



Virginia Department of Corrections

Health Services

Operating Procedure 720.6

Dental Services

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion*

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

Health Trained Staff - A DOC employee, generally a Corrections Officer, who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

Institution - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers

Telehealth - The provision of remote medical and/or mental health care by a two-way, real-time electronic interactive communication between the patient and the practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio equipment.

PURPOSE

This operating procedure provides guidance for the provision of adequate, necessary, and cost effective dental care to inmates incarcerated in Department of Corrections (DOC) facilities.

PROCEDURE

- I. Mission and Objective
 - A. The mission of the dental department within the Health Services Unit (HSU) is to provide dental service access to the inmate population.
 - B. This dental service access is to be prioritized for essential dental care related to the greatest number of inmates within available resources. Dental services will be provided to the inmate population within the parameters of, and consistent with, professional standards of care, Occupational Safety and Health Administration (OSHA), Centers for Diseases Control and Prevention (CDC), Virginia Department of Health (VDH), Virginia Board of Dentistry, American Correctional Association (ACA) standards, and the availability of human resources for essential dental personnel, i.e., dentists, dental hygienists, and dental assistants.
 - C. Dental Treatment - Institutions (5-ACI-6A-19, 4-4360)
 1. Routine, urgent, and emergency dental care is provided to each inmate under the direction and clinical supervision of a licensed dentist. (4-ACRS-4C-11 [II])
 2. When mandatory for infectious disease control reduction, required health screenings must be performed according to [DOC Medical Guidelines](#), prior to the provision of any dental care.
 - a. A health care provider or health trained staff will conduct a mandatory dental screening as part of the intake health screening at admission. Dental screenings are non diagnostic assessments of dental problems, e.g., pain and/or swelling; see Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
 - b. Acute conditions requiring urgent follow up care should be noted and referred to the dental department.
 3. A dentist will schedule an inmate requested comprehensive dental examination within 30 days of the inmate's arrival into the DOC.
 - a. The examination should include visual observation of the teeth and supporting structures and a periodontal examination using *Periodontal Screening and Recording (PSR)*.
 - b. Radiographs will be taken as necessary for diagnostic purposes.
 - c. A treatment plan will be developed based on the examination.
 4. Instruction on proper oral hygiene care, oral disease education, and self-care will be provided within 30 days of an inmate's arrival into the DOC.
 5. The inmate's dental condition will be charted; see [Dental Chart](#) 720_F29, and classified according to the dental classification system.
 - D. Dental Treatment - Community Corrections Alternative Program (CCAP) (4-ACRS-4C-11 [CC])
 1. The nurse will conduct a dental screening on each probationer/parolee upon their admission to a CCAP.
 2. Acute conditions requiring urgent follow up care should be noted and referred accordingly to the dental department.
 3. After the dental screening, probationer/parolee in a CCAP will receive urgent and emergency dental care only.
 4. Urgent and emergency dental care will be provided by a DOC dental clinic, if available. If a DOC dental clinic is not available, dental services will be provided by a vendor approved by the HSU.
- II. Dental Services Staffing
 - A. Dental services are delivered under the supervision and guidance of the Chief Dentist, Regional Dental



Directors, and state approved facility dentists in accordance with Operating Procedure 701.1, *Health Services Administration*.

- B. Dental treatment will be provided by a licensed dentist by the Virginia Department of Health Professions (VDHP) or by dental staff under the direction and clinical supervision of a dentist operating according to Virginia Board of Dentistry guidelines. Minimum qualifications for employment of DOC dental staff are as follows:
1. Dentist
 - a. Graduate of an accredited school of dentistry
 - b. Satisfactory completion of National Board Examinations for dentistry
 - c. Licensed in the Commonwealth of Virginia by the Virginia State Board of Dentistry
 2. Dental Hygienist
 - a. Graduate of an accredited program in dental hygiene
 - b. Satisfactory completion of National Board Examinations for dental hygiene
 - c. Licensed in the Commonwealth of Virginia by the Virginia State Board of Dentistry
 3. Dental Assistant
 - a. Certificate of completion of a formal course of study in dental assisting preferred
 - b. Certification in dental assisting by satisfactory completion of the dental assisting examination preferred
 - c. Certification in radiation safety prior to employment
- C. Each institution with a dental clinic has an established dental response coverage protocol; see [VADOC Special Unit & After-Hour Teledentistry Support](#), i.e., teledentistry and Quality Assurance (QA) dental network.
1. Institutions that do not have dental clinics receive dental services according to the established dental response coverage protocol; see [VADOC Special Unit & After-Hour Teledentistry Support](#).
 2. DOC approved vendors may provide dental services to all facilities without a dental clinic according to the established dental response coverage protocol; see [VADOC Special Unit & After-Hour Teledentistry Support](#).
- D. Data Management
1. All dental activity reports (DAR) will be conducted through the use of the e-DAR module that are located within each facility dental clinic. A separate DAR for each assigned facility's inmate population will be submitted.
 2. Copies of the e-DAR module are to be forwarded by email weekly to the DOC staff, as defined below.
 3. The weekly e-DAR modules will be used to complete the monthly e-DAR and are to be submitted at the end of the current month to the DOC staff, as defined below.
 4. All dental supervisors will ensure that copies of the e-DAR modules are forwarded by email weekly and monthly, to the following DOC staff:
 - a. Onsite Clinical Supervising Dentist, i.e., state or contract
 - b. Assigned State Administrative Dental Supervisor
 - c. Assigned Facility Unit Head
 - d. Assigned Regional Healthcare Administrator
 - e. Assigned Regional Dental Clinic Director
 - f. Chief Dentist
 - g. HSU Chief of Operations
 5. The assigned QA Dentist will ensure that e-DARs are submitted by email to the Chief Dentist by the tenth day of the following month.
 6. HSU will track, monitor, and utilize Evidence Based Practice (EBP) data as needed, towards



continuous dental QA and Continuous Quality Improvement (CQI).

7. During times of information technology (IT) and/or electronic failure, the Dental Services Daily Report will be used to complete the Chief Dentist Dental Services Monthly Activity Report, through utilization of forms [Dental Services Daily Log 720_F27](#) and [Dental Services Monthly Activity Report 720_F28](#).

III. Oral Health Education

- A. Personal oral hygiene is an individual responsibility and an essential component in maintaining good dental and general health.
- B. Health care providers, dental providers, and health trained staff are responsible for the recognition, diagnosis, and documentation of oral diseases, and for providing the information necessary for self-care and prevention.
- C. Areas of information should include the following:
 1. Inmate education: an elementary understanding of the relationship of dental plaque and oral health.
 - a. It is important that the inmate is aware of their personal responsibility in maintaining good oral hygiene and that successful continuation of treatment will be dependent upon the inmate's practice of good oral hygiene habits.
 - b. Inmates are required to demonstrate that they are practicing adequate and proper oral hygiene prior to the delivery of routine dental care.
 - c. The treating dentist may discontinue routine care at any time when it becomes apparent that the inmate is not practicing proper oral hygiene.
 2. Brushing: technique, type of brush, how often
 3. Flossing: technique, type of floss, how often
 4. Diet and nutrition: relationship of plaque formation and dental pathology to the intake of simple carbohydrates and the frequency of intake, and the importance of a balanced diet high in fruits and vegetables.

IV. Dental Charting and Classification

- A. The following dental charting system should be utilized; see [Dental Chart 720_F29](#).
 1. Oral-paraoral examination
 2. Missing teeth and existing restorations should be charted in blue pencil. Missing teeth should be marked with an "X."
 3. Decay should be charted in red pencil for teeth to be restored.
 4. Teeth to be extracted should be charted with a red "X."
 5. Panoramic X-ray or other X-rays should be evaluated.
 6. Completed treatment should be charted in blue.
 7. The Universal Numbering System should be used.
- B. The following dental classification will be used:
 1. Class 1
 - a. Inmate does not require any dental care or only requires stain removal and polishing.
 - b. Priority level - Low
 2. Class 2
 - a. Inmate requires routine dental treatment, examples:
 - i. Fillings
 - ii. Simple wisdom teeth extractions
 - iii. Extractions
 - iv. Periodontal treatment to include gingivectomies, root planing, scaling
 - v. Complete and partial dentures



- vi. Root canals
- vii. Pre-prosthetic surgery
- viii. Bite splints
- ix. Temporary crowns and restorations
- x. Sensitivity to hot and cold temperatures
- xi. Broken dentures
- xii. Removal of passive orthodontic appliances
- b. Priority level - Moderate
- 3. Class 3
 - a. Urgent dental conditions, while not life threatening, have high priority and require prompt attention due to extreme pain or need for immediate intervention to control or prevent the exacerbation of the condition. Examples are:
 - i. Severe, unrelenting toothaches
 - ii. Localized swelling from an abscessed tooth
 - iii. Painful impacted wisdom teeth
 - iv. Avulsed or displaced teeth
 - v. Follow-up care for post-operative complications
 - vi. Overdue removal of intermaxillary fixation or arch bars
 - vii. Overdue suture removal
 - b. These inmates will be seen on the next available dental clinical day.
 - c. When the urgent condition has been resolved, the inmates will be reclassified into an appropriate treatment category.
- 4. Class 4
 - a. Emergency dental treatment is of the highest priority and is available on a 24-hour basis. These inmates will be seen immediately and will be referred for outside care, if necessary.
 - b. This class includes inmates with (non-localized) facial swelling (i.e., spread beyond the jaw to involve the eye and lower neck), uncontrolled bleeding, severe traumatic injuries, and other conditions that, if not treated immediately, will have an immediate effect on the health of the inmate.
 - c. When the emergency condition has been resolved, the inmate will be reclassified into an appropriate treatment category.

V. Availability of Dental Services and Levels of Care

- A. Institutions with dental clinics, will provide access to care according to the *Levels of Care* definitions below.
- B. Facilities without dental clinics have access to care through the established dental response coverage protocol; see [VADOC Special Unit & After-Hour Teledentistry Support](#), and in accordance with the institution assignments on Attachment 1, *Access to Dental Clinics*.
 - 1. Inmates at facilities without dental clinics will not be transported to the assigned institution for treatment of mild gingivitis, rubber up prophylaxes, or teeth polishing. Inmate education and/or oral hygiene instructions will be provided.
 - 2. Inmates with Adult Periodontal Disease, PSR Code 3 and higher, are eligible to receive non-surgical periodontal care through the established dental response coverage protocol; see [VADOC Special Unit & After-Hour Teledentistry Support](#), and in accordance with institution assignments on Attachment 1, *Access to Dental Clinics*.
 - 3. If telehealth is used for inmate/probationer/parolee encounters, the plan includes:
 - d. Mobile video telehealth devices may include the following:



- i. iPads
 - ii. Tablets
 - iii. Microsoft Surfaces
 - iv. Telehealth cell phones
 - v. Telehealth MiFi's
 - vi. Webcams
 - (a) All mobile video telehealth devices must be stored in a secure location. When not in use, these devices must be stored in a secure dental unit area that does not have unaccompanied inmate access.
 - (b) All mobile video telehealth devices and components must be inspected and accounted for by each dental unit with each shift change and documented on [Telehealth Electronic Device Control Record 720_F42](#).
 - (c) The Health Authority or designee and the Chief of Security must inventory and inspect all mobile video telehealth devices monthly and document on [Telehealth Electronic Device Control Record 720_F42](#).
 - (d) See Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, Attachment 2, *Mobile Telehealth Device Information* and Attachment 3, *Overview: Telehealth Mobile Device Storage, Access, and Use* for further guidance.
- C. It is the responsibility of the inmate to request dental care by using the appropriate request form.
1. The appropriate emergency request form will be addressed the day that it is received.
 2. Requests for routine dental treatment will be scheduled in the chronological order in which they are received.
 3. Routine dental treatment should not be initiated when an emergency form is submitted and no emergency condition exists.
- D. Levels of Care
1. The licensed and diagnosing primary care treatment provider, i.e., dentist, will assign treatment classifications.
 2. Dentally Mandatory
 - a. Any condition that puts the inmate's health or well-being at immediate risk, such as, urgent care for immediate relief of pain, traumatic injury, or acute infection.
 - b. Emergency dental care falls into this category.
 - c. These will include Class 3 or Class 4 dental treatments.
 3. Presently Dentally Necessary
 - a. If not treated, the inmate would be at significant risk of further serious deterioration of the inmate's condition or there would significant reduction of a chance of possible repair after release.
 - b. Routine dental care falls into this category.
 - c. These will include Class 2 dental treatments.
 4. Not Dentally Mandatory
 - a. Includes such treatment as dental implants, fixed bridges, permanent crowns, cast-metal partial dentures, orthodontics, edentulous ridge augmentation, and Temporomandibular Joint (TMJ) surgery.
 - b. The DOC does not provide this level of care.
- E. Emergency Care
1. Dental emergencies may involve traumatic injuries, facial swelling, or other conditions that may have an immediate effect on the health of the inmate.
 - a. Conditions such as tooth decay without pain, pain to hot or cold substances, bleeding gums, lost fillings, or broken dentures do not constitute emergencies.
 - b. Emergency dental care is of the highest priority and will be provided as the emergency dictates.

2. If emergencies occur during the regular workday, facility dental staff will make arrangements to have the inmate seen as soon as possible. The inmate's condition will be assessed to determine the nature of the emergency.
3. After hours, emergency care is usually handled by on duty facility medical staff. A protocol for 24-hour emergency care; see [VADOC Special Unit & After-Hour Teledentistry Support](#), will be provided for after-hours emergency care to ensure that emergency needs are triaged, treated, and reported to the dental staff.
4. All emergency cases will be documented using the "SOAP" format:
 - S - Subjective findings: Symptoms described by the inmate. Review of health history
 - O - Objective findings: Results of the clinical exam, radiographs, or tests
 - A - Assessment: Diagnosis
 - P - Plan: Treatment rendered

F. Routine Dental Treatment (Class 2)

1. Class 3 and Class 4 treatment will remain the primary focus of all dental access to care. However, the DOC will provide access to routine dental care for inmates, as the resources of staff, time, and materials are available and commensurate with the inmate practicing good oral hygiene.
2. An inmate must request this care by using the appropriate request form.
 - a. Access to routine care is equitably controlled by use of an appointment book or scheduler template to schedule according to the chronological date on the request form. Separate treatment lists will not be maintained for routine dental care procedures.
 - b. If a treatment plan requires several appointments, attempts to secure subsequent appointments for definitive treatment will be delivered within care timeframes through outside resources, i.e., DOC approved vendors, specialists and agency partnerships, will be made.
 - c. The dental department's goal is to secure outside appointments for the completion of specific definitive treatment stages within 90 days, based upon the agency's current level of approved outside resources.
 - d. Dental care should be scheduled, paced, and performed under the most current and recommended protocols for patient isolation, as a departmental precaution for all possible infectious diseases/pandemics, disease transmission, and aerosol reduction (single chair dentistry).
3. Routine care is to be initiated by a comprehensive exam, a charting update, necessary radiographs, development of a written treatment plan, and oral health education.
4. All routine dental care will be delivered as outlined in the treatment plan.
 - a. If an inmate refuses a part of the treatment plan that would cause subsequent dental treatment to fail, the dentist may discontinue treatment until the inmate is prepared to follow the plan.
 - b. DOC staff will not be responsible for completion of a treatment plan to accommodate an impending release date.

G. Restorative Dentistry:

1. Permanent restorations (amalgam and resin) should be placed when possible.
2. Acrylic or stainless steel crowns are discouraged because they often require frequent re-cementing and may be aspirated when they become un-cemented.

H. Periodontal Treatment: The following recommendations were adopted by the Virginia Board of Dentistry to assist the general dentist in the application of periodontal diagnosis and treatment.

1. Plaque Associated Gingivitis: This is defined as inflammation of the gingiva in the absence of clinical attachment loss.

Treatment Considerations: Inmates with mild inflammation of the marginal tissue, minimal calculus, little or no clinical evidence of attachment loss and insignificant pocket depths (less than 3 mm) are candidates for scaling or polishing. However, inmate education and oral hygiene instruction can be appropriate treatment. This service will be provided no more than once every 12 months. A request

must be submitted.

2. Adult Periodontitis: This is defined as inflammation of the gingiva and the adjacent attachment apparatus. The disease is characterized by the loss of clinical attachment due to the destruction of the periodontal ligament and the loss of the adjacent supporting bone.

Treatment Considerations: Treatment plans for adult periodontitis include inmate education, customized oral hygiene instruction, and debridement of tooth surfaces to remove supra/subgingival plaque and calculus. This treatment is included in the treatment plan by the dentist if it is deemed necessary. Adult periodontitis may require additional treatment modalities including root planing, scaling, gingivectomies, and extractions.

I. Oral Surgery:

1. A signed [Consent for Oral Surgery and Special Dental Procedures](#) 720_F31 will be required for all oral surgery cases.
2. Extractions are to be performed when indicated and commensurate with the dentists' individual skill levels and available equipment.
3. Complicated oral surgery that is beyond the capability of the facility dentist may be referred to an oral surgeon.
 - a. Pre-approval for an outside referral to an oral surgeon must be obtained in instances where immediate care is not an issue.
 - b. If immediate care is provided, approval must be requested by the next working day.

J. Prosthodontic Treatment:

1. Removable and/or transitional dentures should be made when the diagnosing dentist determines that there is an insufficient number of teeth remaining for mastication. This is defined as fewer than six points of occlusal contact. The inmate's earliest release date must be at least one year from initiation of prosthodontic treatment in order for an attempt to be made to complete the denture within the inmate's time remaining in a DOC facility.
2. Before proceeding with any prosthodontic case, the following must apply:
 - a. Oral hygiene must be acceptable.
 - b. Appropriate periodontal and restorative treatment must be completed.
 - c. Proper surgical healing has occurred.
 - d. Inmates will not be advanced ahead of other waiting inmates to achieve the one-year limit.
 - e. Before pre-prosthetic surgery, such as tori removal, undercut elimination, or vestibuloplasty is initiated, it should be determined if the inmate will have sufficient time remaining to complete the denture fabrication process.
3. Removable partial dentures will be made of acrylic with wire clasps.
4. When a denture is lost, broken, or stolen, it should be remade.
5. When an inmate has been released before a dental prosthesis is delivered, the inmate will be refunded any copayment for the prosthesis previously charged.

K. Endodontic Treatment

1. Root canals may be performed on anterior teeth with no more than one surface of caries and predictably restorable with direct filling procedures. Posterior root canals are discouraged. Data shows that posterior endodontics generally require permanent crown therapy.
2. An inmate with multiple carious teeth, advanced periodontal disease, and/or generalized poor oral hygiene, is not a candidate for root canal therapy.
3. The tooth in question must be restorable with filling material and it should be functional.
4. In all cases, the decision to perform root canal treatment lies with the diagnosing dentist.

VI. Medical Conditions Affecting Dental Treatment and Anesthetics

- A. If a physician determines that an inmate has a medical condition that rules out dental treatment



temporarily, the inmate will receive dental treatment as soon as a physician determines that it is feasible to do so.

- B. If the dentist determines that the inmate's medical condition makes them at risk for in-house oral surgery procedures, a referral to an Oral Surgeon is indicated.
- C. Dental treatment will not be withheld from an inmate because of a medical condition unless that medical condition has been determined to be of such severity that the inmate's health would be further compromised.
- D. Incomplete Dental Treatment Started before Incarceration
 - 1. The DOC is not responsible for completing dental care or therapy started prior to incarceration.
 - 2. Dental care will be provided as this operating procedure and resources dictate.
 - 3. For inmates in orthodontic tooth movement, active therapy will be discontinued and the appliance can be worn as a passive device.
 - 4. The facility dentist may remove the appliance if the inmate requests removal and gives consent in writing.
- E. Anesthetics
 - 1. When an inmate gives a history of allergy to a local anesthetic(s), documentation of such allergy by a health care provider should be furnished by the inmate. If this is not possible, allergy testing for local anesthetics should be performed on the inmate to determine to which compounds, if any, they have an allergy.
 - 2. If an allergy is found, it should be marked in red on the Dental Chart as well as on the front cover of the Health Record.
 - 3. If an individual is allergic to some but not all of the tested local anesthetic compounds, dental treatment can be performed using the local anesthetic compound determined safe by allergy testing.
 - 4. If the inmate is allergic to all commonly used local anesthetic compounds, the inmate will be considered for dental treatment with general anesthesia.

VII. Dental Suite Sanitation and Safety

- A. OSHA, CDC, Virginia Board of Dentistry, Environmental Protection Agency (EPA), and American Dental Association (ADA) recommend procedures are to be followed for safety and infection control in the DOC dental clinics.
- B. Requirements include:
 - 1. "Universal Precautions" consistent with the agency's directives for OSHA, CDC, and the Virginia Board of Dentistry compliance will be observed at all times.
 - 2. All non-disposable dental instruments are scrubbed, disinfected, and sterilized after each use.
 - 3. Treatment and work surfaces are disinfected prior to and after each appointment with OSHA, CDC, and ADA accepted disinfectant solutions.
 - 4. Hand pieces are sterilized after each use by heat and steam (autoclave) sterilization.
 - 5. Disposable dental items are used for only one inmate and properly discarded after use on that inmate.
 - 6. The count for used disposable burs do not count towards the daily tool count log, they are immediately disposed of as defined below.
 - a. Needles, scalpel blades, and other sharps are stored after use in labeled sharps containers in accordance with Operating Procedure 740.2, *Infectious Waste Management and Disposal*.
 - b. Other infectious waste such as extracted teeth, bone, soft tissue, and blood soaked gauze are also discarded in accordance with Operating Procedure 740.2, *Infectious Waste Management and Disposal*.

REFERENCES

COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion*
Operating Procedure 701.1, *Health Services Administration*



Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 740.2, *Infectious Waste Management and Disposal*

DOC Medical Guidelines

ATTACHMENTS

Attachment 1, *Access to Dental Clinics*

FORM CITATIONS

[*Dental Services Daily Log*](#) 720_F27

[*Dental Services Monthly Activity Report*](#) 720_F28

[*Dental Chart*](#) 720_F29

[*Consent for Oral Surgery and Special Dental Procedures*](#) 720_F31

[*Telehealth Electronic Device Control Record*](#) 720_F42

