

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.40.20	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 09/01/97	<b>New Effective Date:</b> 04/15/19
	<b>Supersedes:</b> 500.40.20	<b>Dated:</b> 11/01/17
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Dental Classification Report		

**POLICY**

The Division of Adult Institutions shall maintain a Dental Classification Report representing the dental needs status of all patients.

**REFERENCES**

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-E-06 – Oral Care

**DEFINITIONS, ACRONYMS AND FORMS**

BOCM – Bureau of Offender Classification and Movement

Dental Classification Report – A form that identifies the degree of a patient's dental need and placement considerations based on numbered classification categories.

DOC – Department of Corrections

DOC-3052 – Dental Classification Report

POC-73 – Minimum Security Health Care Restrictions/Capabilities

WICS – Wisconsin Integrated Corrections System

**PROCEDURES****I. Dental Classification Report Categories**

- A. Dental Class 10 – No dental needs
  1. No dental needs.
  2. May need prophylactic hygiene services.
  3. Periodic oral examination.
- B. Dental Class 20 – Routine Dental Needs
  1. Routine dental needs which are asymptomatic.
  2. Enamel caries, non-carious restoration replacements, non-infected retained roots, denture adjustments.
  3. May need debridement or scaling/root planning services. Any pre-prosthetic and/or prosthetic dental needs.
- C. Dental Class 35 – Essential Dental Needs

<b>DAI Policy #:</b> 500.40.20	<b>New Effective Date:</b> 04/15/19	<b>Page</b> 2 of 4
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Dental Classification Report		

Three or less teeth have essential dental needs that are or could become symptomatic at any time: caries or traumatic exposure, abscessed teeth or roots, extraction of abscessed and periodontal teeth. Any prosthetic appointment, excluding inserts, requiring only one visit shall be scheduled under "Essential listing". Any prosthetic appointment requiring more than one visit shall be listed under "Prosthetic list".

**D. Dental Class 36 – Multiple Essential Dental Needs**

1. Four or more teeth have essential dental needs that are or could become symptomatic at any time: caries or traumatic exposure, abscessed teeth or roots, extraction of abscessed and periodontal teeth.
2. Any dental needs requiring an oral surgeon.

**E. Dental Class 40 – Hold**

1. Dental Hold status until dental treatment is completed.
2. Patient has begun root canal or denture treatment.
3. Patient has a scheduled off-site dental appointment.
4. Patient had an oral surgical procedure and needs to be held for 10 days for post-op checkup.

**F. Dental Class 50 – Unclassified**

1. Patient refuses intake oral examination and dental needs cannot be determined.
2. No jails or northern centers.

**II. Dental Classification Guidelines**

**A. The purpose of the Dental Classifications are:**

1. To track the level of improvement or decline of a patient's dental health while incarcerated in the DOC.
2. Refer to POC-73 when determining a patients dental needs can be managed at the receiving site.

**B. All DOC patients shall receive a dental classification at the time of any entry/intake dental examination.**

**C. The dental classification shall remain in effect until there is a change in the dental status or the classification is greater than five years old.**

**D. The dental classification shall be updated in the patient dental record and WICS whenever the dentist:**

1. Does an intake oral examination.
2. Does a periodical oral examination.
3. Notes a change in the patient's dental needs status.
4. Creates a change in the dental needs status through the provision of dental treatment.

<b>DAI Policy #:</b> 500.40.20	<b>New Effective Date:</b> 04/15/19	<b>Page</b> 3 of 4
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Dental Classification Report		

- E. Only one classification/treatment status may be checked in the "Classification for Placement" section of the DOC-3052 – Dental Classification Report.
  - 1. If the patient refuses treatment, the Classification for Placement status remains the same.
  - 2. If the intake exam is refused impairing the ability to complete the DOC-3052, record the refusal as a Class 50 and record no placement classification.
  
- F. A copy of the DOC-3052 Dental Classification Report shall be:
  - 1. Recorded as an entry in the dental progress notes.
  - 2. Entered into WICS by the dental assistant.
  - 3. For EMR sites the classification will be done automatically by the dentist in Dentrix.
  
- G. The Exit Classification is the same as the last recorded Dental Classification.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Paul Bekx, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Dr. Man Lee, Dental Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Makda Fessahaye, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b>	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Dental Classification Report		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
    - 1.
      - a.
  - B.
  - C.
- II.
  - A.
  - B.
  - C.