

OREGON DEPARTMENT OF CORRECTIONS

Operations Division

Health Services Section Policy and Procedure #P-E-06.13

SUBJECT: Dental Services Staff Oversight and Infection Control

POLICY: The following is a general outline of staffing structure and oversight for the DOC Dental Program.

REFERENCES: Oregon Dental Practice Act
DOC Rule - OAR Division 124 – Health Services (Inmate)
National Commission of Correctional Health Care - Standards for Health Services in Prisons
Health Services Policy #P-B-01.6
Organization for Safety and Asepsis Procedures (OSAP)

DEFINITIONS:

1. **Dental Assistant:** a person who, under the supervision of a dentist, renders assistance to a dentist or another dental assistant in duties that relate directly to the dental care of DOC patients.
2. **Lead Work Dental Assistant Leadwork:** (as defined in AFSCME security plus 09-11 contract) is where, on a recurring daily basis, while performing essentially the same duties as the workers led, the dental assistant has been directed to perform substantially all of the following functions: to orient new employees, if appropriate; assign and reassign tasks to accomplish prescribed work efficiently; give direction to workers concerning work procedures; transmit established standards of performance to workers; review work of employees for conformance to standards; and provide informal assessment of workers' performance to the supervisor. A leadwork dental assistant is also assigned responsibility for direct oversight of clinic operations, including scheduling and patient flow.
3. **Dentist:** a licensed DOC staff dentist, who is responsible for direct patient care and authorization and oversight of services provided by a dental assistant.
4. **Medical Services Manager (MSM):** health services management staff member who is responsible for organizing and coordinating delivery of all healthcare services to inmates at their assigned institution(s). MSM in this document may also refer to another manager, who is a designee of the MSM.
5. **Dental Program Director:** a licensed dentist, who is responsible for the overall, universal organization and delivery of dental services, as well as professional oversight of services provided by individual dentists.
6. **Direct Supervision:** a dentist shall remain in the treatment room while services are rendered by a dental assistant.

7. Indirect Supervision: the dentist shall be present on the premises while services are rendered by a dental assistant.
8. General Supervision: means that a dentist shall authorize the procedures to be performed, but the dentist is not required to be present on the premises while the procedures are performed.

A. Function and Responsibilities of MSM

1. The MSM shall be responsible for management of all dental staff at the local, institution level. Management shall include oversight of staff and patient scheduling, grievance and tort responses, and any security issues related to dental.
2. The MSM shall verify the level of board certification for all dental assistants employed at the institution, and shall also ensure that the licensure of each staff member is current. Current dental staff licenses are to be posted in the dental clinic in a conspicuous location at all times.
3. The clinical practice of the dentists will be managed by the dental program director, and the MSM will not be responsible for oversight of the following functions:
 - a) Quality of dentistry
 - b) Caseload management
 - c) Clinical productivity
 - d) Individual patient management
 - e) Dental record keeping
4. The MSM shall, with input from the dentist, prepare performance evaluation reports for the dental assistants. The reports will be completed at least annually. No performance evaluation reports shall be finalized without thorough review and consent by the dentist. If a lead work dental assistant is present, the lead work dental assistant will give input to the manager preparing the performance evaluation.

B. Dental Assistant Functions and Oversight

1. The primary responsibility of the dental assistant is to provide direct chair side assistance to the dentist, and during any invasive dental procedures, the assigned assistant shall not leave the operatory unless explicitly directed by the dentist.
2. The dental assistant shall not perform any procedures beyond those listed within the Dental Practice Act according to their current level of certification.
3. The dentists are responsible for direct, indirect, and general supervision of the institution dental assistants in all matters related to the delivery of dental services. Assistants shall work at the direction of the dentists at all times.

4. If a dental assistant requires remedial instruction in proper procedures or techniques, the dentist shall employ the following methods (in the order listed) until resolution is obtained:
 - a) Direct instruction by the dentist, followed by documentation of the interaction by the dentist.
 - b) Intercession by one or more lead work dental assistants, followed by documentation by the dentist.
 - c) Intercession by the institution MSM: Prior to intercession, the MSM shall review all previous interaction documents, and afterwards the MSM shall combine and file all documentation (current and previous).
 - d) Progressive discipline - to be initiated by MSM - The dental program director shall also be notified and may participate in the process.

C. Dentist Responsibilities

1. The dentists are to ensure that patient treatment meets the community standard of care at all times, and they shall make every effort to maximize utilization of available resources, such that patients are treated in as timely a manner as possible.
2. The dentists are responsible for direct, indirect, and general supervision of the institution dental assistants in all matters related to the delivery of dental services.
3. The dentists shall work together with the dental assistants, such that a system for prioritizing care is established and maintained.
4. The dentists shall participate in the performance evaluation reports to be completed for the dental assistants.
5. If a dentist discovers that care from another dentist was not fitting or did not meet the community standard of care, contact shall be made directly to the offending dentist and the interaction shall be documented. Either dentist may also request an analysis to be performed by the dental peer review committee if desired.
Note: If any infractions are egregious or if initial attempts at remediation are unsuccessful, then the dental program director shall be contacted.

D. Infection Control

Infection control responsibilities and general guidelines are listed below. Procedures are also outlined for staff to address violations of proper infection control.

1. The dentists and the assistants are mutually responsible for insuring all infection control measures are taken, consistent with standards as set forth by:
 - a) The Oregon Dental Practice Act
 - b) Centers for Disease Control and Prevention (CDC)

- c) Occupational Safety and Health Administration (OSHA)
 - d) The American Dental Association
2. In addition, the following infection control measures shall be employed without exception in every clinic - by all dental staff:
- a) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.
 - b) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.
 - c) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.
 - d) Heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates micro-organisms kill.
 - e) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.
 - f) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.
 - g) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.
3. For additional specific instruction on sterilization of dental instruments, refer to Health Services Procedure #P-B-01.6 – *Sterilization and Instrument Processing*.
4. If the infection control practices of the dental assistant are not satisfactory, then the dentist is to follow the remedial instruction procedures as listed above under “*Dental Assistant Functions and Oversight*”.
5. If the dentist is not utilizing infection control practices properly, the assistant shall follow the following procedures (in the order listed) until resolution is obtained:
- a) The assistant shall speak directly with the dentist about the concern, and then document the interaction. Exception: If there is a lead work assistant at the institution, then the lead work assistant may speak directly with the dentist instead, and the lead work shall then document the interaction.
 - b) Intercession by the institution MSM: Prior to intercession, the MSM shall review all previous interaction documents, and afterwards the MSM shall combine and file all documentation (current and previous).
 - c) Intercession by the dental program director: Prior to intercession the dental program director shall review all previous interaction documents, and afterwards shall combine and store all documentation (current and previous).
 - d) Progressive discipline to be initiated by the dental program director.

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