

## Appendix J DENTAC SOP

DEPARTMENT OF THE ARMY  
U.S. Army Dental Activity, Fort Irwin  
Shuttleworth Dental Clinic  
Fort Irwin, CA 92310-5000

DSBK

27 April 2011

### MEMORANDUM FOR RECORD

SUBJECT: Oral Surgery Department S.O.P.

The purpose of these guidelines is to facilitate a smoother and more efficient operation in the Oral Surgery department. A more efficient operation will allow more patients to be treated.

The following guidelines will be followed when referring patients to the Oral Surgeon for evaluation or treatment:

1. Only members of Oral Surgery staff are authorized to appoint patients with the Oral Surgeon.
2. Consults for evaluation of 3<sup>rd</sup> molar extractions will be given to a member of the Oral Surgery staff for an appointment.
3. Each dental record (of referred patients) will have a Standard Form 513 (CONSULTATION SHEET) filled out by a dentist for any oral surgery treatment.
4. A dentist, not an assistant, will personally speak to the Oral Surgeon regarding consults beyond wisdom teeth; i.e. Biopsy, Ortho, Sick Calls etc.
5. Instruments will not be borrowed from Oral Surgery unless permission is given by the Oral Surgery NCOIC or acting NCOIC. Instruments borrowed will be sterilized by the person who borrowed them before they are returned to Oral Surgery.
6. No members of Oral Surgery will be utilized to work in the bays without notifying the O.S. NCOIC or acting NCOIC.
7. While surgery is in progress, the door will be closed. Do not interrupt the Oral Surgeon while he is operating. He needs to concentrate on his sedated patients, and pay close attention to critical vital signs. Unless it is an EMERGENCY, please have the courtesy to save all questions, concerns, and inquiries until the end of the surgery.
8. The Oral Surgery Department can be a very busy and frustrating place; with your help it does not have to be. By supporting this memorandum, Oral Surgery can run much smoother and better serve you.
9. POC for the memorandum is the undersigned at 4-5919.

//Original Signed//  
BRANT A. BRADFORD  
COL, DC  
OIC, Shuttleworth Dental Clinic

# Appendix J DENTAC SOP



DEPARTMENT OF THE ARMY  
SHUTTLEWORTH DENTAL CLINIC  
USA DENTAC, FT IRWIN CA 92310

REPLY TO THE  
ATTENTION OF DSBK-SDC

MEMORANDUM FOR: All Fort Irwin, CA Personnel

04 November 2008

SUBJECT: Fort Irwin DENTAC Appointment Failure Policy (40-2)

1. Dental Readiness is a high military priority. Failed dental appointments have a direct adverse effect on a unit's readiness. Failed dental appointments also waste valuable professional time and deprive others of needed treatment. A soldier's failure to keep or cancel a scheduled appointment is unacceptable. These steps will be initiated to resolve this serious problem.

2. An appointment failure is:

- a. No show or arrival too late for treatment to be provided.
- b. Cancellation less than 24 hours before appointment time.
- c. 2<sup>nd</sup> and 3<sup>rd</sup> failures are defined as consecutive or within a 6-month period.

3. 1<sup>st</sup> Appointment Failure

- a. The Soldier's 1SG and Company Level Commander are notified.
- b. Patient is allowed to reschedule own appointment.

4. 2<sup>nd</sup> Appointment Failure

- a. The Soldier's 1SG and Company Level Commander are notified.
- b. Supervisor must make next appointment for Soldier.

5. 3<sup>rd</sup> Appointment Failure

- a. The Soldier's Battalion Level Commander is notified.
- b. The Soldier's 1SG or supervisor must accompany Soldier to new appt.

6. If patient is Dental Category III and breaks 1<sup>st</sup> appointment, Supervisor must make next appointment for the Soldier.

7. Signature of Soldier represents understanding of DENTAC policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. POC concerning this policy is the undersigned:

Brant Bradford, COL, DC, OIC, 380-3173

## Appendix J DENTAC SOP

DSBK

08 July 2008

MEMORANDUM FOR Reserve Component Soldiers

SUBJECT: DENTAC Commander's Policy memo # 22, Reserve Dental Treatment

1. Reserve Component soldiers on active duty for training for 30 days or less are authorized emergency dental care only when required as a result of a disease or injury determined to have been incurred or aggravated in Line of Duty (AR 40-3, Chapter 4).
2. Emergency dental treatment for chronically neglected carious teeth (teeth with tooth decay) is NOT line of duty. All carious teeth will eventually break or cause pain if not restored (filling or crown) by the patient's civilian dental care provider. The annual training did not cause this breakage or pain; it was caused by the pre-existing condition of a neglected carious tooth. Emergency treatment for relief of pain will consist of: temporary fillings, tooth extraction, partial root canal, and/or medication prescription.
3. Follow-up care (permanent fillings, replacement of missing teeth, completion of root canals, etc) for the emergency dental treatment will need to be done at a civilian dentist at the patient's own expense after the annual training is completed.
4. Information about the TRICARE Selected Reserve/Guard Dental Insurance Program can be obtained at 1-800-211-3614. This program is intended to offer incentive for Reservists to improve their "dental readiness" and reduce the incidence of dental conditions that create annual training or deployability problems.

VO.KHA.NGOC.1129099204  
E-Signed by VO.KHA.NGOC.1129099204  
V.82007 Subnet:0300 / 03/07/2008

KHA N. VO  
COL, DC  
Commander

## Appendix J DENTAC SOP

DBSK-SDC

1 APR 2010

MEMORANDUM FOR ALL PERSONNEL

SUBJECT: Standard Operation Procedure for Rotational Soldiers

1. Purpose: To establish a standard guideline for the Patient Administration operations of Shuttleworth Dental Clinic
2. The rotational dentist is responsible for care of all rotational unit soldiers and any attached slice elements.
3. DENTAC will provide:
  - a. Dental care the rotational dentist is not equipped or trained to provide.
  - b. Any soldier referred to DENTAC must first be evaluated by the rotational dentist, a physician or PA, and have a written consultation.
  - c. Emergency Re-supply which cannot be obtained through unit medical channels.
  - e. Rotational dentist needs to meet with the DENTAC Commander or representative for an in-briefing upon arrival.

### G-5. Dental Services (IAW FORSCOM Reg 350-50-1)

- a. Units deploying for training at the NTC must bring organic dental support to provide direct patient care as part of the training exercise. A dental officer, dental assistant, and complete set of field dental equipment should deploy with the rotational unit.
- b. The NTC will handle dental problems or emergencies beyond the capabilities of the training unit. Units will coordinate with the Commander, NTC Dental Activity (DENTAC), 30 days before deployment.
- c. Practitioner Privileging. A written request for courtesy privileges will be sent to the NTC and Fort Irwin DENTAC from the rotational unit's DENTAC commander 60 days prior to deployment. The request must include a summary of the dental officer's current privileging status, validation of current licenser and BCLS, summary statement addressing DA Form 5374-R, Performance Assessment, DA Form 5441-R, Evaluation of Privileges-Deletes.
- d. Questions regarding dental services at the NTC will be directed to the Commander, DENTAC DSN 470-4990 / 4999

//Original Signed//  
BRANT BRADFORD  
COL, DC

DBSK-SDC

1 APR 2010

## Appendix J DENTAC SOP

### MEMORANDUM FOR ALL PERSONNEL

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//Original Signed//  
BRANT BRADFORD  
COL, DC

## Appendix J DENTAC SOP

MEMORANDUM FOR All Dental Activity Personnel, Fort Irwin, Ca 92310

SUBJECT: DENTAC Commander's Policy Memo # 24, Dental Care for Rotational Units at National Training Center (NTC)

1. The units reporting to the National Training Center (NTC) for training will bring their organic dental support. The organic support's mission is providing direct patient dental care for troops deployed as part of the training exercise. Second echelon dental care for these units will be provided by the Shuttleworth Dental Clinic (SDC) personnel. Patients referred from the training unit should arrive at SDC for dental care accompanied by the organic dental support personnel.
2. Support Services available for rotational dental units are:
  - a. Radiology - Panorex and standard x-rays.
  - b. Logistics - Emergency re-supply is authorized upon approval by the DENTAC Commander.
  - c. Dental Treatment when field treatment facilities are not available or when treatment Requires evacuation to higher echelon.
3. Access to dental clinic after normal duty hours or on weekends may be obtained by notifying the hospital emergency room personnel who will contact DENTAC's Charge of Quarters to authorize entry.
4. Any questions regarding this policy will be directed to the undersigned. Any dental officer accompanying a rotational unit should in brief with the DENTAC Commander upon arrival at Fort Irwin.

E-Signed by VO.KHA.NGOC:1129099204  
VO.KHA.NGOC:1129099204



KHA N. VO  
COL, DC  
Commander

## Appendix J DENTAC SOP

### MEMORANDUM FOR ALL PERSONNEL

SUBJECT: Standard Operation Procedure #1 - Patient Administration

5. Purpose: To establish a standard guideline for the Patient Administration operations of Shuttleworth Dental Clinic
6. Scope: This Standard Operating Procedure (SOP) applies to all clinic personnel and Red Cross volunteers working, either permanently or temporarily, at the SDC patient reception area and covers patient handling, patient appointment, in/out processing, and records management procedures.
7. Categories of Care (IAW AR 40-3, para 6-3)
  - a. Shuttleworth Dental Clinic will determine how to employ available resources to improve oral health and dental readiness of supported personnel, taking into consideration the following factors:
    - (1) Acuteness of the condition. Dental emergencies have the highest priority for care. The provision of all other dental care will be left to the professional judgment of the attending clinician consistent with the use of available resources as determined by the dental commander.
    - (2) Impact on the Army's mission effectiveness. The major impact of oral disease on mission effectiveness occurs when military personnel develop acute oral conditions. The extent of this impact depends on the accessibility of dental care. Potential areas of concern are as follows:
      - Army personnel being assigned or likely to be assigned to combat areas or deployed in support of operations other than war.
      - Army personnel being assigned to isolated or remote areas.
    - (3) Entitlement of care. The basis for degree of entitlement to care at a military dental treatment facility (DTF) is as stated in AR 40-400.
8. HIV Patients (IAW DENCOM policy letter 01-14, AR 600-110 & AR 40-66)
  - a. The dental record jacket for all HIV-infected patients will be marked only by affixing a DA Label 162 (Emergency Medical Identification Symbol).
  - b. It is not required to enter test results on SF 603, however "Blood Donor Ineligible V72.62" will be annotated on health questionnaire/ patient history form.

SUBJECT: Standard Operation Procedure #1 - Patient Administration (Continued)

## Appendix J DENTAC SOP

9. Eligibility for Care: All Active Duty Soldiers assigned to Ft. Irwin are entitled to dental care. Rotational Soldiers are seen by their rotational dentist. All others, refer to AR 40-3 and U.S. Army Dental Command Policy 07-53, Space Available Dental Care.
10. Records Management: SEE SDC MEMO #2 Records Management
11. Patient Handling:
  - a. Our patients are our greatest asset and as such will always be treated with the utmost courtesy and respect. When spoken to or called for treatment, they will be addressed by their rank and name. At no time will any patient be addressed by their 'last four'.
  - b. All patients will check-in using the Interactive Patient Check-in (CDAIPC) before taking a seat. 100% CAC check is in effect. It is the responsibility of the patient to report to the front desk but the front desk staff should remain alert for patients that may have signed-in and sat down without the receptionist's knowledge or who have waited an inordinate amount of time to be seated. Patients should be seated no later than 15 minutes after their appointed time.
  - c. Appointed patients will be asked to have a seat in the waiting room after checking in with either the receptionist or the CDAIPC. The receptionist will change the patient's status to "arrived" in the CDA scheduler. If the patient checks in with the CDAIPC, their status will be changed automatically. Although the receptionist will make every effort to notify the provider that their patient has arrived, providers should periodically check their CDA scheduler in their treatment area as well. If there is a delay in treatment, the assistant or DTA of the treatment team will inform the patient of the length of the expected delay. The receptionist will also inform any HCP if a patient is in the waiting room past their appointed time.
  - d. Non-appointed patients presenting to the clinic for treatment will take a number from the Q-matic and have a seat.
12. Walk-in Examination, Sick call, and Inprocessing Procedures
  - a. Shuttleworth Dental Clinic's hours for walk-in exam, sick call, and inprocessing is from 0700 – 1130. Patients who present to the clinic for sick call after 1130 will be asked to return the next business day during walk-in hours. Dental emergencies from

SUBJECT: Standard Operation Procedure #1 - Patient Administration (Continued)

## Appendix J DENTAC SOP

- b. The E.R. will be treated after sick call hours by D.O.D. Soldiers who are in class IV status wanting a dental exam can utilize the patient standby Program. (see para 10).
- c. Walk-in patients will be screened by the receptionist and routed to either exam, sick call, or in processed based upon their needs.
- d. Patients presenting for annual examination will have their records reviewed for correctness (i.e.: privacy act statement, phone information, etc.), the patient will review and update their medical history, and the record will be stamped with the exam stamp. If the patient does not have bitewing x-rays that are less than 18 months old and/or a panorex x-ray less than 5 years old, then the record will be placed in the x-ray outbox for the needed x-rays and then returned to the exam outbox once x-rays are complete. If the patient's x-rays are current then the record will be placed in the exam outbox for pickup.
- e. Patients presenting to the clinic for dental sick-call will have their dental records reviewed by the clerk for correctness, update their medical history, and the record will be placed in the sick-call box for pickup by the sick call staff. X-ray requirements will be determined by the treating dentist.
- f. Personnel who are in-processing will sign into the in-processing book, and their records reviewed for screened for correctness and updated. Front desk personnel will determine if the in-processing patient will require a dental examination within the next three months and their dental records reviewed to ensure that

### 13. Patient Scheduling

- a. The Chief of Operative Dentistry and the clinic NCOIC are responsible for providing clinical templates for non-specialty professional care and hygiene appointments respectively. Each week the NCOIC or his appointed representative will input the templates for operative dentistry and hygiene into the CDA Scheduler for the sixth week from the current week. Although appointments will not be issued over four weeks in advance, this two week buffer of templated time will insure that the booking schedule will not run into non-templated time.
- b. Patient appointments will be made available four weeks in advance for general dentistry and dental hygiene appointments and booked by the front desk staff.
- c. Patient appointments may be made either personally or telephonically by the patient if their treatment plan is current (i.e.: annual exam less than one year old) or by a dentist directing that an appointment be made through the use of a 'buck slip'.

## Appendix J DENTAC SOP

SUBJECT: Standard Operation Procedure #1 - Patient Administration (Continued)

- d. Guidelines for appointment time slots not specifically directed by a dentist are as follows:
  - i. Class II operative appointment 60 minutes
  - ii. Class III operative appointment 90 minutes
  - iii. Endodontic treatment (root canal) 120 minutes
  - iv. Regular dental prophylaxis (cleaning) 60 minutes
  - v. RDH cleaning 90 minutes
- e. Patients in a Class III status will be appointed for care prior to their leaving the clinic at the soonest appointment block available for their care.
- f. Patients requiring specialty care (e.g.: oral surgery, prosthodontics) will be referred to their empanelled care provider to be scheduled on that doctor's Readiness and Specialty time (R/S) by the assistant. Each assistant that maintains an R/S schedule or schedules patients for a specialty doctor is responsible for inputting that schedule into the CDA Scheduler.

### 14. Patient Standby Program:

- a. Patients authorized care who do not have a scheduled appointment, are not visiting the clinic for sick call, but wish to be treated may present to the clinic and wait to be treated on a standby basis. Any provider with a failure or late cancellation will be given a standby patient unless they are unable to treat a patient in that time slot (i.e. running behind or keeping the present patient longer to provide additional care). It is the responsibility of both the front desk staff and care providers to be proactive in filling empty clinic time with standby patients.
- b. Patients presenting to the clinic for standby care will sign in on a standby list (Annex A) stating the date and time of their arrival and their reason for visit.
- c. Patients will understand that signing into the clinic in no way guarantees immediate treatment and that care will be provided on a space-available basis.
- d. If a provider is absent due to unexpected illness or emergency every effort will be made to shift their patients to a present provider to keep the patient's appointment. If this cannot be accomplished it is the patient's option to wait to be seen on standby or be reappointed for the next available appointment.

## Appendix J DENTAC SOP

SUBJECT: Standard Operation Procedure #1 - Patient Administration (Continued)

- e. Any patient who arrives late for an appointment and cannot be seen by the provider may remain in the clinic on standby to be treated by another available practitioner.
- f. Priority of standby patients as dictated in order of importance:
  - i. Emergencies (see DOD criterion for emergent patients)
  - ii. Patients on time for their appointments with no doctor
  - iii. Patients late for their appointments that choose to wait
  - iv. Active duty walk-ins
- g. The patient standby program is aimed at improving the access to care of our patient population and therefore it is imperative that patients presenting for standby treatment are not marginalized as simply 'walk-ins' but instead aggressively recruited, seated, and provided care.

### 15. Emergencies

- a. During an emergency, or life-threatening event, action should be taken immediately and if possible, notify the NCOIC or OIC. Employees should be familiar with the emergency codes commonly used in a Medical Treatment Facility. They are as follows:

CODE	CLEAR TEXT	DESCRIPTION
RED	FIRE	Call Code: Location
BLUE	Cardiac or Respiratory Arrest	Call Code: Location
PINK	Infant/ Child Abduction	Call Code: Age, Location
SILVER	Child/ Adult – Lost/ Eloped	Call Code: Age, Location
BLACK	Bomb Threat	Call Code: Location
GREY	Disaster (active plan)	Call Code: Description
GREEN	Combative Person	Call Code: Location
ORANGE	HazMat	Call Code: Location
WHITE	Armed Intruder/ Active Shooter	Call Code: Location
YELLOW	Utility Failure	Call Code:

SUBJECT: Standard Operation Procedure #1 - Patient Administration (Continued)

VIOLET	OPTIONAL MTF USE – RRS	Call Code Location
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BRANT BRADFORD  
COL, DC  
OIC, Shuttleworth Dental Clini

