. Remaking of the denture will be at the discretion and judgment of the dentist. If it should be necessary to construct a second denture because of the prisoner's negligence, it will be made at the prisoner's expense. If the prisoner does not have sufficient funds or is unwilling to pay for the second appliance, the prisoner will not be furnished one at State expense. The Superintendent will enforce payment or obtain installment payment by the prisoner over such a period of time as is appropriate to the repayment obligation.

D. **Oral Surgery**

1. Consultation and treatment by an oral surgeon will be provided as deemed necessary by the attending dentist. Cosmetic and elective oral surgery will not be performed at State expense and when indicated will be in accordance with elective procedures under section H. below;

2. Minor dental surgery, including local anesthesia, will be performed in the institution when and where adequate dental facilities are available; and

3. Removal of asymptomatic impacted or unerupted third molar teeth may not be performed. Young offenders serving long periods of incarceration may be the exception to this rule at the discretion of the Department Medical Officer.

E. **Orthodontics**

Orthodontics will be limited to those prisoners who were incarcerated while private orthodontic treatment was in progress. In such cases, the expense of continuing treatment shall be at the prisoners' expense.

F. **Endodontics**

Root canal fillings may be performed when deemed advisable by the dentist. Normally such procedures are limited to anterior and bicuspid teeth which will prevent the first break in a quadrant or avoid the necessity of providing a prosthetic appliance.
G. **Periodontics**

In rare instances, periodontal surgery may be performed at the recommendation of the attending dentist where prognosis is favorable and the cooperation of the prisoner has been obtained. This will normally include subgingival curettage and relief of traumatic occlusion, as well as treatment of Vincent's infection and other soft tissue abnormalities.

H. **Elective Dental Treatment at the Request of the Prisoner**

1. The institutional dentist, or other designated authority, determines whether treatment for a dental condition is considered essential or elective;

2. A prisoner may have elective dental care accomplished at his/her own expense when eligible for rehabilitation furlough, in accordance with Policy, 818.02, Furlough; and

3. Elective dental service shall not be provided at State expense or time and the prisoner shall not be permitted to pay for elective services provided within the correctional facility or holding institution.

I. **Dentures and Accessories**

Dentures provided for prisoners using State funds remain the property of the State in accordance with Policy 807.15, Health Care Prosthetics.

IX. **IMPLEMENTATION:**

This policy and procedure is effective on the date signed by the Commissioner.

![Signature]

Lloyd F. Hames, Commissioner

01-15-92

Date

Forms applicable to this policy.

20-807.08 B  Informed Waiver of Medical Treatment
20-807.08 C  Release of Financial Liability