

Oral Health Services

Policy Number 1.130

Policy Function Continuum of Care

Issue Date 8 May 2019

Summary The Oral Health Services policy describes the provision of Oral Health services throughout NSW Correctional Centres, Juvenile Justice Centres, Long Bay Hospital and the Forensic Hospital.

Responsible Officer Executive Director Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- The Forensic Hospital

Previous Issues(s) Policy 1.130 (Dec 2015; Jul 2012)

Change Summary

- Updated hyperlinks to related documents and policies
- Updated denture approval criteria
- Addition of Titanium electronic record system.
- Change of policy title. Previously Dental Services

TRIM Reference POLJH/1130

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

This policy outlines the oral health services provided by Justice Health and Forensic Mental Health Network (the Network) and the terms of their provision.

The Network provides high quality and equitable oral health services to patients throughout NSW Correctional Centres, Juvenile Justice Centres, Long Bay Hospital and the Forensic Hospital. These services are equivalent to those provided in public oral health clinics managed by Local Health Districts (LHD). The Network Oral Health service also facilitates the access to an equivalent service for patients located in Correctional Centres where no dental surgery has been integrated into the health centre.

The Networks Oral Health Service also provides dental services to external organisations such as LHDs and Aboriginal Medical Services (AMS) through the Oral Health Service Workforce Assistance Program (OHSWAP). The program was introduced to assist these services by providing clinical staff under a pay-for-purchase model to help meet activity targets due to local workforce shortages. These services are provided under a Service Level Agreement (SLA) and are conditional to the Network Chief Executive approval and staff availability.

2. Policy Content

This policy outlines oral health services provided by the Network and the terms of their provision.

2.1 Mandatory Requirements

- Oral Health services must be provided equitably on the basis of clinical need and priority of care.
- Oral Health services should be equivalent to those in public hospitals or community dental clinics.
- Patient focused oral health treatment must be evidenced-based and guided by the Network core values of professionalism, honesty, respect, care and clear communication

2.2 Implementation – Roles & Responsibilities

2.2.1 Chief Executive (CE) and Executive Director Clinical Operations (EDCO): have overarching responsibility for the development, review and implementation of this policy.

2.2.2 Clinical Director Oral Health (CDOH): The Clinical Director Oral Health is responsible for the clinical management of the Oral Health Service. The CDOH provides support and mentorship to the Dental Officers (DOs) and Visiting Dental Officers (VDOs). The CDOH works closely with the Operations Manager Primary Care Services & Programs to ensure clear clinical procedures are in place to facilitate the implementation of NSW Ministry of Health (the Ministry) Oral Health Policy Documents, advise the Network Executive on clinical strategies for service delivery and conduct quality assurance activities to ensure that clinical assessment procedures and timeframes are adhered to. The CDOH assesses and approves applications for dentures, liaises with DOs regarding requests for non-routine oral health services (at patients' cost) and provides advice regarding dental emergencies.

2.2.3 Operations Manager Primary Care – Services & Programs (OMPC-S&P): The OMPC-S&P is responsible for the operational management of the Network Oral Health Service. The OMPC-S&P works closely with the CDOH to ensure clear administrative procedures are in place to facilitate the implementation of the Ministry's Oral Health Policy Directives, conducts quality assurance activities to ensure that triage and waitlist management procedures and timeframes are adhered to. The OMPC-S&P ensures excellent customer

service practices are in place to facilitate effective and timely communication with Health Centre staff and that all patients are treated with respect and dignity. The OMPC–S&P, determines the schedule of frequency and duration of dental clinics (unless pre-determined by contractual obligation); and is responsible for the management and resolution of complaints.

2.2.4 Dental Officer (DO) and Visiting Dental Officer (VDO): Provide emergency and routine general oral health services to patients in dental clinics within adult and adolescent health centres throughout NSW Correctional Centres, as well as in LHDs under the OHSWAP program. DOs and VDOs display a high level of competence in general dental work and in undertaking a broad range of advanced and complex dental procedures. They demonstrate highly advanced skills in managing difficult clinical situations, complex medical histories and patients with disabilities and/or additional needs. As part of the dental clinical team, they are responsible for ensuring compliance with infection prevention and control standards. DOs and VDOs arrange continuing care, ensure prompt and appropriate referrals to specialist services and liaise with other Network service staff to optimise provision of services. DOs and VDOs are responsible for recording all dental treatment notes in the patients' clinical record (as per [3.10](#)) and for complying with the procedures and clinical criteria set out in this Policy.

2.2.5 Senior Dental Assistant (SDA): As well as being accountable for all Dental Assistant responsibilities, SDAs are responsible for ensuring compliance with infection prevention and control standards, monitoring the purchasing of dental consumables and equipment, and investigating any damaged/lost/missing orders or equipment. They assist the Operations Manager, Primary Care – Services & Programs in the operational management of dental clinics state-wide within their designated cluster and with the recruitment, orientation, training and mentoring of dental assistant staff.

2.2.6 Dental Assistant (DA): DAs provide assistance to the clinician in patient care including the preparation of equipment, instruments and materials for each dental procedure; instrument transfer and moisture control; management of the patient's wellbeing; and provide appropriate oral health instruction as required. DAs are responsible for ensuring compliance with infection prevention and control standards, monitor supply of stock and dental equipment and perform routine checks to ensure patient and staff safety and quality. DAs also assist in the delivery of Oral Health Promotion activities and with the training of new staff.

2.2.7 Administration Manager (AM): Assists the OMPC-S&P in determining the schedule of all dental clinics; maintains and communicates clinic rosters to the Oral Health team and Health Centres. The Administration Manager oversees the day to day operations of the 'Dental Hotline' (see [3.1](#)) and acts as the point of contact for all enquiries regarding the Titanium system (see [3.10](#)), the Network's comprehensive electronic oral health record and information system. This role is responsible for the coordination of repairs and/or replacement of failed dental and sterilisation equipment, and maintenance of equipment state wide.

2.2.8 Oral Health Administration Team (OHAdmin): Triage patients in accordance with [PD2017 023 Priority Oral Health Program \(POHP\) and Waiting List Management](#) and ensure that all patient encounters are conducted with respect; and are documented accurately and appropriately. The Oral Health Administration Team are responsible for the booking of patient appointments and the communication of scheduled clinics with health centre staff; and the provision of statistical data reports to the CDOH and OMPC-S&P. The team co-ordinates the purchasing of dental consumables state-wide and the repair and/or replacement of faulty dental and sterilisation equipment.

2.2.9 Nursing Unit Manager (NUM): Is responsible for managing the health centre. If a patient is transferred to a local Emergency Department for emergency dental care, it is the responsibility of the NUM to inform the Oral Health Administration Team at OHAdmin@justicehealth.nsw.gov.au. (see [3.8](#)).

3. Procedure Content

3.1 Routine Oral Health Services

The equitable provision of high quality dental care aims to render patients free of oral pain, oral disease and assist in their holistic care.

Dental services for Network patients are equivalent to those available to the general public through public health services in accordance with the Ministry policies and procedures. These include preventive services, direct restorations, extractions; periodontal treatment; endodontic treatment (root canal therapy) of anterior teeth and some removable dentures. (see [Appendix 1](#)).

Routine dental services do not need prior approval and are initiated by individual DOs and VDO's. In health centres where Network Oral Health is unable to provide these services, treatment is delivered in private dental practices under the NSW Health [PD2016 018 Oral Health Fee for Service Scheme](#) (OHFFSS), or by Non-Government Organisations (NGO's; for example The Royal Flying Doctors Service) by way of SLA.

The clinical services provided by the Network DOs and VDOs are classified as routine free dental services, and are provided to all patients in accordance with the Ministry policies directives and guidelines such as [PD2017 023 Priority Oral Health Program \(POHP\) and Waiting List Management](#) and [GL2018 005 Community Fluoride Strategies](#). Dental services will be provided as specified in the [Registration Standards](#) of the Dental Board of Australia.

The Oral Health service will ensure that staff and patients are aware of the dental services available. Oral Health staff will promote and educate patients on oral health and hygiene in line with oral health evidence based practice.

Adult patients can access dental services through the Corrective Services NSW (CSNSW) Offender Telephone System (OTS) Common Auto Dial List (CADL). This 'Dental Hotline' is a self-referral system, where patients are triaged according to their symptoms and placed onto the relevant waiting list.

Alternatively, the Oral Health Administration Team can provide the JUS060.710 *Oral Health Triage Questionnaire Form* to Network staff on request. Completed questionnaires must be emailed to OHAdmin@justicehealth.nsw.gov.au.

All patients are triaged and placed on the Oral Health Waitlist in accordance with [PD2017 023 Priority Oral Health Program \(POHP\) and Waiting List Management](#).

3.2 Non-Routine Oral Health Services (at patient's cost)

Non-routine oral health services are services that cannot be provided by a Network DO or VDO (e.g. crown and bridge work, occlusal splints, sleep apnoea devices, implants, orthodontics, bleaching and the endodontic treatment of posterior teeth).

If a patient requests non-routine oral health services and the procedure is not itemised on the routine free dental services table, some specialist services may be obtained at the Sydney Dental Hospital or the Westmead Centre for Oral Health; subject to criteria and waiting times.

A patient may also elect to be treated by a private dentist of his/her choice at the provider's surgery in cases where the Network DO is unable to provide the necessary treatment due to policy restrictions or scope of practice. In such cases, the patient is responsible for organisation and payment of all dental and associated escort costs.

The Network DO, in consultation with the CDOH, must assess the clinical needs of the patient prior to the private service being organised between the patient and Corrective Services NSW (CSNSW) and Juvenile Justice NSW (JJNSW). The approval for external escorts is required from CSNSW/JJNSW, not from the Network, according to Network policy [1.253 Access to Private Health Services](#).

3.3 Approvals for New Dentures

Acrylic dentures will be provided to eligible Network patients as per the process below:

- All denture requests must have written approval on the [JUS060.705 Assessment & Application for Supply of Dentures or Denture Repairs](#) form prior to the commencement of any new denture or repair.
- All patients will be assessed on a needs basis with the application form completed by the assessing DO or VDO.
- All applications for partial dentures must designate the missing teeth and the condition of the remaining teeth.
- Section two of the application form must be completed and signed by the patient.
- The assessing DO or VDO must complete section three of the form and advise the patient to call the dental hotline to check on the progress of the approval in 2 weeks' time.
- The application form must then be sent to the Oral Health Administration email OHAdmin@justicehealth.nsw.gov.au to determine eligibility of the patient.
- Once the application has been assessed and approved the outcome will be entered in the patient notes section in Titanium, the electronic oral health patient information management system.
- All patients awaiting approval outcome are to contact the Dental Hotline two weeks after the application submission.
- The Oral Health Administration Team manages the Dental Prosthetist PAS waitlist, notifies medical appointments unit (MAU) of booked appointments, and submits a [JUS200.020 Medical Hold](#) form within two weeks of initial prosthetist clinic appointment.
- The patient will be provided with a Prosthodontic Authority Voucher upon issue of new dentures or repaired dentures. The patient must sign the Voucher to confirm that dentures have been received.

Please Note: New denture work up will not commence until the patient has completed all restorative and preventive treatment required, (i.e.: is deemed "dentally fit") by the assessing DO.

3.4 Criteria for Dentures

The Network will provide dentures to maintain basic dental, physical and psychological health.

The following criteria will be taken into consideration when a patient applies for dentures.

- a) The patient must be 'dentally fit.' That is; have completed all restorative and preventive dental treatment; including complete healing of soft tissues following extractions.
- b) The patient must have a minimum of six months prior to release to allow for the complete construction of the denture.

Cases may be considered on an individual basis outside these criteria with the approval of the CDOH or OMPC-S&P and the Service Director Primary Care.

3.5 Dentures and Denture Repairs at Patient's Cost

The Network will provide acrylic dentures to eligible patients. A patient may opt to pay for the cast portion of metal dentures if preferred and clinically indicated. Funds are to be made available before work is undertaken.

If a patient does not meet the criteria for dentures or denture repairs at the Network expense, arrangements can be made to supply the patient with a private quotation from an authorised dental prosthetist, provided the patient is sentenced. The patient must agree to meet the cost and arrange for the funds to be made available to the Network before work is undertaken.

3.6 Replacement Dentures

Dentures may be replaced if deemed clinically necessary or in extenuating circumstances following approval by the CDOH at no cost to the patient. Dentures must be at least 5 years old from the date of issue unless special circumstances are taken into consideration.

3.7 Denture Repairs

Denture repairs are available at no expense to all sentenced and forensic patients. Persons on remand are required to pay the cost incurred by the Network for denture repairs.

Ineligible patients may obtain dentures and denture repairs by private arrangement; refer to section [3.5](#).

3.8 Dental Emergencies

The NSW Health [PD2017 023](#) *Priority Oral Health Program (POHP) and Waiting List Management* defines the following as oral health emergencies:

- Dental trauma or injury
- Significant bleeding in the mouth
- Swelling of the face, neck or mouth
- Acute difficulty opening the jaw or mouth

Please note that pain in itself is not considered an oral health emergency.

When a dental emergency arises and the dental team is unavailable, advice and assistance should be sought from the OMPC-S&P or the CDOH via email OHAdmin@justicehealth.nsw.gov.au during business hours. In all other instances advice or assistance is to be sought from the Remote On-Call After Hours Medical Services (ROAMS) or the After Hours Nurse Manager (AHNM,) on 1300 076 267. See [1.300](#) *Remote Off-site and After Hours Clinical Services Policy*.

In these emergency situations patients must be transferred to the local Emergency Department for assessment and treatment if they are deemed likely to deteriorate quickly. On return to the centre, the patient details and relevant information must be emailed to OHAdmin@justicehealth.nsw.gov.au as all health centres/ inpatient facilities staff are responsible for arranging follow up care with the Network Oral Health Service following an emergency patient transfer for dental emergencies. A review will be organised for the patient at the next clinical session.

At times it may be necessary for adult patients to be transferred to Long Bay Correctional Complex for assessment and emergency dental care if local arrangements cannot be facilitated.

3.9 Specialist Service Referral

When specialist treatment is required that cannot be provided in-house by Network clinicians, patients will be assessed by a Network DO or VDO and referred to an external agency. The DO will generate, complete and sign the NSW Oral Health referral form via Patient Administration System (PAS), and send to the Medical Appointments Unit (MAU) for processing. Referrals to Sydney Dental Hospital must be completed on the Sydney Dental Hospital Referral Form available on PAS prior to sending to MAU.

Some non-routine elective and specialist dental services that cannot be provided within the Network include:

- Treatment of dental tumours
- Removal of impacted or semi-impacted wisdom teeth
- Fractured jaws

3.10 Documentation

Patients oral health records are to be accurately maintained in the Titanium oral health record system. This system is specific for Oral Health staff use. To ensure continuity of care, practice improvement initiatives and complaints management, all dental records are to comply with the NSW Health [GL2015 017 Oral Health Patient Record Protocol](#).

At the initial dental consultation, every patient will be provided with a complete dental examination, which will include full mouth charting and x-rays (if indicated). Patients will be accurately identified as being the correct person and the correct procedure and site will be verified, prior to any dental work being undertaken, as per the Network Policy [1.096 Clinical Procedure Safety](#). Patients will not be seen if their Health Record is not available.

All patients must be *arrived* in Titanium and the following information must be entered into the patient record:

- Correct identification of the patient as per Network policy [1.096 Clinical Procedure Safety](#).
- Medical History Form including any health conditions, allergies, document current medications noting source of information. All Health conditions must be entered on the Justice Health Electronic Health System (JHeHS).
- Patient alerts (e.g. interpreter) and updated in PAS if required.
- Dental Charting; this can be on the odontogram by the DA during the examination of the patient, but must be confirmed for accuracy by the DO.
- Clinical findings, including the results of intraoral radiographs and any other diagnostic tests performed.
- Diagnosis and management options discussed with the patient. All dental treatment must be recorded by the DO using [JH&FMHN Clinical Approved Abbreviations for Clinical Documentation](#).
- Completed Consent E-Forms as required (i.e. extraction of tooth).
- Tooth number identifying each tooth/teeth and the coinciding treatment.
- Type and amount of local anaesthetic administered.
- Names of any medicaments and dental restorative products used.

- Any printed or film radiographs must be clearly marked with the patients name, MIN, date and tooth number and attached to the patient's medical record.
- Sterilisation cycle barcode must be scanned or manually entered with each course of care.

The DO must provide handover to the relevant health centre staff at the completion of the clinic, highlighting any patients requiring analgesia, antibiotics, special diet or follow-up care. The DO must also advise of any newly identified alerts or health conditions.

3.11 Dental Software and Equipment

All dental clinic Personal Computers (PC's) have particular dental software installed, as well as additional specific equipment attached. These PC's therefore are not interchangeable with any other PC's within the Health Centre. Dental clinic PC's must not be removed from set locations as this will result in loss of preinstalled software and possible malfunction of the attached equipment.

3.12 Titanium Downtime

In the event of oral health staff being unable to access Titanium or if equipment is not functional (e.g. signature pads), the Oral Health Administration Manager must be contacted at OHAdmin@justicehealth.nsw.gov.au or by phone. All dental clinics have been provided with Downtime Packs for use in this instance.

Forms provided in Downtime pack:

- JUS060.700 *Dental Clinical Record*
- DS30 Request / Consent Oral Health Treatment
- DS31 Substitute Consent for Oral Health Treatment
- DS32 Request/ Consent for Oral Health Treatment

Alternatively, Downtime Packs are available from the Oral Health Administration team. Following downtime, all forms must be sent to at OHAdmin@justicehealth.nsw.gov.au before leaving the clinic.

3.13 Management of Waiting Lists and Statistics

Oral Health administration team monitors dental and prosthodontic waiting lists. Statistical analysis of waitlists and reporting of activity and key performance indicators are completed by OMPC-S&P and CDOH to ensure suitable service provision across the state.

4. Definitions

Must

Indicates a mandatory action required to be complied with.

Should

Indicates a recommended action to be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Network Policies, Procedures and forms

- [1.096](#) *Clinical Procedure Safety Policy*
- [1.253](#) *Access to Private Health Services*
- [1.300](#) *Remote Off-site and After Hours Clinical Services Policy*
- [JUS060.705](#) *Assessment & Application for Supply of Dentures or Denture Repairs*
- [JUS060.700](#) *Dental Clinical Record*
- [JUS200.020](#) *Medical Hold*
- [DS30](#) *NSW Health Request / Consent Oral Health Treatment*
- [DS31](#) *NSW Health Substitute Consent for Oral Health Treatment*
- [DS32](#) *NSW Health Request/ Consent for Oral Health Treatment*

Legislations [Health Practitioners Regulation \(Adoption of National Law Act\) 2009](#)

NSW Health Policy Directives and Guidelines

- [GL2015 017](#) *Oral Health Patient Record Protocol*
- [GL2018 005](#) *Community Fluoride Strategies*
- [PD2005 608](#) *Patient Safety and Clinical Quality Program*
- [PD2013 025](#) *Pit and Fissure Sealants: Use of in Oral Health Services NSW*
- [PD2016 018](#) *Oral Health Fee for Service Scheme (OHFFSS) NSW*
- [PD2017 023](#) *Priority Oral Health Program (POHP) and Waiting List Management*
- [PD2017 036](#) *Clinical Procedure Safety*
- [NSW Aboriginal Oral Health Plan 2014 - 2020](#)

Appendix 1

Item	Diagnostic Services	386	Splinting of displaced tooth/ teeth
011	Examination – Comprehensive Limit 1per 2yrs	392	Drainage of abscess or cyst
012	Examination – Periodic Limit 1 per 6 months	399	Control of post operative haemorrhage
013	Examination – Limited Limit 3 per 3months	Item	Endodontics *RCT on Posterior Teeth require written approval
015	Consultation (Interpreter) Limit 1 per month	411	Direct Pulp Capping (CaOH ₂ or Ledermix cement)
019	Referral	412	Incomplete endodontic therapy as tooth not suitable for further treatment as fractured on non restorable)
022	Peri apical or Bitewing Radiograph - Single	414	Pulpotomy - Permanent Tooth
037	Panoramic Radiograph – (OPG)	415	Complete chemo-mechanical preparation of root canal one canal - Anterior tooth with one canal
061	Pulp testing – per visit	416	Complete chemo-mechanical preparation of root canal _ each additional canals. N.B. RCT on posterior teeth requires prior written approval
927	Provision of a medicament or medication (e.g. CHX pre rinse, medicament into socket following extraction or prescription)	417	Root Canal Obturation – one canal
Item	Preventative, Prophylactic Services	418	Root Canal Obturation – additional canal
111	Removal of Plaque/ Stains	419	Extirpation of pulp or debridement of root canal(s) - emergency
113	Re-contouring of existing restoration	455	Additional visit for irrigation/dressing of a root canal within 3 months items 415 and 416
114	Removal of Calculus – first visit Limit 1 per 6 months	Item	Restorative Services
115	Removal of Calculus – subsequent visit Limit 2 per year	521	Glass Ionomer / Adhesive Restoration - 1 surface Anterior tooth
121	Topical Application of fluoride – one treatment per 6 months	522	Glass Ionomer / Adhesive Restoration - 2 surface Anterior tooth
123	Concentrated re-mineralising agent per tooth (e.g. Duraphat)	523	Glass Ionomer /Adhesive Restoration – 3 surfaces Anterior tooth
141	Oral Hygiene Instruction	524	Glass Ionomer / Adhesive Restoration- 4 surfaces Anterior tooth
131	Dietary Advice	525	Glass Ionomer / Adhesive Restoration- 5 surfaces Anterior tooth
161	Fissure sealant per tooth	531	Glass Ionomer / Adhesive Restoration – 1 surface Posterior tooth
165	Application of Desensitising Agent (e.g. Tooth Mousse)	532	Glass Ionomer / Adhesive Restoration- 2 surfaces Posterior tooth
171	Odontoplasty per tooth (Re-contouring chipped tooth)	533	Glass Ionomer / Adhesive Restoration – 3 surfaces Posterior tooth
191	Smoking Cessation Advice	534	Glass Ionomer / Adhesive Restoration – 4 surfaces Posterior tooth
Item	Periodontics	535	Glass Ionomer / Adhesive Restoration – 5surfaces Posterior tooth
213	Treatment of acute periodontal infection (periodontal abscess)	572	Provisional restoration (Fiji VII)
222	Root planning, sub gingival curettage per tooth. Limit 10 per visit	578	Restoration of incisal corner – per corner
281	Non surgical periodontal treatment (eg Irrigation with CHX using syringe applicator after deep scaling) Limit 1 per year	596	Re-cementing of Inlay/Onlay
282	Review of periodontal treatment. Limit 3 per year	651	Re-cementing Crown
Item	Oral Surgery	652	Re-cementing Bridge
986	Post-Operative Care (treatment of Dry Socket)	Item	Prosthodontics
311	Removal of tooth or tooth parts - Simple Extraction	700	Acrylic Denture
314	Sectional Removal of a tooth – The removal of a tooth involving the deliberate section of the tooth in sections for its complete removal. Bone removal may also be necessary	741	Adjustment of a denture
		Item	General

322	Surgical Removal of a tooth or tooth fragment not requiring removal of bone (e.g. envelope flap)	916	Travel from home base work clinic to provide dental service at another clinic in correctional centres. Item for full time and part time salaried dental officers
323	Surgical Removal of a tooth or tooth fragment requiring removal of bone	927	Provision of a medicament or medication (e.g. CHX pre rinse, medicament into socket following extraction or prescription)
324	Surgical Removal of a tooth or tooth fragment requiring both removal of bone and tooth division	986	Post-Operative Care (e.g. treatment of Dry Socket)
331	Alveolectomy		
377	Removal or repair of soft tissue (eg suturing)		