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CHAPTER 1.1

Introduction

I. MISSION STATEMENT

To provide professional oral health care services, with excellence as our standard, to inmate-patients within the California Department of Corrections and Rehabilitation (CDCR).

II. POLICIES AND PROCEDURES (P&P) MANUAL

- A. This document shall serve as the approved model in the delivery of dental care and set forth standards for the CDCR, Inmate Dental Services Program (IDSP).
- B. The Standards and Scope of Services Policy for the IDSP outlined within this document represents the minimum requirements for the delivery of dental care and services within the CDCR.
- C. Each standard has been classified as either “essential” (E) or “important” (I). Essential (E) standards are, in general, more directly related to the health, safety and welfare of inmate-patients and the critical components of a health care delivery system. Important (I) standards are, in general, related to issues that strongly affect the delivery of health care and are significant but not critical. Whether essential or important, these standards may not be applicable in all situations.
- D. It is expected that each institution shall apply these standards and policies and implement the described procedures in directing their dental services’ operation.
- E. This document shall be available in the offices of the Chief Executive Officer/Health Care Manager/Chief Medical Officer (CEO/HCM/CMO), the Health Program Manager III (HPM III) and the Supervising Dentist (SD) at each institution.
- F. The terms “health care personnel” and “health care provider(s)” are used interchangeably throughout this document and refer to those individuals who, by virtue of their education, credentials and experience are permitted by law, within the scope of their licensure and professional practice, to evaluate and care for patients.

III. DEVELOPMENT AND ANNUAL REVISION OF STANDARDS AND SCOPE OF SERVICES

- A. Development of the Dental Standards and Scope of Dental Services Policy incorporated input from other Health Services disciplines, (e.g., medical, pharmacy, mental health services) and since the delivery of quality health care is a dynamic process, it is expected that the Standards and Scope of Services Policy for the IDSP established by this document shall be subject to ongoing additions, deletions and changes.
- B. The dental P&P manual shall be reviewed annually and revised, as necessary, under the direction of the Statewide Dental Director (SDD), Division of Correctional Health Care Services (DCHCS), IDSP.

- C. A Change Control Committee of institution dental staff and IDSP headquarters staff (e.g., HPM III, SD, Supervising Dental Assistants (SDA), Office Technicians (OT); dentists and dental assistants from the Program Support Team (PST); HPM II, Health Program Specialists I (HPS I), Associate Health Program Advisers (AHPA), or Staff Services Analysts (SSA) from IDSP headquarters) shall be established for the purpose of annually reviewing and updating this manual.
- D. Input from field operations is critical in the establishment of a current and dynamic dental standard of care; and comments and recommendations in reference to the standards are welcomed. Please forward all comments and recommendations to the Change Control Committee, DCHCS, IDSP.
- E. Recommended changes made to specific policies in the manual must be dated, signed, and approved by the SDD, DCHCS, IDSP prior to implementation. This process will allow all recommended changes made to be reviewed during the annual review.

IV. EXPECTATIONS OF DENTAL STAFF

In keeping with the CDCR policy regarding the treatment of people, it is the expectation that all dental personnel shall adhere to the following behavior standards:

- A. As concerns inmate-patients:
 - 1. Regard each inmate-patient as an individual human being, to be treated with respect, impartiality and dignity.
 - 2. Consider the input of inmate-patients in the provision of their dental care.
 - 3. Take time to explain dental procedures, policies, health care instructions and methods of preventive dental care to each inmate-patient.
 - 4. Recognize that each inmate-patient is constitutionally afforded a standard of dental care similar to that of the community at large.
 - 5. Avoid personal bias in the performance of their duties.
- B. As concerns all communications:
 - 1. Strive to ensure effective communications in the performance of their duties.
 - 2. Support the goals and guidelines of ethical and conscientious health care practices.
 - 3. Demonstrate integrity, respect and compassion in both verbal and written communications.
 - 4. Keep channels of communication open between management and staff to promote effective discussion.
 - 5. Encourage, develop and implement culturally sensitive communication with all staff members and inmate-patients in order to improve the workplace environment and the quality of dental services.
- C. As concerns the work environment:
 - 1. Be responsible, reliable and candid in responding to safety and security concerns and remain aware at all times of their surroundings in the correctional environment.

2. Endeavor to provide all staff and all inmate-patients with an environment that is safe, secure and free of environmental hazard.
 3. Maintain professional decorum at all times.
- D. As concerns relations with co-workers:
1. Treat all staff with respect and dignity.
 2. Strive to create an apprehension-free environment, promoting teamwork, progress and openness.
 3. Avoid personal bias in the performance of their duties.
- E. As concerns the pursuit of delivering quality dental care:
1. Strive to improve the quality of the dental health care delivery system.
 2. Be innovative in providing quality dental care under all conditions.

CHAPTER 1.2

Legal Considerations (I)

Federal law pertaining to an inmate-patient's right to medical care has in recent years been well defined and clarified through case law. The legal standard governing inmate-patients' rights to medical/health care is known as the "Deliberate Indifference" standard. This standard dates back to the *Estelle v. Gamble* 1976 Supreme Court case which established a legal precedent in the delivery of inmate-patient's medical/health care. Both an objective factor and a subjective factor are evident in the court's final decision.

LEGAL PRECEDENTS:

Estelle v. Gamble

The 1976 case, *Estelle v. Gamble*, (429 U.S. 97 (1976)) remains one of the most important Supreme Court decisions pertaining to inmate-patient health care. In *Estelle v. Gamble*, an inmate-patient seeking relief for inadequate medical treatment had his case dismissed by the federal district judge. When the case reached the Supreme Court, however, the court held that the Constitution's Eighth Amendment prohibition on "cruel and unusual punishment" applied to medical conditions. The court ruled that the Eighth Amendment placed substantive limitations on what punishment could be imposed on an inmate-patient after sentencing and that this protection included a right to medical care in correctional institutions. Based on the standards of decency, the court held that the government had an obligation to provide minimally adequate medical care in an appropriate setting to incarcerated inmate-patients and that indifference to inmate-patients' "serious medical needs" violates the Constitution of the United States.

Objective Component: Serious Medical Needs

In applying *Estelle v. Gamble* and other precedents, the federal courts have tried to define what constitutes a "serious medical need." In defining the term the courts stated:

- A serious medical need is one that has been diagnosed by a physician as requiring treatment, or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention. (*Hill v. Dekalb Regional Youth Detention Center*, 40 F.3d. 1176, 1186 (11th Cir 1994)).
- A condition is serious "if it is obvious to the layperson or supported by medical evidence" (*Simmons v. Cook*, 154 F.3d. 805, 807 (8th Cir. 1998)).

Courts have considered a number of factors in defining whether a medical need is serious, including:

- The effect of a delay in medical care.
- Whether the failure to treat could result in further significant injury or unnecessary and wanton infliction of pain.
- Whether a reasonable physician or patient would find the need important and worthy of treatment.
- The fact that a medical condition significantly affects daily activities.
- The existence of chronic and substantial pain.

(See *Hill*, 40 F.3d at 1186; *McGuckin v. Smith*, 974 F.2d 1050, 1059 (9th Cir. 1992); *Gutierrez v. Peters*, 111 F.3d 1364 (7th Cir. 1997); and *Smith v. Jenkins*, 919 F.2d 90 (8th Cir. 1990)).

Specifically, courts have held that inmate-patients have a right of access to timely medical care for their serious medical needs (*Toussaint v. McCarthy*, 801 F.2d 1080 (9th Cir. 1986)). With collateral application to delivery of dental care, courts have found additionally that treatment by unqualified staff, long delays in treating serious medical conditions and denials of access to medical professionals are all actionable.

In finding that a medical need is “serious,” the Supreme Court held that an “unreasonable risk to future health” might justify relief even if no harm has yet occurred. Thus, basic communicable disease prevention measures and minimum sanitary standards are constitutionally required (*Helling*, 509 U.S. at 25). Courts have found that some chronic care conditions may also warrant special treatment, as delays in care that exacerbate an inmate-patient’s existing medical condition may result in liability (*Chance v. Armstrong*, 153 F.3d 698 (2nd Cir. 1998)).

The Subjective Component of Deliberate Indifference:

In *Wilson v. Seiter* (501 U.S. 294 (1991)), the Supreme Court ruled decisively that a plaintiff must prove that a defendant had a culpable state of mind prior to any finding of liability (501 U.S. at 299-303). In *Farmer*, the Supreme Court further defined the intent standard and adopted a strict interpretation of “deliberate indifference” (511 U.S. at 836-642). The court held that deliberate indifference requires proof that a defendant “knows of and disregards excessive risk to inmate-patient health or safety” (511 U.S. at 837). The courts noted that it is not enough to show that a defendant was aware of facts suggesting a risk existed. A plaintiff also needs to prove that the defendant actually drew the inference that those facts would expose inmate-patients to such risk and still disregarded those facts.

As Justice Souter noted in his *Farmer* opinion, defendants are on dubious ground if they try to insulate themselves from knowledge of deficiencies in order to avoid a finding of deliberate indifference (511 U.S. at 842-844). If a systemic deficiency is truly obvious, a court may consider such obviousness as circumstantial evidence of actual knowledge about a constitutional deficiency. The fact that a defendant took steps to avoid learning about the problems may itself be an indicator of “deliberate indifference.” The *Farmer* decision also makes it clear that the knowledge requirement involved is not so specific that one must await a tragic event or show specifically who would have been harmed by a serious deficiency. It may be enough to show systemic problems likely to result in the type of harm addressed by a particular lawsuit, e.g., *Hunt v. Uphoff*, 199 F.3d 1220 (10th Cir. 1999).

CHAPTER 1.3

The Standard of Medical Autonomy (E)

I. POLICY

Each facility's Health Care Department, its agents, and the CDCR, DCHCS shall be responsible for providing and overseeing health care to all inmate-patients incarcerated in the CDCR. Clinical decisions and actions regarding health care services provided to inmate-patients to meet their health care needs are the sole responsibility of qualified health care personnel and shall not be compromised except for security reasons (i.e., as in situations in which an inmate-patient's behavior or involvement in an incident may cause harm or injury to him/herself, correctional or health care staff, and/or other inmate-patients).

II. PURPOSE

To define the standard of medical autonomy; ensure that clinical decisions are made solely for clinical purposes without interference from non-qualified personnel; and identify the scope of responsibility and authority of each facility's Health Care Department, its agents, and the DCHCS.

III. PROCEDURE

A. The delivery of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation.

1. The health care authority, (i.e., the CEO/HCM/CMO, or designee), shall arrange for the availability of appropriate staff, equipment and supplies, and for the monitoring of health care services to inmate-patients.
2. The official responsible for the facility, (i.e., the Warden or designee), shall provide the administrative support for the accessibility of health services to inmate-patients and the physical resources deemed necessary for the delivery of health care.
3. Non-medical considerations, (i.e., inmate-patients' access to care and the safety and security of the institution), needed to carry out clinical decisions shall be made in cooperation with custodial staff.
4. If this cooperation is lacking, the ability of health care providers to perform their professional and legal responsibilities is impaired and medical autonomy is jeopardized.
5. At the facility level, any security policies or practices that contradict direct medical orders shall be addressed by the responsible unit health authority/management team, [i.e., the HPM III, or designee, or the CEO/HCM/CMO or designee] and the facility administrator, (i.e., the Warden or designee).
6. Any specific problems that arise with medical autonomy generally shall be addressed through revised policies that shall be reviewed as part of the Quality Improvement Program.

7. If conflicts cannot be resolved at the facility level, the appropriate Regional Administrator and/or Regional Dental Director (RDD) shall be notified for resolution.
- B. The following indicators shall be utilized to ensure that each facility is in compliance with the medical autonomy standard:
1. All aspects of the standard shall be addressed by a written policy and defined procedures.
 2. Clinical decisions and their implementation shall be completed in an effective, timely and safe manner.
 3. Custody staff shall support the implementation of clinical decisions.
 4. Health care staff shall be subject to the same security regulations as other facility employees.
- C. Definitions
1. Custody staff refers to correctional officers (CO), as well as correctional administrators.
 2. Health care staff refers to all qualified health care personnel, as well as health care administrative and support staff.

CHAPTER 2.1

Initial Health Screening - Receiving and Release

I. POLICY

CDCR, DCHCS, Receiving and Release (R&R), nursing staff shall perform an initial health screening on each inmate-patient upon commitment to a CDCR institution to identify urgent/emergent dental needs.

II. PURPOSE

To provide inmate-patients with continuity of health care and to identify urgent/emergent dental conditions requiring referral to a dentist for immediate care.

III. PROCEDURE

- A. Each newly arriving inmate-patient, including new commitments and parole violators, shall receive an initial health screening including an assessment of his or her dental needs in R&R, prior to being housed, that shall be performed by a DCHCS registered nurse (RN) or licensed health care provider. [Reference Inmate Medical Services Policies and Procedures (IMSP&P), Volume 4 Medical Services, Chapter 2 Health Care Processing-Reception Center]. This assessment shall not be considered as the Reception Center (RC) dental screening that is performed by a dentist and is an integral part of the RC inmate classification process.
- B. Upon completing the initial health screening the RN, or licensed health care provider, shall complete a CDCR Form 7277 *Initial Health Screening/All Institutions* for all inmate-patients and a CDCR Form 7277A *Initial Health Screening (Supplemental) – Female Inmates* shall be completed for each female inmate-patient.
- C. The RN or licensed health care provider conducting the initial health screening shall be trained to perform assessments of dental needs prior to being assigned to work in R&R. The Supervising RN (SRN) or designee shall maintain all training records.
- D. Results of the initial health screening.
 1. If the RN or licensed health care provider determines the dental issue to be urgent, the inmate-patient shall be referred to and evaluated by a dentist within one (1) business day.
 2. In the case of a dental emergency during dental clinic operating hours, health care staff performing the initial health screening shall follow the procedure outlined in Chapter 5.10-4 III. C. of this policy.
 3. In the case of a dental emergency outside dental clinic operating hours, health care staff performing the initial health screening shall follow the procedure outlined in Chapter 5.10-4 III. D. of this policy.

4. Health care staff conducting the initial health screening shall follow the procedure outlined in Chapter 2.3-4 III. C. of this policy if the inmate-patient refuses the dental encounter.
- E. If any questions are answered “yes” on the CDCR Form 7277 or 7277A, the RN or licensed health care provider shall follow established protocol for referral of the inmate-patient to a dentist or physician for further evaluation or treatment. Based upon the RN’s review of all relevant data, a disposition that includes time and date of referral to an appropriate provider shall be recorded on the CDCR Form 7277 or 7277A.
- F. Dental referrals from R&R shall be completed on the appropriate forms and forwarded to the dental department for review by a dentist.

CHAPTER 2.2

Dental Care – Reception Center (E)

I. POLICY

Each CDCR, RC inmate who qualifies shall receive a dental screening by a dentist as part of the RC inmate classification process. A dentist shall assign a Dental Priority Classification (DPC) and identify urgent dental needs. Timely treatment of Emergency and/or DPC 1 dental conditions shall be provided.

II. PURPOSE

To provide inmate-patients with continuity of health care and to identify and provide timely treatment for those inmate-patients with Emergency and/or DPC 1 dental conditions.

III. DEFINITIONS

DPC – A numerical or alphanumeric code assigned by a dentist which expresses the degree of urgency of an inmate-patient’s dental needs and provides the timeframe within which treatment must be initiated. (Reference Chapter 5.4-3 of this policy).

IV. PROCEDURE

A. Dental Screening in Reception Centers

1. Within sixty (60) calendar days of an inmate’s arrival at an RC, a dentist shall perform a dental screening on each newly arriving inmate, including new commitments and parole violators. (Reference Chapter 2.3-2 III. A. 4. of this policy for exceptions).
2. Dental screenings shall be documented on a CDCR Form 237-A *Reception Center Dental Screening* and shall include but not be limited to:
 - a. A panoramic radiograph unless one has been taken by CDCR within the past twelve (12) months. (Reference Chapter 2.3-2 III. A. 2. a. 2) of this policy regarding procedures for labeling radiographs).
 - b. A screening of the head and neck as well as the hard and soft tissues of the oral cavity with a mouth mirror and adequate illumination, which includes at least:
 - 1) A cancer screening.
 - 2) Charting of an inmate-patient’s existing diseases and abnormalities (e.g., dental decay or other oral pathology).
 - c. Noting the presence and condition of prosthetic appliance(s).
 - d. Assigning and recording a DPC for each dental service area, (i.e. periodontics, restorative, endodontics, oral surgery, prosthodontics), as well as an overall DPC that reflects the inmate-patient’s most urgent dental need.
3. The dentist performing the RC screening shall:

- a. Review the screening findings with the inmate-patient and advise him or her of any Emergency and/or DPC 1 conditions.
 - b. Inform the inmate-patient of any DPC 2, 3, or 5 dental needs and provide him or her with a CDCR Form 7423 *Notification of Reception Center Dental Screening* form to complete and sign if he or she could benefit from dental care.
 - c. Forward the completed CDCR Form 7423 to the institution Health Information Management Department for placement in the dental section of the inmate-patient's Unit Health Record (UHR).
 - d. Follow the procedure outlined in Chapter 5.3-2 III. B. 3. of this policy if the inmate-patient requires treatment of any Emergency and/or DPC 1 conditions.
 - e. Follow the procedure outlined in Chapter 5.3-2 III. B. 4. of this policy if the inmate-patient does not wish to receive treatment of his or her Emergency and/or DPC 1 conditions.
 - f. Indicate the inmate-patient's DPC on a CDCR Form 128-D *Dental Priority Classification Chrono* for each inmate-patient screened.
4. Dental staff shall:
- a. Only perform screening duties within their scope of licensure.
 - b. Follow the procedure outlined in Chapter 2.3-4 III. C. of this policy if the inmate-patient refuses the:
 - 1) RC screening.
 - 2) Panoramic radiograph.
 - c. Follow the procedure outlined in Chapter 6.1-3 III. B. 2. of this policy regarding filing forms in the dental portion of the UHR.
 - d. Maintain a logbook or tracking system of RC dental screenings to include:
 - 1) Inmate-patient name and CDC number.
 - 2) Date RC screening was completed.
 - 3) Overall DPC.
5. The HPM III, or designee, at each institution shall be responsible for tracking RC dental screenings.
6. The OT or designated dental staff shall schedule an encounter for inmate-patients that qualified for but did not have a panoramic radiograph taken for any reason other than a "Refusal". Efforts shall be made to schedule the encounter within ten (10) business days of discovering that the inmate-patient did not have a panoramic radiograph taken.
7. The OT or designated dental staff shall compile data regarding RC screenings for inclusion in the monthly statistics sent electronically to the DCHCS, IDSP, headquarters staff.

B. Dental Treatment in RCs

1. Dental treatment provided to RC inmate-patients shall be limited to the treatment of Emergency and DPC 1 dental conditions.
2. RC inmate-patients shall initiate access to dental services as outlined in Chapters 5.1-1 III. A. 1. ; 5.3-2 III. B. 3. ; 5.14-1 III. D. 1. ; and 5.14-2 IV. A. 3. and 4. of this policy.
3. At the end of every treatment encounter for an RC inmate-patient, the dentist shall offer them a subsequent treatment encounter unless their DPC changes to a DPC 2, 3 or 4. (The procedure outlined in Chapter 5.3-1 III. B. 2. of this policy does not apply to most RC inmate-patients).
4. Extended stay inmates who remain on RC status at an RC for ninety (90) days or longer may be eligible to receive DPC 2 care (excluding prosthetics) on a case by case basis.

CHAPTER 2.3

Comprehensive Dental Examinations – Mainline Facility (E)

I. POLICY

All CDCR Mainline Facility inmate-patients shall be eligible to receive comprehensive dental examinations.

II. PURPOSE

To ensure that CDCR inmate-patients are eligible to receive timely comprehensive dental examinations at a Mainline Facility. The purpose of the dental examinations shall be for the identification, diagnosis and treatment of dental pathology which impacts the health and welfare of inmate-patients.

III. PROCEDURE

A. Initial Comprehensive Dental Examination

1. Upon arrival at a Mainline Facility all inmate-patients shall be notified that they are eligible to receive an initial comprehensive dental examination performed by a dentist.
 - a. The OT or designated dental staff shall generate and send a notification slip informing inmate-patients:
 - 1) Of their eligibility for the initial comprehensive dental examination.
 - 2) They must submit a CDCR Form 7362 *Health Care Services Request for Treatment* to receive the examination.
 - 3) There is no \$5 co-pay charged for the examination. (Reference Chapter 5.1-2 III. B. 2. b. of this policy).
 - b. The OT or designated dental staff shall schedule inmate-patients for an initial comprehensive dental examination within ninety (90) calendar days of the dental clinic receiving a CDCR Form 7362 *Health Care Services Request for Treatment* from the inmate-patient asking for the examination. When this timeframe is not respected, the treating clinician shall document the reason in the progress notes section of the inmate-patient's UHR.
 - c. The notification slip shall be delivered to the inmate-patient through the Institution Interdepartmental Mail or the process used for priority ducat distribution.
2. The results of the Mainline Facility initial comprehensive dental examination and the inmate-patient's DPC shall be recorded on CDCR Forms 237-B *Dental Examination and Treatment Plan* and CDCR Form 237-C *Dental Progress Notes*, or CDCR Form 237-C-1 *Supplemental Dental Progress Notes*. The initial comprehensive dental examination shall include:
 - a. Clinically adequate and diagnostic radiographs.

- 1) The quantity and periodicity of radiographs shall be determined by a CDCR dentist based on current American Dental Association guidelines.
 - 2) Radiographs shall be labeled with the inmate-patient's name, CDCR number, date of birth, date radiograph was taken and facility where taken.
 - b. An examination of the head and neck as well as the hard and soft tissues of the oral cavity with a mouth mirror, explorer and adequate illumination, which includes at least:
 - 1) A cancer screening.
 - 2) Charting of the inmate-patient's missing teeth, existing teeth, restorations and dental decay.
 - c. Determination of the inmate-patient's baseline plaque index score (PI).
 - d. A Periodontal Screening and Recording (PSR) and/or a Comprehensive Periodontal Examination depending on the PSR results (Reference Chapter 2.4-1 III. A. 1. a. 1) of this policy).
 - e. A health history. (Reference Chapter 6.1-4 III. B. 5. of this policy).
 - f. Formulation and documentation of a dental treatment plan.
3. Inmate-patients transferring from one Mainline Facility to another and who have already received an initial comprehensive dental examination at a Mainline Facility, need not be re-examined upon transfer from one CDCR facility to another, except as determined by the attending dentist, or unless they meet the requirements for periodic comprehensive dental examinations as outlined in Section III. B. 1. through 3. of this chapter.
 4. Inmate-patients who have paroled and are rearrested and who received a comprehensive dental examination at a Mainline Facility within the past six (6) months, need not receive a new comprehensive dental examination, except as determined by the attending dentist.
 5. Inmate-patients identified as needing and having requested an initial comprehensive dental examination shall be educated by the OT or designated dental staff within the mandated timeframe for the procedure to be performed as outlined in Section III. A. 1. of this chapter.

B. Periodic Comprehensive Dental Examination

1. After the initial comprehensive dental examination, all Mainline Facility inmate-patients shall be notified they are eligible to receive a periodic comprehensive dental examination by a dentist, every two (2) years (biennially) until the inmate-patient reaches the age of fifty (50).
2. After the initial comprehensive dental examination, all Mainline Facility inmate-patients fifty (50) years of age or older shall be notified they are eligible to receive a periodic comprehensive dental examination by a dentist annually.
3. Inmate-patients with certain chronic systemic illnesses or medical conditions that could compromise their oral health shall be notified they are eligible to receive an annual comprehensive dental examination, regardless of their age. These include:
 - Diabetes

- HIV
- Seizures
- Pregnancy

(Reference Chapter 5.9-2 III. C. 3. for further requirements regarding the aforementioned chronic systemic illnesses or medical conditions).

4. The results of the Mainline Facility periodic comprehensive dental examinations shall be documented as outlined in Section III. A. 2. of this chapter. In addition, documentation may require the use of CDCR Form 237-B-1 *Supplemental Dental Examination and Treatment Plan*. (Reference Chapters 5.5-1 III. F. and 6.1-6 Appendix). The periodic comprehensive dental examination shall include:
 - a. Procedures listed in Section III. A. 2. a. through b. of this chapter.
 - b. Updated charting of the inmate-patient's periodontal status by completing a PSR and/or a Comprehensive Periodontal Examination depending on the PSR results.
 - c. Re-evaluation of the inmate-patient's PI score.
 - d. A review and update of the health history. (Reference Chapter 6.1-4 III. B. 5. of this policy).
 - e. Updated charting of the inmate-patient's existing dental restorations and decay.
 - f. Updated charting of a dental treatment plan.
5. Inmate-patients undergoing active comprehensive dental treatment may be eligible for an additional periodic comprehensive dental examination, at the discretion of the treating dentist. Active comprehensive dental treatment is defined as treatment being rendered according to an established dental treatment plan, (e.g., the inmate-patient has a comprehensive examination, radiographs, dental diagnosis and a written treatment plan on file in the UHR and is receiving treatment in accordance with that written treatment plan).
6. Emergency encounters shall not be considered active comprehensive treatment and shall not affect the inmate-patient's annual or biennial periodic comprehensive dental examination date.
7. The OT or designated dental staff shall:
 - a. Generate and send a notification slip informing inmate-patients:
 - 1) Of their eligibility for the periodic comprehensive dental examination.
 - 2) They must submit a CDCR Form 7362 *Health Care Services Request for Treatment* to receive the examination.
 - 3) There is no \$5 co-pay charged for the examination. (Reference Chapter 5.1-2 III. B. 2. b. of this policy).
 - b. Notify inmate-patients of their eligibility for an annual or biennial periodic comprehensive dental examination based on the date of the last comprehensive dental examination as indicated on the CDCR Form 237-B or CDCR Form 237- B-1.

- c. Send the notification slip no later than sixty (60) calendar days before the anniversary month of the inmate-patient's most recent comprehensive dental examination as indicated on the CDCR Form 237-B or CDCR Form 237- B-1.
 - d. Ensure the notification slip is delivered to the inmate-patient through the Institution Interdepartmental Mail or the process used for priority ducat distribution.
8. The annual or biennial periodic comprehensive dental examinations shall be completed within ninety (90) calendar days of the dental clinic receiving a CDCR Form 7362 *Health Care Services Request for Treatment* from the inmate-patient asking for the examination. When this timeframe is not respected, the treating clinician shall document the reason in the progress notes section of the inmate-patient's UHR.
- C. If an inmate-patient refuses the initial or periodic comprehensive dental examination a CDC Form 7225 *Refusal of Examination and/or Treatment* must be completed and signed by the provider and the inmate-patient. (Reference Chapter 5.7-1 III. F. of this policy for other requirements concerning a refusal).

CHAPTER 2.4

Periodontal Disease Program (E)

I. POLICY

All CDCR dental facilities shall maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal treatment shall be available to all inmate-patients based on the presence of a comprehensive dental examination with a treatment plan, prior completion of DPC 1 dental treatment and length of incarceration.

II. PURPOSE

To establish guidelines and procedures for the treatment and management of periodontal disease in the inmate-patient population.

III. PROCEDURE

A. Diagnosis of Periodontal Disease

1. Mainline Facility Dental Clinics

a. PSR

- 1) All inmate-patients transferring to a Mainline Facility shall be eligible for a PSR and a comprehensive periodontal examination depending on the PSR results. The PSR and/or the comprehensive periodontal examination shall be performed in conjunction with the comprehensive dental examination within the parameters outlined in Chapter 2.3-1 III. A. of this policy.
- 2) All CDCR dentists shall utilize the PSR screening system to meet the requirement for early diagnosis of periodontal disease.
- 3) The dentist shall utilize a periodontal probe or a PSR probe (see CDCR Form 7430 *Instructions – Periodontal Screening and Recording*) to determine the PSR code to be recorded for each sextant of the inmate-patient's mouth.
- 4) The PSR results shall be documented on the CDCR Form 237-B *Dental Examination and Treatment Plan* and the CDCR Form 237-C *Dental Progress Notes* or CDCR Form 237-C-1 *Supplemental Dental Progress Notes*.

b. Classification of Periodontal Disease

Inmate-patients shall be classified according to one of the following types of periodontal diseases (either localized or generalized) based on clinical and radiographic examinations. The classification type shall be based on the most severe area of periodontal disease (possibly one tooth) and shall be documented on the CDCR Form 237-C or 237-C-1 and if applicable the CDCR Form 237-B.

- 1) Healthy Periodontia – no evidence of current periodontal disease, which may include healthy periodontia with evidence of previous loss of support.

- 2) Gingivitis – shallow pockets; bleeding in response to gentle probing; changes in gingival form; no evidence of bone loss.
- 3) Mild Periodontitis – gingival form changes; increased sulcus depth, clinical attachment loss up to 3mm from the cementoenamel junction; minor bone loss (<30% bone loss).
- 4) Moderate Periodontitis – gingival form changes; increased sulcus depth, clinical attachment loss 4-6 mm from the cementoenamel junction; moderate bone loss (<50% bone loss).
- 5) Advanced Periodontitis – gingival form changes; increased sulcus depth, clinical attachment loss more than 6 mm from the cementoenamel junction; severe bone loss (>50% bone loss).

c. Comprehensive Periodontal Examination and Charting

- 1) The comprehensive periodontal examination and charting shall be recorded on and include conditions described on the CDCR Form 7431 *Periodontal Chart*.
- 2) When two or more features of disease are present on the same tooth, the most severe classification for that tooth shall be used to determine the periodontal classification.

2. RC Dental Clinics

Each parole violator or new commitment arriving at an RC shall undergo a dental screening as outlined in Chapter 2.2 of this policy.

B. Treatment of Periodontal Disease

1. The treatment of periodontal disease is a major part of dental practice and requires a coordinated effort between the inmate-patient and the dental team. The ultimate responsibility for controlling periodontal disease is that of the inmate-patient.
2. Gross debridement may be performed for Mainline Facility or RC inmate-patients regardless of the PI score at the treating dentist's discretion.

3. Mainline Facility Dental Clinic

a. Education

- 1) Methods and procedures to control periodontal disease shall be taught and demonstrated to inmate-patients by dental staff. These measures shall consist of individual instructions and training in oral hygiene and plaque control, which may include but not be limited to:
 - a) The recording of the PI score on the CDCR Form 237 B and CDCR Form 237 E *Plaque Index Scoring Record*.
 - b) Education on the signs and symptoms of periodontal disease.
 - c) Education on the effect of periodontal disease on oral and systemic health.
 - d) Demonstration and training on the methods of preventing periodontal disease.
 - e) Education and training on proper oral hygiene techniques.

- f) Availability of appropriate treatment modalities at the assigned facility.
 - 2) The PI score is used to determine the percentage of teeth stained with plaque and is calculated as outlined in Chapter 2.13-1 III. B. 2. of this policy. (Reference Chapter 2.13-2 III. B. 7. and 8. of this policy regarding documentation of the PI score).
- b. Clinical Treatment
- 1) The treatment of moderate or advanced periodontal disease shall be classified as DPC 2 care.
 - 2) The treatment of mild periodontal disease shall be classified as DPC 3 care. (Reference Chapter 2.13-1 III. B. 1. of this policy).
 - 3) The treatment of periodontal disease shall consist of non-surgical scaling and/or root planing (SRP).
 - a) Prior to SRP procedures, the attending dentist shall document a baseline charting of the periodontal status, including but not limited to, a radiographic survey taken within the last six (6) months.
 - b) Clinicians shall initiate treatment in a timely manner and minimize the number of encounters needed to complete SRP. When this is not done, the treating clinician shall document the reason in the progress notes section of the inmate-patient's UHR. It is recommended that inmate-patients who need two quadrants or less of SRP have it completed in a single encounter and those needing more than two quadrants have the treatment completed in two encounters that are at least two weeks apart.
 - c) Inmate-patients who undergo SRP procedures shall be scheduled for a re-evaluation of their periodontal status eight (8) weeks following completion of the SRP procedures. When this is not done, the treating clinician shall document the reason in the progress notes section of the inmate-patient's UHR. The re-evaluation shall include recording of pocket depths, mobility, furcation involvement and bleeding on probing. After completion of the re-evaluation, the inmate-patient may be eligible for a subsequent periodontal maintenance encounter within the timeframes for the inmate-patient's DPC. (Reference Chapter 5.3-1 III. B. 2. through 4. of this policy).
 - d) An inmate-patient's periodontal classification may change after treatment. Any such change shall be evaluated and documented by the attending dentist.
 - 4) Inmate-patients who meet the eligibility requirements for DPC 3 care outlined in the Dental Priority Classifications table in Chapter 5.4-3 of this policy are eligible for a routine prophylaxis on an annual basis.
 - 5) Extreme care shall be exercised when providing scaling and/or root planing to inmate-patients with implants. To prevent damage to the implant, the use of metal scalers and probes shall be avoided.

4. RC Dental Clinics

a. Education

Inmate-patients diagnosed with periodontal disease shall be eligible to receive education on how to control the condition as outlined in Section III. B. 3. a. 1) b) through e) of this chapter.

b. Clinical Treatment

RC inmate-patients shall receive dental treatment as outlined in Chapter 2.2 of this policy.

CHAPTER 2.5

Periodontal Disease Program for Pregnant Inmate-Patients (E)

I. POLICY

Within the second trimester of gestation, pregnant CDCR inmate-patients shall receive a comprehensive dental examination, periodontal examination and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.

II. PURPOSE

To establish protocols which prevent or treat gingivitis or periodontitis during pregnancy.

III. PROCEDURE

Pregnant inmate-patients shall benefit from the periodontal disease program as delineated here and in Chapter 2.4 of this policy.

A. Diagnosis of Periodontal Disease

1. Pregnant inmate-patients shall receive a comprehensive periodontal examination, charting and classification to determine their periodontal condition and an appropriate treatment plan.
2. Pregnant inmate-patients shall have their PI score determined and recorded as outlined in Chapter 2.13-1 III. B. of this policy.

B. Treatment of Periodontal Disease

1. Education

Methods and procedures to control periodontal disease shall be taught and demonstrated to pregnant inmate-patients by dental staff as outlined in Chapter 2.4-2 III. B. 3. a. 1) of this policy.

2. Clinical Treatment

- a. Pregnant inmate-patients shall receive a prophylaxis or scaling and/or root planing regardless of their ability to maintain an acceptable PI score. This treatment shall occur within their second trimester of gestation. A charting and re-evaluation of their periodontal condition shall be accomplished approximately thirty (30) calendar days following completion of prophylaxis or scaling and/or root planing procedures with subsequent care planned as needed.
- b. The attending dentist shall not utilize subgingival periodontal medications (e.g., Atridox, Periostat) that are contraindicated for use during pregnancy.

CHAPTER 2.6

Dental Prosthodontic Services (E)

I. POLICY

The CDCR shall provide limited dental prosthodontic services to inmate-patients in its custody.

II. PURPOSE

To establish standard guidelines and procedures for the fabrication, tracking, shipping, handling, storage and replacement of inmate-patient dental prosthetic appliances.

III. PROCEDURE

A. Dental Prosthodontic Services Guidelines

1. An inmate-patient's need for a dental prosthesis shall be based on medical necessity as described in the California Code of Regulations (CCR), Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Section 3350 (b) (1) "*Provision of Medical Care and Definitions*".
2. No inmate-patient shall be deprived of a prescribed dental prosthesis that was in his or her possession upon arrival into CDCR custody, or that was properly obtained while in CDCR custody, unless a CDCR dentist determines the appliance is no longer needed or its removal is indicated for reasons of safety or security. (Reference the CCR, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Section 3358 (b) "*Artificial Appliances*").
3. If an inmate-patient's dental prosthesis is confiscated for safety and security reasons, a dentist shall be notified by the next business day to determine whether the inmate-patient will require any accommodations due to the loss of the prosthesis.
4. A dental prosthesis shall be constructed only when:
 - a. The dentist believes the inmate-patient can tolerate it and can be expected to use it on a regular basis.
 - b. An inmate-patient is edentulous, is missing an anterior tooth, or has seven or fewer posterior teeth in occlusion.
 - c. All restorative, endodontic and oral surgery procedures have been completed.
 - d. The active phase of periodontal therapy has been completed and the inmate-patient is in periodontal maintenance.
 - e. Clinically adequate and diagnostic radiographs are present in the UHR prior to initiating dental prosthodontic services. (Reference Chapter 2.3-1 III. A. 2. a. of this policy).
 - f. The inmate-patient has a DPC 2 prosthetic need (e.g. complete denture) and a minimum of six (6) months of verifiable, continuous incarceration remaining before release or parole; **or** the inmate-patient has a DPC 3 prosthetic need (e.g. partial

denture) and a minimum of twelve (12) months of verifiable, continuous incarceration remaining before release or parole, (Reference Chapter 5.4 of this policy). Time requirements are calculated from the date impressions are taken.

- g. The inmate-patient, where applicable, has an acceptable PI score. (Reference Chapter 2.13-1 III. B. of this policy).
5. When an inmate-patient's treatment plan includes a dental prosthesis, the treating dentist shall inform him or her of the possibility that the prosthesis may not be completed prior to the inmate-patient's parole date.
6. Any treatment plan that includes a removable partial denture shall also include consideration of a cast removable partial denture.
7. Complete dentures and/or removable partial dentures may be provided if the inmate-patient fulfills the requirements outlined in Section III. A. 4. of this chapter. These requirements may be modified at the discretion of the treating dentist based upon medical necessity and with prior approval by the Dental Authorization Review (DAR) Committee. (Reference Chapter 4.5-2 III. C. and D. of this policy).
8. A prescribed dental prosthesis, (including occlusal guards), shall be provided at state expense if an inmate-patient is indigent. Otherwise, inmate-patients shall purchase prescribed appliances through the department or an approved vendor as directed by the SD. The inmate-patient shall sign a CDC Form 193 *Trust Account Withdrawal Order* to pay for the prescribed appliance at the time that dental impressions are taken for the appliance.
9. Prescribed dental appliances made from precious metal shall not be ordered by CDCR dentists and repairs to existing dental prostheses made from precious metal shall not be performed by CDCR dentists or CDCR dental laboratories. If an inmate-patient's existing dental appliance made from precious metal needs repair, the dentist shall offer the inmate-patient the option of having a new prosthesis made and shall have him/her sign a CDC Form 193 to pay for the new appliance.
10. The treating dentist shall enter all necessary information on the appropriate dental lab prescription form, (e.g., CDC Form 239 *Prosthetic Prescription*), when impressions for dental prostheses are taken, or when any intermediate step in the fabrication process is initiated.
11. The OT or designated dental staff shall ensure the CDC Form 193 is logged and delivered to the Trust Office for processing.
12. All dental prostheses which are fabricated for inmate-patients in the custody of the CDCR shall have the inmate-patient's name and CDCR number embedded into the prosthesis for identification purposes. Laboratory stone models shall also have the inmate-patient's last name and CDCR number inscribed on them. The dentist shall not deliver any prosthesis before the proper identification, (i.e., inmate-patient's last name and CDCR number) has been embedded in the resin of the denture or partial.
13. Dental prostheses without the proper identification on them shall be returned to the dental laboratory to have the inmate-patient's last name and CDCR number placed on the prosthesis.

B. Dental Prosthetic Log

1. Each dental clinic shall maintain a single CDCR Form 7432 *Dental Prosthetic Log* (DPL), regardless of the number of dental care providers at the clinic and this log shall be maintained by the OT or designated dental staff.
2. All prosthetic cases initiated by the clinic shall be recorded in its DPL. The inclusion of a dental prosthesis in a treatment plan does not constitute initiation of a case. A case is not considered initiated until an initial impression has been taken.
3. The HPM III shall maintain completed DPLs on file for three (3) years.

C. Dental Prosthetic Cases – Shipping and/or Storage Procedures

1. Inmate-patients who have been paroled or released from the CDCR
 - a. Completed dental prosthetic cases that cannot be delivered because the inmate-patient has been paroled or released shall be forwarded by mail to a dentist designated by the inmate-patient.
 - b. It shall be the responsibility of the inmate-patient to locate and contact a private dentist who shall request in writing that a completed case be forwarded for delivery at the inmate-patient's expense.
 - c. The dental department shall store the prosthesis until contacted by the inmate-patient, for a period of time not to exceed twelve (12) months. If no activity has occurred, cases older than one (1) year shall be destroyed.
2. Inmate-patients Transferred Between CDCR Institutions
 - a. When dental staff becomes aware that an inmate-patient for whom a prosthetic appliance is being made has transferred to a new institution, the SD or designee shall contact the SD or designee at the new institution to verify that the inmate-patient is there.
 - b. Upon verification that the inmate-patient is housed at the new institution, a completed prosthetic case or one that is in progress, regardless of the stage of completion, shall be forwarded directly by the SD, or designee, to the inmate-patient's new facility of assignment for completion or delivery.
 - c. This transfer shall be recorded in the DPL in the final disposition column.
3. General Information
 - a. A case may be forwarded only to a dentist for delivery or completion.
 - b. The sending clinic/dentist and the receiving clinic/dentist shall coordinate by telephone or e-mail the forwarding of a prosthetic case for completion or delivery.

D. Replacement or Repair of Dental Prosthetic Appliances

1. A broken or damaged removable prosthetic dental appliance diagnosed as serviceable by the providing dentist shall be repaired as appropriate.
2. A removable prosthetic dental appliance diagnosed as unserviceable by the providing dentist shall be replaced as appropriate.

3. A removable dental appliance that has been lost or stolen will be replaced according to the following criteria:
 - a. When evaluating an inmate-patient's need for a replacement dental prosthetic appliance, the treating dentist shall consider the inmate-patient's ability to masticate, as well as to maintain an appropriate level of health and weight for his or her height and frame.
 - b. All requirements as outlined in Section III. A. 4. of this chapter are applicable for the replacement of a dental prosthetic appliance.

E. Inmate-patients with Special Prosthetic Needs

A dentist who diagnoses that a special dental prosthetic need exists for any inmate-patient may request an exemption by submitting a request to the DAR Committee for review and approval. The request must include the items listed in Chapter 4.5-2 III. D. 1. as well as the following:

- Inmate-patient history of prior prosthetic needs and replacements.
- Providing dentist's recommendations concerning the fabrication or replacement of a removable prosthetic appliance.
- Special circumstances that warrant the fabrication or replacement of a removable prosthetic appliance.

CHAPTER 2.7

Dental Restorative Services (E)

I. POLICY

The CDCR shall provide inmate-patients with dental restorative services utilizing CDCR approved dental restorative materials. Dental restorative services shall be limited to the restoration of carious teeth with enough structural integrity to provide long-term stability.

II. PURPOSE

To establish guidelines and parameters for the delivery of dental restorative services to inmate-patients incarcerated within CDCR.

III. PROCEDURE

A. Appropriate and current radiographs shall be reviewed before initiating restorative procedures.

B. All CDCR approved restorative materials utilized in the dental clinics shall have the approval of the American Dental Association.

C. CDCR dental staff shall verify that every inmate-patient has received a copy of the *Dental Materials Fact Sheet* prior to restorations being initiated.

D. Permanent restorations

1. Amalgam shall be the material of choice for Class I and II restorations of posterior teeth.
2. Amalgam, light cured composite and glass ionomer shall be considered acceptable materials for buccal pit restorations of posterior teeth.
3. Amalgam and glass ionomer shall be considered acceptable materials for Class V restorations of posterior teeth.
4. Light cured composite shall be the material of choice for anterior restorations. When indicated, glass ionomer may be utilized.

E. Temporary or Sedative restorations

1. Temporary or sedative restorations shall be placed when indicated.
2. Temporary polycarbonate or posterior stainless steel crowns shall be utilized on teeth that have been previously prepared for crowns or for teeth requiring a crown.
3. Remineralization temporaries, such as glass ionomer that release fluoride into the tooth structure and promote remineralization of tooth structure, shall be placed as early as possible in the treatment sequence to provide holding care for inmate-patients with extensive caries. These sedative restorations may be placed before establishment of a treatment plan or shortly after completion of a comprehensive dental examination on inmate-patients who exhibit extensive dental caries.

- F. Teeth diagnosed with advanced periodontitis shall not be eligible for restorative dental treatment.
- G. Although every effort shall be made when restoring anterior teeth to achieve a reasonable esthetic result, cosmetic dentistry shall not be provided.
- H. Routine dental care shall be discontinued if, in the judgment of the providing dentist:
 - 1. The inmate-patient is not maintaining an acceptable level of oral hygiene necessary to preserve the health of his or her oral cavity. (Reference Chapter 2.13-1 III. B. of this policy).
 - 2. The inmate-patient has a record of intentionally failing to keep appointments. Such inmate-patients shall be eligible to receive Emergency and DPC 1 dental treatment only. (Reference Chapter 5.2-3 III. D. 3. of this policy).
- I. Reference Chapter 4.5-2 III. C. and D. of this policy for referral requirements.

CHAPTER 2.8

Oral Surgery (E)

I. POLICY

Dental clinics within the CDCR shall provide necessary oral surgery services to all inmate-patients.

II. PURPOSE

To establish guidelines and parameters whereby inmate-patients in the custody of CDCR receive necessary oral surgery services in a timely manner.

III. PROCEDURE

- A. A full range of necessary oral surgery procedures including biopsies shall be available to all CDCR inmate-patients regardless of incarceration time.
- B. Any medically necessary oral surgery procedure that cannot be accomplished by CDCR dentists at the local institution shall be made available by referring the inmate-patient to contracted oral surgeons, or to outside facilities. (Reference Chapter 4.5-2 III. C. and D. of this policy).
- C. Routine extraction of asymptomatic third molars is an excluded service.
- D. A CDCR Form 7425 *Consent for Extraction(s)* or for all other surgical procedures a CDC Form 7342 *Informed Consent to Surgical Special Diagnostic, or Therapeutic Procedures* must be completed and signed by the inmate-patient prior to referral for or the provision of the services.
- E. At the discretion of the treating dentist inmate-patients shall have a post-op follow-up oral surgery appointment after each surgical procedure.
- F. The SD or designee shall make arrangements to receive timely notification from the Triage and Treatment Area (TTA) or Utilization Management (UM) Nurse regarding inmate-patients that return to the institution after having surgical procedures provided at an outside facility. The SD or designee shall establish a Local Operating Procedure (LOP) for scheduling post-op oral surgery appointments for these inmate-patients.

CHAPTER 2.9

Endodontics (E)

I. POLICY

CDCR inmate-patients shall be eligible to receive limited endodontic (root canal therapy) services at CDCR dental clinics. Endodontic services within the CDCR shall be performed in accordance with established criteria and within the specific guidelines of this chapter.

II. PURPOSE

To establish dental treatment parameters for providing inmates with endodontic services in CDCR dental facilities.

III. DEFINITIONS

Root canal therapy – The procedure in which the pulpal chamber and canals undergo cleaning, shaping and obturation.

Palliative endodontic therapy – The procedure in which pulpal debridement is performed to relieve acute pain.

IV. PROCEDURE

- A. Endodontic procedures shall not be performed when extraction of the tooth is appropriate due to non-restorability, periodontal involvement or when the tooth can easily be replaced by an addition to an existing or proposed prosthesis in the same arch.
- B. Endodontics, or root canal therapy, shall only be performed for an inmate-patient on the upper and lower six anterior teeth when all of the following conditions are met.
 1. The retention of the tooth is necessary to maintain the integrity of the dentition.
 2. The tooth has adequate periodontal support and a good prognosis for long-term retention and restorability.
 3. The tooth is restorable using CDCR approved methods and materials and does not require extensive restoration including either a pin or post retained core build up.
 4. There is adequate posterior occlusion, either from natural dentition or a dental prosthesis, to provide protection against traumatic occlusal forces.
- C. A CDCR Form 7424 *Consent for Root Canal Treatment* must be completed and signed by the inmate-patient prior to the initiation of treatment.
- D. Apicoectomies, retrograde fillings, posterior root canal therapies, hemi-sections, root amputations and re-treatment of root canal therapies are excluded procedures and as such require prior approval of the DAR Committee. (Reference Chapter 4.5-2 III. C. and D. of this policy).

- E. Posterior root canal therapy may be considered if all of the following conditions are met.
1. Conditions listed in Section IV. B. 1. through 4. of this chapter.
 2. The tooth in question is vital to the patient's masticatory ability.
 3. The tooth in question is essential as an abutment for an existing removable cast partial denture or is necessary as an abutment on a proposed removable cast partial denture for that arch.
- F. Palliative endodontic therapy (DPC 1) shall be available, on an emergency basis only, for inmate-patients with less than six (6) months of verifiable, continuous incarceration time remaining on their sentence (i.e., only emergency pulpal debridement for the relief of acute pain shall be provided).
- G. Root canal therapy (DPC 3) shall be available to all inmate-patients within the guidelines of this chapter, according to their dental treatment plan, PI score and with the approval of the treating dentist.
- H. All root canal therapy shall be completed at the dental facility where the procedure was initiated. A hold shall be placed on all inmate-patients whose root canal therapy cannot be completed in one appointment. The hold shall remain in effect until the root canal therapy is completed. (Reference Chapter 6.6 of this policy). Inmate-patients undergoing palliative endodontic therapy are excluded from this "hold" process. (Reference Chapter 5.9-3 III. L. for inmate-patient transfers within a facility).

CHAPTER 2.10

Fixed Prosthetics (Crown and Bridge) (E)

I. POLICY

Fixed prosthetic services, (i.e., lab processed crowns and bridges), shall be considered an excluded service and shall not be routinely provided to inmate-patients by dentists employed by the CDCR.

II. PURPOSE

To define fixed prosthetics as an excluded service and to establish guidelines for the provision of such treatment procedures when no other treatment modalities can provide the desired outcome.

III. PROCEDURE

A. Fixed prosthetics shall not be routinely provided to inmate-patients. CDCR dentists who wish to provide fixed prosthetics for an inmate-patient must receive prior authorization from the DAR Committee. (Reference Chapter 4.5-2 III. C. and D. of this policy).

B. Fixed prosthetics:

1. Shall not be utilized to restore missing or defective teeth if an adequate restoration can be placed, (e.g., a stainless steel crown or an amalgam with cuspal coverage), or if a removable partial denture can be fabricated to replace the missing teeth.
2. May be provided if all of the following criteria are met.
 - a. All the teeth involved in fixed prosthetic therapy have adequate periodontal support, with no mobility other than normally occurring physiologic movement.
 - b. All the teeth involved have a good prognosis of restorability and long term retention.
 - c. All DPC 1, 2 and 3 dental care has been completed prior to commencing fixed prosthetic treatment.
 - d. The inmate-patient has demonstrated a PI score of 20% or less for two (2) consecutive months after the completion of all DPC 3 dental care. At the end of this two-month period a request for fixed prosthetics may be submitted to the DAR Committee.
 - e. The inmate-patient has a minimum of at least six (6) months of verifiable, continuous incarceration time remaining on his or her sentence, after approval by the DAR Committee.
3. The above criteria shall apply for all instances in which fixed prosthetics are requested including DPC 5 Special Needs.

C. Laboratory processed crowns shall be utilized only for teeth that a CDCR dentist determines are critical for maintaining the integrity of the inmate-patient's arch and only when a

stainless steel crown or bonded amalgam/composite restoration has failed or is contraindicated.

- D. Non-precious metals shall be utilized for fixed prosthetics unless the inmate-patient has a documented allergy to those commonly used for crown and bridgework.
- E. Bonded bridges, (i.e., Maryland Bridges), shall not be utilized.
- F. Inmate-patients undergoing fixed prosthetics that are in progress but not completed at the time of their incarceration, shall have their dental needs met with CDCR authorized restorative materials and procedures only, (e.g., removable prosthetics, stainless steel crowns).

CHAPTER 2.11

Implants (E)

I. POLICY

CDCR dentists shall not initiate the placement, completion, or repair of dental implants for inmate-patients.

II. PURPOSE

To establish that dental implants are not a dental service provided for inmate-patients by the CDCR and to provide guidelines for the treatment of inmate-patients with existing dental implants.

III. PROCEDURE

- A. An inmate-patient with dental implants begun but not completed at the time of his or her incarceration shall not have their dental implants completed by CDCR.
- B. Inmate-patients shall be referred to an oral surgeon to have a failing dental implant evaluated for possible removal. (Reference Chapter 4.5-2 III. C. and D. of this policy for referral requirements).

CHAPTER 2.12

Orthodontics (E)

I. POLICY

CDCR dental departments shall not initiate orthodontic procedures, (i.e., braces), or continue orthodontic treatment for inmate-patients incarcerated while in active orthodontic treatment.

II. PURPOSE

To establish guidelines for managing inmate-patients incarcerated while in active orthodontic treatment.

III. PROCEDURE

- A. Orthodontics is not a dental service provided by CDCR dental departments.
- B. Inmate-patients may request to have orthodontic bands/brackets removed by the CDCR dental department. The CDCR shall not be held liable for changes to the inmate-patients' dentition once the orthodontic bands/brackets are removed and shall obtain informed consent from all inmate-patients who request removal of orthodontic bands/brackets.
- C. Every attempt shall be made to contact the treating orthodontist prior to removal of orthodontic bands or brackets.
- D. Removal of orthodontic bands/brackets and/or arch wires shall be at the discretion of the treating dentist and does not require approval by the DAR Committee.
- E. The CDCR shall not be held liable for the replacement of orthodontic bands that are damaged or removed in the process of providing dental procedures on banded teeth.
- F. Reference Chapter 4.5-2 III. C. and D. of this policy for referral requirements.

CHAPTER 2.13

Facility Level Dental Health Orientation/Self-Care (E)

I. POLICY

Within fourteen (14) days of assignment to a Mainline Facility from an RC, all CDCR inmate-patients shall receive a DCHCS, CDCR *Inmate-Patient Orientation Handbook to Health Care Services* containing information regarding dental health care services. CDCR Mainline Facility inmate-patients shall also receive a baseline PI score as well as oral hygiene instruction (OHI) at the time of their comprehensive dental examination and treatment plan formulation.

II. PURPOSE

To ensure that inmate-patients are aware of the dental services provided for them at a Mainline Facility and are educated about the importance of proper oral hygiene.

III. PROCEDURE

A. General Requirements

1. The HPM III at each Mainline Facility shall ensure that all inmate-patients receive the DCHCS, CDCR *Inmate-Patient Orientation Handbook to Health Care Services* within fourteen (14) days of assignment from an RC that describes the process used for obtaining emergency and routine dental services.
2. The SD at each Mainline Facility shall ensure that all inmate-patients receive a baseline PI score (Reference Chapter 2.3-2 III. A. 2. c. of this policy) as well as OHI at the time of their initial comprehensive dental examination and treatment plan formulation.
3. For each inmate-patient that refuses OHI the dentist, or designee, shall complete a CDC Form 7225, *Refusal of Examination and/or Treatment*. (Reference Chapter 5.7-1 III. F. for other requirements concerning an inmate-patient refusal).
4. *Toothbrushing for all CDCR Inmates:* Inmates shall be allowed to brush their teeth at least once a day, within the facility's security guidelines and encouraged to brush after meals.
5. *Dental Floss for all CDCR Inmates:* Inmates shall be allowed to use dental floss or flossers once a day, within the facility's security guidelines.

B. PI Score

1. In order to qualify for DPC 3 Routine Rehabilitative care (with the exception of periodontal treatment), an inmate-patient must maintain an acceptable level of oral hygiene which shall be measured and evaluated by the use of the PI score.
2. An inmate-patient's PI score shall be calculated using the CDCR Form 237-E *Plaque Index Scoring Record* or by utilizing the following formula:

$$\frac{\text{Number of Teeth Stained with Plaque}}{\text{Number of Teeth Present}} \times 100 = \underline{\hspace{2cm}}\%$$

3. A PI score of 20% or less represents an acceptable level of oral hygiene.
4. When an inmate-patient's PI score is unacceptable, every effort shall be made to help him or her improve the PI score by cleaning their teeth and by giving OHI. The PI score is designed to assist dental staff in educating inmate-patients on the importance of proper oral hygiene.
5. Inmate-patients with a PI score above 20% or who refuse OHI shall receive only Emergency, DPC 1, 2 (subject to length of incarceration requirements), and 5 dental care.
6. The dentist or designee shall determine an inmate-patient's baseline PI score at the time of the comprehensive dental examination and treatment plan encounter. At the treating dentist's discretion, an inmate-patient's PI score may be re-evaluated during any subsequent encounter.
7. For inmate-patients administered a PI score at the comprehensive dental examination and treatment plan encounter, the dentist shall document the inmate-patient's PI score on the CDCR Form 237-B *Dental Examination and Treatment Plan* in addition to the CDCR Form 237-E and the CDCR Form 237-C *Dental Progress Notes* or 237-C-1 *Supplemental Dental Progress Notes*.
8. During subsequent dental encounters, the dentist shall document an inmate-patient's PI score on the CDCR Form 237-E and the CDCR Form 237-C or 237-C-1.
9. If a dentist determines that an inmate-patient who is requesting DPC 3 treatment has a PI score of greater than 20%, the dentist shall refer the inmate-patient to the Institution Dental Health and Self-Care Educator (IDHSCE) or designated Dental Assistant (DA) to receive additional OHI.
 - a. After the inmate-patient has received additional OHI and practiced the skills for thirty (30) calendar days, he or she may request to have his or her PI score evaluated by submitting a CDCR Form 7362 *Health Care Services Request for Treatment*.
 - b. If the inmate-patient's PI score remains greater than 20% after receiving additional OHI and practicing the skills for thirty (30) calendar days, designated dental staff shall provide further OHI to the inmate-patient who shall follow the procedure outlined in Section III. B. 9. a. of this chapter.
 - c. After each session of OHI and practicing the skills, inmate-patients are expected to submit a CDCR Form 7362 if they wish to have their PI score re-evaluated.
10. If an inmate-patient requests to have his or her PI score re-evaluated, the dentist performing the paper review shall assign the CDCR Form 7362 a Paper Review Code (PRC) of "Other" (or "Routine") and have the inmate-patient scheduled for a PI score re-evaluation encounter within the appropriate timeframe. (Reference Chapter 5.14-3 IV. B. 2. e. through g. of this policy).
 - a. During the encounter, the dentist, or designee, shall perform a PI score re-evaluation.
 - b. Based on the results of the PI score re-evaluation, the dentist, or designee, shall have the inmate-patient scheduled for treatment as outlined in sections III. B. 1. and 5. of this chapter or shall follow the procedure outlined in section III. B. 9. of this chapter.

C. IDHSCE Training Program

1. The Chief Dentist (CD), Training, DCHCS, IDSP, shall coordinate development of the IDHSCE Training Program, referred to in this chapter as the training program, used to train DAs as IDHSCEs. At a minimum, the CD, Training, DCHCS, IDSP shall annually review and modify the training program as needed.
 - a. The HPM III shall implement the training program at his or her institution.
 - b. The Supervising Dental Assistant (SDA) shall ensure that:
 - 1) One or more DAs at his or her institution are trained as IDHSCEs.
 - 2) Only DAs that have successfully passed the training program provide OHI to inmate-patients.
 - c. The SDA shall document the completion of the training program along with any subsequent oral hygiene instructor training provided to the IDHSCEs.
 - d. Documentation shall include at a minimum the following: the name of the lesson plan used to train the IDHSCEs, the name of the trainer, the names and signatures of the IDHSCEs trained, the duration of the training, and the date of the training.
 - e. The SDA shall maintain this documentation, along with a copy of the lesson plan and handouts, for a period of three (3) years.
2. The IDHSCEs shall provide OHI to the following:
 - Each inmate-patient at the time of the initial comprehensive dental examination and treatment plan formulation.
 - Inmate-patients with a PI score greater than 20% who are referred by a dentist for the purpose of improving the inmate-patient's PI score.
 - Other inmate-patients referred by the dentist, or SD.
3. OHI for Mainline Facility inmate-patients shall consist of one or more of the following:
 - A Spanish/English oral hygiene demonstration/dental health orientation DVD or videotape.
 - An oral hygiene/dental health education demonstration presented by a dental clinical staff member.
4. OHI for Reception Center inmate-patients shall consist of the following:
 - An oral hygiene/dental health education demonstration presented by a dental clinical staff member.
5. Inmate-patients who do not speak or understand English or Spanish, or who are hearing impaired, shall be provided OHI, where resources are available, by utilizing contract interpreting services, or staff who can translate for them. (Reference Chapter 5.6 of this policy).
6. All instructional materials shall be communicated in alternative equally effective means as needed.
7. OHI shall include, but not be limited to, the following topics:
 - Causes of dental disease.
 - Toothbrushing techniques.
 - Dental flossing techniques.

- Responsibility of the inmate-patient for his or her oral hygiene.
 - Proper nutrition for dental health.
 - Access to dental care.
 - Dental clinic hours of operation.
 - Eligibility for care.
 - Dental Priority Classification system.
 - Types of dental care provided.
 - The effects of certain systemic illnesses on dental health.
 - Oral hygiene aids.
 - Preventive dentistry education.
 - The role of fluoride in dental health.
 - Specialized OHI for developmentally disabled inmate-patients.
 - Need for periodic comprehensive dental examinations.
 - The effects of pregnancy on dental health. (Women's Institutions).
8. The dental clinical staff member providing the OHI shall document in the dental section of the inmate-patient's UHR on the CDCR Form 237-C or 237-C-1 the completion of OHI. Documentation must include the date of instruction, type of instruction given and printed name and signature of the dental clinical staff member providing the instruction.

CHAPTER 3.1

Infection Control Procedures (E)

I. POLICY

In the provision of dental care to inmate-patients, all CDCR dental staff shall adhere to the Centers for Disease Control and Prevention, Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003;52 No.RR-17 as well as the occupational safety and health standards established by the Occupational Safety and Health Administration (OSHA).

II. PURPOSE

To promote a safe and healthy work environment in which dental services are provided to inmate-patients; minimize the possibility of the transmission of infection to inmate-patients or dental personnel by establishing procedures to ensure that inmate-patients and staff infected with communicable diseases receive prompt care and treatment; and provide guidelines for the completion and filing of all reports consistent with local, state and federal laws and regulations regarding infectious and communicable diseases.

III. DISCUSSION

- A. The infection control program consists of written policies, procedures and practices designed to prevent or reduce the risk of disease transmission and to effectively monitor the incidence of infectious and communicable diseases among inmate-patients and staff.
- B. A successful infection control program requires a collaborative effort among all stakeholders. The institution Quality Improvement/Management Committee (QIC/QMC), Infection Control Committee (ICC) and Infection Control Nurse can be valuable assets in implementing and maintaining such a program.
- C. Standard precautions require that health care workers:
 - 1. Consider all patients as potentially infected with blood borne pathogens.
 - 2. Follow infection control protocols to minimize the risk of exposure to blood and body fluids [secretions and excretions (except sweat), regardless of whether they contain blood] which come in contact with non-intact skin or mucous membranes.

IV. PROCEDURE

- A. The HPM III at each Correctional Facility shall ensure that:
 - 1. Requirements for the management of occupational exposures to blood borne pathogens including post exposure prophylaxis for work exposures are followed.
 - 2. All dental employees at their institution receive annual training on dental clinic and dental laboratory infection control procedures.
 - 3. Each new dental department employee is provided training on infection control procedures prior to assignments involving direct or indirect patient care duties.

4. Documentation of training provided to dental staff on infection control procedures includes the following information:
 - a. Date(s) of training.
 - b. Duration of training.
 - c. Contents of training.
 - d. Name(s) and signature(s) of person(s) conducting the training.
 - e. Names and signatures of all employees attending the training.
 5. Documentation of training on infection control procedures is maintained for a period of three (3) years.
- B. The SD at each Correctional Facility shall:
1. Monitor clinical procedures to ensure that dental staff adheres to dental clinic and dental laboratory infection control procedures.
 2. Ensure that each staff dentist is responsible for compliance with infection control procedures in his or her clinic.
- C. Program Support Team staff shall monitor the institution infection control program (QIC, QMC and/or ICC) at least every six (6) months.
- D. Any unusual or accidental employee exposure to potentially infectious matter shall be reported to the HPM III and the institution's exposure control personnel or designee. The HPM III shall ensure that an incident report as well as all required Worker Compensation documents and any other required forms are completed and properly filed. The HPM III and exposure control personnel shall maintain a record of unusual or accidental exposures and any corrective action plans that result from such exposures.
- E. Infection Control Procedures In Dental Clinics
1. Health History
 - a. A thorough health history shall be compiled for all inmate-patients. (Reference Chapter 6.1-4 III. B. 5. of this policy).
 - b. Inmate-patients with a suspected undiagnosed infectious disease shall be referred to a physician for a follow-up medical evaluation. (Reference Chapter 4.5-3 III. E. of this policy).
 2. Personal Protective Equipment (PPE)
 - a. Protective clothing, gloves, masks, protective eyewear, head and shoe covers, as well as other PPE shall be made available for use by dental staff and shall be removed prior to leaving laboratories or patient care areas.
 - b. Dental staff shall wear PPE for any surgical procedure, when decontaminating and disinfecting environmental surfaces and at all times when splashes, spray, spatter, aerosols, or droplets of blood, or other potentially infectious materials (OPIM) may be generated. In addition, dental personnel who clean instruments or other soiled items shall wear puncture and chemical resistant/heavy-duty utility gloves to minimize health risks. (Reference Section IV. E. 8. c. 2) of this chapter.

3. Minimizing Potentially Infectious Droplets, Spatters, and Aerosols

Dentists shall use rubber dams, high volume evacuation, proper patient positioning, appropriate dental assistant utilization and patient pre-rinse with an anti-microbial mouthwash to achieve maximum reduction in hazardous aerosol production during inmate-patient treatment.

4. Malfunction of High Volume Evacuation Equipment

Invasive dental procedures shall be suspended until malfunctioning high volume evacuation equipment is repaired.

5. Latex Allergy

- a. All inmate-patients shall be screened for latex allergy, (i.e., take a health history and refer for medical consultation when latex allergy is suspected).
- b. The HPM III shall ensure a latex-safe environment for staff and inmate-patients with latex allergies, and shall ensure that emergency treatment kits with latex-free products are available at all times. Patients with latex allergies should receive treatment at the beginning of the day (1st patient of the day) to allow latex allergens to dissipate from the environment.

6. Handling Sharp Instruments

- a. The HPM III shall ensure that engineering controls and work practices are in place to prevent injuries when staff is handling sharp instruments.
- b. Where engineering controls are not available, work-practice controls that result in safer behavior, (e.g., one-handed needle recapping or not using fingers for cheek retraction while using sharp instruments or suturing), shall be utilized.

7. General Work Practice Requirements

- a. Flush mucous membranes immediately, or as soon as feasible, when they are exposed, or potentially exposed, to blood or OPIM.
- b. Eating, drinking, applying cosmetics and handling contact lenses are prohibited in occupational exposure areas (e.g., dental operatories, dental laboratories, sterilization areas).
- c. Storing or placing food or beverages in refrigerators, cabinets, or on shelves or countertops where blood and/or OPIM are present shall not be permitted.
- d. Dental staff who directly assist with or provide patient care shall:
 - 1) Maintain their fingernails short enough to allow thorough cleaning underneath them.
 - 2) Refrain from having long artificial or natural nails.

8. Sterilization Requirements

- a. Items used for patient care (dental instruments, devices and equipment) are classified as critical, semicritical, or noncritical, depending on the possible risk for infection related to their intended use.

- 1) Critical items are those objects or instruments that penetrate soft tissue or bone and have the greatest risk of transmitting infection. All critical patient care items shall be sterilized by heat after being cleaned.
 - 2) Semicritical items touch mucous membranes or non-intact skin during their use and have a lower risk of transmitting infection. The majority of semicritical items used in dentistry are heat-tolerant and shall also be sterilized by using heat. If a semicritical item is heat-sensitive, it should, at a minimum, be processed with high-level disinfection.
 - 3) Noncritical Items are objects or equipment that contact only intact skin. These include dental operating light handles, dental radiographic equipment, operating cart/unit hoses and surfaces, dental chair surfaces, counter tops, etc. For most noncritical items, cleaning, or if visibly soiled, cleaning followed by disinfection with an Environmental Protection Agency (EPA)-registered hospital disinfectant is acceptable. When the item is visibly contaminated with blood or OPIM, an EPA-registered hospital disinfectant with a tuberculocidal claim (i.e., CDC intermediate-level disinfectant) should be used.
- b. Instrument Processing Area
- A designated central instrument processing area shall be established in all dental clinics. The area shall be divided physically or, at a minimum, spatially, into distinct areas for:
- 1) Receiving, cleaning and decontamination.
 - 2) Preparation and packaging.
 - 3) Sterilization.
 - 4) Storage.
- c. Cleaning Instruments or Other Items Prior to Sterilization
- 1) Instruments or items used in the delivery of dental treatment shall be cleaned thoroughly to remove debris prior to sterilization.
 - 2) Hand scrubbing of instruments or items shall be avoided and automated cleaning equipment such as ultrasonic cleaners shall be used whenever possible. (Reference Section IV. E. 2. b. of this chapter).
- d. Packaging Instruments or Other Items for Sterilization
- 1) With the exception of situations as outlined in Section IV. E. 8. e. 2) of this chapter, critical and semicritical items shall be packaged prior to sterilization in a self or manual sealing pouch, or a sterilization wrap.
 - 2) The outside of the pouch or wrap shall be labeled with the sterilizer identification number, operator's initials and date of sterilization. The contents shall be considered sterile indefinitely if the pouch is sealed appropriately and the integrity of the pouch or wrap is not compromised.
- e. Sterilization of Instruments or Other Items

- 1) All metal or heat-stable, re-useable, critical and semicritical items including instruments attached to, but removable from, the dental unit air and water lines, such as ultrasonic scaler tips and components or parts of air/water syringes, etc., shall be cleaned and sterilized after each use.
 - 2) Critical and semicritical instruments or items that will be used immediately or within a short time can be sterilized unwrapped on a tray or in a container system, provided that they are handled aseptically during removal from the sterilizer and transport to the point of use, (i.e., transported in a sterile covered container).
 - 3) Items being sterilized shall be arranged in the chamber to allow free circulation of the sterilizing agent. Manufacturer's guidelines for loading the chamber shall be followed.
- f. Instrument Storage
- 1) Sterilized instruments shall not be stored unwrapped.
 - 2) Un-sterilized instruments or other items that require overnight storage shall be prepackaged before storage.
 - 3) All instruments and other items shall be stored as outlined in Chapter 3.2-1 III. B. of this policy.
- g. Sterilizer Monitoring, Cleaning and Maintenance
- 1) Proper functioning of sterilizers shall be verified by the use of Mechanical, Chemical and Biological indicators.
 - a) Mechanical Indicator – assessing the cycle time, temperature and pressure of sterilization equipment by observing the gauges or displays on the sterilizer.
 - b) Chemical Indicator (CI) – sensitive chemicals used to assess physical conditions such as temperature during the sterilization process. These indicators can be internal (inside the sterilization pouch) or external (on the outside of the sterilization pouch).
 - c) Biological Indicator (BI) – used to determine whether resistant microorganisms (e.g., *Geobacillus* or *Bacillus* species) were successfully inactivated. These indicators are also referred to as spore testing.
 - 2) All sterilizers shall be identified by an identification number (e.g., an arbitrary number or the serial number) to facilitate documentation of spore test results and to aid in tracking instruments or items that need to be re-sterilized in the event a sterilizer has a positive spore test result.
 - 3) All sterilizers shall be monitored at least once a week using a BI with a matching control, (i.e., one BI that is run through a sterilization cycle and one control BI from the same lot number that is not sterilized). The spore tests shall be sent to a commercial monitoring service for verification and documentation of the proper operation of each sterilizer.
 - a) Dental staff may continue to use a sterilizer as long as the spore test results are “negative for growth.”

- b) If the spore test comes back “positive for growth” the following procedures shall be followed:
 - i. The sterilizer shall be removed from service and sterilization procedures reviewed, (i.e., work practices and use of mechanical and chemical indicators), to determine whether operator error could be responsible.
 - ii. After any identified procedural problems have been corrected, the sterilizer shall be retested using the same type of sterilization cycle that produced the positive BI. Biological, mechanical, and chemical indicators shall be used during this sterilization cycle.
 - iii. If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, the sterilizer may be returned to service.
 - iv. If the repeat spore test is positive:
 - (1) The sterilizer shall not be used until it has been inspected or repaired, and the reason for the positive test has been determined and corrected.
 - (2) To the extent possible, all items from suspect loads dating back to the last negative BI test should be recalled, re-wrapped, and re-sterilized.
 - (3) The possibility that the improperly sterilized instruments may have contaminated the outer surface of the previously sterilized instrument’s sterilization pouch must be taken into consideration and appropriate preventive measures taken.
 - (4) The sterilizer shall be retested with BI tests in three consecutive empty chamber sterilization cycles and may be returned to service if all three tests are negative.
- 4) The HPM III shall review all BI test results upon receiving them and shall maintain the monitoring records of all sterilizers for a period of three (3) years.
- 5) Dental staff shall follow the manufacturers’ recommendations for cleaning and maintenance of sterilizers.

9. Sterile Water Use

- a. As mandated by the Dental Board of California in the Dental Practice Act, sterile water shall be used in all CDCR dental clinics for invasive oral surgical procedures.
- b. In the absence of commercially available devices that bypass the dental unit to deliver sterile water, delivery devices (e.g., bulb syringe or sterile, single-use disposable products) shall be used to deliver sterile water.
- c. Sterile water shall be procured from a vendor and kept in the dental clinic storage area for ease of availability.

10. Flushing Water Lines

- a. Dental unit lines shall be purged with air or flushed with water for at least two (2) minutes at the beginning of the day before connecting the sterilized handpiece or other devices to the dental unit, and at the end of each work shift.

- b. Dental unit lines shall be purged with air or flushed with water for a minimum of 20-30 seconds between each inmate-patient treated.
- c. Dental staff shall follow the manufacturers' recommendations for cleaning and disinfecting dental unit water lines.

11. Disposal of Regulated Medical Waste

- a. Examples of regulated medical waste found in dental-practice settings are solid waste soaked or saturated with blood or saliva (e.g., gauze saturated with blood after surgery), extracted teeth, surgically removed hard and soft tissues, and contaminated sharp items (e.g., needles, scalpel blades, burs, root canal files and wires).
- b. Contaminated sharp items shall be placed intact into a leak proof, puncture-resistant, red or labeled sharps container prior to disposal.
- c. The container shall be located as close as feasible to the area in which the disposable item is used.
- d. Sharps containers shall be easily accessible, maintained upright and not allowed to overfill. The lid shall be closed when the container is $\frac{3}{4}$ full and dental staff shall request disposal by the institution's Hazardous Materials (HazMat) Specialist.
- e. Extracted teeth, surgically removed hard and soft tissues, and solid waste soaked or saturated with blood or saliva, shall be placed into a biohazard waste container that is visibly labeled and lined with a red biohazard bag.
- f. Blood, suctioned fluids, or other liquid waste may be carefully poured into a drain connected to a sanitary sewer closed system.

12. Dental Vacuum System Cleaning, Disinfection and Maintenance

Dental staff shall follow the manufacturer's recommendations for cleaning, disinfection and maintenance of vacuum systems and amalgam collector/separator systems.

13. Mycobacterium tuberculosis (TB)

- a. All dental staff shall receive annual training and testing regarding the recognition of signs, symptoms, and transmission of TB.
- b. Dentists shall interview inmate-patients to check for a history of TB as well as symptoms indicative of TB as outlined in Chapter 6.1-4 III. B. 5. of this policy and document their findings as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy.

F. Infection Control Procedures In Dental Laboratories

- 1. Infection control can be accomplished most efficiently in the dental laboratory by:
 - a. Disinfecting all material coming into and going out of the laboratory
 - b. Using mechanical barriers that inhibit passage of infectious diseases between the dental clinic and the dental laboratory or vice versa.
- 2. Dental personnel or dental technician trainees performing disinfection procedures or handling incoming or outgoing cases shall wear PPE as outlined in Section IV. E. 2. of this chapter .

3. All casts and intraoral items such as impressions, bite registrations and prosthetic appliances sent from dental clinics to a dental laboratory or vice versa shall be enclosed in sealed plastic bags or plastic wrap, (e.g., Saran Wrap), to avoid contamination of packing materials.
4. Cleaning, Disinfecting and Sterilizing Items in Dental Laboratories
 - a. Laboratory personnel shall transfer incoming casts, prostheses, impression trays, jaw relation records and all other submitted materials to a disinfection area, such as a sink with an overlying drain board, before they are placed in laboratory case pans.
 - b. All surfaces of submitted materials shall be sprayed with an EPA-registered hospital disinfectant with a tuberculocidal claim (i.e., CDC intermediate-level disinfectant capabilities).
 - c. The solution shall be permitted to remain on the materials in accordance with the manufacturer's instructions before rinsing with water.
 - d. The submitted materials shall be placed on the drain board with the prosthesis or cast standing on end so that the disinfectant will not pool in the palatal and lingual areas.
 - e. Casts, prosthetic appliances (after being removed from the cast), non-metal impression trays, jaw relation records and other materials leaving the laboratory for the dental clinics shall be disinfected prior to being returned to the dental clinics.
 - f. Heat-tolerant items used in the mouth, (i.e., metal impression trays, face-bow forks), shall be cleaned and heat-sterilized prior to being returned to the dental clinics.
 - g. Manufacturers' instructions shall be followed for cleaning, sterilizing, or disinfecting items used in dental laboratories that become contaminated but do not normally contact the patient, (i.e., lab burs, polishing points, rag wheels, articulators, case pans, and lathes) shall be followed.
 - h. If the manufacturer's instructions are unavailable, items shall be cleaned and heat sterilized (if heat-tolerant) and/or cleaned and soaked overnight in an EPA-registered hospital disinfectant with a tuberculocidal claim (i.e., CDC intermediate-level disinfectant capabilities).
 - i. When returning laboratory cases to the dental clinics, Dental laboratory technicians shall include specific information regarding disinfection techniques used, (i.e., solution used and duration).
5. Shipping and Receiving Benches
 - a. Shipping and receiving benches shall be cleaned and disinfected daily with an EPA-registered hospital disinfectant with a tuberculocidal claim (i.e., CDC intermediate-level disinfectant capabilities).
 - b. Dental laboratory staff shall follow manufacturer's instructions when utilizing disinfectant products.
 - c. Identical procedures shall be used to disinfect laboratory case pans.
6. Mechanical Barriers on Laboratory Equipment
 - a. Splash shields and equipment guards shall be used on all dental laboratory lathes.

- b. Pumice pans that are used for polishing prostheses immediately following clinical adjustment shall have disposable plastic liners (saran wrap or polyethylene tray covers).
- c. Disposable plastic liners, rag wheels, and pumice used on all dental laboratory lathes shall be changed after each patient.

CHAPTER 3.2

Control of Dental Instruments and Sharps (E)

I. POLICY

All CDCR dental staff shall maintain control of and provide accountability for dental instruments, sharps and other equipment items that pose a threat to persons or to the security of the institution.

II. PURPOSE

To establish guidelines and procedures that will ensure that all CDCR dental staff maintains proper control of and accountability for dental instruments.

III. PROCEDURE

- A. CDCR dentists shall be held accountable for and maintain an ongoing inventory of all instruments, tools and dental sharps in the dental clinics. Dental sharps are defined as needles and scalpels.
- B. When not in use, all dental instruments, syringes, tools and sharps shall be kept in secured cabinets in the dental operatory or other secure storage area in each dental facility.
- C. An inventory sheet of the instruments, syringes, tools or sharps in the cabinet shall be listed on the *Tool Control Inventory Report* form and posted in each cabinet.
- D. Dentists, dental hygienists and dental assistants shall work in partnership to count all dental instruments, syringes, tools and sharps at the beginning and end of each work shift, and before and after any midday break in which all dental staff leave the clinic.
- E. Dental staff shall document the count on the *Tool Control Inventory Report* form by initialing the date and the watch on which the counts were performed.
- F. A visual accounting of dental instruments and sharps shall be completed before and after each dental treatment, (e.g., prior to dismissing the inmate-patient).
- G. All dental instruments and tools are to be scribed and if required, (i.e., in a dental group setting), color-coded to meet the requirements of Department Operations Manual (DOM) Section 52040.5 and local institution policy.
- H. In the dental laboratories and dental clinics, inmate workers shall only have access to dental equipment, instruments, or tools as outlined in Chapter 4.8 of this policy.
- I. All damaged, broken, or worn instruments shall be disposed of according to the institution's LOP and reported to the HPM III and the SD for inventory control and re-order purposes. The disposition of such instruments or tools shall be noted in the appropriate space on the tool inventory sheet and in accordance with each institution's LOP.
- J. Tool inventory reports shall be routed in accordance with the institution's tool control operational procedures by the OT or designated dental staff.

- K. Tool inventory reports shall be maintained on file for three (3) years by the OT or designated dental staff.
- L. The loss of any instrument(s) or tool(s) shall be immediately reported to the HPM III, SD and the Watch Commander at the facility. The HPM III and SD shall follow the institution's LOP and shall ensure that, after a thorough search of the dental facility has been conducted, a "Lost Tool Report" is prepared and hand carried to the Watch Commander by the dental staff member reporting the lost or missing tool.
- M. The HPM III shall be responsible for ensuring that:
1. Dental impression materials and waxes are stored in a secure location and never left unattended since these materials can be used to create masks and impressions of keys.
 2. All materials deemed to be flammable, toxic and caustic are stored in approved, fireproof, locked cabinets, in accordance with manufacturer's and OSHA guidelines and in secure areas that are inaccessible to inmates.
 3. An inventory and accountability system is implemented for distribution of the above items.
 4. Inmates have access to the above items only under the direct supervision of qualified staff.
- N. Hazardous Dental Materials include, but are not limited to:
- **Flammable Materials** – Liquids with a flash point below 100° F.
 - **Toxic Materials** – Substances that through chemical reaction or mixture can produce possible injury or harm to the body by entering through the skin, digestive tract or respiratory tract.
 - **Caustic Materials** – Substances that can destroy or eat away by chemical reaction.

CHAPTER 3.3

Dental Radiation Safety (E)

I. POLICY

CDCR dental staff shall comply with all applicable safety and regulatory standards when operating radiation producing devices utilized by the CDCR.

II. PURPOSE

To establish procedures and guidelines that ensure the safety of staff, inmate-patients and the workspace environment during all phases of the dental radiography process.

III. PROCEDURE

A. The HPM III and SD shall establish a Radiation Safety Program (RSP) for all dental clinics that contain dental radiographic equipment to monitor staff compliance with all applicable local, state and federal laws and safety regulations when capturing dental radiographic images. All dental staff shall receive annual training on the RSP and shall demonstrate proper use of the procedures at all times. The RSP shall:

1. Ensure coordination and scheduling of preventive maintenance for dental radiographic units by qualified service technicians.
2. Ensure staff and inmate-patients do not receive unnecessary radiation exposure.
3. Be reviewed annually by the HPM III and SD regarding content.

B. The following procedures are designed to provide radiation protection for all occupationally and non-occupationally exposed persons within the dental clinics, with the goal of reducing radiation exposure to **as low as reasonably achievable** (ALARA). Some methods of protection may not be practical at all locations or in all instances, but the safety and operating procedures designed to reduce the risk of radiation exposure must be strictly followed to achieve the ALARA objectives.

1. Only dental staff licensed in accordance with the Dental Board of California, *Dental Practice Act*, Chapter 4 Dentistry, Article 3, and Section 1656, Radiation Safety Requirements shall be allowed to operate dental radiographic equipment.
2. Dental hygienists and dental assistants shall operate dental radiographic equipment and take inmate-patient dental radiographs only upon the authorization of a dentist.
3. All operators of radiographic equipment are responsible for following radiation safety guidelines.
4. Radiographic film screen combinations shall be of adequate speed to provide minimal radiation exposure to the inmate-patient, while maintaining radiographic detail for interpretation of the examination.
5. Radiation Exposure Monitoring

- a. Federal regulations state that monitoring of individual employees for exposure to radiation is necessary if the employee is likely to receive more than ten percent of the allowable annual occupational dose limit. (The allowable annual occupational dose limit is 5000 mR). (Reference Code of Federal Regulations Title 10 (Energy), Chapter 1 (Nuclear Regulatory Commission), Part 20 (Standards for Protection Against Radiation), Subpart F (Surveys and Monitoring) Sec. 20.1502).
- b. For dental clinics where there is no record of radiation monitoring, the HPM III shall implement Section III. B. 5. c. through k. of this chapter. For dental clinics where there is a record of radiation monitoring for a continuous period of three (3) months with results that are within allowable limits, the HPM III shall discontinue individual employee monitoring and implement Section III. B. 5. g. through k. of this chapter.
- c. The HPM III shall ensure that radiation dosimetry badges are provided for all dental staff working within the vicinity of radiographic equipment. An area dosimetry badge shall be placed in all rooms where dental radiographs are exposed.
 - 1) Monitoring shall be performed for a period of three (3) consecutive months.
 - 2) Radiation monitoring badges shall be worn at chest level by participating staff.
 - 3) The badges are not to be worn outside the dental treatment area.
 - 4) Area dosimetry badges shall be located at least six feet from the ionizing radiation source.
- d. The monitoring reports shall be reviewed at the end of three (3) consecutive months. The results shall be multiplied by four (4) to calculate an annual exposure. Radiation exposure is within allowable limits if the resulting number is less than 500 mR.
- e. In the event the result of an employee's dosimetry badge monitoring report exceeds the allowable annual occupational dose limits, the HPM III shall:
 - 1) Have the dental radiographic unit(s) in the area(s) where the employee works inspected.
 - 2) Repeat the procedures outlined in Section III. B. 5. c. and d. of this chapter.
- f. Individual employee monitoring shall be discontinued when the results show that the calculated rate of annual exposure for each employee is not more than ten (10) percent of the allowable limit.
- g. Area dosimetry badges shall be monitored for three (3) consecutive months each calendar year. The results shall be multiplied by four (4) to determine an annual exposure.
- h. If an area dosimetry badge monitoring report exceeds the allowable annual occupational dose limits, the HPM III shall:
 - 1) Have the dental radiographic unit(s) in the area inspected.
 - 2) Repeat the procedure outlined in Section III. B. 5. g. of this chapter.
- i. The HPM III shall maintain a file of radiation monitoring reports for a period of three (3) years.

- j. Radiation dosimetry badges shall be provided on a monthly or quarterly basis to declared pregnant dental staff.
 - k. The HPM III shall report to the California Department of Public Health (CDPH), Radiologic Health Branch (RHB) any radiation exposure of dental personnel in excess of the allowable occupational dose limits.
6. Lead Protective Equipment
- a. The safety and welfare of inmate-patients must be considered at all times. Appropriate shielding devices, such as gonad shielding, lead aprons, thyroid shields, portable shields, etc., shall be used at all times for all inmate-patients when dental radiographs are taken.
 - b. A thyroid shield shall be utilized on all inmate-patients unless it interferes with the examination. (This is not a regulatory requirement, but is a statement of accepted good practice in keeping exposure to a minimum).
 - c. All protective lead aprons shall contain 0.25 millimeters or more of lead equivalence. All aprons shall be stored on an apron rack or on hangers (not folded) to prevent bending or cracking of the protective lead lining.
 - d. At a minimum, lead protective equipment shall be inspected annually by performing a manual and visual check to look for obvious cuts, rips, holes, cracks or tears.
 - e. When a lead apron is found to be defective, staff shall cease using the apron and notify the HPM III to obtain a replacement.
7. All dental radiographic equipment shall have devices to limit the radiation exposure to inmate-patients and employees. These devices include filters that reduce unnecessary low energy radiation from the primary beam and collimators, which restrict the size of the X-ray beam. Staff shall not alter, remove, tamper with, or defeat these devices, or in any way cause needless radiation exposure.
8. All dental staff shall make every reasonable effort to maintain radiation exposure at the lowest possible dosage.
9. All dental staff exposing radiographs must comply with the CDPH, RHB, guidelines on dental radiology quality assurance.
10. All dental radiographic units shall be inspected and calibrated annually in accordance with CDPH, RHB requirements.
11. Only a licensed medical biomechanical technician shall perform preventive maintenance, repair and calibration of dental radiographic equipment.
12. Dental personnel shall not hold a radiographic film in the inmate-patient's mouth while exposing a radiograph.
13. Dental staff shall immediately report to the HPM III any incidental equipment malfunction or condition that may cause any unnecessary radiation exposure.
14. During each exposure, only the patient shall be in the useful beam. All other individuals in the vicinity of the radiographic unit shall remain at least six (6) feet from the useful beam or behind a protective barrier.

15. Mechanical support of the tube head and cone shall maintain the exposure position without drift or vibration.
 - a. Dental staff or inmate-patients shall never hold the tube housing or suspension arm of intraoral radiographic units during any exposure.
 - b. If a problem with stability of the tube housing or suspension arm develops, the radiographic unit shall be taken out of service.
 - c. The HPM III shall be notified immediately, and he or she shall arrange for service as soon as possible.
 16. Areas or rooms that contain permanently installed X-ray machines as the only source of radiation shall be posted with a sign or signs stating "Caution X-ray."
- C. A copy of radiographic certificates, rules and regulations, as required by the CDPH, RHB, shall be posted in each dental clinic in full view of all inmate-patients and staff.
- D. External Imaging for Panoramic Radiographic Units
1. Position the patient following the instructions in the operator's manual.
 2. If the processed image appears misaligned and it is determined that operator error was not a contributing factor, the unit shall be taken out of service and the HPM III shall be notified. The HPM III shall arrange for service as soon as possible.

CHAPTER 3.4

Hazardous Material and Waste Management (E)

I. POLICY

All CDCR dental staff shall manage hazardous materials and waste generated in each dental facility in compliance with standards mandated by the EPA, the OSHA, Occupational Safety and Health Standards, Number 1910.120, Parts 1200, 1910 and 1926 of Title 29 of the Code of Federal Regulations; and in accordance with each institution's LOP. The DCHCS, IDSP shall ensure that all dental facilities have implemented and are in compliance with these regulations.

II. PURPOSE

To develop a comprehensive environmental health program, (e.g., a Hazardous Communication Program), in consultation with the local prison administration and the CEO/HCM/CMO, as a standard to maintain and protect the health and welfare of all inmate-patients and staff and establish procedures and regulations for the safe handling and disposal of hazardous materials and waste generated in the CDCR dental facilities.

III. PROCEDURE

A. Required training and documentation

1. All hazardous materials and dental medicaments utilized in each dental clinic shall have an individual Material Safety Data Sheet (MSDS), on file in a visible location in the dental clinic.
2. The HPM III shall ensure that all dental staff receives MSDS orientation and training. This training shall be conducted at least annually or as frequently as required.
3. All dental staff MSDS training records shall be kept on file by the HPM III for a period of three (3) years.
4. To ensure compliance with this standard, environmental inspections or parts of the inspections may be conducted by health services staff, correctional staff, an outside agency, (e.g., a local or state health department), or any combination of the above.
5. Inspections with written reports shall be submitted to the prison administration and the responsible health authority as required by local institutional policy, or more frequently as appropriate to ensure that inmate-patients are receiving dental care in a clean, safe and healthy environment.
6. All dental departments shall procure the least toxic and environmentally adverse materials to perform a required task.
7. The storage and disposal of toxic materials shall be performed in accordance with manufacturer's and institutional regulations and in a safe and environmentally sound manner.

8. All dental departments shall implement required emergency procedures in the event of a chemical spill or accident.
9. Emergency eye wash stations shall be installed in all dental clinics and dental laboratories and shall be connected to cold water only.
10. Dental staff shall utilize standard precautions when handling hazardous materials and waste.

B. Amalgam Waste and Empty Amalgam Capsules

1. Definitions:
 - a. Non-contact amalgam is excess mix leftover at the end of a procedure.
 - b. Contact amalgam is amalgam that has been in contact with the patient. Examples are extracted teeth with amalgam restorations, carving scrap collected at chair side, amalgam captured by chair side traps, filters, or screens, as well as drain traps containing amalgam.
 - c. Empty amalgam capsules are the individually dosed containers leftover after mixing pre-capsulated dental amalgam.
2. All dental clinics shall utilize individually dosed amalgam capsules and covered amalgamators. Dental departments shall not formulate amalgam, (e.g., utilizing bulk liquid mercury and metal powder or tablets to make the amalgam alloy).
3. A licensed commercial waste disposal service or amalgam waste recycler shall be used to dispose of or recycle contact or non-contact amalgam waste and empty amalgam capsules.
4. Proper protocol for the storage, disinfection and disposal of empty amalgam capsules and contact or non-contact amalgam waste shall involve consultation with local city and county regulatory agencies, commercial waste disposal services or amalgam waste recyclers and the institution's Hazardous Materials (HazMat) Specialist.
5. Containers shall be kept for no longer than the legally allowed period of time until removal by the institution's HazMat Specialist.

C. Lead Foil from Radiographic Film Packets

1. A licensed commercial waste disposal service or waste recycler shall be used to dispose of or recycle lead foil.
2. Lead foil from radiographic film packets shall be separated from the film packets when processing the exposed film and stored in a labeled, covered container or as directed by the contracted licensed commercial waste disposal service or waste recycler.
3. Lead foil shall be stored in the clinic or other appropriate area for no longer than one (1) year from the accumulation start date until disposed of by the institution's HazMat Specialist.

D. Waste Containers and Waste Disposal

1. All dental facilities shall have separate waste containers for general waste, (i.e., non-infectious waste) and for Regulated Medical Waste. (Reference Chapter 3.1-7 IV. E. 11. a. of this policy).
2. All waste shall be handled, stored and disposed of in a safe and sanitary manner consistent with local, state and federal regulations and in accordance with institutional operating procedures.

E. Pharmaceutical Waste

1. The following items are considered as pharmaceutical waste and shall be placed in a special white container with blue top, clearly labeled with the words "For Incineration Only" on the lid and on the sides.
 - a. Unused, expired carpules of local anesthetic.
 - b. Partially spent and empty local anesthetic carpules.
 - c. Partially used injectables including plastic disposable syringes, (after the needle has been removed), that were utilized to administer medications from the dental clinic's emergency kit to an inmate-patient.
 - d. Used ointments.
 - e. Unidentifiable pills.
 - f. Empty or used inhalers.
2. Pharmaceutical waste containers:
 - a. Are available from several sources, including, but not limited to:
 - 1) Medical waste haulers.
 - 2) Pharmacy supply companies.
 - b. Shall be stored in the dental clinic for the legally allowed period of time until collected and disposed of by the facility's medical waste department.

F. Laundry

1. Laundry services, whether on-site or contracted, shall assure the availability of a sufficient supply of clean linen, (e.g., scrubs, protective gowns, towels), for all dental facilities.
2. Laundry contaminated with infectious materials, (e.g., scrubs, protective gowns, towels), shall be handled using standard precautions. It shall first be placed in a bio-degradable (sugar) bag, then in a yellow bag for contaminated linen and appropriately processed according to regulations.
3. The OT or designated dental staff shall coordinate pick up and delivery of all laundry.

G. Risk Exposure Mitigation

All highly flammable dental materials, (e.g., butane gas, flammable alcohols), shall be regularly inventoried and stored in an approved fireproof, locked, storage cabinet.

H. Inspections

1. All dental equipment (e.g., radiographic equipment and developers, dental operatory units, Heating Ventilating and Air Conditioning (HVAC) units) shall be inspected and serviced regularly, consistent with manufacturer's specifications and state regulations, to ensure that all systems continue to function properly.
2. Any negative pressure areas for the control of infectious disease shall be regularly monitored for air quality.

CHAPTER 4.1

Dental Clinic Operations Reporting (E)

I. POLICY

Each dental clinic within the CDCR shall maintain daily statistical data on dental clinic operations. This data shall be tabulated every month and submitted to the DCHCS, IDSP headquarters staff.

II. PURPOSE

To establish and maintain a standardized system for collecting, recording and reporting statistical data on dental clinic operations. The data shall be utilized to evaluate direct dental services rendered to inmate-patients in the CDCR.

III. PROCEDURE

- A. Each institution dental department shall utilize only approved data collection and tracking forms.
- B. Each institution dental department shall report the following data on dental clinic operations to the appropriate RDD and to DCHCS, IDSP headquarters staff.
 1. Access to care.
 2. Dental care provided.
 3. Dental clinician time management.
- C. On a daily basis the OT or designated dental staff shall collect all the data on dental care provided and submit the tabulated data to the HPM III and the SD on a weekly basis.
- D. Submission of Monthly Dental Clinic Operations Data Reports
 1. On a monthly basis the OT or designated dental staff shall compile and generate a report for the entire institution of the data listed in Section III. B. of this chapter.
 2. The OT or designated dental staff shall prepare the above mentioned monthly reports in a timely manner.
 3. Each HPM III shall:
 - a. Perform regular analyses of data trends and patterns; develop corrective action plans to address problematic areas; prepare and submit associated reports.
 - b. Ensure reports are forward electronically by the third (3rd) business day of the month following the reporting month.
 - c. Maintain copies of the above mentioned reports (as well as the documents, forms and logs used in compiling the reports) on file for a period of three (3) years.

CHAPTER 4.2

Licensure and Credentialing (E)

I. POLICY

The CDCR, DCHCS shall ensure that all dental health care services employees and dental health care contractors whose positions or job descriptions require licensure, certification and/or credentialing are in compliance with all federal and state licensing requirements prior to employment.

II. PURPOSE

To ensure compliance with all federal and state requirements regarding the licensure, certification and/or credentialing of dental health care personnel within the CDCR.

III. DEFINITIONS

Licensure – The legal authority or formal permission from authorities to perform certain activities which by law or regulation require such permission.

Credentialing – A process used to evaluate and validate the qualifications and professional history of a practitioner or provider.

Certification – The process by which governmental, non-governmental or professional organizations or other statutory bodies:

- Grant recognition to an individual who has met certain predetermined qualifications; OR
- Confirm an individual's proficiency in and grant authorization to carry out certain activities.

Proctoring – The process by which a dentist's skills are monitored and reviewed during the initial probationary period to ensure that he or she can adequately perform the minimum expected clinical skills outlined in this chapter.

Mentoring – The process by which a more experienced clinician offers helpful guidance and the opportunity for remediation to a less experienced colleague who has failed to demonstrate acceptable skills.

IV. PROCEDURE

A. Each applicant, when being interviewed and prior to being hired, must submit a copy of his or her relevant Dental license, Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate (where applicable) and Basic Life Support (BLS) certification, or a letter of verification from the licensing or certifying agency, to the hiring authority. Applicants are not eligible for employment without proof of current licensure, certification and/or credentials.

B. The hiring authority shall be responsible for requesting verification of licensure, certification and/or credentials with the appropriate accrediting agency.

- C. Each employee shall thereafter be responsible for keeping his or her licensure, certification and/or credentials current and for providing verification of renewal to his or her supervisor.
- D. Employees who do not maintain current licensure, certification and/or credentials or whose licenses are suspended or revoked by the Dental Board of California are ineligible for further employment at the time of the expiration, suspension or revocation of their license, certification and/or credentials.
- E. Verification of current licensure, certification and/or credentials shall be maintained at the facility of assignment by the local personnel section, and the HPM III.
- F. All dental health care staff and contractors shall comply with the DCHCS Governance and Administration Regulations Professional Screening and Initial Credential Policy.

V. CREDENTIALING

- A. Credentialing of CDCR dentists shall be performed by the Credentialing & Privileging Unit of the California Prison Health Care Services – Clinical Operations Support Branch. (Reference IMSP&P, Volume 1 Governance and Administration, Chapter 9 Credentialing).
- B. Credentialing shall be based on:
 - 1. Documents generated as the result of the peer review process as outlined in Chapter 4.3-6 III. C. 6. f. of this policy and/or Section VI. D. 3. of this chapter.
 - 2. Licensure, certificate, and/or credential verification including any regulatory agency's action(s) against the clinician's license, credentials and/or Drug Enforcement Administration Controlled Substance Registration Certificate (where applicable).
 - 3. Verification that the clinician is not subject to any restriction of privileges at any institution, hospital, or health care facility.
 - 4. Verification that the provider has no adverse action(s) from any government funded program including but not limited to suspension from participation or outstanding audits for recovery.
 - 5. National Practitioner Data Bank information on action(s) taken against the provider.
- C. Under normal circumstances, CDCR dentists shall be credentialed for a period of two (2) years pending review and approval of their credentialing file. At the end of each (2) year credentialing cycle, CDCR dentists shall be subject to the re-credentialing process.
- D. Six (6) months prior to the conclusion of each dentist's two (2) year credentialing cycle he or she shall be notified that a dentist shall review their standards of practice and clinical skills.

VI. CLINICAL SKILLS

- A. At the time of employment and continuously thereafter, dental practitioners who seek employment with the CDCR, DCHCS, IDSP must demonstrate to the SD satisfactory clinical skills as well as exhibit professional conduct and ethics.
- B. In keeping with the expectations of a dentist licensed by the Dental Board of California, at a minimum all CDCR dentists shall be expected to possess the ability to:
 - 1. Clinically supervise dental assistants and dental hygienists.
 - 2. Perform dental chart reviews.

3. Provide dental consultations and referrals.
 4. Follow Dental Board of California, Centers for Disease Control and Prevention, OSHA and CDCR policies.
 5. Perform all aspects of general dentistry including, but not limited to, the diagnosis or treatment, by surgery or other method, of diseases and lesions of human teeth, alveolar process, gums, jaws, or associated structures. Such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation.
- C. Proctoring and Mentoring (Reference Chapter 4.3-4 III. C. 6. c. 1) and 2) of this policy).
1. The Dental Peer Review Committee (DPRC) shall use the process of proctoring to monitor and review a dentist's skills during their initial probationary period to ensure that he or she can adequately perform the minimum expected clinical skills outlined in Section VI. B. of this chapter.
 - a. The DPRC shall take into consideration aspects of a dentist's behavior, professional ethics and clinical performance that directly impact his or her ability to successfully perform the minimum expected clinical skills.
 - b. In addition to monitoring the areas outlined in Section VI. D. 6. of this chapter, the committee shall look for and identify:
 - 1) Desirable qualities and qualifications for CDCR, DCHCS Dental Program employment.
 - 2) Demands made or expectations held by a dentist that are beyond the scope of CDCR policies and mandates.
 - 3) Any values or attitudes manifested by a dentist that are in conflict with those of the CDCR and the DCHCS.
 - 4) A pattern of resistance to or conflicts with the quality and/or peer review processes.
 - 5) Gross mental or physical disabilities that prevent performance of the minimum expected clinical skills.
 2. The mentoring process shall be used to foster continuous professional development and training for dentists if they fail to demonstrate acceptable skills. Additional training and mentoring may be required if a dentist fails to demonstrate acceptable skills.
- D. Monitoring and Reviewing Clinical Performance
1. The DPRC shall monitor a dentist's standards of practice and clinical skills on an ongoing basis to ensure compliance with accepted standards of care. The monitoring outcomes may be utilized in the formulation of annual performance appraisals and in the proctoring, mentoring and re-credentialing processes. (Reference Chapter 4.3-4 III. C. 6. c. of this policy and Section VI. D. 6. of this chapter).
 2. DPRC or other dentists performing ongoing monitoring of a dentist's standards of practice and clinical skills shall employ the *Dental Peer Review Audit Tool* for the monitoring process.

3. PST or other dentists reviewing a clinician's standards of practice and clinical skills shall base their decision on institution DPRC records as well as random chart audits. (Reference Chapter 4.3-3 III. C. 5. of this policy).
4. In any situation, additional quality or peer review evaluations may be completed as needed.
5. Special cases or critical clinical issues may be referred to the Dental Peer Review Sub Committee (DPRSC) for review. (Reference Chapter 4.3-6 III. C. 6. g. of this policy).
6. In addition to the items listed in Section VI. C. 1. b. of this chapter, the DPRC and PST staff shall consider the following when monitoring or reviewing a dentist's standards of practice and clinical skills:
 - a. Adherence to the IDSP, P&P.
 - b. Evaluations of standards of practice and clinical skills including but not limited to:
 - 1) Outcomes of procedures performed.
 - 2) Utilization management.
 - 3) Risk management data.
 - c. Relevant education, training, or experience acquired subsequent to initial credentialing and appointment or having occurred after the most recent re-credentialing cycle.
7. The DPRC may recommend extension of a dentist's period of proctoring or mentoring or that the dentist's re-credentialing cycle be modified.

CHAPTER 4.3

Dental Peer Review (E)

I. POLICY

The CDCR, DCHCS, Statewide Professional Practice Executive Committee (PPEC) shall maintain oversight and coordination of the statewide professional peer review processes to achieve the DCHCS's strategic objectives. The DCHCS, IDSP shall establish a DPRSC to plan, develop, manage, and improve the peer review process for CDCR dentists and assist the institution DPRC in fostering the continuous professional development and training of the clinical workforce. The dental peer review process shall adhere to all aspects of the DCHCS Governance and Administration Policy on Peer Review Subcommittees.

II. PURPOSE

To achieve and maintain the highest possible standards of professional, ethical, dental health care through continuous quality review and/or peer review of services provided.

III. PROCEDURE

Peer review is the process whereby licensed practitioners such as dentists and physicians evaluate the professional activities of their colleagues. This process is intended to ensure that inmate-patient safety and the delivery of an acceptable level of care with the ultimate goal of promoting good dental practice culminating in consistently positive outcomes and continuously improving inmate-patient care through the gathering and examination of quality review data. In addition, the dental peer review process provides an appropriate, objective and systematic due process for licensed dental practitioners, in accordance with Title 22 of the CCR, the California Business and Professions Code, bargaining unit contracts and applicable California Law governing restriction, suspension or revocation of privileges, termination of employment and reporting to appropriate professional licensing boards.

A. Confidentiality

The DCHCS affirms the confidentiality of peer review information and the need to prevent its inappropriate use. It is essential that the analysis of and conclusions drawn from healthcare peer review data, along with the recommendations and actions developed for use by the DCHCS, be kept from unauthorized persons or organizations and be protected from any use other than for internal or quality improvement purposes. The proceedings and records of peer review bodies are protected by Section 1157 of the *California Evidence Code*. All participants in the review processes referenced in this policy shall adhere to the above provisions regarding confidentiality.

B. DPRSC

1. Membership

- a. The Deputy Statewide Dental Director (DSDD) who shall serve as chairperson. The SDD may serve as the alternate.

- b. One (1) staff dentist from Dental Program Headquarters. Another staff dentist from Dental Program Headquarters may serve as the alternate.
 - c. One (1) PST dentist from each dental region. Any RDD may serve as the alternate.
 - d. Chief Dentist, Policy and Risk Management. Another Chief Dentist from Dental Program Headquarters may serve as the alternate.
2. Meetings
- a. DPRSC meetings shall be held at a minimum once a quarter to review routine peer review cases or as needed regarding 'for cause' cases sent forward by the DPRC, the institution SD, or the RDD, or at the direction of the DSDD, or SDD.
 - b. A quorum consists of four (4) DPRSC members, one (1) of which must be the chairperson.
 - c. Any member of the DPRSC shall recuse himself or herself from an upcoming review for reasons of a potential conflict of interest.
 - 1) Such recusals shall only be allowed prior to the beginning of the proceedings or when the member discovers the potential conflict. In either case, whichever is the earlier event.
 - 2) The DPRSC member shall be replaced by another dentist from either Dental Program Headquarters or PST region selected by the DPRSC chairperson.
3. Based on the duties assigned to a dentist by management, the DPRSC shall decide whether to conduct a peer review investigation or to make a danger determination possibly leading to restriction or summary suspension of privileges when failure to do so may result in an imminent danger to the health of any inmate-patient, prospective patient, or other person.

C. DPRC

1. Only licensed dentists that are employees in good standing of the CDCR DCHCS Dental Department are eligible to serve on the DPRC.
2. PST dentists shall provide oversight and validation of the DPRC under the guidance of the RDD.
3. Each CDCR facility shall establish a DPRC composed of:
 - a. The facility SD who shall chair the DPRC.
 - b. A staff dentist elected for a one (1) year period as vice-chairperson of the DPRC by the other staff dentists at the facility. This individual shall chair the committee when the SD is unavailable to preside over the committee and shall not be eligible to serve consecutive terms as vice-chairperson.
 - c. Two (2) staff dentists selected as general members by the facility SD with the approval of the RDD to each serve a six (6) month term. These members shall be replaced with other dentists from the institution on a rotating basis.
 - d. The HPM III in a supporting, non-voting capacity.

4. Service term requirements
 - a. A dentist may serve on the DPRC as vice-chairperson, or a general member, or a combination thereof for a maximum of two (2) consecutive terms that do not exceed eighteen (18) months. Exceptions to this rule may be granted by either the DSDD or SDD.
 - b. After serving up to a maximum of eighteen (18) months, a dentist shall be eligible to once again serve after a period of six (6) months during which he or she does not serve on the DPRC.
 - c. In order to allow for stability and continuity in DPRC function, the service term requirements outlined in Section III. C. 4. a. and b. of this chapter shall be waived during the period in which the DPRC is established for the first time at a facility.
 - d. Any member of the DPRC shall recuse himself or herself from an upcoming review for reasons of a potential conflict of interest.
 - 1) Such recusals shall only be allowed prior to the beginning of the proceedings or when the member discovers the potential conflict. In either case, whichever is the earlier event.
 - 2) The DPRC member shall be replaced by a staff dentist at the facility or from another facility within the same region, selected by the RDD from the region in which the review is being conducted.
 - 3) If the replacement dentist is from a different region from the one in which the peer review is being conducted, the selection made by the RDD shall be approved by the DSDD or SDD.
 - e. An exception process shall be implemented when a dentist has been the subject of repeat “for cause” reviews within an eighteen (18) month period.
 - 1) Any subsequent peer reviews of the dentist in question shall be conducted by a DPRC, at their institution, composed of two (2) different staff dentists in the position of general members who did not participate in any of the reviews during the previous eighteen (18) month period.
 - 2) The DPRC chairperson and vice-chairperson can be the same individuals as in the previous committee.
5. Meetings
 - a. DPRC meetings shall be held once a month to ensure that each staff dentist is the subject of a review at a minimum once every six (6) months and shall normally consist of a minimum of ten (10) UHR review cases for each staff dentist being reviewed.
 - 1) Cases reviewed shall be selected in compliance with the guidelines set forth in the *Peer Review Case Selection Tool*.
 - 2) Every attempt will be made by the chairperson and/or vice-chairperson to assure an equal rotation of UHR reviews among DPRC members.

- 3) Whenever possible, dentists performing a review shall obtain the UHR(s) to conduct the review prior to the DPRC meeting.
 - 4) A quorum consists of three (3) DPRC voting members, one (1) of which must be the chairperson or the vice-chairperson.
 - 5) A Regional or Headquarters dentist may attend and participate in DPRC meetings at any time but shall not count towards the required quorum.
- b. Meeting minutes shall be recorded by the HPM III or designee. The SD shall maintain DPRC minutes on file for a period of three (3) years.
 - c. UHRs identified for review shall be collected by the dental clinic OT or designated dental staff and delivered to the DPRC chairperson one (1) business day before to the meeting.
6. Responsibilities
- a. In performing peer reviews at a facility, the DPRC shall act under the auspices and as an agent of the DPRSC in protecting the health and welfare of inmate-patients, in preserving standards of health care delivery, and in evaluating practitioner competency.
 - b. The DPRC shall evaluate inmate-patient care using generic screening criteria and methodologies such as UHR reviews and patient outcome data as well as other logs and reports. During the evaluation process a review of each procedure and service shall be performed to determine:
 - 1) Appropriateness – Were timely dental evaluations and diagnostic tests including radiographs performed per the IDSP, P&P? Were the correct diagnoses and conclusions drawn? Was the appropriate treatment provided consistent with the IDSP, P&P? Was the documentation accurate, legible and properly organized as required by the IDSP, P&P?
 - 2) Competence – Was the care delivered in a professional, competent manner and within the guidelines of the IDSP, P&P and the Standard of Care in Dentistry? Were any changes to the diagnoses or treatment plans correctly perceived and supported by clinical data? Was appropriate documentation noted in the UHR?
 - 3) Outcome – Did the patient receive satisfactory access to care and was the treatment appropriate for the diagnosis and were unexpected outcomes documented in the UHR?
 - c. The DPRC shall implement a quality review process to exercise concurrent and direct observation through:
 - 1) Proctoring to monitor and review a dentist's skills during his or her initial probationary period to ensure that he or she can adequately perform the minimum expected clinical skills. (Reference Chapter 4.2-2 VI. B. of this policy). The proctoring process shall be performed by the SD, or designee with concurrence from the RDD, and shall include:
 - a) A review of the dentist's clinical and patient management skills.

- b) Cases sufficient in complexity and in number to demonstrate the dentist's competency in all aspects of dental care delivered within CDCR.
 - c) Procedures which ensure that the proctor shall function as an observer in the case and not a consultant or assistant and that the proctor shall perform pre- and post-treatment examinations of the inmate-patients being treated.
 - d) Provision for dentists from outside the local facility but employed by CDCR to be utilized as proctors when needed.
 - e) A minimum of five (5) UHR review cases and three (3) clinical review cases during the proctoring period. Each of the clinical review cases shall be performed by a different proctoring clinician.
 - f) The use of *Dental Peer Review Audit Tool* during the UHR case review process.
 - g) Provision for proctors to generate a brief narrative report of clinical review cases, to include, at a minimum:
 - i) Pre-clinical – Did the dentist review and complete appropriate forms records as required by the IDSP, P&P?
 - ii) Clinical-Dental Practice – Was there proficiency in using the dental equipment and materials during the procedure as well as in applying infection control procedures?
 - iii) Clinical-Patient Care – Did the dentist effectively deliver dental care so that patient discomfort was minimized whenever possible? Was the care provided within the guidelines set forth by IDSP, P&P and the Standard of Care in Dentistry?
 - iv) Clinical Interaction With Auxiliary Staff – Was the auxiliary dental staff effectively utilized to their level of licensure and was auxiliary staff given clinical direction in an adequate manner?
- 2) Mentoring to foster continuous professional development and training for dentists if they fail to demonstrate acceptable skills. Additional training may be required if this occurs. The mentoring process shall be performed by the Supervising Dentist.
- a) In determining the level of mentoring required, consideration shall be given to the dentist's judgment, skills, recognition and management of complications and treatment outcomes.
 - b) The mentoring process shall last for a minimum of six (6) months and may include:
 - i) Items outlined in Section III. C. 6. c. 1) of this chapter.
 - ii) Provision for mentoring to be extended in thirty (30) day increments up to a total of twelve (12) months.
- 3) The SD shall place reports of cases used for proctoring or mentoring in the appropriate dentist's supervisory file.

- d. Reference Chapter 4.2-3 VI. C. and D. of this policy for further DPRC responsibilities.
 - e. The DPRC may choose to utilize a non-CDCR employed, outside consultant for an independent evaluation of a case, only with the approval of the DSDD or SDD.
 - f. The DPRC shall generate and submit the following peer review documents to the appropriate RDD for validation by PST dentists and to the DPRSC. The originals shall be kept on file by the DPRC for a period of three (3) years and copies sent to the appropriate RDD and to the DPRSC.
 - 1) A *Dental Peer Review Audit Tool Summary* for each dentist who is the subject of a review.
 - 2) A *Review Summary Report* consisting of a compilation of the results of each *Dental Peer Review Audit Tool Summary* produced subsequent to a UHR case review.
 - g. When proctoring, mentoring, or other peer review results suggest questionable treatment or identify a pattern of substandard practice, the findings shall be forwarded to the SD for referral to the RDD and/or DPRSC.
 - h. Any institutional dentist receiving an overall unacceptable score on the *Dental Peer Review Audit Tool* may be directed to receive one or all of the following by the DPRC:
 - 1) Appropriate counseling.
 - 2) Appropriate remedial training or continuing education.
 - 3) Continued review of his or her work until satisfactory scores are obtained or it becomes apparent that remediation is not a viable option.
7. 'For Cause' Review Process
- a. The 'for cause' review process may be initiated as a result of credible information provided by any person to institution, regional, or headquarters dental or administrative staff about the conduct, performance, or competence of dental practitioners. Anonymous referrals shall not be considered.
 - b. Sources of information may include, but are not limited to:
 - 1) Staff.
 - 2) Inmate-patients.
 - 3) The public.
 - 4) The credentialing process.
 - 5) The privileging process.
 - 6) The peer review process.
 - 7) The death review process.
 - 8) The quality review process.

8. Review Accountability
 - a. Reviews performed by DPRC members, PST staff, or outside consultants on clinicians employed by CDCR are to be forthright and objective in nature.
 - b. Performing a review that does not present an accurate assessment of a clinician's standards of practice and clinical skills is unacceptable.

CHAPTER 4.4

Dental Program Subcommittee

I. POLICY

The DCHCS shall maintain a Dental Program Subcommittee (DPS) to provide oversight and overall direction of the dental program. The DCHCS, DPS shall plan, develop and manage timely access to effective and appropriate dental services consistent with the standards of the CDCR. In addition, each CDCR institution shall establish a Facility Dental Program Subcommittee (FDPS).

II. PURPOSE

To ensure that CDCR inmate-patients are provided with quality dental services that are cost effective and in compliance with all applicable laws, regulations, policies and procedures.

III. RESPONSIBILITIES

A. The DCHCS, DPS duties, as they relate to the performance of CDCR dental clinical programs, may include but are not be limited to:

1. Remaining well-informed of the program's strategic goals and objectives.
2. The review and monitoring of the Dental Program, P&P.
3. Reviewing and taking appropriate action on program management reports.
4. Recommending measures for improvement of services.
5. Ensuring compliance with legal and regulatory agencies.
6. Reviewing training curricula, plans and clinical guidelines.

B. The FDPS shall:

1. Report to the Institution QMC.
2. Be responsible for the overall planning and management of the institutional dental program by:
 - a. Evaluating the timeliness, appropriateness and quality of inmate-patient dental services.
 - b. Developing, implementing and reviewing current local operating procedures for the dental program.
 - c. Monitoring and analyzing relevant data trends and patterns related to the institution dental program presented by the HPM III.

- d. Chartering Quality Improvement Teams (QITs) to review, study and/or audit specific program performance issues, provide findings and make recommendations for improvement of dental services.
- e. Developing, implementing and reviewing an ongoing program of orientation and in-service training for relevant staff related to dental policies and protocols.
- f. Identifying additional local resource needs related to dental services.
- g. Reviewing and recommending development or modification of statewide dental policies, protocols, training and data management.

IV. MEMBERSHIP

A. DCHCS, DPS

1. The members of the DCHCS, DPS shall be selected so as to represent the program and functional areas of the DCHCS that are necessary for the appropriate and coordinated delivery of dental services.
2. The DSDD or designee shall serve as chairperson of the DCHCS, DPS.
3. The DCHCS, DPS may include the following members:
 - a. DCHCS, IDSP headquarters staff.
 - b. DCHCS, IDSP regional staff.
 - c. A representative from:
 - 1) Custody.
 - 2) Personnel.
 - 3) Budget.
 - 4) Recruitment.
 - 5) Legal Affairs.
 - 6) Regional Administration.

B. FDPS

1. The members of the FDPS shall be selected so as to represent the program and functional areas of the institution that are necessary for the appropriate and coordinated delivery of dental services.
2. The HPM III or SD shall serve as chairperson of the FDPS.
3. The FDPS shall include the following members:
 - a. HPM III and/or SD.
 - b. Dentist CF.
 - c. Supervising Dental Assistant CF.
 - d. Dental Assistant CF.
 - e. Dental Analytical/Clerical Support (HPS, SSA, OT, etc.)

- f. Dental Hygienist CF.
- g. Dental Laboratory Technician CF.
- h. Representatives from other institution services or divisions [Custody, Plant Operations, Procurement, Contract Analyst, Associate Warden (AW) Healthcare, etc.] shall be invited to committee meetings when appropriate.

V. MEETING SCHEDULE AND QUORUM

A. DCHCS, DPS

1. The DCHCS, DPS shall meet at least monthly and there is no required quorum.
2. Meeting minutes shall be recorded and maintained for a period of at least three (3) years by designated DCHCS, IDSP headquarters staff.

B. FDPS

1. The FDPS shall meet on a monthly basis, but may meet more often if deemed necessary by the HPM III or SD.
2. A quorum consists of the HPM III or SD and one (1) each of the dental staff in Section IV. B. 3. b. through e. (f. and g. where applicable).
3. A written agenda shall be formulated under the direction of the chairperson, or designee and distributed by the OT to all attendees prior to each meeting. Requests for items to be placed on the agenda must arrive to the chairperson ten (10) days prior to the regularly scheduled committee meeting.
4. Each recommendation shall be reviewed as part of old business at subsequent meetings and shall be monitored until resolved.
5. The chairperson or designee shall provide regular reporting of the FDPS meetings to the Institution QMC.
6. The OT shall record written minutes of all committee meetings which shall contain specific recommendations for action when appropriate. A draft of the minutes shall be distributed to all attendees as promptly as possible by the OT for review and revision. The HPM III shall maintain minutes of the FDPS meetings for a period of at least three (3) years.

CHAPTER 4.5

Dental Authorization Review Committee (E)

I. POLICY

Each CDCR institution shall establish a DAR Committee.

II. PURPOSE

To establish a process for approving or disapproving a clinician's requests for deviations from treatment policy, otherwise excluded dental services, medically necessary treatment that requires a contract specialist to provide treatment at the local institution, medically necessary treatments or consultations that cannot be accomplished at the local institution and reviewing treatment recommendations for special dental care needs.

III. PROCEDURE

A. Membership

1. The DAR Committee shall consist of:
 - a. A staff dentist as chairperson, elected by the other staff dentists at the institution.
 - b. A staff dentist as vice-chairperson, elected by the other staff dentists at the facility who shall fulfill the responsibilities of the chairperson in their absence.
 - c. Any institutional dentist(s) providing dental services to inmate-patients.
 - d. Representatives from other institution services or divisions as invitees, when needed.
2. The quorum necessary to determine cases shall be the chairperson or vice-chairperson and two staff dentists. The treating dentist will not be included to meet the quorum.

B. Meetings

1. The committee shall meet monthly or as often as necessary to deliberate on and approve or disapprove dental clinician requests as outlined in Section II. of this chapter.
2. Committee decisions concerning requests for special dental services shall be based on criteria established in the CCR, Title 15, Section 3350.1 (d).
3. The HPM III shall maintain written minutes recorded by the OT or designated dental staff of all committee meetings which shall contain date, time and location of the meeting; committee members present; cases discussed; treating dentists; and the decision on the requests. The minutes shall be maintained by the HPM III for a period of three (3) years.
4. The minutes from the previous meeting will be reviewed and approved by the committee. Each recommendation shall be reviewed as part of old business at subsequent meetings and shall continue to be monitored until resolved. A copy of the minutes shall be forwarded to the appropriate RDD and the Chief Dentist, DAR, IDSP.

5. DAR Committee requests at the institution level shall be reviewed and either approved or disapproved within fifteen (15) business days of receipt by the DAR Committee.

C. Requests or Referrals for Treatment by a Specialist

Any dental care that a treating dentist wishes to refer to a specialist for treatment shall be submitted for approval by the DAR Committee prior to initiating the procedure(s) being referred. (Reference Section III. D. 4. of this chapter for exceptions to this requirement).

D. Operational Steps for Requests or Referrals Requiring DAR Committee Action

1. The treating dentist shall base the request on a documented oral condition. At a minimum each request submitted shall include the following:
 - a. Copy of inmate-patient dental record pertinent to the case.
 - b. Copy of current radiographs (i.e. Panoramic, peri-apical, full mouth series) as necessary. Radiographs shall be labeled as outlined in Chapter 2.3-2 III. A. 2. a. 2) of this policy.
 - c. Patient study models that are properly trimmed and labeled with the date and the inmate-patient's name and CDCR number.
 - d. Any other relevant documents or information.
2. The treating dentist shall:
 - a. Complete a CDC Form 7243 *Health Care Services Physicians Request for Services* and a *Dental Authorization Review Request* if the inmate-patient is being referred for treatment by an off site provider.
 - b. Complete only a *Dental Authorization Review Request* if treatment will be performed on grounds by a CDCR dentist or a contract provider.
 - c. Document the request on the CDCR Form 237-C *Dental Progress Notes* or CDCR Form 237-C-1 *Supplemental Dental Progress Notes* in the dental section of the inmate-patient's UHR.
 - d. Discuss the request with the inmate-patient.
 - e. Obtain the inmate-patient's consent for the referral and specific treatment to be done.
 - f. Provide the OT or designated dental staff with a copy of the CDC Form 7243.
3. The treating dentist shall submit the request to the HPM III who shall ensure timely scheduling of the request for consideration by the committee.
4. The DAR/Dental Program Health Care Review Committee (DPHCRC) approval process may be bypassed if the SD determines that the specialty services or consultation are required because of Emergency or DPC 1 conditions.
5. For requests not identified as an Emergency or DPC 1 condition, the HPM III shall forward the request to the chairperson to be placed on the agenda for the next DAR Committee meeting by the OT or designated dental staff.

6. The agenda shall be formulated under the direction of the chairperson and distributed by the OT or designated dental staff to all attendees prior to each meeting. Requests must be received by the chairperson prior to the scheduled committee meeting.
 7. Pre-authorization by the SD is required prior to beginning any requested treatment beyond that necessary to relieve symptoms.
 8. The treating dentist is allowed to present the case and answer any questions the committee members may have but shall not participate in deliberations during the decision process.
 9. The committee decision shall be based on available dental care outcome data supporting the effectiveness of the service as dental treatment, coexisting medical or dental problems, acuity of the condition, length of the inmate-patient's sentence, availability of the service(s), and cost.
 10. Requests for extractions and treatment of fractures and/or oral pathology shall be submitted to the DAR Committee for deliberation but do not require submission to the DPHCRC for evaluation and final approval.
 11. Requests submitted to the DAR Committee for services other than those listed in Section III. D. 10. of this chapter shall be forwarded to the DPHCRC.
 12. The HPM III shall ensure that institution DAR Committee decisions requiring DPHCRC involvement are forwarded to the DPHCRC along with all supporting documentation.
 - a. Cases requiring DPHCRC action shall be evaluated and approved or disapproved within fifteen (15) business days of receipt by the DPHCRC.
 - b. The DPHCRC's decision shall be communicated to the SD.
 - c. Cases denied by the DAR Committee do not require DPHCRC action.
 - d. The DPHCRC shall keep a record of all cases that have been denied by the DAR Committee for quality control purposes.
 13. The HPM III shall monitor the DAR/DPHCRC approval process and ensure scheduling of any approved specialty appointment(s) in conjunction with the UM nurse if necessary. The SD shall share the DAR's or DPHCRC's approval or denial of a request with the attending dentist who shall inform the inmate-patient and document the final decision in the inmate-patient's UHR.
 14. The HPM III shall request timely notification by the UM nurse of completed specialty care appointments.
 15. The HPM III shall ensure that the required DAR Committee reviews, decisions, notification of treating dentists and referrals to DPHCRC meet the stipulated time limits.
- E. Operational Steps for Requests or Referrals Not Requiring DAR Committee Action
1. For requests or referrals for consultation with institution health care providers, the treating dentist shall complete a CDCR Form 7221 *Physician's Order* specifying the condition(s) for which the consultation is being requested and asking for timely notification of the consultation results.

2. In addition, the treating dentist shall:
 - a. Document the request on the CDCR Form 237-C or 237-C-1 in the dental section of the inmate-patient's UHR.
 - b. Discuss the request or referral with the inmate-patient.
 - c. Submit the request or referral to the medical clinic or TTA nurse who shall note the order and initiate the scheduling process.
 - d. Provide the OT or designated dental staff with a copy of the noted CDCR Form 7221.
- F. The OT or designated dental staff, under the direction of the treating dentist, shall monitor requests or referrals for consultation as outlined in Chapter 5.9-3 III. J. of this policy.

CHAPTER 4.6

Dental Radiography Quality Assurance (E)

I. POLICY

CDCR dental staff shall take clinically diagnostic radiographs and shall comply with all applicable safety and regulatory standards when capturing and processing dental radiographic images.

II. PURPOSE

To establish procedures and guidelines that assist CDCR dental staff to produce dental radiographs of high diagnostic quality.

III. PROCEDURE

A. The HPM III at each institution shall be responsible for the implementation of a dental radiography quality assurance (QA) program to:

1. Coordinate and schedule preventive maintenance for dental radiographic units, automatic dental film processing equipment and digital radiographic image capturing, viewing, printing and storage equipment by qualified service technicians.
2. Ensure dental staff cleans and maintains analog panoramic radiographic unit intensifying screens and cassettes in accordance with the manufacturer's instructions.
3. Ensure dental staff performs QA testing procedures at specified intervals on all automatic dental film processors.

B. Analog Radiographs

1. Unexposed radiographic film shall be stored, in accordance with manufacturer's recommendations, in an area in the dental department that is free of radiation.
2. Exposed radiographic films shall be processed according to the specifications supplied by the film manufacturer and the manufacturer of the automatic dental film processor.
3. All radiographic film and the chemicals used in automatic dental film processors shall be checked for expiration dates. Film and chemicals shall not be used after the expiration date.
4. Dental staff shall follow the manufacturer's recommended procedures for operating and maintaining dental radiographic units and automatic dental film processing equipment.
5. Automatic processors ensure more consistent radiographic film quality and shelf life, therefore, the manual processing of dental radiographs is not recommended.

C. Digital Radiographs

1. Dental staff shall follow the manufacturer's recommended procedures for operating and maintaining digital radiographic image capturing, viewing, printing and storage equipment.
2. Dental staff shall preserve the integrity, diagnostic reliability and privacy of digital radiographs.
3. Dental staff shall either ensure the storage of digitally captured radiographs or shall print a diagnostic copy of each digitally captured radiograph for inclusion in the inmate-patient's UHR.

D. Each institution dental department shall have, at a minimum, one (1) functioning automatic dental film processor for use in the event that the facility's digital dental radiography equipment malfunctions or is taken out of service.

CHAPTER 4.7

Clinic Space, Equipment and Supplies (E)

I. POLICY

All CDCR dental departments shall be provided with sufficient suitable space, equipment and supplies to provide and maintain an adequate dental health care delivery system in each institution.

II. PURPOSE

To establish guidelines and basic requirements for adequate space, equipment and supplies in order to deliver dental services in CDCR facilities.

III. PROCEDURE

- A. Major and minor dental equipment (e.g., dental operatory chair and delivery systems, handpieces, x-ray units, sterilizers, vacuums and compressors) shall be standardized statewide in all dental clinics to ensure safety and allow for a consistent level of care, facilitate in the training of all staff and increase the efficiency in the delivery of dental care.
- B. All dental staff shall receive training on the proper operation and maintenance of major and minor dental equipment.
- C. Examination and treatment rooms for dental care shall be large enough to accommodate the equipment and fixtures needed to deliver adequate dental services.
- D. Each dental clinic shall have pharmaceuticals, medical supplies, and mobile emergency equipment, (i.e., oxygen, Automated External Defibrillator [AED]) available for management of medical emergencies in the dental clinic.
- E. If laboratory, radiological, inpatient, or specialty services are provided on site, the area(s) devoted to any of these services shall be appropriately constructed in accordance with state and federal guidelines for health and safety and be of sufficient size to accommodate all necessary equipment, records, supplies, tools, etc.
- F. The following major and minor dental equipment may be replaced according to the indicated replacement cycle date or, if applicable, according to the manufacturer's instructions, whichever is sooner:
- | | |
|-------------------------------|------------------------------------|
| • Dental Operatory System | Every ten (10) years |
| • Panoramic Unit | Every fifteen (15) years |
| • Intraoral Radiographic Unit | Every fifteen (15) years |
| • Vacuum/Compressors | Every five to seven (5 to 7) years |
| • Autoclave | Every five (5) years |
- G. Major and minor dental equipment that becomes inoperable and is irreparable as determined by a certified service technician shall be replaced regardless of the number of years the equipment has been in service.

- H. The HPM III at each institution shall be involved in the development of the scope of services and the interviewing of vendors offering to service and/or repair major dental equipment, in order to ensure that the maintenance personnel are currently certified to service and/or repair the equipment in need of such services.
- I. The evaluation and selection of major and minor dental equipment shall be determined by the CDCR, DCHCS, IDSP.
- J. The research and evaluation process shall include, but is not limited to:
1. Product evaluation reports from the United States Armed Forces, and the American Dental Association.
 2. Evaluation and analysis of the quality and performance factors of existing dental equipment in CDCR and other agencies (e.g., Veterans Administration, Dental Schools, Military Armed Forces) by DCHCS, IDSP Administrators.
- K. After a period of five (5) years or longer, depending on the replacement cycle of the equipment, a re-evaluation, analysis, and selection of major and minor dental equipment shall be conducted by CDCR, DCHCS, IDSP Administrators.
- L. The selection of major dental equipment manufacturers for the years 2006-2011 are:
- A-dec corporation for dental operatories and chairs
 - Planmeca for dental x-ray units
 - A-dec LISA for dental sterilizers
 - AirTechniques for dental compressors and vacuum units
 - A-dec/W&H Assistina for handpiece maintenance system

CHAPTER 4.8

Inmate Dental Workers (E)

I. POLICY

Dental departments within the CDCR may utilize inmates as dental laboratory technician trainees and dental porters. The utilization of inmate dental workers shall require the prior approval of the institution's AW for Health Care Services.

II. PURPOSE

To establish guidelines for the utilization of inmate workers in CDCR dental departments.

III. PROCEDURE

A. Inmates shall be prohibited from performing the following duties in all CDCR dental departments:

1. Providing direct patient care services.
2. Scheduling health care appointments.
3. Determining inmates' access to dental services.
4. Handling or having access to dental instruments, syringes, or needles.
5. Operating medical/dental equipment with the exception of dental laboratory technician trainees.
6. Handling or having access to medications or health records.
7. Cleaning or disinfecting dental operatory equipment between patient appointments.
8. Cleaning and changing dental vacuum traps or chairside suction filters.
9. Cleaning and changing amalgam collectors/separators.

B. CDCR dental departments may utilize inmate workers as dental laboratory technician trainees and porters only after the inmate workers have:

1. Successfully completed training in Bloodborne Pathogens Regulations and the SB 198 *Injury and Illness Prevention Program*. Minutes of all inmate-training sessions and a statement of completion of the training, signed by the inmate, shall be documented and kept on file by the inmate supervisor prior to the inmate performing any work assignments.
2. Been offered a Hepatitis B vaccination series.

C. All inmate workers shall have signed duty statements listing the job performance requirements and health and safety regulations.

D. Dental inmate workers shall adhere to all safety, security and custodial regulations while working in the dental department.

- E. All dental inmate workers shall be assigned to the dental department by the facility's Inmate Work Incentive Program (IWIP) Coordinator.
- F. All supervisors of dental inmate workers shall adhere to and enforce the rules and regulations of the IWIP in the supervision of inmate workers and shall be responsible daily for accurately maintaining inmate workers' time sheets.
- G. All dental inmate workers in the dental clinic shall be under the direct supervision of a CDCR staff member at all times excluding the office technician.
- H. Inmate dental laboratory technician trainees in the dental laboratory shall be allowed to handle dental equipment, instruments, or tools only under the direct supervision of a CDCR Dental Laboratory Technician.
- I. All dental inmate workers shall receive annual training in Bloodborne Pathogens Regulations and the SB 198 *Injury and Illness Prevention Program*. Training may be provided more frequently if necessary.

CHAPTER 5.1

Inmate Co-payment for Health Care Services (E)

I. POLICY

The CDCR, its agents and the DCHCS, shall adhere to the requirements set forth in the CCR, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Section 3354.2 “Inmate Co-payment for Health Care Services.” In accordance with those requirements, and when appropriate, inmate-patients shall be charged a five dollar (\$5.00) co-payment fee for each inmate-initiated health encounter.

II. PURPOSE

To establish procedures and guidelines for determining and implementing the mandated co-payment per the following definitions:

“*Inmate Initiated*” is defined as treatment sought by an inmate-patient through a request for health care services, CDCR staff, or a condition that is reported on behalf of an inmate-patient to health care staff for consultation and/or treatment without the inmate-patient having first been contacted or scheduled for treatment by health care staff.

“*Health Care Services*” is defined as medical, mental health, dental, pharmaceutical, diagnostic, and ancillary services provided to inmate-patients to identify, diagnose, evaluate and treat a medical, psychiatric, or dental condition.

“*Health Care Staff*” is defined as those persons licensed by the State of California to provide health care services and who are either employed by CDCR, or are under contract with CDCR, to provide health care services to inmate-patients.

III. PROCEDURE

A. Inmate Initiated Health Care Encounters

1. All inmate-patients shall initiate their health care encounters by submitting a CDCR Form 7362 *Health Care Services Request for Treatment* and shall be provided an opportunity to report an illness or any other health problem.
2. Inmate-patients shall complete all pertinent information requested in Part I. at the top of the CDCR Form 7362, sign and date the form and submit the request as outlined in Chapter 5.14-2 IV. A. 4.; or 5.14-3 IV. B. 1. of this policy.
3. The CDCR Form 7362 shall be available to inmate-patients in the housing units, clinics, RC and from health care staff.
4. The CDCR Form 7362 is a confidential health care document used to assess the priority of the request and to access the appropriate discipline or provider.
5. Inmate-patients shall receive an evaluation of the condition as well as medically necessary treatment and follow-up treatment by CDCR health care staff.

B. Co-payment Fee Charges

1. Inmate-patients shall be charged a co-payment fee of five dollars (\$5.00) for each inmate-initiated health encounter in which dental treatment is provided.
2. Inmate-patients shall not be charged a co-payment fee for:
 - a. Face-to-face triage or limited problem focused exam encounters in which only diagnostic procedures are performed but no dental treatment is provided. In such situations the inmate-patient may be charged a co-payment fee at a subsequent treatment appointment.
 - b. An initial or periodic comprehensive dental examination.
3. The levying of a five dollar (\$5.00) co-payment fee shall not affect the amount of services provided during each dental encounter. If more than one dental encounter is needed to complete an inmate-patient's dental treatment on a specific tooth and the subsequent encounter is **not** related to the initial procedure, the subsequent encounter shall also be charged a co-payment fee.

C. Follow-up Dental Services

1. Dental services provided in accordance with a prescribed dental treatment plan are not to be considered as a follow-up dental encounter.
2. Dental procedures considered as follow-up dental encounters, which are not charged a co-payment include, but are not limited to:
 - a. Suture removals.
 - b. Post-operative dental procedures of any type, as long as the procedures are initiated by the dentist and documented in the progress notes indicating the need for the return encounter.
 - c. Denture adjustments following the delivery of a new or repaired denture.
 - d. Postponement of any dental procedure that the dentist believes is clinically necessary.
 - e. Any encounter initiated by a health care staff member.

D. Processing of Completed CDCR Form 7362s After a Treatment Encounter

1. Ensure that the form is signed and dated by the dental provider. If there are multiple requests for the same chief complaint, only one of the CDCR Form 7362s need be signed.
2. Ensure that the inmate-patient is given the yellow and goldenrod copy or copies.
3. Send the pink copy to the Inmate Trust Office for payment deduction from the inmate-patient's trust account if there is a charge for the encounter. Only one (1) pink copy need be sent per encounter regardless of the number of requests submitted by the inmate-patient.
4. Place the white copy original(s) in the dental section of the inmate-patient's UHR.

E. Processing of CDCR Form 7362s When Inmate-Patients are Scheduled for Treatment After a Face-to-Face Triage or Limited Problem Focused Exam Encounter

1. Ensure the dentist initials and dates the CDCR Form 7362 at the time of the face-to-face triage or limited problem focused exam encounter.
2. Ensure the dentist, or designee, files the CDCR Form 7362 in the dental section of the inmate-patient's UHR pending the treatment encounter.

CHAPTER 5.2

Priority Health Care Services Ducat Utilization (E)

I. POLICY

The CDCR shall develop and utilize a system of priority ducats to provide inmate-patients timely access to dental care.

II. PURPOSE

To develop a process that provides all inmate-patients with access to dental care through the successful implementation of a dental ducat delivery process within CDCR.

III. PROCEDURE

A. General Requirements

1. Each institution shall establish procedures for processing, distributing and documenting dental ducats that:
 - a. Provide inmate-patients with timely access to dental care.
 - b. Provide a system of accountability for the distribution and delivery of dental ducats.
 - c. Provide a method for documenting and processing an inmate-patient's refusal or failure to report for scheduled dental appointments.
2. These procedures shall include:
 - a. Provision for the OT, or designated dental staff, under the direction of the dentist, to prepare dental care ducat lists for dental appointments no later than one (1) day prior to the scheduled encounter. Inmate-patients scheduled for dental appointments shall be ducated at designated intervals.
 - b. Provision for the OT or designated dental staff, to forward the lists of ducated inmate-patients to Health Record Services as outlined in Chapter 5.14-6 IV. D. 2. of this policy.
 - c. A written methodology for the distribution of ducats within the institution, which shall include instructions that, upon receipt, the facility or program unit custodial supervisor or designated custodial staff shall be responsible for delivering the ducats to the inmate-patients in a timely manner, in accordance with the correctional facility's local operational procedures.
 - d. A written methodology for documenting the delivery of the dental ducats to the inmate-patients ensuring that they shall receive a ducat prior to their scheduled appointment and shall arrive at the clinic at the specified time on the ducat.
 - e. Provision for a CO to instruct inmate-patients to report to their dental appointment as indicated on the ducat.

- f. A written methodology for re-routing dental ducats to inmate-patients who have received intra-facility bed/cell moves, which ensures that inmate-patients will receive the ducats with sufficient time to report for scheduled appointments.
 - g. Provision for Development Disability Program (DDP)/Disability Placement Program (DPP) designated inmate-patients to be given specific instructions concerning the time and location of their scheduled appointment(s). Custody staff delivering the ducats to such designated inmate-patients shall utilize effective forms of communication to ensure that the inmate-patients arrive at the designated appointment location.
 - h. A notation that Health Care Services ducats shall be treated as priority ducats. For the purpose of this policy, priority ducats indicate the necessity of dental care.
 - i. Provision for inmate-patients to bear the responsibility of reporting to the dental appointment as indicated on the priority health care ducat. (Reference the CCR, Title 15, Division 3, Chapter 1, Article 1, Section 3014 “Calls and Passes”).
 - j. A system to provide inmate-patients timely access to health care services from any facilities or housing units on modified program or lock down status. (Reference Chapter 5.14-7 IV. G. of this policy).
- B. Dental Ducat Cancellation or Rescheduling at the Inmate-Patient’s Request
1. In the event an inmate-patient informs the CO delivering the ducat that he or she wishes to cancel or reschedule his or her appointment, the CO shall attempt to determine the inmate-patient’s reason for canceling or rescheduling the appointment.
 2. Upon completion of ducat distribution and delivery, the custody supervisor shall inform the HPM III, SD, or designee, of the inmate-patient’s cancellation or request for rescheduling an appointment and his or her stated reason for doing so. The inmate-patient’s cancellation or request for rescheduling an appointment will be regarded as an intentional failure to report and is subject to the provisions outlined in Section III. D. 3. of this chapter.
- C. Dental Ducat Cancellation or Rescheduling by Dental Staff
1. If an inmate-patient’s scheduled appointment for DPC 1A dental care is cancelled or rescheduled by dental staff, then the inmate-patient shall be seen by a dentist within one (1) calendar day. For all other DPC appointments, the dentist shall see the inmate-patient within thirty-five (35) calendar days of the cancelled appointment or consistent with the timeframe associated with the original DPC code assigned at the date of diagnosis, whichever is shorter.
 2. If an inmate-patient’s face-to-face triage or limited problem focused exam encounter is cancelled or rescheduled by the dental clinic, then the inmate-patient shall be seen by a dentist within the following three (3) business days.
- D. Failure to Report for Dental Ducats
1. If an inmate-patient has not cancelled a scheduled dental appointment but fails to report for the appointment, the OT or designated dental staff shall immediately contact the

- designated custody supervisor. If the OT or designated dental staff is not available then the dentist shall immediately contact the designated custody supervisor.
2. Unintentional Failure
 - a. If it is determined that the inmate-patient failed to report for reasons beyond his or her control, the matter shall be referred to the HPM III, who shall seek to ensure that corrective measures are taken.
 - b. The dentist, or designee, shall notify the OT or designated dental staff to reschedule the inmate-patient.
 - c. If an inmate-patient unintentionally fails a dental appointment, then the dentist shall see the inmate-patient within one (1) calendar day for a DPC 1A dental need. For all other DPC needs, the dentist shall see the inmate-patient within thirty-five (35) calendar days following the unintentional failure or consistent with the timeframe associated with the original DPC code assigned at the date of diagnosis, whichever is shorter.
 - d. If an inmate-patient unintentionally fails a face-to-face triage or limited problem focused exam encounter, then the inmate-patient shall be seen by a dentist for a face-to-face triage or limited problem focused exam within three (3) business days.
 - e. The dentist, DA or OT shall document the reason for the inmate-patient's failure to report to the scheduled appointment, as well as the date and time, of the rescheduled appointment on the CDCR Form 237-C *Dental Progress Notes* or the CDCR Form 237-C-1 *Supplemental Dental Progress Notes*.
 3. Intentional Failure
 - a. If it is determined that the failure to report was intentional on the part of the inmate-patient, then the dentist, or designated DA or OT shall request that the inmate-patient be sent or escorted to the dental clinic.
 - b. If the inmate-patient refuses to go to the dental clinic, then the custody staff shall notify the dentist, or designated DA or OT.
 - c. The dentist shall record the intentional failure to report as a refusal on the CDCR Form 237-C or 237-C-1, and complete a CDC Form 7225 *Refusal of Examination and/or Treatment*. (Reference Chapter 5.7-1 III. F. for other requirements concerning an inmate-patient refusal).
 - d. In the event licensed health care staff, [i.e., the treating dentist, the primary care provider (PCP), the staff who initiated the ducat, an outside consultant], have concerns related to the effect of the cancellation or postponement on the inmate-patient's health, a face-to-face interview and counseling session will occur with the inmate-patient.
 - 1) This interview shall include counseling the inmate-patient about any risk involved in canceling or postponing the clinic visit.
 - 2) If the inmate-patient refuses the face-to-face interview and counseling session, then the dentist shall record this refusal as outlined in Section III. D. 3. c. of this chapter.

- e. Inmate-patients who intentionally fail to report for a dental appointment shall be required to submit a CDCR Form 7362 *Health Care Services Request for Treatment* in order to access future dental care.
4. Dental staff and/or custodial staff, as appropriate, may initiate progressive inmate disciplinary action, as necessary, based on the factors of the inmate-patient's failure to report. (Reference the CCR, Title 15, Division 3, Chapter 1, Article 1, Section 3000, "Definitions – General Chrono" and/or the CCR, Title 15, Division 3, Subchapter 4, Article 5, Section 3312, "Disciplinary Methods").

CHAPTER 5.3

Recording and Scheduling Dental Encounters (E)

I. POLICY

All CDCR dental departments shall record and monitor inmate-patient requests for dental treatment submitted via the CDCR Form 7362 *Health Care Services Request for Treatment*. The HPM III shall keep all documents and logs pertaining to the recording and monitoring of the inmate-patient requests for dental treatment as well as those used for scheduling encounters for a period of three (3) years.

II. PURPOSE

To standardize the recording and scheduling of dental inmate-patient dental encounters.

III. PROCEDURE

A. The Interim Dental Tracking Database (IDTD) is used for recording and monitoring inmate-patient requests for dental treatment and to schedule encounters. Inmate-patients are able to request or access dental services as outlined in Chapters 5.1-1 III. A. 1. and 5.14-1 III. D. of this policy.

1. A dental staff member shall record inmate-patient requests for dental treatment (via a CDCR Form 7362 or otherwise) in the IDTD as a new “open record.” Requests that are generated at chairside as outlined in Section III. B. 2. and 3. of this chapter shall be recorded in the same manner.
2. The appropriate appointment information shall be entered by the process of “Add New Record” in the “Open Appointments” screen of the IDTD. (Reference Chapter 5.14-3 IV. B. for CDCR Form 7362 review requirements).
3. All inmate-patients shall be scheduled in advance, on an equal basis, based on the severity of their dental conditions and where applicable, after fulfilling PI score and length of incarceration eligibility requirements.
4. Priority ducat lists shall be prepared using the process of “Create/View Ducat Lists” in the “Open Appointments” screen of the IDTD and distributed as outlined in Chapter 5.2-1 III. A. 2. of this policy.

B. Information documented on the *Daily Dental Encounter Form* (DDEF) is entered into the IDTD for the purpose of recording inmate-patient dental encounters and monitoring access to care.

1. The dentist, or designee, shall be responsible for correctly and accurately entering all pertinent information on the DDEF.
2. For inmate-patients with a DPC 1, 2 or 3, as recorded in the “DPC after Encounter” box of the DDEF, the dentist or designee shall ask the inmate-patient, at the end of the encounter, if he or she would like to initiate another request for dental services via the

- CDCR Form 7362. (Reference Chapter 2.2-2 IV. B. 3. and 4. of this policy for exceptions to this procedure).
3. If the inmate-patient wishes to request another dental encounter, then he or she shall complete and submit another CDCR Form 7362 at the end of the dental encounter.
 - a. The dentist shall initial and date the CDCR Form 7362 and the dentist, or designee, shall notify the OT, or designated dental staff, to schedule the inmate-patient for treatment at the next available encounter relative to the inmate-patient's DPC; not for a face-to-face triage encounter. (Reference Chapter 5.4-1 III. E. of this policy for timeframe requirements within which treatment must be initiated).
 - b. Follow the procedure outlined in Chapter 5.1-3 III. E. 2. of this policy.
 - c. These inmate-patients shall be assessed a co-payment at the following encounter, subject to provisions as outlined in Chapter 5.1-2 III. B. of this policy.
 4. If the inmate-patient refuses to request dental services via the CDCR Form 7362 at the end of the dental encounter, then the dentist shall record the refusal on the CDCR Form 237-C *Dental Progress Notes* or the CDCR Form 237-C-1 *Supplemental Dental Progress Notes* and complete a CDC Form 7225 *Refusal of Examination and/or Treatment*. (Reference Chapter 5.7-1 III. F. for other requirements concerning an inmate-patient refusal). The inmate-patient shall submit a CDCR Form 7362 in order to access future dental care.
 5. If an inmate-patient fails to appear for a scheduled encounter, then the dentist, or designee, shall follow the procedure outlined in Chapter 5.2-2 III. D. of this policy.
 6. If an inmate-patient's scheduled encounter is cancelled or rescheduled by dental staff, then the procedures outlined in Chapter 5.2-2 III. C. of this policy shall be followed.

CHAPTER 5.4

Dental Priority Classification (E)

I. POLICY

The dental treatment needs of CDCR inmate-patients shall be addressed based on the priority of need, length of incarceration, and where applicable, the inmate-patient's demonstrated willingness to engage in proper oral hygiene. A CDCR dentist shall assign an objective DPC to each newly admitted inmate-patient upon entering the CDCR and after each dental encounter.

II. PURPOSE

To ensure that all inmate-patients have equitable access to dental services based upon the occurrence of disease, significant malfunction, or injury and medical necessity.

III. PROCEDURE

A. All inmate-patients shall be assigned a DPC at the RC Screening, at the time of their comprehensive dental examination at a Mainline Facility and after each face-to-face triage, limited problem focused exam or treatment encounter. This DPC shall be reviewed and appropriately modified after each dental encounter.

B. Dental treatment shall be prioritized as follows:

- DPC 1A, 1B, 1C: Urgent Care
- DPC 2: Interceptive Care
- DPC 3: Routine Rehabilitative Care
- DPC 4: No Dental Care Needed
- DPC 5: Special Needs Care

C. Emergency dental treatment shall be available on a twenty-four (24) hour, seven (7) day per week basis.

D. In general, dental encounters shall be scheduled based on the inmate-patient's DPC, as determined by a CDCR dentist.

E. Once a dentist has diagnosed a dental condition, treatment shall be initiated within the timeframes indicated for each DPC and subject to the limitations listed in Section III. G. and H. of this chapter.

F. The DPC timeframe shall be adhered to so long as it is consistent with the community standard of care for general dentistry. Deviation from the DPC timeframe is permitted if complying with the DPC timeframes is not, for whatever reason, in the best interest of the inmate-patient. In such instances, the clinician shall document in the progress notes that he or she is deviating from the IDSP P&P, and that the deviation is consistent with the community standard of care.

G. Inmate-patient eligibility for DPC 3 care shall be subject to the requirements outlined in Chapter 2.13-1 III. B. of this policy.

- H. Inmate-patients with less than twelve (12) months of verifiable, continuous incarceration time remaining on their sentence in a Mainline Facility shall receive only Emergency and DPC 1 and 2 dental care. Inmate-patients with less than six (6) months of verifiable, continuous incarceration time remaining on their sentence in a Mainline Facility shall receive only Emergency and DPC 1 dental care.
- I. Each institutional dental department shall generate a CDCR Form 128-D *Dental Priority Classification Chrono* indicating when an inmate-patient's dental condition changes from one DPC to another. The CDCR Form 128-D shall indicate the inmate-patient's new DPC and shall be distributed to the inmate-patient's UHR, Central (C) File and Correctional Counselor.

DENTAL PRIORITY CLASSIFICATIONS		
DPC	DESCRIPTION OF NEED	ELIGIBILITY REQUIREMENTS**
Emergency Care: Immediate Treatment	Inmate-patients requiring treatment of an acute oral or maxillo-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.	All inmate-patients are eligible for Emergency Care regardless of length of incarceration or PI score.
DPC 1A – 1C[*] Urgent Care:		All inmate-patients are eligible for DPC 1 Care regardless of length of incarceration or PI score.
1A: Treatment within 1 calendar day.	Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.	
1B: Treatment within 30 calendar days.	Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.	
1C: Treatment within 60 calendar days.	Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.	
DPC 2[*] Interceptive Care: Treatment within 120 calendar days.	Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention.	Inmate-patients must have over six (6) months remaining on their sentence within a CDCR institution at the time DPC 2 care is initiated and are eligible regardless of PI score.
	Edentulous or essentially edentulous, or with no posterior teeth in occlusion, requiring a complete and/or removable partial denture.	
	Moderate or Advanced Periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Reference Chapter 2.4 of this policy).	
	Restoration of essential physiologic relationships.	
DPC 3[*] Routine Rehabilitative Care: Treatment within one year.	An insufficient number of posterior teeth to masticate a regular diet [seven (7) or fewer occluding natural or artificial teeth], requiring a maxillary and/or mandibular partial denture; one or more missing anterior teeth resulting in the loss of anterior dental arch integrity, requiring an anterior partial denture.	Inmate-patients must: <ul style="list-style-type: none"> • Have at least twelve (12) months remaining on their sentence within a CDCR institution at the time DPC 3 care is initiated. • Have an acceptable PI score as outlined in Chapter 2.13-1 III. B. of this policy.
	Carious or fractured dentition requiring restoration with definitive restorative materials or transitional crowns.	
	Gingivitis or Mild Periodontitis requiring routine prophylaxis.	
	Definitive root canal treatment for anterior teeth, which are restorable with available restorative materials. The inmate-patient's overall dentition must fit the criteria in Chapter 2.9 of this policy.	
	Non-vital, non-restorable erupted teeth requiring extraction.	
DPC 4: No Dental Care Needed	Inmate-patients not appropriate for inclusion in DPC 1, 2, 3, or 5.	
DPC 5: Special Needs Care	Inmate-patients with special needs (Reference Chapter 4.5 of this policy for methods of recommending treatment).	All inmate-patients with special needs are eligible for DPC 5 Care regardless of length of incarceration and shall meet PI score eligibility requirements if applicable.

* Treatment to be initiated within the specified timeframe, from the date of diagnosis.

** Eligibility determined by length of incarceration and where applicable PI score.

CHAPTER 5.5

Dental Treatment Plan (E)

I. POLICY

All Mainline Facility inmate-patients who receive a comprehensive dental examination by a CDCR dentist shall have an individual treatment plan developed in conjunction with the examination. The dentist shall explain the advantages and disadvantages of the treatment plan to the inmate-patient.

II. PURPOSE

To establish guidelines for the development of individual dental treatment plans for Mainline Facility inmates in the CDCR.

III. PROCEDURE

- A. Prior to receiving routine dental care, all Mainline Facility inmate-patients shall have a dental treatment plan documented on the CDCR Form 237-B *Dental Examination and Treatment Plan*. (Reference Chapter 2.6-2 III. A. 5. of this policy regarding treatment plans that include a dental prosthesis).
- B. The dentist performing the examination and establishing the treatment plan shall verify that the inmate-patient received a *Dental Materials Fact Sheet* (DMFS) and has signed a CDCR Form 7441 *Patient Acknowledgement of Receipt of Dental Materials Fact Sheet* (DMFS). If this did not occur then the dentist shall provide one and shall have the inmate-patient sign a CDCR Form 7441.
- C. Appropriate radiographs shall be available and interpreted by the treating dentist when developing a dental treatment plan. Radiographs shall be labeled as outlined in Chapter 2.3-2 III. A. 2. a. 2) of this policy.
- D. During each treatment encounter for procedures associated with an established treatment plan, the treating dentist shall ask the inmate-patient and shall verify if:
 1. Any new dental conditions have arisen since the inmate-patient last received dental treatment.
 2. Any existing dental conditions have become more acute since the inmate-patient last received dental treatment.
- E. All dental care provided to inmate-patients and pertinent information regarding dental encounters shall be noted as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy.
- F. Any additions or corrections to the original dental treatment plan made during the course of treatment shall be entered on the CDCR Form 237-B-1 *Supplemental Dental Examination and Treatment Plan*.

CHAPTER 5.6

Interpreter Services (E)

I. POLICY

The CDCR shall utilize language assistance services when necessary to assist in providing dental health care to inmate-patients.

II. PURPOSE

To establish guidelines for the appropriate utilization of interpreter services when providing dental care to inmate-patients.

III. PROCEDURE

- A. Dental staff shall consult with the individual at their institution who is assigned to ensure effective communication with Limited English Proficient (LEP) inmates and shall utilize the LEP coordinator when questions arise regarding LEP services.
- B. Eligible inmate-patients must be provided qualified interpreter services during all phases of health care provision. (Reference IMSP&P, Volume 1 Governance and Administration, Chapter 11 Patient's Rights).
- C. Available medical translation services for eligible inmate-patients shall be utilized in the order of preference as follows:
 1. Qualified bilingual health care staff interpreters at the institution.
 2. Contracted language translation services or certified medical interpretation services as provided for by institutional, regional, or statewide contracts. Dental staff shall obtain the most current contracts from the institution LEP coordinator, contract analyst or AW for Health Care.
- D. A list of qualified bilingual health care staff interpreters is to be made available to the OT or designated dental staff by the Institution LEP Coordinator.
- E. When urgent/emergent health care must be provided to an inmate-patient who requires the assistance of an interpreter to effectively communicate, and a qualified health care staff interpreter is not available in a timely manner, any available interpreter may be utilized. In such situations, a qualified health care staff interpreter must be summoned and upon arrival immediately replace the non-qualified interpreter.
- F. Use of interpreter services and accommodation(s) made for effective communication shall be noted in the UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy.

Definitions:

Eligible Inmate-patients: Inmate-patients unable to communicate effectively in spoken English including:

- Inmate-patients who speak only languages other than English and who have no speaking ability in English.
- Inmate-patients who are able to speak their native language, and are able to speak some English, but are not fluent enough in English to understand basic facility activities and proceedings.
- Inmate-patients who are speech or hearing impaired and unable to communicate effectively in spoken English.

Qualified Bilingual Health Care Staff Interpreter: Any CDCR health care employee who has been determined to have a satisfactory level of competency in both English and the inmate-patient's primary language of communication, and is thereby qualified to perform interpretation services.

Interpretation: The processes of assisting an eligible inmate-patient to communicate in the English language for facility-based proceedings, and to interpret into the inmate-patient's primary language of communication, written documents or responses spoken in English to the inmate-patient.

CHAPTER 5.7

Inmate's Right to Refuse Treatment (E)

I. POLICY

The CDCR, its agents and the DCHCS, shall adhere to the requirements set forth in the CCR, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Section 3351 "Inmate Refusal of Treatment."

II. PURPOSE

To set forth procedures to ensure and document that an inmate's right to refuse dental treatment is respected.

III. PROCEDURE

- A. Refusal of dental care or refusal to provide informed consent for treatment must be documented by completing form CDC Form 7225 *Refusal of Examination and/or Treatment*.
 - 1. The CDC Form 7225 shall include a description of the examination and/or treatment being refused as well as the risks and benefits of the intervention.
 - 2. In the event an inmate-patient refuses dental services without an evaluation by a dentist to determine the nature of the problem and establish a possible course of treatment, a notation to this effect shall be made on the description section of the form.
- B. All refusals of dental services must be reviewed and countersigned by a dentist prior to being placed in the inmate-patient's UHR.
- C. A complete and thorough documentation of the inmate-patient's refusal is to be recorded in the Progress Notes section of the dental portion of the UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy, including:
 - 1. A description of the dental service(s) being refused.
 - 2. Health consequences of refusing the dental service(s).
 - 3. Alternative treatment options, if any.
- D. An inmate-patient may accept or decline any or all portions of a recommended dental treatment plan.
- E. An inmate-patient's decision to refuse treatment is reversible at any time and shall not prejudice future treatments.
- F. For each instance of an inmate-patient's refusal of treatment, a CDC Form 128-C *Medical/Psychiatric/Dental* chrono must also be completed with the original placed in the *Medical Chronos* section of the inmate-patient's UHR, with one copy placed in the inmate-patient's C – File and a second copy given to the inmate-patient's Correctional Counselor.

- G. The OT or designated dental staff will maintain a supply of CDC Form 7225s in each dental clinic.

CHAPTER 5.8

Medical Emergencies in the Dental Clinic (E)

I. POLICY

The CDCR shall ensure that emergency medical services are provided in the dental clinic as necessary, that each dental clinic maintains an up to date *Emergency Kit* containing supplies and equipment to be used in treating inmate-patients during medical emergencies, and that all dental personnel receive annual training on the institution's emergency medical response (EMR) system.

II. PURPOSE

To provide inmate-patients prompt access to emergency medical care as needed in the dental clinic, to establish the requirement that all dental clinics have a standardized *Emergency Kit* that might be used in treating inmate-patients during medical emergencies, and to establish training requirements on the institution's EMR system.

III. PROCEDURE

A. Definitions:

1. *Medical Emergency*: A medical emergency exists when there is a sudden, marked change in an inmate's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is not practical to first obtain consent, (Reference the CCR, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Section 3351).
 - a. Examples may include visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever, and facial swelling.
 - b. An emergency, as determined by dental staff, also includes necessary crisis intervention for inmate-patient's suffering from situational crises or acute episodes of mental illness.
2. *Dental Staff*: Includes dentists, dental hygienists, dental assistants and any other personnel in the dental clinic that are qualified to provide BLS/Cardiopulmonary Resuscitation (CPR).
3. *First Responder*: The first dental staff member, certified in BLS, on the scene of a medical emergency in the dental clinic whose priority is the preservation of life and to proceed with necessary basic first aid.

B. General Requirements

1. All dental staff within the dental clinic shall immediately respond to a medical emergency in the clinic.

2. The dentist shall assume responsibility of the medical emergency, and ensure that a dental staff member immediately notifies the medical department of the emergency.
3. The dentist shall continue to assume responsibility of the medical emergency, pending the arrival of a physician or emergency medical personnel.
4. Dental staff who respond to a medical emergency in the dental clinic shall take immediate action to preserve life and shall follow the institution's EMR LOP.
5. The first responder shall record the medical emergency in the Progress Notes section of the dental portion of the UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy.
6. The dentist, if not the first responder, shall assist in the documentation and/or completion of any required progress notes or incident reports.
7. The first responder, or designee, shall submit a copy of any incident reports to the HPM III within one (1) calendar day of the incident.
8. If an inmate-patient is unable to be resuscitated, the decision to terminate BLS/CPR shall be made by a physician or community emergency medical services staff. Pronouncement of death shall be made by a physician, according to acceptable medical standards.
9. While preservation of a crime scene is a valuable investigatory tool, this shall not preclude or interfere with the delivery of health care.
10. Custody requirements shall not unreasonably delay medical care in a life-threatening situation.
11. Required emergency equipment, supplies and emergency medications shall be maintained and readily available in the dental clinic.

C. Emergency Equipment and Supplies

1. Each dental clinic at each facility shall have *Emergency Kits* that contain at least the following supplies and equipment which shall be latex free:
 - Portable oxygen tank that is full, along with tubing and mask.
 - Ambu-bag (Bag-Valve-Mask).
 - One-way pocket mask.
 - Blood pressure cuff.
 - Stethoscope.
 - Two plastic evacuators (large diameter suction tips).
 - Drugs (See Table I – 5.8 below):

Table I – 5.8: Drugs for Medical Emergencies in the Dental Clinic

Drug Name	Dosage	Quantity
Epinephrine	0.30 mg (1:1,000; 0.30 ml)	One pre-dosed syringe (e.g. EpiPen or Twinject)

2. The HPM III shall ensure that the *Emergency Kit* is accessible, well demarcated and properly secured in each dental clinic.
3. On a daily basis, dental staff (as defined in Section III. A. 2. of this chapter) shall verify the integrity of the seal on the portion of the *Emergency Kit* containing the medical emergency drugs.
 - a. If the seal is broken the dental staff member shall count the sharps and medications contained within the *Emergency Kit*, at the beginning **and** end of the work day.
 - b. Dental staff completing the count shall document and initial the count on the *Tool Control Inventory Report* form, and follow all policies and procedures as stated in Chapter 3.2 of this policy.
 - c. The dental staff member shall also notify the pharmacy that the *Emergency Kit* seal is broken.
4. On a monthly basis, a dentist shall review the contents of the *Emergency Kit* in coordination with the institutional pharmacist or designee.
 - a. If the *Emergency Kit* seal is intact the dentist and the institutional pharmacist or designee shall verify that the medication expiration dates on the inventory sheet are still valid.
 - b. The dentist shall also check operation of the oxygen delivery system to verify that it is functioning properly and that it is full.
 - c. The dentist shall record these reviews along with the review date on an inventory sheet that shall be attached to outside of the *Emergency Kit*.
5. The HPM III shall keep a copy of the *Emergency Kit* inventory sheet on file for a period of at least one (1) year.
6. The dentist or dental staff completing either the daily sharps count or monthly *Emergency Kit* review shall notify the HPM III, upon completion of that review, of any *Emergency Kit* items that are missing, damaged, or broken and require replacement. The HPM III shall arrange for immediate replacement of the needed items.
7. Upon discovery that any drugs in the *Emergency Kit* require replacement, the dentist shall notify the HPM III and the institutional pharmacist. The institutional pharmacist shall replace all drugs as needed. Furthermore, the pharmacy shall keep a documented record of the expiration dates of the *Emergency Kit* drugs and perform inspections of the drugs in the *Emergency Kits* on a monthly basis, or as needed.
8. The dentist shall immediately notify the HPM III, (and the institutional pharmacist in the case of emergency drug use), of any *Emergency Kit* supplies or drugs that need replacement due to use in a medical emergency. The HPM III and the institutional pharmacy, if appropriate, shall arrange for immediate replacement of used supplies or drugs.

D. EMR System Training

1. The HPM III shall ensure that all dental personnel (including licensed contract staff), receive training on the EMR system before performing or assisting in patient care.
2. Training shall consist of site specific information on the location and contents of the medical *Emergency Kit* supplies and drugs, along with the steps and roles in accessing the institutional EMR system.
3. The HPM III shall ensure that all dental personnel are retrained annually on the aforementioned topics and when there is a change in the EMR system or contents of the *Emergency Kit*.
4. Retraining personnel because of changes in the EMR system or contents of the *Emergency Kit*, shall occur within a week of the HPM III receiving notification of such approved changes.
5. The HPM III shall document and keep a record of this training on file for a period of three (3) years.
6. The HPM III at each institution shall ensure that an LOP for medical emergencies in the dental clinic is developed and approved. This LOP, at a minimum, shall indicate who is responsible for notifying the medical department, and who is responsible for calling an ambulance, if needed. The HPM III shall be responsible for implementing and annually reviewing this LOP.
7. Each institution dental department shall participate in EMR drills which shall be conducted at a minimum once a year in each CDCR dental clinic.

CHAPTER 5.9

Continuity of Care (E)

I. POLICY

All CDCR, DCHCS dental staff shall ensure that inmate-patients are provided ongoing, necessary dental care in accordance with applicable state laws and in compliance with the stipulated agreement, and commensurate with community standards of care.

II. PURPOSE

To provide guidelines to assist in ensuring that CDCR inmate-patients receive continuity of health care.

III. PROCEDURE

A. Inmate-patients' dental health care information shall be recorded in a UHR or other clinically appropriate media. The UHR shall be established during intake and shall accompany the inmate-patient when they transfer or move within the system.

B. All health care encounters are to be recorded in the UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy.

C. For Mainline Facilities, the IDHSCE, or designated DA, shall identify the following categories of inmate-patients by reviewing the UHR of each newly arriving inmate-patient (including transfers) within three (3) business days of the inmate-patient's arrival at the receiving Mainline Facility, or by reviewing the Strategic Offender Management System (SOMS) within the same timeframe:

1. Inmate-patients with DPC 1 or 2 Conditions

The IDHSCE, or designated DA, upon review of the inmate-patient's UHR or SOMS, shall identify inmate-patients with a documented DPC 1 or 2 condition and shall notify the OT or designated dental staff to schedule them for a face-to-face triage and treatment encounter within three (3) business days of the IDHSCE's or designated DA's review, or for treatment of the most urgent existing DPC 1 or 2 condition(s) within the appropriate timeframe starting from the date the condition was diagnosed. (Reference Chapters 5.14-5 IV. C. 1. and 2. ; 5.4-3 of this policy).

2. Inmate-patients Eligible for a Periodic Comprehensive Dental Examination

a. The IDHSCE, or designated DA, upon review of the inmate-patient's UHR or SOMS, shall identify the date of the last comprehensive dental examination as indicated on the CDCR Form 237-B *Dental Examination and Treatment Plan* or CDCR Form 237-B-1 *Supplemental Dental Examination and Treatment Plan* and shall inform the OT or designated dental staff to notify inmate-patients (Reference Chapter 2.3-3 III. B. 7. of this policy for notification procedures) that are overdue for a periodic comprehensive dental examination that they are eligible for an examination. (Reference Chapter 2.3-2 III. B. 1. and 2. of this policy for eligibility criteria).

- b. Eligible inmate-patients who are overdue for a periodic comprehensive dental examination and who submit a CDCR Form 7362 *Health Care Services Request for Treatment* asking for a comprehensive dental examination shall receive one within ninety (90) calendar days of the dental clinic receiving the request. When this timeframe is not respected, the treating clinician shall document the reason in the progress notes section of the inmate-patient's UHR. (Reference Chapter 2.3-2 III. A. 3. and 4. of this policy for the exceptions).
3. Chronic Systemic Illnesses or Medical Conditions
 - a. Chronic systemic illnesses or medical conditions such as diabetes, human immunodeficiency virus (HIV), seizures, pregnancy, or other conditions often affect the oral cavity. Dental pathology related to such chronic systemic illnesses or medical conditions should be ruled out or identified at the earliest opportunity in order to receive definitive dental care.
 - b. The IDHSCE, or designated DA, shall review the CDCR Form 7371 *Confidential Medical/Mental Health Information Transfer – Sending Institution* or CDCR Form 7443/7444 *Dental Health History Record* and identify each inmate-patient with one of the following chronic systemic illnesses or medical conditions:
 - Diabetes
 - HIV
 - Seizure
 - Pregnancy(Reference Chapter 2.3-2 III. B. 3. for examination eligibility notification requirements regarding the aforementioned chronic systemic illnesses or medical conditions).
 - c. The IDHSCE, or designated DA, shall review the UHR or SOMS of each inmate-patient with at least one of the aforementioned chronic systemic illnesses or medical conditions and follow the procedures outlined in Section III. C. 2. a. and b. of this chapter.
 4. Inmate-patients Transferring From an RC
 - a. The IDHSCE, or designated DA, upon review of the inmate-patient's UHR or SOMS shall notify the OT, or designated dental staff, to notify all inmate-patients transferring from an RC of their eligibility for a comprehensive dental examination. (Reference Chapter 2.3-2 III. A. 4. of this policy for the exceptions).
 - b. Those inmate-patients who submit a request shall be seen for a comprehensive dental examination under the conditions and within the mandated timeframes as outlined in Chapter 2.3-1 III. A. 1. of this policy.
- D. If the DPC, the date of the last comprehensive dental examination, or the medical conditions are not clearly recorded, or the IDHSCE, or designated DA, is unable to locate this information then the SD shall be contacted to provide direction.
 - E. For each UHR or SOMS review, the IDHSCE, or designated DA, shall record on the CDCR Form 237-C *Dental Progress Notes* or CDCR Form 237-C-1 *Supplemental Dental Progress Notes* the following information, at a minimum:

- The date of review.
 - A brief statement that a dental UHR or SOMS review was performed.
 - Documentation of any direction provided by the SD.
 - The printed name of the reviewing IDHSCE, or designated DA.
 - The signature of the reviewing IDHSCE, or designated DA.
- F. The IDHSCE, or designated DA, shall record each UHR or SOMS review in the CDCR Form 7436 *Intake Dental Unit Health Record Review Log*.
- G. The OT, or designated dental staff, shall schedule an appropriate encounter for or provide notification to each inmate-patient in the manner and within the timeframes for each category of inmate-patient listed in Sections III. C. 1. through 4. of this chapter.
- H. The treating dentist shall be charged with the duty of ‘case management’ to monitor:
1. Timely scheduling of appointments.
 2. Rescheduling of cancelled or failed appointments.
 3. Necessary medical lab work or oral pathology specimen analysis.
 4. Patient follow-up regarding oral pathology lab results.
 5. Referrals to specialists.
 6. Follow-up care ordered by specialists.
 7. Intermediate appointments for prosthetic cases.
- I. The treating dentist shall review all internal consultation reports, medical and oral pathology lab reports and reports from outside the facility within seven (7) business days of receipt of the report by the dental clinic. The dentist shall inform the inmate-patient of the result(s) of the report(s) within three (3) business days of reviewing the report(s). (Reference Chapter 6.1-2 III. A. 6. through 8. of this policy for documentation requirements).
- J. The OT, or designated dental staff, under the direction of the treating dentist, shall track all referrals and medical, dental or pathology laboratory procedures to ensure their completion.
- K. If an inmate-patient is transferred to another institution a dentist shall review the dental treatment plan prior to providing treatment and indicate the review in the “Dental Treatment Plan Review and/or Changes” section of the CDCR Form 237-B-1. A review is not required if the inmate-patient is being seen by the new institution’s dental staff for only one appointment, or is being treated on a specific referral basis.
- L. Inmate-Patient Transfers Within a Facility
1. When a dental staff member becomes aware that an inmate-patient has transferred to a new housing unit within the facility that is served by a different dental clinic, they shall notify the OT, or designated dental staff member, who shall notify the SD and a dental staff member at the new clinic of the inmate-patient’s transfer in order to ensure continuity of care.
 2. Upon notification, the dental staff member at the new clinic shall request the transferred inmate-patient’s UHR. A dentist at the new clinic shall review the UHR upon receipt, to determine if there is documentation of any urgent dental needs in the dental treatment

plan. The dentist shall indicate the review in the “Dental Treatment Plan Review and/or Changes” section of the CDCR Form 237-B-1. After reviewing the UHR, the dentist, or designated staff member, shall notify the OT, or designated dental staff, to schedule the inmate-patient for DPC 1 or 2 dental care, if needed.

- M. Health care staff shall prepare a care plan, including provisions for referrals, special diets, medications and other appropriate regimens for inmate-patients who have special dental needs and are being released from the CDCR.

CHAPTER 5.10

Dental Emergencies (E)

I. POLICY

Every CDCR facility shall ensure the availability of emergency dental care twenty-four (24) hours a day, seven (7) days a week.

II. PURPOSE

To provide cost-effective, timely and competent emergency dental care to every inmate-patient consistent with adopted standards for quality and scope of services within a custodial environment, and to establish procedures and guidelines for managing and responding to dental emergencies in CDCR facilities.

III. PROCEDURE

A. Definitions:

1. *Dental Emergency*: A dental emergency, as determined by health care staff, includes any dental condition for which evaluation and treatment are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen disabling pain.

Examples of dental emergencies include acute oral and maxillofacial conditions characterized by trauma, infection, pain, swelling, or bleeding that is likely to remain acute or worsen without immediate intervention. Additional conditions that **always** constitute dental emergencies include, but are not limited to:

- Airway/breathing difficulties resulting from oral infection.
- A rapidly spreading oral infection, such as Ludwig's angina, cellulitis, (characterized by a firm swelling of the floor of the mouth, with elevation of the tongue), and acute abscess, (including an abscess at root end or a gingival abscess).
- Facial injuries and trauma to the jaws or dentition that threatens loss of airway.
- Suspected shock due to oral infection or oral trauma.
- Uncontrolled or spontaneous severe bleeding of the mouth.
- Head injuries (including stabbing or gunshot wounds) that involve the jaws or dentition.
- Moderate to severe dehydration associated with alteration in masticatory function due to obvious dental infection or dental trauma.
- Clear signs of physical distress, (e.g., respiratory distress), related to infection or injury to the jaws or dentition.
- Suspected or known fractures involving the nasal bones, mandible, zygomatic arch, maxilla and zygoma.
- Acute Temporomandibular Joint (TMJ) pain, "closed-lock" TMJ, or dislocation of the TMJ.
- Aspiration or swallowing of a tooth/teeth or foreign object that threatens loss of airway.

- Acute, severe, debilitating pain due to obvious or suspected oral infection, oral trauma, or other dental-related conditions.
 - Infections, including infected third molars, (wisdom teeth), and acute infections with a fever of 101° F or above, infections not responsive to antibiotic therapy, and acute pulpitis.
 - Injuries from trauma, such as an avulsed tooth, or fractured tooth.
 - Postoperative complications including alveolar osteitis, bleeding or infection.
 - Facial swelling.
2. *Emergency Dental Services*: Emergency dental services are services designed to prevent death, alleviate severe pain, prevent permanent disability and dysfunction, or prevent significant medical or dental complications. Emergency dental services include the diagnosis and treatment of dental conditions that are likely to remain acute or worsen without immediate intervention.

The following dental procedures shall **not** be considered or performed as emergency dental services.

- Minor elective surgery.
 - Elective removal of dental wires, bands, or other fixed appliances.
 - Routine dental restorations.
 - Routine removable prosthodontic appliance adjustments or repairs.
 - Administration of general anesthesia.
 - Routine full-mouth scaling and root planing.
 - Periodontal treatments involving sub-gingival curettage and root planing unless required in order to abate the dental emergency condition.
 - Treatment of malignancies, cysts, neoplasms, or congenital malformations unless directly related to abatement of the dental emergency.
 - Biopsy of oral tissue unless there is an immediate need to perform this procedure as a result of the dental emergency condition.
 - Occlusal adjustment unless directly related to the abatement of the dental emergency condition.
 - Root canal therapy other than palliative in nature.
 - Any corrective dental treatment that can be postponed without jeopardizing the health of the inmate-patient.
3. *Dental Clinic Operating Hours*: Dental clinic operating hours is defined as at least eight (8) hours per day, Monday through Friday, excluding holidays in which dental services are available to inmate-patients.
4. *Working Day*: For purposes of this policy a working day is defined as Monday through Friday, excluding holidays.
5. *Health Care Staff*: Medical or dental personnel, (e.g., physician or dentist), who within their scope of licensure is able to assess an inmate-patient's condition and determine if a dental emergency exists.

B. General Requirements

1. Inmate-patients requiring treatment for a dental emergency shall be seen immediately.
2. Emergency dental services shall be provided first to those most in need, to attempt stabilization and prevent deterioration of an inmate-patient's condition.

3. Emergency dental services shall be the responsibility of the HPM III at that institution. The HPM III's duties shall include, but not be limited to:
 - a. Developing and maintaining approved written policies and procedures for emergency dental services. Implementing and annually reviewing approved policies and procedures to ensure they are current with the required state regulations.
 - b. Ensuring the availability of emergency dental services coverage twenty-four (24) hours a day, seven (7) days a week.
 - c. Ensuring that SRNs, RNs, mid-level providers and physicians working in the medical clinic or TTA receive training in Oral Assessments and Dental Emergencies for Medical Staff.
 - d. Establishing and maintaining a contract for an Oral Surgeon to provide on call services at their institution.
 - e. Ensuring that the medical department has the on call Oral Surgeon's contact phone and/or pager numbers on file.
4. The CEO/HCM/CMO at each institution shall ensure that an RN with current training in Oral Assessments and Dental Emergencies for Medical Staff is available twenty-four (24) hours a day to assess inmate-patients with dental emergencies.
5. All inmate-patients shall provide authorization for treatment via informed consent for emergency dental services prior to treatment being rendered.
 - a. All inmate-patients who have life-threatening conditions, as determined by the Medical Officer of the Day (MOD), Physician on Call (POC), or treating dentist, (including the SD), and who are unable to provide informed consent shall be treated regardless of whether or not authorization for treatment is provided.
 - b. The effort to obtain authorization for treatment shall continue simultaneously with the treatment.
 - c. The MOD/POC or treating dentist shall document in the inmate-patient's UHR the life-threatening condition that requires treatment without authorization.
6. No treatment shall be forced over the objection of the inmate-patient, or his or her legally authorized representative or responsible relative, except in emergencies, where immediate action is imperative to save the life of the inmate-patient, or in such cases as are provided for by law as noted in the CCR, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8., Section 3351.
 - a. If, after adequate explanation of the necessity for treatment and possible adverse effects that may result as a consequence of refusal, the inmate-patient maintains his or her desire to refuse treatment, the inmate-patient shall be required to sign a CDC Form 7225 *Refusal of Examination and/or Treatment*.
 - b. The refusal of emergency dental treatment shall also be documented in the Progress Notes section of the dental portion of the inmate-patient's UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy. (Reference Chapter 5.7-1 III. F. for other requirements concerning an inmate-patient refusal).

7. For every inmate-patient receiving emergency dental treatment, an appropriate entry shall be recorded in the Progress Notes section of the dental portion of the UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy.
8. Emergency dental services shall be performed only by, or as ordered by, a dentist within the scope of his or her license.
9. Emergency first aid shall be rendered as necessary.
10. Inmate-patients shall be allowed to participate in their dental care whenever possible. Inmate-patients shall receive instruction from the dentist or RN regarding their care, the nature of the illness or injury and any follow up care that is necessary. The dentist or RN shall document in the inmate-patient's UHR, any instructions given to the inmate-patient.
11. Any inmate-patient needing emergency dental services at another health care facility shall be transported in a safe, secure and efficient manner.
12. When a dental emergency requires the use of a medical transport vehicle, the clinic RN shall be notified via the institutional telephone system.

C. Dental Emergencies *During* Dental Clinic Operating Hours

1. Inmate-patients initiating dental emergency requests during dental clinic operating hours shall contact an available or accessible CDCR staff member, who shall then notify the dental clinic of the emergency.
 - a. The CDCR staff member notifying the dental clinic of the emergency shall work with the dental clinic staff to arrange for the inmate-patient to report to the dental clinic on their own, or be escorted to the dental clinic for evaluation.
 - b. If an inmate-patient is unable to walk, arrangements shall be made to have the inmate-patient transported to the dental clinic or TTA as appropriate.
2. The CDCR staff member notifying the dental clinic of the emergency shall contact the SD, or designee, who shall provide direction in those instances when there is not a dentist in the clinic.
3. The dentist shall see these inmate-patients upon their arrival at the dental clinic or TTA to establish the inmate-patient's disposition and if needed provide treatment. The dentist shall ensure that the inmate-patient is scheduled for any needed follow-up care relating to the dental emergency.
4. The dentist shall review and sign a CDCR Form 237-F *Dental Pain Profile* for each inmate-patient with a dental emergency. If an inmate-patient is unable or refuses to complete the CDCR Form 237-F, the dentist shall complete the form on behalf of the inmate-patient, documenting the complaint and the reason the inmate-patient did not personally complete the form.
5. Inmate-patients with a life threatening illness or injury shall receive immediate medical attention.

D. Dental Emergencies *Outside* Dental Clinic Operating Hours

1. The Medical Department shall manage dental emergencies occurring outside of dental clinic operating hours.

2. RNs, who have received training in Oral Assessments and Dental Emergencies for Medical Staff under the direction of the HPM III, shall be notified of dental emergencies by institutional staff, and shall assess inmate-patients to determine the need for emergency dental treatment.
3. If in the opinion of the medical staff the situation does not require the attention of a dentist the MOD/POC shall prescribe the appropriate level and type of care.
4. If in the opinion of the medical staff the situation requires the attention of a dentist, the MOD/POC, via the medical clinic's RN, shall be responsible for contacting the on call Oral Surgeon at the earliest opportunity to arrange for definitive treatment.
5. The on call Oral Surgeon contacted outside dental clinic operating hours, regarding a dental emergency, shall notify the SD, or designee, on the next working day of the dental emergency contact. This notification shall include, but not be limited to the following:
 - Inmate-patient's name.
 - Inmate-patient's chief complaint.
 - Diagnosis or provisional diagnosis.
 - Treatment or action provided or ordered.
 - Any scheduled follow-up care.

E. Emergency Transfers

1. When in the opinion of the on call Oral Surgeon, treating dentist, or SD it becomes necessary to transfer an inmate-patient to a General Acute Care Hospital (GACH), or other facility for emergency dental services, the RN shall make a written request on a CDC Form 7252 *Request for Authorization of Temporary Removal for Medical Treatment* and notify the Watch Commander. The RN shall document the following on the CDC Form 7252:
 - Inmate-patient's name and CDCR number.
 - Name of receiving GACH or dental facility.
 - Description of the condition necessitating transfer.
 - The dental evaluation or treatment recommended by the on call Oral Surgeon, treating dentist, or SD.
 - Name of the on call Oral Surgeon, treating dentist, or SD.
2. The CDC Form 7252 shall be submitted prior to the transfer and shall be approved so as to create no undue delays. In a life or death situation, it shall not be necessary to await completion and return of the form. The inmate-patient shall be transferred immediately.
3. The on call Oral Surgeon, treating dentist, or SD shall:
 - Contact or have the sending facility RN contact the receiving physician or dentist at the receiving GACH or facility and obtain his or her acceptance of the inmate-patient.
 - Document in the inmate-patient's UHR, a brief history of the illness or injury, treatment received, reason and permission for the transfer, as well as the name of the accepting physician or dentist.
 - Write an order or provide verbal orders to the emergency medical services physician for the transfer of the inmate-patient.

- Document on the CDC Form 7252 a brief history of the illness or injury, treatment received and reason for transfer. In the absence of the on call Oral Surgeon, treating dentist, or SD, the RN shall complete the CDC Form 7252.
 - Determine whether an ambulance is necessary, and if so, direct the RN, or designee, to contact the contract ambulance service. If an ambulance is unnecessary, the Watch Commander shall provide a state vehicle for transportation.
4. The CDC Form 7252 shall accompany the inmate-patient to the receiving GACH or facility.
 5. The RN, or designee, shall notify the GACH or facility of the impending transfer.

References:

CCR, Title 15, Division 3, Subchapter 4, Article 8, Section 3351

CCR, Title 22, Sections 79673, 79675, 79677, 7967

CHAPTER 5.11

Direct Medical Orders (E)

I. POLICY

CDCR, DCHCS personnel shall abide by applicable statutes, standards and administrative policy when issuing and complying with direct medical orders.

II. PURPOSE

To ensure that CDCR DCHCS personnel are in compliance with applicable state law in regard to direct medical orders.

III. PROCEDURE

A. Licensed health care staff who, by virtue of their license, are authorized by law or regulations to issue direct medical orders must:

1. Write and sign all orders they issue, or
2. Communicate such orders to appropriate health care providers and sign these orders within forty-eight (48) hours or the next business day. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 9 Prescription Requirements).
3. In the absence of the ordering health care provider, verbal orders may be countersigned by a non-ordering dentist or physician.

B. Modifications to direct medical orders must be authorized by a licensed practitioner.

CHAPTER 5.12

Supplemental Nutritional Support (E)

I. POLICY

The CDCR shall provide inmate-patients with supplemental nutritional support when warranted by a medical or dental condition.

II. PURPOSE

To establish and maintain a system whereby inmate-patients are supplied with supplemental nutritional support when warranted by a medical or dental condition. Supplemental nutritional support shall be defined as:

Nourishments: Approved food items, in addition to the standard meal, prescribed by a treating clinician for inmate-patients with certain dental or medical conditions.

Supplements: High caloric drinks or high caloric foods bars, in addition to or in place of the standard meal, prescribed by a treating clinician for inmate-patients with certain dental or medical conditions.

III. PROCEDURE

- A. A treating clinician shall complete a CDCR Form 7221 *Physician's Orders* for all nourishments and supplements.
- B. Nourishments and supplements may be prescribed for inmate-patients who are pregnant, diabetic, immunocompromised, malnourished, or those with dental or oropharyngeal conditions causing difficulty eating regular diets.
- C. Prescribed nourishments and supplements shall be delivered to the inmate-patients in accordance with established local operating procedures.
- D. Consistent with a medical/dental necessity, treating clinicians shall prepare a written order (including a stop date) for nourishments and supplements prescribed for inmate-patients.
- E. Reference:
 1. IMSP&P, Volume 4 Medical Services, Chapter 20 Outpatient Therapeutic Diets, Nourishments and Supplements.
 2. IMSP&P, Volume 9 Pharmacy Services, Chapter 36 Liquid Nutritional Supplements.

CHAPTER 5.13

Pharmaceuticals (E)

I. POLICY

The CDCR, IDSP shall ensure that dental pharmaceuticals are prescribed in accordance with all applicable state and federal regulations and that CDCR policies and procedures regarding prescribing, dispensing, administering and procuring pharmaceuticals are followed.

II. PURPOSE

To establish procedures for providing medications to dental inmate-patients in a safe and timely manner.

III. PROCEDURE

A. General Pharmaceutical Procedures

1. Each practitioner must have his or her own DEA Controlled Substance Registration Certificate to write prescriptions for medication. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 9 Prescription Requirements).
2. Registered dental hygienists (RDH), (registered) DAs and dental laboratory technicians shall not administer nor dispense prescribed dental medications to inmate-patients unless expressly permitted by the Dental Board of California.
3. Dentists shall only prescribe medications listed in the CDCR Drug Formulary, unless otherwise provided for by the non-formulary approval process. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 8 CDCR Correctional Formulary).

B. Requirements for Prescriptions and Orders

All dental prescriptions or orders shall be written by a dentist on a CDCR Form 7221 *Physician's Orders or Medication Reconciliation Form* and shall be documented in the Progress Notes section of the dental portion of the UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy.

1. The dentist shall enter the following information on CDCR Form 7221 or *Medication Reconciliation Form* (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 9 Prescription Requirements):
 - a. Name(s) of medication(s).
 - b. Dosage(s).
 - c. Specific directions for use.
 - d. Route of administration.
 - e. Frequency of administration.
 - f. Time and date prescription is written.

- g. Quantity, with number of refills or number of days with refills.
 - h. Patient's name, CDC number and housing location.
 - i. Allergies.
 - j. Administration status as either KOP (Keep-On-Person), DOT (Directly Observed Therapy) or NA (Nurse Administered).
 2. Each dentist shall use one line at a time and shall not skip lines.
 3. Each dentist shall:
 - a. Write legibly and clearly.
 - b. Use a name stamp or print their name.
 - c. Sign their name after writing the order(s) or prescription(s).
 4. Dental staff shall provide a copy of all orders to the unit nursing staff for screening of the required elements of an order.
 - a. Orders missing elements shall be returned to the dentist for completion.
 - b. Nursing staff shall transmit complete orders to the pharmacy and document the order on the inmate-patient's Medication Administration Record (MAR).
 5. Licensed health care staff shall receive telephone or verbal orders, consistent with their respective Practice Acts and California Pharmacy Law.
 - a. The person receiving a valid telephone or verbal order shall transcribe the order on the CDCR Form 7221 or *Medication Reconciliation Form*.
 - b. Telephone or verbal orders shall be signed by the ordering dentist, or designee, within forty-eight (48) hours or the next business day. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 9 Prescription Requirements).
- C. Turn Around Time and Availability of Prescriptions (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 38 Prescription Turn Around Time).

“Turn-around-time” is the length of time required for a medication to reach the patient, once the prescription or order is written. This process includes the period of time it takes the nursing staff to note the order, the pharmacy to receive and fill the order or prescription, and deliver the prescription to the patient or patient-care site.

 1. Prescriptions for all newly ordered medications shall be available to the inmate-patient the next business day, unless otherwise ordered by the dentist.
 2. Dentists shall inform inmate-patients that medications ordered today can be picked up at the pill line the next business day unless deemed more urgent by the prescriber. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 38 Prescription Turnaround Time).
 3. Dentists shall follow the local institution STAT process to obtain single doses of prescription medication for administration in emergency situations. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 11 Dental Urgent Medication Process).

- a. STAT orders may be filled by clearly marking the prescription as “STAT,” and then hand carrying, faxing, or electronically transferring the CDCR Form 7221 or *Medication Reconciliation Form* to the pharmacy.
 - b. A copy of the order shall be provided to the unit nursing staff for documentation on the inmate-patient’s MAR.
4. Dentists may administer expedited or “now” doses required before, during or after dental procedure. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 11 Dental Urgent Medication Process).
 - a. Administration of expedited or “now” doses may be accomplished by clearly marking the prescription as “NOW,” and then hand carrying, faxing, or electronically transferring the CDCR Form 7221 or *Medication Reconciliation Form* to the pharmacy.
 - b. When possible, “now” doses shall be obtained from the pharmacy during operational hours.
 - c. After hours “now” doses shall be obtained from the TTA or after hours supply.
 - d. A copy of the order shall be provided to the unit nursing staff for documentation on the inmate-patient’s MAR.
 5. Pre-Packaged Medication for Dispensing by a Dentist
 - a. If the Pharmacist in Charge, HPM III and CEO/HCM/CMO determine that there are documented barriers to the timely delivery and/or administration of “now” doses of analgesics, an alternate method may be adopted as described in IMSP&P, Volume 9 Pharmacy Services, Chapter 11 Dental Urgent Medication Process.
 - b. No CDCR Form 7221 or *Medication Reconciliation Form* is necessary for pre-packaged medication dispensed by a dentist.
- D. Medication Storage and Inspection
1. Dental clinics may store pre-packaged KOP medications in the dental clinic.
 2. Storage conditions for and inspection of pre-packaged KOP medications must comply with acceptable regulatory and manufacturer standards. (Reference IMSP&P, Volume 9 Pharmacy Services, Chapter 12 Labeling and Storage of Medications).

CHAPTER 5.14

Access to Care (E)

I. POLICY

The CDCR, DCHCS shall ensure that all inmate-patients are provided access to dental care. The DCHCS, IDSP shall be responsible for developing policies and procedures that ensure all inmate-patients receive equal access to dental care.

II. PURPOSE

To ensure that CDCR inmate-patients have timely and equal access to dental care by utilizing a system that provides guidelines enabling inmate-patients to receive dental care based on medical necessity.

III. DISCUSSION

- A. For the purpose of this policy, access to care means that an inmate-patient can be seen by a clinician in a timely manner, be given a professional clinical judgment and receive medically necessary care.
- B. The HPM III shall ensure access to dental care for all inmate-patients by identifying and eliminating any unreasonable barriers that obstruct the availability of dental services. Unreasonable barriers to an inmate-patient's access to health services are to be avoided. Examples of unreasonable barriers include the following:
 - 1. Punishing inmate-patients for seeking care for their serious health needs.
 - 2. Assessing excessive co-payment charges to prevent or deter inmate-patients from seeking care for their serious health needs.
 - 3. Deterring or obstructing inmate-patients from seeking or receiving care for their serious health needs.
- C. All inmate-patients shall be informed via the DCHCS, CDCR *Inmate-Patient Orientation Handbook to Health Care Services* and the Facility Level Dental Health Orientation/Self-Care Program, (Reference Chapter 2.13-1 III. A. 1. of this policy), of the facility dental services available to them.
- D. All inmate-patients shall have equal access to dental services by:
 - 1. Submitting a CDCR Form 7362 *Health Care Services Request for Treatment* requesting dental care for which ducated face-to-face triage encounters shall be scheduled to have specific complaints addressed.
 - 2. Unscheduled dental encounters for emergency and urgent DPC 1 dental services.
 - 3. Referral from other health care providers, ancillary, and custodial staff.

4. Receiving a DPC based on clinical findings and radiographs. All inmate-patients shall be eligible to receive dental treatment based on their assigned DPC in accordance with Chapter 5.4 of this policy.
- E. Each inmate-patient who requires special dental needs shall have treatment initiated or scheduled regardless of length of incarceration after meeting PI score eligibility requirements where applicable and pending approval by the DAR Committee.

IV. PROCEDURE

A. General Requirements

1. The dental program shall maintain a minimum staffing ratio of one (1) dentist per six hundred (600) inmate-patients and one (1) dental assistant per five hundred and fifteen (515) inmate-patients. At mainline facilities only, the dental program shall also maintain a minimum staffing ratio of one (1) registered dental hygienist per two thousand (2000) inmate-patients based on mainline inmate populations.
2. Dental services shall be available at least eight (8) hours per day, Monday through Friday, excluding holidays. Dental clinics shall operate until all authorized emergency, scheduled urgent care DPC 1 and ducated inmate-patients have been seen. (Reference Section IV. D. 3. of this chapter).
3. Inmate-patients are expected to initiate access to dental services utilizing the CDCR Form 7362. (Reference Chapter 5.1-1 III. A. of this policy).
4. If an inmate-patient is unable or refuses to complete a CDCR Form 7362, health care staff shall complete the form on behalf of the inmate-patient, documenting the complaint and the reason the inmate-patient did not personally complete the form. In this instance, the health care staff member completing the CDCR Form 7362 must sign and date the form.
5. Special procedures will be implemented to ensure that inmate-patients who have difficulty communicating (e.g., those who are non-English proficient, developmentally disabled, illiterate, mentally ill, or hearing impaired) have equal access to dental services.
 - a. Translation services (including sign language) shall be available for inmate-patients, as necessary, via bilingual health care staff or by utilizing a certified interpretation service when bilingual health care staff is unavailable.
 - b. Each institution shall maintain a contract for certified interpretation services. (Reference Chapter 5.6-1 III. A. through C. of this policy).
6. The HPM III shall make arrangements with the custody unit supervisor to have inmate-patients with emergent and/or urgent DPC 1 dental conditions, as determined by the dentist and/or health care provider, report to the clinic on their own or escorted to the dental clinic for evaluation.
 - a. If an inmate-patient is unable to walk, arrangements shall be made to have the inmate-patient transported to the dental clinic or TTA as appropriate.
 - b. The dentist shall see these inmate-patients upon their arrival at the clinic and if needed provide treatment.

7. In cases of dental emergencies, inmate-patients shall receive dental services without submitting a CDCR Form 7362. Inmate-patients may access emergency care by making their needs known to custody or health care staff. Inmate-patients with a life threatening illness or injury shall receive immediate medical attention.
 8. RDHs and (registered) DAs shall not make dental assessments exceeding their scope of license, training, or departmental policies.
- B. CDCR Form 7362 Collection, Review and Distribution
1. Each institution shall have at least one (1) locked box on each yard/facility designated for inmate-patients to deposit CDCR Form 7362s.
 2. Mondays through Fridays the following shall occur:
 - a. A health care staff member shall pick up the CDCR Form 7362s daily.
 - b. After returning the CDCR Form 7362s to the clinic, an RN shall initial and date the request forms.
 - c. The CDCR Form 7362s shall be separated, distributed by service requested (e.g., medical, dental, or mental health) and forwarded to their respective areas for processing.
 - d. A dental staff member shall record each CDCR Form 7362 requesting dental services.
 - 1) In the event an inmate-patient submits multiple CDCR Form 7362s within a relatively short time period, the requests may be combined and treated as one for the purpose of the paper review and face-to-face triage processes. During the face-to-face triage encounter, the dentist must be certain that all of the different dental issues contained on all of the 7362s are addressed and that the inmate-patient receives treatment at that time if indicated or is scheduled appropriately for treatment of all of the different dental issues contained on all of the 7362s.
 - 2) Inmate-patients who submit multiple requests for the same condition or complaint within a relatively short time period should be educated by dental staff on the counterproductive results of doing so.
 - a) This information can also be disseminated to the inmate-patient population via the Men's or Women's Advisory Council.
 - b) In addition, dental staff can request assistance from the AW for Health Care Services to educate the inmate-patient population.
 - e. A dentist shall review, initial, date and indicate the PRC on each CDCR Form 7362 within one (1) business day of the dental clinic's receipt of CDCR Form 7362. In those instances when there is not a dentist in the clinic, the SD shall be notified to provide direction.
 - f. Dental staff shall not make entries in the Subjective, Objective, Assessment, Plan, Education (SOAPE) format on the CDCR Form 7362.
 - g. The dentist, or designee, upon completing the paper review, shall schedule a face-to-face triage encounter based on the urgency of the request.

- 1) Inmate-patients who indicate emergent or urgent dental needs (terms of distress such as pain, swelling, bleeding, infection, etc.) shall be assigned a PRC of 1 (or “Urgent”) and shall be seen for a face-to-face triage encounter within three (3) business days of the dental clinic staff receiving the CDCR Form 7362.
 - 2) All other inmate-patients shall be assigned a PRC of “Other” (or “Routine”) and shall be seen for a face-to-face triage encounter within ten (10) business days, after the receipt of the CDCR Form 7362 in the dental clinic.
- h. At selected institutions, as determined by the SDD and DSDD in consultation with the RDD, the IDSP may choose to develop an LOP to implement an alternate method of managing inmate-patient requests via the CDCR Form 7362 based on the following.
- 1) Sections IV. B. 2. e. through g. 1).
 - 2) Omit Section IV. B. 2. g. 2).
 - 3) For inmate-patients who describe or indicate routine conditions on the CDCR Form 7362, (DPC 3 procedures as defined in the IDSP, P&P Chapter 5.4), the dentist may choose not to schedule the inmate-patient for a face-to-face triage.
 - 4) The dentist or designee may choose to respond in writing (without performing a face-to-face triage) to inmate-patients who use the 7362 process to:
 - a) Ask when they will receive their fillings/cleaning/denture; or to see if they are on a list for treatment.
 - b) Request an examination or provision of DPC 3 procedures from an established treatment plan.
 - 5) Inmate-patients requesting to be seen for routine conditions (DPC 3 procedures as defined in the IDSP, P&P Chapter 5.4) and who do not have a treatment plan shall be scheduled for a comprehensive dental examination within ninety (90) calendar days of the dental clinic receiving the CDCR Form 7362. When this timeframe is not respected, the treating clinician shall document the reason in the progress notes section of the inmate-patient’s UHR.
 - 6) Inmate-patients requesting to be seen for routine conditions (DPC 3 procedures as defined in the IDSP, P&P Chapter 5.4) and who have an established treatment plan but have not been scheduled for treatment (other than for procedures for which the inmate-patient has refused treatment) shall be scheduled for treatment accordingly.
 - 7) If the inmate-patient is not to be scheduled for a face-to-face triage pursuant to the PRC timeframes as outlined in Section IV. B. 2. g. 2) of this chapter, the dentist shall:
 - a) Perform a review of the inmate-patient’s UHR to determine if there are any conditions diagnosed that have not been treated.
 - b) Have the OT or designated dental staff generate a written notification to inform the inmate-patient:

- i) That the dental department received the request he or she submitted.
 - ii) That, where applicable, he or she has been or will be scheduled for an appointment.
 - iii) Of the dentist's understanding of the nature of the inmate-patient's request.
 - 8) The written notification shall be sent to the inmate-patient within ten (10) business days of the dental clinic receiving the CDCR Form 7362 and distribution shall be accomplished as outlined in Chapter 2.3-1 III. A. 1. c. of this policy.
 - i. Inmate-patients with dental emergencies during dental clinic operating hours shall be managed as outlined in Chapter 5.10-4 III. C. of this policy. Inmate-patients with dental emergencies after dental clinic operating hours shall be managed as outlined in Chapter 5.10-4 III. D. of this policy.
3. On weekends and holidays the following shall occur:
 - a. The TTA RN shall:
 - 1) Review each CDCR Form 7362 for medical, dental and mental health services.
 - 2) Establish medical priorities on an emergent and non-emergent basis.
 - 3) Refer accordingly to the appropriate health care staff.
 - b. If a dentist is not available, then the TTA RN shall contact the MOD/POC.
- C. Face-to-Face Triage and Limited Problem Focused Exam Encounters
 1. Face-to-face triage and limited problem focused exam encounters shall be performed in order to assess and diagnose an inmate-patient's chief complaint and to provide treatment if necessary.
 2. A face-to-face triage encounter:
 - a. Shall be provided for:
 - 1) Inmate-patients who have submitted a CDCR Form 7362.
 - 2) Inmate-patients identified by the IDHSCE, or designee, during the UHR or SOMS review as needing a face-to-face triage. (Reference Chapter 5.9-1 III. C. 1. of this policy.
 - b. Is a planned encounter for which dental staff has issued a ducat to the inmate-patient.
 3. A limited problem focused exam encounter:
 - a. Shall be provided for:
 - 1) Inmate-patients with a dental emergency that arrive unannounced to the dental clinic and there is no record of a recently submitted CDCR Form 7362 addressing the emergent condition.
 - 2) Inmate-patients with a dental emergency referred by health care or custody staff and there is no record of a recently submitted CDCR Form 7362 addressing the emergent condition.

- b. Is an unplanned encounter for which dental staff has not issued a ducat to the inmate-patient.
4. Where applicable, the dentist shall ensure there is a CDCR Form 7362 for each face-to-face triage or limited problem focused exam performed on an inmate-patient. A co-payment fee of five dollars (\$5.00) shall be charged where appropriate. (Reference Chapter 5.1-2 III. B. of this policy).
5. Each inmate-patient presenting to the dental clinic for a face-to-face triage or limited problem focused exam for a stated dental emergency shall complete a CDCR Form 237-F *Dental Pain Profile* before the face-to-face triage or limited problem focused exam is performed.
 - a. The dentist shall review and sign the CDCR Form 237-F before completing the face-to-face triage or limited problem focused exam.
 - b. If an inmate-patient is unable or refuses to complete the CDCR Form 237-F, the dentist shall complete the form on behalf of the inmate-patient, documenting the complaint and the reason the inmate-patient did not personally complete the form.
6. For each inmate-patient seen for a face-to-face triage or limited problem focused exam encounter, the dentist, or designee, shall at minimum document the following information on the CDCR Form 237-C *Dental Progress Notes* or CDCR Form 237-C-1 *Supplemental Dental Progress Notes*:
 - a. Vital signs.
 - b. Health history review.
 - c. Nature and history of the complaint or dental condition that triggered the face-to-face triage or limited problem focused exam encounter.
 - d. Physical findings.
 - e. Proposed treatment.
7. Once a dentist has completed the face-to-face triage or limited problem focused exam, every effort shall be made to provide dental treatment at the same encounter. Only if it is not appropriate or possible to provide treatment at the same encounter may an inmate-patient be scheduled for care within the timeframes indicated for his or her DPC. (Reference Chapter 5.4-1 III. E. and F. as well as 5.4-3 of this policy).
8. Reference Chapter 5.1-2 III. E. of this policy for information on processing the CDCR Form 7362 when an inmate-patient is scheduled for treatment subsequent to a face-to-face triage or limited problem focused exam encounter during which no definitive treatment was provided.

D. Dental Encounters

1. Priority ducat lists for dental encounters shall be prepared and ducats generated and distributed as outlined in Chapter 5.2-1 III. A. 2. of this policy.
2. A list of UHR's necessary for dental encounters shall be generated from the dental clinics. Dental clinic staff shall forward this list to Health Record Services one (1) day prior to the scheduled encounters. The UHR shall be available when the patient is seen

- apart from exceptional circumstances, (e.g., out to court and newly arriving inmate-patients); however the absence of the UHR shall not preclude access to or the provision of dental care for inmate-patients.
3. Each inmate-patient requesting dental services shall be seen if he or she is ducated and arrives in a timely manner at the clinic for his or her scheduled encounter, unless the SD, or designee, cancels the encounter. (Reference Chapter 5.2-2 III. C. of this policy regarding encounters cancelled by dental staff).
 4. If an inmate-patient fails to show for any dental encounter, then the dentist, or designee, shall follow the policy as outlined in Chapter 5.2-2 III. D. of this policy.
 5. In the event a dentist is unexpectedly absent and other dentists at the institution are unable to provide treatment for the patients scheduled in the clinic covered by the absent dentist, the scheduled encounters may be cancelled only with the approval of the SD, or designee.
- E. Required Staff Members for Inmate-Patient Dental Encounters
- For reasons of safety and security:
1. Inmate-patients in the dental clinic shall always be directly observed by at least one (1) staff member at all times.
 2. A minimum of two (2) staff members (including COs) shall be present in or have direct line of sight of the dental operatory when an inmate-patient is receiving treatment. Each staff member shall be present in or have direct line of sight of the dental operatory for the duration of the encounter.
- F. Inmate-Patient Dental Encounters with Opposite Gender Dental Staff
1. Whenever possible, a staff member of the same gender as the inmate-patient shall be present in the dental operatory when an inmate-patient is there.
 2. The staff member of the same gender as the inmate-patient shall be present for the duration of the dental encounter and shall be identified by name and recorded in the CDCR Form 237-C or 237-C-1.
- G. Lockdown or Modified Program
1. During a facility lockdown or modified program, dental staff shall coordinate with the clinic RN, inmate-patient appointment schedulers and custody staff to facilitate continuity of care.
 2. A lockdown or modified program shall not prevent the completion of scheduled dental encounters, and custody personnel shall escort the inmate-patient to the dental clinic, subject to security concerns.
 3. In facilities or housing units on modified program or lock down status, a system shall be maintained to provide inmate-patients access to health care services.
 - a. Access to health care services shall be accomplished via daily rounds by health care staff and daily collection of CDCR Form 7362s.

- b. The health care staff shall refer all inmate-patients requiring emergent or urgent dental treatment to the dental clinic for evaluation and treatment.
4. Inmate-patients in Restricted Housing Units (RHU) (i.e. Administrative Segregation, Security Housing, Psychiatric Services, Protective Housing), shall have access to CDCR Form 7362s.
 - a. The inmate-patients shall be provided a method for depositing the CDCR Form 7362 in the locked box for daily pick up by health care staff or the CDCR Forms 7362 shall be collected by the RN/Licensed Psychiatric Technician (LPT) during the daily rounds in the RHU.
 - b. The RN/LPT shall refer all inmate-patients requiring emergent or urgent dental treatment to the dental clinic for evaluation and treatment.
5. Dental staff shall document occurrences of a lockdown or modified program preventing inmate-patient access to care. These occurrences shall be reported to the HPM III and the AW for Health Care Services.

CHAPTER 5.15

Dental Care (E)

I. POLICY

The CDCR shall provide clinically necessary dental care for all inmate-patients in a timely manner, under the direction and supervision of dentists licensed by the Dental Board of California. Such care shall be based on clinical necessity and supported by outcome data as effective dental care.

II. PURPOSE

To determine and define the scope of CDCR dental services and to establish procedures and guidelines for the delivery of dental care to inmate-patients incarcerated in CDCR facilities.

III. DEFINITIONS

Clinically Necessary: health care services that are determined by the attending dentist, or other licensed health care provider, to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and that are supported by health outcome data as being effective care.

Outcome Study: the definition, collection, and analysis of comparable data, based on variations in treatment, concerning patient health assessment for purposes of achieving and encouraging consistency in the diagnosis and treatment of dental pathology, improving outcomes and identifying cost-effective alternatives.

Outcome Data: statistics, such as diagnoses, procedures, discharge status, length of hospital stay, and morbidity and mortality of patients, that are collected and evaluated using scientific methodologies and expert clinical judgment for purposes of outcome studies.

Severe Pain: a degree of discomfort that significantly disables the patient from reasonable independent function.

Significant Illness and Disability: a medical condition that causes, or may cause if left untreated, a severe limitation of function or the ability to perform daily life activities or that may cause premature death.

IV. PROCEDURE

- A. Dental screenings at RCs and/or comprehensive dental examinations and treatment plan formulations at Mainline Facilities shall be performed only by a licensed CDCR or contract dentist.
- B. Only CDCR employed dental staff, contractors paid to perform health care services for CDCR inmate-patients, or persons employed as health care consultants shall be permitted,

within the scope of their licensure and professional practice, to diagnose the dental needs of or prescribe medication and/or provide dental treatment for inmate-patients.

- C. Within sixty (60) days of assignment to an RC, all inmate-patients shall receive:
1. A dental screening as part of their initial health assessment. (Reference Chapter 2.3-2 III. A. 4. of this policy for exceptions).
 - a. The dental screening results shall be recorded on CDCR Form 237-A *Reception Center Dental Screening*.
 - b. The screening dentist shall review the results with the inmate-patient.
 2. Education on oral hygiene as part of the *Inmate-Patient Orientation Handbook to Health Care Services*.
- D. All inmate-patients assigned to a Mainline Facility shall:
1. Be eligible to receive an initial comprehensive dental examination in the manner and within the timeframes outlined in Chapter 2.3 of this policy.
 2. Receive OHI by a dental assistant or other properly trained health care personnel in the manner and within the timeframes outlined in Chapter 2.13 of this policy.
 3. Be eligible to receive dental care as clinically indicated and documented in the dental treatment plan. (Reference the eligibility requirements for care outlined in the Dental Priority Classifications table in Chapter 5.4-3 of this policy).
- E. In the provision of dental treatment, CDCR dentists shall:
1. Monitor inmate-patients with the following conditions and shall adhere to the appropriate protocols. (Reference the University of the Pacific, School of Dentistry, Protocols for the Dental Management of Medically Complex Patients; 2008).
 - a. Hypertension.
 - b. Anticoagulant therapy.
 - c. Infective endocarditis (IE) Risk.
 - d. Prosthetic cardiac valve.
 - e. Total joint replacement.
 - f. HIV/AIDS.
 - g. Bisphosphonate therapy.
 - h. Diabetes.
 - i. Pregnancy.
 2. Follow the practice of providing comprehensive care wherever possible, rather than episodic care, utilizing the principles of quadrant dentistry as outlined in the February 25, 2010, memo issued by the DSDD.
- F. CDCR dentists shall refer for follow-up with the facility clinic RN or appropriate Mental Health Clinician, any inmate-patient who displays inappropriate hygiene management or manifests behavior such as refusing to shower for an extended period of time, fecal smearing,

urinating on the floor, food smearing, or similar inappropriate actions. (Reference IMSP&P, Volume 4 Medical Services, Chapter 19 Hygiene Intervention).

G. The HPM III of each institution shall be responsible for tracking the scheduling and provision of screenings, examinations and dental care for inmate-patients.

H. Excluded Services

1. Excluded dental services refer to attempted curative treatments and do not preclude palliative therapies to alleviate serious debilitating conditions such as pain management and nutritional support.
2. Dental services or treatment shall not be routinely provided for the following conditions:
 - a. Conditions that improve on their own such as:
 - 1) Benign oral lesions.
 - 2) Traumatic oral ulcers.
 - 3) Recurrent aphthous ulcer.
 - b. Conditions that are not readily amenable to treatment, including, but not limited to:
 - 1) Shrinkage and atrophy of the bony ridges of the jaws.
 - 2) Benign root fragments whose removal would cause greater damage or trauma than if retained for observation.
 - c. Cosmetic procedures, which may include, but are not limited to:
 - 1) Removal of existing body-piercing metal or plastic rings or similar devices within the oral cavity, except for security reasons.
 - 2) Restoration or replacement of teeth for esthetic reasons.
 - 3) Restoration of any natural or artificial teeth with unauthorized biomaterials.
 - d. Surgery that is not clinically necessary, which may include, but is not limited to:
 - 1) Extractions of asymptomatic teeth or root fragments unless required for a dental prosthesis, or for the general health of the patient's mouth.
 - 2) Removal of a benign bony enlargement (torus) unless required for a dental prosthesis.
 - 3) Surgical extraction of asymptomatic un-erupted teeth.
 - e. Services that have no established outcome on morbidity or improved mortality for health conditions.
 - f. Root canals on posterior teeth (bicuspid and molars).
 - g. Implants.
 - h. Fixed prosthodontics (dental bridges).
 - i. Laboratory processed crowns.
 - j. Orthodontics.

I. Exceptions to Excluded Dental Services

Treatment for conditions that are excluded within these regulations *may* be provided in cases where all of the following criteria are met:

1. The inmate-patient's attending dentist prescribes the treatment.
2. The treatment is clinically necessary.
3. The service is approved by the facility's DAR Committee as well as the DPHCRC. (Reference Chapter 4.5-2 III. C. and D. of this policy). The decision to approve an otherwise excluded service shall be based on:
 - Clinical necessity.
 - Approved health care outcome data supporting the effectiveness of the services as clinical treatment.
 - Co-existing medical problems.
 - Acuity.
 - Length of inmate-patient's sentence.
 - Availability of service.
 - Cost.
 - Other factors.

CHAPTER 6.1

Health Records Organization and Maintenance (E)

I. POLICY

CDCR dental personnel shall document all dental treatment rendered to CDCR inmate-patients, including medications utilized during dental treatment, in the inmate-patient's UHR.

II. PURPOSE

To establish procedures for the correct documentation in the UHR of dental services rendered to inmate-patients and to provide guidelines for the development, utilization and management of inmate-patient health records.

III. PROCEDURE

A. General Health Record Organization and Maintenance

1. A UHR shall be maintained for each inmate-patient consistent with applicable laws and in accordance with DCHCS Medical Services Standards.
2. Only approved CDCR Forms or forms generated by an outside dental/medical consultant, (e.g., oral surgeon, periodontist), are to be included in the UHR, (see appendix at the end of this chapter).
3. All forms shall be filled out completely including, but not limited to, the inmate information block located in the lower portion of some CDCR Forms or at the top of other CDCR Forms. This information must be completed if any entry is made on any part of the form.
4. The UHR shall contain the following:
 - a. Identification data.
 - b. Problem List (including allergies, special needs, chronic illness clinics, permanent medical passes, non-English speaking status, etc.).
 - c. Receiving, screening and health assessment forms.
 - d. Prescribed medication and therapeutic orders.
 - e. Reports of laboratory, radiographic and diagnostic studies.
 - f. Clinic notes.
 - g. Special needs treatment plans, if any.
 - h. Immunization records.
 - i. All findings, diagnoses, treatment and dispositions.
 - j. Informed consent, treatment refusal and release of information forms.
 - k. All consultant's reports and procedural results.

- l. Discharge summaries of inpatient admissions and hospitalizations.
 - m. Place, date and time of each health care encounter.
 - n. Signature and title of each documenter.
5. All verbal or telephone orders shall be co-signed as specified in Chapter 5.11-1 III. A. 2. of this policy.
 6. All dental encounters and services rendered, either direct hands-on care or indirect care, (e.g., radiological interpretations, specialty clinics, consultations, or discharge summaries from inpatient admissions), must be documented in the dental progress notes section of the UHR at the time treatment is provided or when observations are made by the appropriate health care provider. Each entry in the UHR must:
 - a. Be legible.
 - b. Be documented in chronological order using one line per entry with no blank lines between entries.
 - c. Contain the date and time of the entry.
 - d. Include the legible authenticating signature with the title and credentials as well as the printed name or the name stamp of the person making the entry.
 - e. Be entered with **black** ink, unless otherwise specified.
 7. The complete obliteration of any entry and use of correction fluid is prohibited. Changes or error corrections shall be made by drawing a single line through the information being changed or corrected. The individual making such changes shall initial, date and note the reason for the changes.
 8. All dental health care providers shall utilize the S.O.A.P.E. format in documenting patient care. Entries made in an inmate-patient's dental health record as the result of a visit for the evaluation or treatment of a specific or routine complaint must include, but are not limited to, the following:
 - a. Subjective – Patient's chief complaint or purpose of visit.
 - b. Objective – Objective findings.
 - c. Assessment – Diagnosis or clinical impression.
 - d. Plan – Proposed treatment plan.
 - e. Education – Patient education.
 9. Any UHR removed from the health records filing system must be replaced with an out-guide or similar chart tracking system. Only approved CDCR forms are authorized for inclusion in the UHR. The practice of using unapproved forms or making modifications to approved forms is not authorized for permanent inclusion in the UHR. To avoid misinterpretations, only the approved list of symbols and abbreviations as outlined in CDCR Form 7445 *Dental Services Abbreviations* will be utilized. This does not pertain to the filing of appropriate clinical information.
 10. The facility health records supervisor shall ensure that each UHR is reviewed for completeness prior to filing. In the event a UHR is incomplete due to the death,

resignation, termination, or incapacitation of the attending clinician, it shall be given to the unit health supervisor, or if he/she is the person who is no longer available, then the CEO/HCM/CMO at the local institution will determine if some other provider on staff can complete the record.

B. Dental Health Record Organization and Maintenance

1. The dental section of the UHR shall contain the following:
 - a. CDC Form 193 *Trust Account Withdrawal Order*.
 - b. CDCR Form 237-A *Reception Center Dental Screening*.
 - c. CDCR Form 237-B *Dental Examination and Treatment Plan*.
 - d. CDCR Form 237-B-1 *Supplemental Dental Examination and Treatment Plan*.
 - e. CDCR Form 237-C *Dental Progress Notes*.
 - f. CDCR Form 237-C-1 *Supplemental Dental Progress Notes*.
 - g. CDCR Form 237-E *Plaque Index Scoring Record* (if applicable).
 - h. CDCR Form 237-F *Dental Pain Profile*.
 - i. CDC Form 239 *Prosthetic Prescription*.
 - j. CDC Form 7225 *Refusal of Examination and/or Treatment*.
 - k. CDCR Form 7362 *Health Care Services Request for Treatment*.
 - l. CDCR Form 7423 *Notification of Reception Center Dental Screening*.
 - m. Dental Consent Forms
 - 1) CDCR Form 7424 *Informed Consent for Root Canal Treatment*.
 - 2) CDCR Form 7425 *Informed Consent for Extraction(s)*.
 - 3) CDCR Form 7426 *Informed Consent for Periodontal Treatment*.
 - 4) CDCR Form 7427 *Periodontal Therapeutic Medication Consent Form*.
 - 5) CDCR Form 7428 *Full and Partial Denture Agreement*.
 - 6) CDCR Form 7429 *Patient Consent to Dental Treatment*.
 - n. CDCR Form 7431 *Periodontal Chart Dental Examination* (if applicable).
 - o. CDCR Form 7441 *Patient Acknowledgement of Receipt of Dental Materials Fact Sheet (DMFS)*.
 - p. CDCR Form 7443 and CDCR Form 7444 *Dental Health History Record – English and Spanish*.
 - q. Dental requests for consultation forms.
2. When documentation is completed, the treating dentist, or designee, shall file all CDCR Dental Forms in the dental section of the inmate-patient's UHR in chronological order (starting with the most recent on top).

3. Proper and consistent documentation must be maintained to ensure compliance with applicable state and federal laws and regulations and DCHCS, UHR Policy.
4. Only approved methods as described in the instructions on the reverse side of the CDCR Form 237-A, 237-B and 237-C shall be used for charting diseases, abnormalities, missing teeth, existing restorations and treatment completed while incarcerated.
5. Health History
 - a. An inmate-patient's initial health history shall be recorded on the CDCR Form 7443 or CDCR Form 7444, and shall be signed and dated by the inmate-patient and the in-processing dentist.
 - b. Health histories shall be:
 - 1) Reviewed by each treating dentist prior to providing dental treatment including prescribing medication. No signature is necessary on the 'recall review' section of the form for this type of review. Documentation of a health history review shall be made on the CDCR Form 237-C or CDCR Form 237-C-1.
 - 2) Updated or revised:
 - a) With each new treatment plan or at least annually.
 - b) At the time of each new comprehensive dental examination.
 - c) As appropriate, based on the inmate-patient's existing medical conditions, during the delivery of an extended series of treatments.
 - 3) Signed and dated by the inmate-patient and the treating dentist under the circumstances outlined in Section III. B. 5. b. 2) of this chapter.
6. Treatment Plan

Treatment identified by a dentist as part of a comprehensive dental examination and treatment plan shall be entered in the Treatment Plan Sequence Section of the CDCR Form 237-B.
7. Authenticating Entries
 - a. Dentists are authorized to authenticate any entry in the dental health record and are *required* to authenticate direct patient care entries, inmate-patient refusals of treatment, and rescheduling or cancellation of any encounter.
 - b. RDHs are permitted to authenticate all entries authorized to a dental assistant and are authorized and *required* to authenticate entries pertaining to any RDH duty allowed and specified within the Business and Professions Code Sections 1760 to 1765.
 - c. (Registered) DAs are authorized and required to authenticate entries pertaining to: the provision of preventive procedures, screening (subjective and objective findings) of inmate-patients, receiving and disposition of CDCR Form 7362 requests and other non-direct patient care entries.
 - d. Office Assistants or OTs are authorized to transcribe on the dental forms those entries not requiring clinical judgment as determined to be appropriate by the SD. They may sign the transcribed entry, but the appropriate dental personnel [dentist, RDH,

(registered) DA] must authenticate the entry. Examples of such transcription include but are not limited to the following:

- 1) Entries pertaining to the receipt of a CDCR Form 7362 request.
- 2) Inmate-patient “no show” or “failed” appointments.
- 3) Issuance of toothbrush, flossers, etc.

8. Progress Notes Section

A narrative description of all outpatient dental services and any information determined to be appropriate by the treating dentist shall be documented in the Progress Notes Section of the CDCR Form 237-C or 237-C-1. Examples of supplemental information include but are not limited to:

- a. Lab reports.
- b. Recommendations.
- c. Probable prognosis in doubtful or complicated cases.
- d. Failure to keep an appointment.
- e. Failure to follow health care provider’s instructions.
- f. Refusal of recommended treatment.
- g. Placement on lay-in status.
- h. Appointments cancelled.
- i. Treatment rendered.
- j. Amount and type of anesthetic utilized.
- k. Medication prescribed.

9. DPC

- a. Following each encounter, the inmate-patient’s DPC shall be updated and recorded in the Progress Notes Section of the CDCR Form 237-C or CDCR Form 237-C-1. This DPC is reflective of the status of the inmate’s oral condition after the encounter.
- b. In addition, each institutional dental department shall follow the procedure outlined in Chapter 5.4-2 III. I. of this policy.

APPENDIX**Approved CDCR Dental and Medical Forms:**

CDC Form 128-C (Rev 4/92) *Medical/Psychiatric/Dental*. This chrono report shall be used for any pertinent notation that the attending practitioner requests be placed in the inmate-patient's C-File. It is also used to record lay-ins, dental holds, an inmate's refusal of treatment or refusal to appear for a priority appointment.

CDCR Form 128-D (Rev 01/10) *Dental Priority Classification Chrono*. This chrono shall be used by dental staff for all RC inmates to record the DPC resulting from the RC dental screening process; for all male inmates to record the DPC resulting from the California Out of State Correctional Facility dental screening process; for identifying and recording changes in an inmate-patient's DPC.

CDC Form 193 (Rev 1/88) *Trust Account Withdrawal Order*. This form shall be completed by dental staff and signed by both the treating dentist and the inmate-patient before impressions are taken for a dental prosthesis.

CDCR Form 237-A (Rev.08/10) *Reception Center Dental Screening*. This form shall be completed by the dentist as part of the initial dental screening of incoming inmate-patients at the RC.

CDCR Form 237-B (Rev 08/10) *Dental Examination and Treatment Plan*. The dentist shall use this form when completing a comprehensive dental examination.

CDCR Form 237-B-1 (Rev 08/10) *Supplemental Dental Examination and Treatment Plan*. This form is used to note changes and additions to the dental treatment plan.

CDCR Form 237-C (Rev 08/10) *Dental Progress Notes*. This form shall be used to document progress notes pertaining to dental treatments and visits.

CDCR Form 237-C-1 (Rev 08/10) *Supplemental Dental Progress Notes*. This form provides additional space to document dental progress notes.

CDCR Form 237-E (Rev 08/08) *Plaque Index Scoring Record*. This form shall be used to record the inmate-patient's plaque index score (PI).

CDCR Form 237-F (Rev 08/10) *Dental Pain Profile*. This form is utilized by healthcare personnel to evaluate the level of pain associated with an inmate-patient's dental symptoms.

CDC Form 239 (Rev 5/91) *Prosthetic Prescription*. This form must accompany each dental laboratory case during shipping and processing. The form must be completed and signed by the attending dentist, and must describe the prosthetic work to be performed by the dental laboratory.

CDCR Form 7221 (Rev 2/00) *Physician's Orders*. This form is used to document verbal or written orders issued by licensed health care staff in the course of providing treatment to an inmate-patient. It is also utilized when requesting consultations or making referrals between medical and dental staff at an institution.

CDC Form 7225 (Rev 03/92) *Refusal of Examination and/or Treatment*. This form shall be completed when an inmate-patient refuses to submit to a dental examination and/or dental treatment.

CDC Form 7243 *Health Care Services Physician's Request for Services*. This form shall be used when requesting specialty consults or treatment by outside health care providers.

CDC Form 7252 (Rev 9/77) *Request for Authorization of Temporary Removal for Medical Treatment*. This form is completed by a registered nurse (RN) when it becomes necessary to transfer an inmate-patient to an outside facility for health care services.

CDCR Form 7277 (Rev 11/02) *Initial Health Screening (All Institutions)*. This form shall be completed at R&R by health care staff for all newly arriving inmate-patients, including new commitments and parole violators.

CDCR Form 7277-A (Rev 11/02) *Initial Health Screening (Supplemental) – Female Inmates*. This form shall be completed at R&R by health care staff for each newly arriving female inmate-patient, including new commitments and parole violators.

CDC Form 7293 (Rev 1/00) *Conditions of Admission/Placement*. This form shall be signed by each inmate-patient admitted to an inpatient setting, or placed in an outpatient-housing unit. It shall be filed in the patient identification section of the inpatient/outpatient UHR.

CDC Form 7342 (Rev 1/00) *Informed Consent to Surgical Special Diagnostic, or Therapeutic Procedures*. This form shall be used by dentists as well as physicians, and shall to be filed in the Dental Section or the Consults/Procedures/Treatment Section of the UHR.

CDCR Form 7362 (Rev 03/04) *Health Care Services Request for Treatment*. This form shall be used by inmate-patients to request a dental appointment.

CDCR Form 7371 (Rev 03/04) *Confidential Medical/Mental Health Information Transfer – Sending Institution*. This form is completed for each inmate-patient transferring from one institution to another by the transfer RN at the sending institution.

CDCR Form 7385 (Rev 1/00) *Authorization for Release of Health Care Record*. This form shall be used by all inmate-patients requesting authorization for release of information from their UHR, or from a previous health care provider, and shall be filed in the green face sheet/medicolegal section of the UHR.

CDCR Form 7423 (Rev 08/10) *Notification of Reception Center Dental Screening*. This form shall be completed by all RC inmate-patients diagnosed during the RC dental screening with DPC 2, 3, or 5 dental needs to inform them that they could benefit from dental care.

CDCR Form 7424 (Rev 08/10) *Informed Consent for Root Canal Treatment*. This form is to advise inmate-patients of the risks, benefits, or complications of root canal treatment and must be signed by the inmate-patient and the treating dentist prior to beginning the root canal.

CDCR Form 7425 (Rev 08/10) *Informed Consent for Extraction(s)*. This form is to advise inmate-patients of the risks, benefits, or complications of extractions and must be signed by the inmate-patient and the treating dentist prior to beginning the extraction.

CDCR Form 7426 (Rev 08/10) *Informed Consent for Periodontal Treatment*. This form is to advise inmate-patients of the risks, benefits, or complications of periodontal treatment and must be signed by the inmate-patient and the treating dentist prior to beginning the periodontal treatment.

CDCR Form 7427 (Rev 08/10) *Periodontal Therapeutic Medication Consent Form*. This form is to advise inmate-patients of the risks, benefits, or complications of therapeutic medications as an adjunct to periodontal treatment and must be signed by the inmate-patient and the treating dentist prior to beginning the periodontal therapeutic medication treatment.

CDCR Form 7428 (Rev 08/10) *Full and Partial Denture Agreement*. This form is to advise inmate-patients of their eligibility, and to outline the requirements for having full or partial dentures made. The

form must be completed and signed by the inmate-patient and the treating dentist prior to taking impressions for full or partial dentures.

CDCR Form 7429 (Rev 08/10) *Patient Consent to Dental Treatment*. This general consent form is used to advise inmate-patients of the risks, benefits, or complications of any dental treatment or procedures, and must be signed by the inmate-patient and the treating dentist prior to beginning any dental treatment or procedure.

CDCR Form 7430 (Rev 08/10) *Periodontal Screening and Recording (PSR)*. This form provides instructions for performing a PSR to assign and record a provisional periodontal type.

CDCR Form 7431 (Rev 08/10) *Periodontal Chart*. This form shall be completed as part of a comprehensive periodontal examination and for all inmate-patients whose PSR examination results in two or more sextant scores of Code 3, or one sextant score of Code 4.

CDCR Form 7441 (Rev 04/06) *Patient Acknowledgement of Receipt of Dental Materials Fact Sheet (DMFS)*. This form shall be signed by each inmate-patient upon receipt of the DMFS.

CDCR Form 7443 (Rev 08/10) *Dental Health History Record – English*. This form shall be completed at the receiving institution when treatment is rendered and shall list any past or present illnesses, medications currently being taken, or allergies to medications, etc.

CDCR Form 7444 (Rev 08/10) *Dental Health History Record – Spanish*. This form shall be completed at the receiving institution by Spanish speaking inmate-patients when treatment is rendered and shall list any past or present illnesses, medications currently being taken, or allergies to medications, etc.

CHAPTER 6.2

Informed Consent (E)

I. POLICY

The CDCR its agents and the DCHCS shall adhere to the requirements set forth in the CCR, Title 15, Division 3, Chapter 1, Subchapter 4, Article 8, Section 3353 “Informed Consent Requirements.”

II. PURPOSE

To set forth procedures to ensure and document that an inmate’s right to informed consent is observed.

III. PROCEDURE

- A. Inmate-patients shall provide informed consent by signing the appropriate CDCR Consent Form(s) as outlined in Chapter 6.1 of this policy prior to receiving any surgical or invasive procedure. (Reference Chapter 5.7 of this policy regarding refusal of informed consent).
- B. A consent form shall be valid for provision of the procedure(s) by any CDCR or contracted provider.
- C. In emergent situations, inmate-patients shall be treated under the law of implied consent.

CHAPTER 6.3

Privacy of Care (E)

I. POLICY

All CDCR dental departments shall operate in accordance with the California Dental Practice Act and ensure that all patient protection provisions of the Act are in force. All dental services shall be rendered with consideration for the inmate-patient's dignity and feelings and in a manner designed to ensure privacy of care in patient treatment and to encourage the inmate-patient's subsequent use of dental services.

II. PURPOSE

To establish guidelines and procedures dental clinics shall use to ensure privacy of care, when not in conflict with security and custodial policies, during inmate-patient dental treatment.

III. PROCEDURE

- A. Inmate-patient dental treatment shall be performed as privately as possible, (i.e., only authorized DCHCS staff shall be present in the treatment area unless security necessitates the presence of a CO). A chaperon or interpreter shall be present when indicated.
- B. Photographing or videotaping of medical/dental procedures shall only be done with the written consent of the inmate-patient, and with the approval of the DCHCS, and the local administration. A formal Use of Force incident, where continuous video recording is used to document the entire event, shall be exempt from this requirement.
- C. Reference IMSP&P, Volume 1 Governance and Administration, Chapter 11 Patient's Rights.

CHAPTER 6.4

Medical/Dental Chronos

I. POLICY

Within the CDCR, all inmate-patient health information concerns shall be recorded using the CDC Form 128-C *Medical/Psychiatric/Dental* chrono. DPC information that could affect inmate-patient placement shall be recorded using the CDCR Form 128-D *Dental Priority Classification* chrono.

II. PURPOSE

To ensure that inmate-patients' health information is recorded and tracked in a systematic and uniform manner.

III. PROCEDURE

A. A CDC 128-C:

1. Shall indicate functional capacity and physical restrictions relative to housing units, diagnosis and work assignments.
2. May also contain health alerts or recommendations for placement in health programs such as: the Clinical Correctional Case Management System (CCCMS), the Enhanced Outpatient Program (EOP), the Mental Health Crisis Beds (MHCB), the Disability Placement Program (DPP), the Chronic Care Program (CCP), Outpatient Housing Unit (OHU) placement, or Skilled Nursing Facility (SNF), Correctional Treatment Center (CTC), or General Acute Care Hospital (GACH).
3. Shall indicate an inmate-patient's tuberculosis code.
4. Shall be generated subsequent to an inmate-patient's refusal of treatment as outlined in Chapter 5.7-1 III. F. of this policy.
5. Shall remain current until a new CDC Form 128-C is generated documenting a new clinician's order.
6. Indicating a permanent medical condition or disability shall be a permanent chrono and shall not be regenerated upon inmate transfer.

B. A CDCR Form 128-D shall be completed for situations outlined in Chapter 2.2-2 IV. A. 3. f. and Chapter 5.4-2 III. I. of this policy.

C. Medical/Dental chronos shall not have health conditions stated in the body of the form, such as Seizure Disorder, Asthma, Diabetes, Chronic Infectious Disease, Allergies, Orthopedic Conditions, Cardiac Disease, Hepatitis, Contagious Diseases, Communicable Diseases, etc.

CHAPTER 6.5

Medical/Dental Lay-Ins (E)

I. POLICY

Inmate-patients within the CDCR who require medically indicated bed rest shall be provided with medical/dental lay-ins by institution licensed health care staff.

II. PURPOSE

To establish standards and guidelines for the use of medical/dental lay-ins.

III. PROCEDURE

- A. A *VGA-17 Medical/Psychiatric/Dental Lay-In* or *CDC Form 128-C Medical/Psychiatric/Dental chrono* shall be written for all medical/dental lay-ins.
- B. Medical/dental lay-ins shall be issued only by physicians, dentists, registered dental hygienists, registered dental assistants, registered nurses, or licensed vocational nurses, i.e. licensed health care staff. Medical/dental lay-ins shall be issued only to inmate-patients needing medically indicated bed rest or who temporarily cannot perform their assigned duties, but who do not require inpatient infirmary or hospital care.
- C. Medical/dental lay-ins shall be issued for specific time periods. Dental lay-ins requiring confinement to quarters for longer than a twenty-four (24) hour period shall be ordered only by a physician or a dentist, and the order must include a termination date.
- D. Upon expiration of the lay-in, the inmate-patient shall:
 - Return to normal activities or,
 - Be re-evaluated by the physician or dentist for possible reissue of a lay-in or,
 - Be re-evaluated by the physician or dentist for possible transfer to a facility with an infirmary or hospital.
- E. Inmate-patients on medical/dental lay-ins must be confined to their cells or dormitory beds, except to eat, obtain medication, shower, or to access the facility law library.
- F. Health care staff may re-evaluate the lay-in status of any inmate-patient at any time depending on the inmate-patient's behavior and/or activity.
- G. Distribution of the *VGA-17* or *CDC Form 128-C* lay-in chrono is the following:
 - Original to UHR.
 - Copy to C-File.
 - Copy to inmate supervisor.
 - Copy to housing officer.
 - Copy to inmate-patient.

CHAPTER 6.6

Dental Holds and Inmate-Patient Transport/Transfers (E)

I. POLICY

The CDCR shall utilize a dental hold process when the transfer or transport of an inmate-patient is not dentally appropriate.

II. PURPOSE

To establish procedures and criteria for placing dental holds on inmate-patients scheduled for transfer or transport.

III. PROCEDURE

- A. The treating dentist in conjunction with the SD shall determine if a dental hold should be placed on an inmate-patient.
- B. A dental hold shall be placed on an inmate-patient for any of the following reasons:
 - The inmate-patient has untreated DPC 1A dental needs.
 - The inmate-patient has a dental condition that in the opinion of the treating dentist, in conjunction with the SD, requires immediate care.
 - Immediate dentures were recently inserted.
 - The inmate-patient is awaiting completion of endodontic treatment, (i.e., the obturation of canals).
 - The inmate-patient is awaiting an outside specialty consultation and/or treatment.
 - The inmate-patient is awaiting laboratory or biopsy results.
 - The inmate-patient is undergoing treatment for a fracture of the mandible or maxilla, and/or is still in wired fixation.
- C. The SD shall review the UHR and the IMSP&P to ensure compliance with approved policies and procedures. (Reference IMSP&P, Volume 4 Medical Services, Chapter 3 Health Care Transfer Process, Medical Hold section).
- D. The treating dentist shall document the dental hold in the Progress Notes section of the dental portion of the UHR as outlined in Chapter 6.1-2 III. A. 6. through 8. of this policy. The dental hold shall also be documented on the CDCR Form 7221 *Physicians' Orders*.
- E. The SD shall notify the CEO/HCM/CMO or designee of the placement or removal of a dental hold.
- F. The dental hold shall be removed or lifted only by the attending dentist, outside specialty consultant, or SD.
- G. The procedure for placing or removing a dental hold on an inmate-patient is as follows:
 1. The treating dentist or SD shall generate a CDC Form 128-C *Medical/Psychiatric/ Dental* chrono to initiate a dental hold.

2. The CDC Form 128-C shall be sent to the Classification and Parole Representative (C&PR)/Correctional Counselor III (CCIII).
3. The C&PR shall contact R&R staff regarding the modification to the transfer list due to a dental hold.
4. Following completion of the procedure or treatment, the treating dentist or SD shall complete another CDC Form 128-C releasing the inmate-patient for transfer.
5. The CDC Form 128-C shall be forwarded to the C&PR/CCIII who shall arrange transportation.