

POLICY

SUBJECT: Dental Care
NUMBER: HC-314-18
APPLICABLE TO: Somatic Health Staff

APPROVED: _____ /s/ signature on original
Sam Abed, Secretary
DATE: _____ 2/15/18

- I. POLICY**
Youth in the custody of DJS will be provided routine and emergency dental care under the direction and supervision of a licensed dentist.
- II. AUTHORITY**
 - A. Md. Code Ann., Human Services, §9-203 and §9-204.
 - B. American Correctional Association (ACA) Standards, 4-JCF-4C-12, 4- JCF-4C-15, and 4-JCF-4C-20
- III. DIRECTIVES/POLICIES RESCINDED**
None
- IV. FAILURE TO COMPLY**
Failure to comply with the Department’s Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.
- V. STANDARD OPERATING PROCEDURES**
Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued.	February 15, 2018

PROCEDURES

SUBJECT: Dental Care
NUMBER: HC-314-18
APPLICABLE TO: Somatic Health Staff

APPROVED: _____ /s/ signature on original
Linda McWilliams, Deputy Secretary
DATE: _____ 2/8/18

I. PURPOSE

To provide procedures for youth dental screenings and examinations, and routine and emergency dental services under the direction and supervision of a licensed dentist on-site or in the community.

II. DEFINITIONS

Facility Initial Reception/Referral Screening Tool (FIRRST) means the DJS approved screening instrument used by an admissions officer to screen a youth for emergent care services needed before facility admittance.

Facility Nurse means an employed or contractual Registered Nurse (RN) or Licensed Practical Nurse (LPN) responsible for the provision of health services at a DJS facility.

Health trained personnel is an Admission Officer who is the designated employee responsible for processing the admission of youth at a facility. The Admission's Officer is trained by the facility nurse to complete the FIRRST screening tool.

Intersystem transfer means transfers from one distinct correctional system to another.

Qualified Health Care Professional (QHCP) includes physicians, physician's assistants, dentists, nurses, nurse practitioners, nurse midwife, mental health professionals and others who by virtue of their education, credentials, licensure, and experience are permitted by law to evaluate and care for youth.

III. PROCEDURES

- A. Youth shall receive a dental screening at admission conducted by a qualified health care professional (QHCP) or health trained personnel.
1. The Admission's Officer shall administer the **Facility Initial Reception Referral Screening Tool (FIRRST), (Appendix 1)**.
 2. The facility nurse shall complete an initial health assessment documented on the **Admission Nursing Assessment, (Appendix 2)** and the **Physical Examination Form, (Appendix 3)**. The screening shall assess for the following and a referral for treatment must be made if any of the areas are indicated:
 - a. Last Dental Exam;
 - b. Breath-Normal/Fruity/Halitosis;
 - c. Pain;
 - d. Teeth-Broken;
 - e. Missing Teeth;
 - f. Dental Caries;
 - g. Retainer;
 - h. Dentures;
 - i. Braces; and
 - j. Gums-Moist/Pale/Bleeding
- B. The facility nurse shall schedule youth for preventative care by a dentist or dental trained personnel within 14 calendar days of admission, unless documentation exists that dental preventative care was completed within the last six months.
- C. In instances of intersystem transfers, the facility nurse shall schedule youth for an initial dental examination to be completed by a dentist, within 14 calendar days of admission on intersystem transfers, unless there is documentation of a dental examination completed within the last six months, and diagnostic x-rays as necessary.
- D. The Scheduling of the youth shall be maintained on the **Dental Clinic Sheet (Appendix 4)**.
- E. The dentist shall complete a defined charting system, using the **Dental Examination Form (Appendix 5)** that identifies the oral-health condition and specifies the priorities for treatment by category.
- F. The dentist shall complete an individualized dental treatment plan for youth requiring follow-up dental care.
- G. Youth who are in need of dental services that cannot be provided in the facility shall be referred for a consultation with a dental specialist in the community,

including oral surgery, when necessary. The **DJS Dental Classification/Triage System form (Appendix 6)** shall be used for triage purposes.

- H. Youth are provided dental adaptive devices when medically necessary as determined by the assigned dentist.
- I. The dentist shall complete a **Dental Care Summary form (Appendix 7)** for all youth who receive dental care.
- J. Youth who are transferred to another facility including other DJS facilities shall have a copy of the **Dental Care Summary form (Appendix 7)** sent with their medical records to the receiving facility.
 - a. The receiving facility nurse (DJS or Allegany County Health Department) shall review the **Dental Care Summary form (Appendix 7)** and schedule the youth for any recommended dental care that has not yet been completed by the sending facility.
 - b. If the youth has received all dental care at the time of admission, the receiving facility does not have to schedule a youth to be seen by a dentist for **one year** from the date of the last dental treatment.
- K. When necessary, the dentist shall determine the conditions for more frequent than annual dental follow-up.
- L. Emergency on-call or 24-hour emergency dental services shall be available to youth. These services include on-site emergency first aid and crisis intervention, and emergency transportation of the youth from the facility to one or more designated hospital emergency rooms or other appropriate health facilities when indicated.

IV. RESPONSIBILITY

The Director of Medical Services and the Health Administrator are responsible for implementation and compliance with this procedure.

V. INTERPRETATION

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

No policies referenced

VIII. APPENDICES

1. Facility Initial Reception Referral Screening Tool (FIRrst)
2. Admission Nursing Assessment
3. Physical Examination Form
4. Dental Clinic Sheet
5. Dental Examination Form
6. DJS Dental Classification/Triage System
7. Dental Care Summary Form



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Dental Care
NUMBER: HC-314-18
APPLICABLE TO: Somatic Health Staff

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINT FULL NAME

DATE

WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.