GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 17-13	Policy # 11.12
Applicability: { } All DJJ Staff { } Administration { } Community Services {x} Secure Facilities (RYDCs and YDCs)	Related Standards & References: Related Standards & References: O.C.G.A. §§ 15-11-36, 49-4A-7, 49-4A-8 NCCHC Juvenile Health Care Standards, 2015: Y-E-06 ACA Standards: 3-JDF-3A-23, 3-JDF-4C-17, 21, 22, 23, 25, 26, 3-JDF-4C-32, 4-JCF-4C-15, 4-JCF-4C-20, 4-JCF-4C-61, 62 DJJ 11.2, 11.13, 15.8	
Chapter 11: HEALTH AND MEDICAL SERVICES Subject: DENTAL SERVICES Attachments: A – Oral Hygiene Instruction Sheet B – Dental Examination Record C – Guidelines for Parents/Guardians of Youth with Braces D – Informed Consent for Orthodontics	Effective Date:12/5/17 Scheduled Review Date:12/5/18 Replaces: 6/10/16 Division of Support Services, Office of Health Services APPROVED: Avery D. Niles, Commissioner	

I. POLICY:

The Department of Juvenile Justice shall provide dental services to youth in secure facilities in accordance with professional guidelines for dental treatment.

II. DEFINITIONS:

Dental Treatment: Diagnosis, treatment and prevention of dental disease.

Dental Staff: Dentist, Dental Assistant, and Dental Hygienist

Dental Hygienist: Individual licensed by the State of Georgia to polish and remove hard and soft deposits, accretions and stains from the teeth and supporting tissue.

Edentulous: The absence of all natural teeth.

Licensed Dentist: Individual licensed by the State of Georgia to practice dentistry.

Medical Services Staff: Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

Oral Screening: Visual observation of teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral Examination: Licensed dentist reviews medical and oral history and conducts an extra oral head and neck examination, oral cancer check, evaluation of occlusion, charting of teeth, restorations and dental pathology and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination.

Oral Hygiene Instruction: Providing information on dental plaque control and proper brushing.

Palliative: Relieving or soothing the symptoms of a disease or disorder without affecting a cure.

III. PROCEDURE:

A. All youth will receive an oral dental screening by the medical services staff using the Nurse Health Appraisal (see DJJ 11.2, Nurse Health Appraisal and Physical Examination) to triage the need for dental services within 7 days of admission to a secure facility.

B. All youth will receive preventive care by a dentist or dental trained personnel within 14 days of admission, unless documentation of dental-preventive care was completed within the last six month.

C. All youth will receive oral hygiene instruction using the Oral Hygiene Instruction Sheet (Attachment A) within 14 days of admission to a secure facility. A dentist, dental hygienist, or trained medical services staff may provide these oral hygiene services.

D. The facility dentist will train the medical services staff in conducting oral screenings and providing oral hygiene instruction and dental health education as needed or as determined by the Lead Nurse.

E. An initial oral examination will be conducted by a licensed dentist within 14 days of the youth's admission to a secure facility. Oral examinations will be repeated and documented every 6 months based on the last oral examination documented in JTS, regardless of the placement of the youth. Oral examinations need not be repeated on new admissions or transfers unless JTS identifies the need for the 6-month examination.

1. X-rays will be provided as deemed necessary by the dentist. Plain X-rays will be mounted and stored in an envelope marked with the youth's name and date of birth and placed directly under the Oral Hygiene Instructions form in the health record. Digital records will be stored with the electronic media system used to record the digital record.

2. All existing dental restorations and prostheses will be evaluated and documented in the youth's health record using the online Dental Treatment Record and the youth dental examination record (Attachment B).

3. Existing defects, lesions, missing teeth, and status of the eruption of third molars will be documented by the Dentist in the youth's JTS Dental electronic Examination Record.

F. Upon approval of the facility dentist in consultation with facility Director, when the health of the youth would otherwise be adversely affected, youth will be allowed to keep removable partial dentures, orthodontic retainers, and other dental prostheses.

1. Cosmetic removable gold crowns will be removed upon admission and stored with the youth's other property in accordance with DJJ 15.8, Youth Property, State Issued Items & Personal Hygiene.

2. Removable ornamental appliances and piercings will be removed upon admission and stored with the youth's other property in accordance with DJJ 15.8, Youth Property, State Issued Items & Personal Hygiene.

G. Urgent Dental Services:

1. All youth with urgent dental needs will be made reasonably comfortable with medication and/or palliative treatment at the oral screening assessment. These youth will be scheduled to receive dental care at the next available appointment. Emergency referrals will be given priority.

2. Emergency services to treat facial and dental injuries will be available 24 hours per day, 7 days per week. The facility dentist will be notified of any traumatic dental injuries as soon as possible.

H. Dentists may schedule and conduct, as time permits, routine dental services, such as restorative dental care, non-emergency extractions, pulpectomies (removal of the dental pulp), and prophylactic services (dental cleanings) as clinically indicated.

1. Each youth will be offered preventive services every 6 months by the dentist or dental hygienist. Routine restorative procedures will be performed by the dentist with materials approved by the American Dental Association.

2. All oral surgery and invasive procedures must have the consent of the youth's parent/legal guardian unless it is a medical emergency and the parent/legal guardian's whereabouts are unknown. (See DJJ 11.13, Consent Process.)

3. Dentures may be provided for youth who are edentulous (having no teeth) upon admission. Partial dentures may be provided for youth who lose one or more anterior teeth during the YDC stay.

4. Endodontic therapy (root canal) on posterior teeth will not be routinely offered at DJJ secure facilities. In instances where the dentist evaluating the youth believes that endodontic therapy service is warranted, the services may be arranged.

I. Orthodontic treatment is not routinely offered. Emergency orthodontic care (i.e., broken wires, loose brackets) on youth with existing appliances will be provided by the facility dentist. Continuation of existing orthodontic treatment will be at the discretion of the facility dentist in consultation with the DJJ Medical Director, based on the clinical indication, length of treatment and discussion with the parent/guardian. The parent/guardian will be informed of the Guidelines for Parents/Guardians of Youth with Braces (Attachment C) and required to sign the Informed Consent for Orthodontics (Attachment D). If treatment is continued or

initiated based on functional need, the facility dentist will notify the facility Director and medical staff.

J. Crowns will not be offered as a routine dental treatment option. Replacement teeth in the form of a fixed prosthesis will not be routinely provided. However, in the instance that a youth's injury while in secure confinement results in the damage or loss of one or more anterior teeth, crowns and/or acrylic partials may be provided. The DJJ Medical Director will approve this and other non-routine treatment on a case-by-case basis.

K. Each facility's dentist will be responsible for:

1. Developing/maintaining infection control procedures that are compliant with OSHA standards;

2. Testing sterilization equipment and maintaining records that reflect compliance with ADA standards and State law that includes time of use biological monitoring of each machine; and,

3. Ensuring that all medical and dental instruments and supplies maintained at the facility are securely stored, controlled, and perpetually inventoried by the Lead Nurse or tool control officer.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO