DENTAL GUIDELINES

STATE INDIAN HEALTH PROGRAM
These guidelines represent the minimal standards for dental service delivery in Indian Health Program (IHP) funded agencies. The grantee is responsible for implementing a quality of services that is consistent with these guidelines. IHP acknowledges that dental standards are ever-changing, and that these are minimal standards. They are a part of the system utilized by the IHP in evaluating the dental component of a primary health care program.

The dental services component of the primary care clinic shall be comprehensive and public health oriented. Ongoing dental health promotion and maintenance, dental restoration, and disease prevention take place in a planned and supervised program of dental services offered to all age groups. Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It serves the community as a patient rather than the individual, emphasizing dental education to the public, applied dental research, and administration of a group dental care program as well as the prevention and control of dental diseases on a community-wide basis.

I. Licensure/Certification of Dental Service Location

A. Licensure and Certification

All primary care sites shall be licensed and/or certified by the State as primary care clinics and shall be in compliance with all applicable federal, state, and local standards including those for fire and safety. (See California Code of Regulations, Title 22, Chapter 7, Primary Care Clinics.)

B. Each source of radiation (e.g. dental x-ray unit) shall be registered with the California Department of Health Services. (California Administrative Code, Title 17, Section 30145).

II. Policies and Procedures of the Dental Department

A. Policies, procedures and protocols shall comprehensively describe the dental program in all service sites.
B. Policies and procedures shall be:

1. Current with documented review at least annually.
2. Available to all dental staff.
3. Adapted to the specific staffing pattern and program practice of the dental department.
4. In a consistent format.

III. Dental Department Staff

A. Organizational Chart

An organizational chart shall delineate the current lines of authority and supervision of all positions within the dental department.

B. Dental Staff Meetings

The dental staff shall meet as a department at least monthly. Meetings shall be documented with minutes.

C. Dental Director

A dentist shall be designated as the dental director, and shall be responsible for the overall services, policies, procedures and protocols of the dental department which include, but are not limited to:

1. Establishing, reviewing, updating, and approving all dental policies, procedures, and protocols at least annually with appropriate documentation.
2. Assuring that all dental department staff comply with established policies, procedures, and protocols.
3. Assuring the quality of dental services provided to all clients treated by the facility at all dental service sites of the contractor.
4. Establishing and implementing a dental quality management/performance improvement (QM/PI) program or participating in agency-wide QM/PI.
5. Assuring that all dental staff have valid licensure for practice in California and that staff function within the scope of practice permitted by his/her licensure.
Dental Guidelines
March 2005

D. Staff Training

1. Training plans for dental department employees shall be developed annually and shall reflect program and staff development needs.

2. Full-time dental staff shall be provided paid time off in order to meet continuing education requirements for professional licensure.

3. There shall be cross training for the dental receptionist and dental assistant.

4. Dental department staff shall provide annual training for Community Health Services staff regarding dental health and disease prevention.

5. All dental staff shall sign a confidentiality statement annually.

E. Position Descriptions

1. Current position descriptions shall be available for all positions within the dental department.

2. Position descriptions shall delineate responsibilities, supervisory relationships and minimal qualifications.

F. Performance Evaluations

1. All dental staff shall be evaluated regarding performance during a specified probationary period and at least annually thereafter.

2. Performance evaluations shall be based on job specific criteria, shall be signed by the employee and the supervisor, and shall be filed in the employee's personnel file.

IV. Dental Services

A. Scope of Services

The grantee shall provide or arrange for the provision of the full range of dental services as indicated in these dental guidelines.

B. Contract Care

A dental provider shall review and approve all non-emergency requests for contract health care for eligible Indians prior to any authorization for expenditure of dental contract care dollars, when applicable.
C. Preventive Dental Care Program

1. Community dental disease prevention program.
   
a. The dental director shall develop a community dental disease prevention program that addresses the dental needs of the grantee’s service area. The dental director shall review and update the plan at least annually.
   
b. The community dental disease prevention program shall include:
      
1) Appropriate demographic data of the service area population.

2) Projected preventive dental care needs based on the demographic information.

3) Current preventive dental care services being delivered.

   c. The community dental disease prevention program shall reflect a coordinated effort with other sources of dental services within the service area, particularly county and school programs and shall include but not be limited to:
      
1) Water fluoridation program.

2) School screenings, including Head Start.

3) Senior Center Screenings.

4) Baby bottle tooth decay prevention and screening activities.

5) Health fairs.

   d. The dental department shall collaborate annually with the community health services department.

   e. The dental department shall conduct/participate in three community dental disease prevention events per year.
3. Fluorides and Fluoridation
   a. When feasible, dental programs shall promote, support and/or implement water fluoridation programs in non-fluoridated areas within the service areas.
   b. Children under 14 years of age whose exam reveals one or more new smooth surface carious lesions in permanent teeth shall receive a topical fluoride treatment.
   c. Fluoride supplements shall be made available for all patients less than 14 years of age not living in a fluoridated area.

4. Dental Sealants

   Protocols regarding the application of sealants shall be established. Treatment plans in dental health records shall be consistent with these protocols.

5. Patient Education

   All dental clients shall be counseled at least annually regarding oral hygiene and fluoridation. This shall be reflected in the dental health record.

6. Periodontal Screening

   All adult patients shall receive a documented periodontal evaluation, including probing (CPITN), at least annually.

C. Hypertension Screening Program

   A system for screening dental clients for hypertension shall be described in policy and procedure.

1. This system shall delineate standards for referral of clients to a medical provider.

2. The system shall screen, at a minimum, all dental clients 18 years of age and older at least annually.

3. Documentation of hypertension screening shall be noted in the client's dental health record.
V. Emergency Services

A. There shall be 24 hour telephone coverage available for dental emergencies.

B. Emergency telephone numbers shall be posted on each telephone in the dental department and shall include: 911, or police, ambulance, fire, poison control, and nearest emergency hospital.

C. Emergency Medical Procedures

1. Procedures addressing onsite medical emergencies shall be in place and include the assignment of task responsibilities to specific staff positions.

2. A medical emergency drill for all dental staff shall be conducted at least annually.

3. All licensed/certified staff shall maintain current certification in cardiopulmonary resuscitation.

D. Emergency Kit

a. The emergency kit shall be accessible and portable, with a list of contents on the outside of the kit, and with documentation of monthly review of contents (including oxygen equipment).

b. At a minimum, the emergency supplies shall contain

1) Oxygen
2) Ambu bag, mask/pocket mask for adult and child
3) Epinephrine
4) Stethoscope and sphygmomanometer
VI. Dental Health Records

A. Dental policy and procedure shall accurately and comprehensively address the dental health records system, including but not limited to: security, access, confidentiality, purging and separate filing of inactive records, and notation of client allergies.

B. Information within each dental health record shall include but not be limited to: Full name, gender, address, telephone number, date of birth, ethnicity, and emergency contact (name, relationship to client, telephone number).

C. A signed consent for dental treatment shall be in the dental record. For treatment of a minor, the person providing consent shall indicate relationship to minor.

D. Current health history shall include but not be limited to: allergies, rheumatic heart disease, bleeding tendencies, liver disease, cardiovascular, diabetes, tuberculosis, AIDS, pregnancy, hepatitis, hypertension, and current medical status including medications. The health history shall be reviewed and signed by a dental provider at least annually.

E. A dental treatment plan shall be developed for each dental client and shall include but not be limited to:

   a. A list of all planned dental treatments.


   c. A prevention plan (e.g., fluoride, sealants).

   d. A planned oral hygiene schedule, including health education about oral hygiene and fluoride.

5. Dental notes for each visit

   a. The dental notes for each visit shall be dated, signed with title, indicate treatments performed and the plan for the next visit.

   b. Any drugs administered or dispensed to a dental client shall be documented in the client's record and shall be administered consistent with approved protocols.
DENTAL GUIDELINES
March 2005

6. Dental Radiographs

All dental radiographs shall be mounted or enclosed in envelopes. Mounting or envelope includes patient name and date of x-ray procedure.

VII. Quality Assurance/Performance Improvement (QA/PI)

A. A QA/PI program systematically monitors and evaluates the quality of services and service care delivery, seeking to improve that quality to the fullest extent possible.

B. The dental director shall develop and implement a dental QA/PI program, or shall participate in agency-wide QA/PI.

C. QA/PI Meetings

1. Dental staff shall attend either department-specific or organization-wide quality management/performance improvement meetings that are held at least quarterly. Minutes are taken at each meeting.

2. Minutes document a process that at a minimum:

   • Identifies problems that are critical to the quality of care
   • Develops a corrective action plan
   • Monitors the corrective action plan
   • Evaluates the results of the corrective action plan.

3. QA/PI addresses key organization-wide and/or department-specific issues, which may include but are not limited to:

   a. Preventive service specific indicators (eg. sealant and fluoride use, pap smear, mammogram, and immunization rates).

   b. Access indicators (eg. patient flow, waiting time, patient satisfaction).

   c. Measurable health outcome indicators (eg. baby bottle tooth decay rates, blood pressure, compliance with medication, diabetic control, cholesterol levels)

   d. Peer review results.
VIII. Infection Control/Waste Management

A. Policy and procedure manual shall delineate hazardous medical/dental waste disposal system.

1. Hazardous medical/dental waste is separated from other trash and the receptacle is lined with a red biohazard bag.

2. Hazardous medical/dental waste is stored in a locked area with a tightly fitting lid; a warning sign is posted which is visible for 25 feet.

3. Contaminated laundry is bagged and containerized with lid.

B. Clinic policy and procedures shall adhere to all state and local regulations related to infection control including, but not limited to:

1. All dental personnel working within the treatment room wear gloves, masks, and protective eyewear.

2. The use of gowns, aprons, or lab coats is required when splashes to skin or clothing with body fluids are likely to occur. Gowns, including surgical gowns, shall meet OSHA requirements and shall protect all areas of exposed skin.

3. A system of engineered sharps protection is in place, including injury documentation.

4. Training for all personnel regarding infection control, universal precautions, and bloodborne pathogens occurs on an annual basis.

5. The Bloodborne Pathogen Exposure Control Plan addresses all dental staff exposure, and is in compliance with Cal-OSHA standards.

6. All appropriate dental staff are vaccinated for Hepatitis B, or have signed refusal.

7. The autoclave is monitored at least weekly with biological indicators. Results are recorded.

8. Packages of sterilized instruments are labeled with expiration date, or a system to monitor the integrity of sterilized packages is in place.

9. Infection control guidelines/universal precautions are posted and properly implemented.
IX. Referrals and Linkages

A. Referrals

1. The referral procedures shall be clearly defined in policy and procedure.

2. All referrals to and from the dental department shall be written and tracked.

3. Referral agreements shall include: Agency contact person(s), provision for sending and receiving of patient records and written reports, and financial responsibilities.

4. All referrals for off-site health services shall be reviewed by a dentist either at the time of the referral or at a subsequent case review.

B. Linkages

There shall be adequate linkages with dental professionals to provide back-up coverage, specialty and inpatient dental care.

C. Coordination with the Community Health Services Department (CHS)

1. If transportation services are available via the CHS Department, the dental program shall coordinate dental clients' transportation needs consistent with program policy.

2. At least annually, the dental director shall arrange for appropriate inservice of community health services staff regarding dental health.

3. At least annually, dental staff shall plan, review, and coordinate implementation of community dental disease prevention program with CHS staff.

X. Front Office Activities

A. Scheduling and Appointments

1. The dental appointment system shall document the client's name, length of appointment, and planned treatment.

2. The appointment system shall allow for the daily scheduling of emergency dental appointments.
3. Daily patient schedules shall be posted in a manner that maintains patient confidentiality.

4. Broken appointments
   a. There shall be a policy and procedure for limiting broken appointments.
   b. The broken appointment policy shall be made available to all dental patients.
   c. A licensed professional shall review missed appointments for follow-up required. This review shall be documented.

B. Patient Demographic Information
   1. The dental department shall obtain information on new patients including name, address, telephone number and insurance.
   2. For returning patients, the dental department shall have procedures for the review and updating of patient demographic information on a regular basis.

C. Recall System
   1. A dental recall system that is specific to the needs of the community shall be in place and shall be adequately described in policy and procedure.
   2. A method of monitoring client compliance with recall requests shall be in place.

XI. Dental Clinic Procedure
   A. Standard Instrument Trays
      Dental policy shall identify, through pictures, lists or equivalent, standard dental instruments used for routine procedures in the dental department.

   B. If nitrous oxide is used, a scavenging system shall be part of the administration system.
C. Radiation

1. All staff operating x-ray equipment shall be properly credentialed.

2. Radiation safety shall be monitored by dosimetry on a regular basis. Radiation dosimetry badges are worn by each staff member who is at risk for exposure to x-rays. Documentation of radiation monitoring shall be maintained for at least one year.

3. Lead aprons with a thyroid cuff shall be used. Aprons shall be stored without creases.

4. There shall be a physical barrier between the x-ray operator and the client.

XII. Dental Medication

A. The prescribing, dispensing and administration of drugs in and from the dental department shall be done only by persons lawfully authorized to do so.

B. Policies and procedures addressing drugs administered and/or dispensed by the dental staff shall include: drug storage, inventory and updating, security, labeling for dispensing, controlled substances. These policies/procedures shall clearly identify which dental staff is responsible for these tasks.

C. The dental director shall establish protocols regarding the administration and dispensing of drugs in the dental department. Dental health records shall reflect these protocols.

XIII. Workplace / Environment / Safety

A. Operatories

There shall be a minimum of 2 functional operatories and at least one and one-half operatories per provider.

B. Laboratory

There shall be a non-patient care area utilized for laboratory work.
C. Equipment Maintenance

All equipment in the dental department shall be cleaned, calibrated and/or serviced appropriately.

All such equipment shall be identified on an equipment maintenance schedule which shall include:

1. Procedures regarding staff responsibilities.
2. Frequency of maintenance including date of last maintenance.

D. Dental inventory shall be monitored via an established system.

E. Material Safety Data Sheets (MSDS) for potentially toxic materials shall be available according to OSHA requirements. Staff is informed of availability of MSDS information with appropriate documentation (e.g., during orientation, at annual update).

F. Environment is maintained to provide for physical safety of patients, visitors, and staff with no obvious safety hazards.

G. The facility is clean and sanitary, with hand-washing facilities accessible in all treatment areas.

H. Hand washing facilities are accessible in all treatment areas.

I. Bathrooms are equipped with soap and towels, and a hand washing sign is visible.

J. Exit signs are visible (and optionally lit); emergency evacuation map is posted.

K. Disability accommodations include a wheelchair ramp, water fountain at wheelchair height, elevator (if applicable), designated parking, accessible bathroom facilities.