

# SCSL Digital Collections

## Dental Services

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## Dental Services

**Guideline: Each person should receive complete, comprehensive dental services consistent with their abilities and needs.**

*The following Guideline is intended to help dentists, physicians, nurses, and others involved in clinical decision-making by describing the recommended course of action for dental services for individuals served by SCDDSN. As much as possible, the recommendations reflect the strength of evidence and magnitude of net benefit (benefits minus harms) as reported by the nationally recognized health organizations. Decisions about services required for each individual should be based on clinical history, assessment, and other factors unique to the individual. When, because of behavioral or physical conditions, it would be necessary to use conscious sedation or general anesthesia to complete dental procedures, screenings and procedures should be completed at the discretion of the dentist and interdisciplinary team including the individual and his/her surrogate consent giver. A deferral should only be done after a risk/benefit analysis has been completed and documented. The risk/benefit analysis documentation should include the specific risks and benefits reviewed. Risks that would prohibit the procedure should include medical and psychological conditions and should not be based solely on the presence of an intellectual or related disability.*

### **RATIONALE:**

1. Preventive dental programs should be promoted to improve and maintain the oral health of each patient.
2. Comprehensive, diagnostic, and x-ray services for each patient will be provided by qualified, licensed personnel. Ideally, dental staff should include at least a dentist, a dental hygienist, and a dental assistant.
3. Dental professionals should serve as dental care advocates for all dental patients with intellectual or related disabilities.

### **EXPECTED OUTCOMES:**

1. Comprehensive general dentistry should be provided to all patients as appropriate. This should include but not be limited to: prophylaxis, radiographs, operative dentistry, oral surgery, periodontics, endodontics, prosthetics, emergency dental care, and prescribing of medication as indicated based on the dental procedure.
2. Annual dental examinations should be provided. Additional examinations and treatment should be provided as needed.
3. Current dental health records should be maintained for all dental patients.
4. Programs should be conducted to promote oral health in those patients with special needs and to educate direct support staff in correct oral hygiene procedures.
5. Information about the person's dental status and care should be included in the Interdisciplinary Program Plan (IPP).

### **GENERAL GUIDELINES**

1. Comprehensive general dentistry should be provided in accordance with the laws and regulations of the South Carolina State Board of Dentistry<sup>1</sup> and include the availability for emergency dental treatment on a 24 hour a day basis.<sup>2</sup> The standard of care for general dentistry is applicable and consistent with the patient's ability to tolerate the treatment.
2. A complete extraoral and intraoral examination, which includes an oral cancer screen, should be performed no later than one month after admission to the facility. If a complete examination has been done and documented within one year prior to admission, the examination may be deferred until it is time for the next scheduled examination.<sup>3</sup>

**General Guidelines cont'd**

3. Examinations should be conducted annually thereafter, and more frequently as needed to meet the dental needs of the patient.<sup>4</sup>
4. To assist in diagnosis and treatment of dental disease, dental examinations can include taking indicated x-rays as determined by the dentist.<sup>5</sup>
5. The IPP should include a report of the patient's dental health status. Dental staff may attend team meetings when indicated.
6. A permanent dental record for each patient should be maintained in the individual's record (electronic health record, as applicable) and in the dental clinic.<sup>6</sup>
7. In an effort to achieve and/or maintain, an acceptable level of oral hygiene, in-service training should be provided by the dental team on a regular ongoing basis and as requested.<sup>7</sup>
8. Appropriate referral for specialist consultation and treatment should be made as needed.

**REFERENCES**

1. South Carolina Code of Laws - Title 40 - Professions and Occupations – Chapter 15 – Dentists, Dental Hygienists, and Dental Assistants. Available at <http://www.scstatehouse.gov/code/t40c015.php>
2. State Operations Manual: Appendix J – Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities - §483.460(f)(1) – Tag W355.
3. State Operations Manual: Appendix J – Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities - §483.460(f)(1) – Tag W351.
4. State Operations Manual: Appendix J – Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities - §483.460(f)(2) – Tag W352.
5. State Operations Manual: Appendix J – Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities - §483.460(f)(2) – Tag W353.
6. State Operations Manual: Appendix J – Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities - §483.460(f)(2) – Tag W354.
7. State Operations Manual: Appendix J – Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities - §483.460(f)(2) – Tag W350.