BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE MANUAL 47-101

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Dental

MANAGING DENTAL SERVICES

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Major General Robert I. Miller)

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This manual provides guidance and instructions for the Air Force Dental Services and implements Air Force Policy Directive (AFPD) 47-1, Dental Services. It also provides guidance to meet the civilian standards of the Occupational Safety and Health Administration, the Centers for Disease Control and Prevention (CDC), Association for the Advancement of Medical Instrumentation, and the American Dental Association. Adherence to civilian standards does not suggest federal endorsement. As healthcare organizations, dental treatment facilities (DTFs) are subject to the Health Insurance Portability and Accountability Act (HIPAA) privacy rules and national standards, including compliance with Department of Defense Instruction (DoDI) 6025.18-R, Department of Defense Health Information Privacy Regulation, DoDI 8580.02, Department of Defense Health Information Security Regulation, and Air Force Instruction (AFI) 41-210, TRICARE Operations and Patient Administration Functions, AFI 41-200, Health Insurance Portability and Accountability Act, or as superseded by new or revised HIPAA privacy or security regulations or instructions, for the use and disclosure of protected health information. This manual requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority is in Title 10, USC, Chapter 55. Systems of Records Notices and F044 F Surgeon General Electronic Medical Records System located at **http://dpcld.defense.gov/Privacy/SORNsIndex**.

Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of IAW the Air Force Records Disposition Schedule located in the Air Force Records Information Management System. This instruction applies to all Airmen that provide dental services, both Regular Air Force (RegAF) and Air Reserve Components (ARC), except where application to a

particular component is specified. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, Publications and Forms Management, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. This publication may be supplemented at any level, but all direct Supplements must be routed to the OPR of this publication for coordination prior to certification and approval. Send comments and suggested improvements through channels to the Director, Air Force Dental Operations, AFMOA/SGD, 2261 Hughes Ave, Suite 153, Joint Base San Antonio (JBSA) Lackland Air Force Base (AFB) Texas 78236-9852, on AF Form 847, Recommendation for Change of Publication.

SUMMARY OF CHANGES

This interim change revises AFMAN 47-101 by (1) changing the OPR and Certifier to reflect newly updated office symbols and hierarchy; (2) changing references throughout from "HAF/SG3/5" to "AF/SG3/4," (3) changing references throughout from "Air Force Medical Operations Agency" to "Air Force Medical Readiness Agency", (4) changing references throughout from "AFMOA" to "AFMRA", (5) changing references throughout from "Dental Evaluation and Consultation Service" to "Dental Research and Consultation Service", (6) changing references throughout from "DECS" to "DRCS", and (7) making minor changes regarding proper labelling and filing of dental health records for airmen assigned to the Personnel Reliability Program and Arming & Use of Force Program in order to ensure consistency with AFI 41-210, *TRICARE Operations and Patient Administration*.

Chapter 1

INTRODUCTION

1.1. Chief/Panel Chair, Dental Policy and Operations (HAF/SG3D).

1.1.1. Develops comprehensive guidance for the prevention and treatment of dental disease to ensure personnel dental readiness.

1.1.2. Designates Area Dental Laboratories (ADLs).

1.2. Air Force Medical Readiness Agency, Dental Directorate (AFMRA/SG3D).

1.2.1. Provides dental support to the Major Commands (MAJCOMs).

1.2.2. Aids in developing and maintaining comprehensive guidance for the prevention and treatment of dental disease to ensure personnel dental readiness.

1.2.3. Provides DTFs advice, guidance and/or approval of equipment and medical devices.

1.3. Dental Specialty Consultants to Surgeon General.

1.3.1. Serve as primary representatives for specific dental specialties.

1.3.2. Serve as the primary voice to leadership and act as a funnel for many clinical issues.

1.3.3. Promote specialty professional standards including development of guidance and processes for their specialty area.

1.4. Area Dental Laboratories.

1.4.1. Provide dental laboratory support for AF Base Dental Laboratories.

1.4.2. Provide consultant services to include advice on designing individual cases for dentists and laboratory technicians.

1.5. Dental Research and Consultation Service (DRCS).

1.5.1. Provides a responsive consultative service to Air Force Dental Corps.

1.5.2. Tests, evaluates, and provides consultation on equipment and materials of interest.

1.5.3. Reviews dental facility remodel and construction projects and equipment requests.

1.5.4. Provides current information, announcements, and alerts on infection control and dental products.

1.6. Medical Treatment Facility Commander (MTF/CC) or Director.

1.6.1. Allocates resources (e.g., funding, facilities, manpower) toward training, equipment and supplies to provide dental services in order to support dental readiness.

1.6.2. Ensures that sedation and anxiety control is supported within the DTF as this is considered a critical patient centered dental skillset.

1.6.3. Allocates resources toward training, equipment and supplies to provide an effective Dental Infection Prevention and Control Program that enables achieving Zero Harm.

1.7. Chief of Dental Services (CDS).

1.7.1. Ensures quality dental services are readily available and delivered safely and efficiently for all authorized beneficiaries.

1.7.2. Determines which specific dental services will be provided at the DTF based on staffing, facilities available and mission requirements.

1.7.3. Ensures that patients are not being referred to the private sector for elective procedures. Required dental services that cannot be provided in the DTF may be referred to the private sector.

1.7.4. Develops a process to ensure authorized beneficiaries are able to access emergent and urgent care for acute dental conditions in a timely manner.

1.7.5. Consults with DRCS on all facility projects.

1.7.6. Requests approval from AFMRA/SG3D prior to any structural or functional changes to a DTF (new or renovation).

1.7.7. Ensures that dental facilities meet all health and safety requirements for staff, patients and visitors.

1.7.8. Conducts and is responsible for the Dental Infection Prevention and Control Program.

1.7.9. Appoints a Dental Infection Prevention and Control Officer and Noncommissioned Officer (NCO) to manage the DTF's Infection Control Program and ensures they receive targeted AF-sponsored training by attending AFDS-recommended Dental Infection Control course(s).

1.7.10. Serves as the custodian of dental STRs (commonly known as the hard copy Dental Treatment Record or dental health record) and dental Non-STRs (hard copy dental health record for dependents, civilians, foreign military, retirees, etc.).

1.7.11. Ensures that all dental STRs and dental Non-STRs are prepared, maintained, used, protected, and controlled as required IAW AFI 41-210, TRICARE Operations and Patient Administration Functions, AFI 41-200, Health Insurance Portability and Accountability Act and AFMAN 33-363, Management of Records.

1.7.12. Ensures that records and loose documents are retired or disposed of according to the Air Force Records Information Management System and records disposition schedule.

1.7.13. Appoints a dental STR representative.

1.7.14. Assigns a credentialed and privileged provider in postmortem dental identification as a dental team leader to each postmortem identification team.

1.7.15. Appoints a dental laboratory officer to assist in providing professional guidance to the dental laboratory.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Chief/Panel Chair, Dental Policy and Operations (HAF/SG3D).

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2.2. Air Force Medical Readiness Agency, Dental Directorate (AFMRA/SG3D).

2.2.1. Provides dental support to the Major Commands (MAJCOMs).

2.2.2. Aids in developing and maintaining comprehensive guidance for the prevention and treatment of dental disease to ensure personnel dental readiness.

2.2.3. Provides DTFs advice, guidance and/or approval of equipment and medical devices.

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2.3.1. Serve as primary representatives for specific dental specialties.

2.3.2. Serve as the primary voice to leadership and act as a funnel for many clinical issues.

2.3.3. Promote specialty professional standards including development of guidance and processes for their specialty area.

2.4. Area Dental Laboratories.

2.4.1. Provide dental laboratory support for AF Base Dental Laboratories.

2.4.2. Provide consultant services to include advice on designing individual cases for dentists and laboratory technicians.

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2.5.1. Provides a responsive consultative service to Air Force Dental Corps.

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2.5.3. Reviews dental facility remodel and construction projects and equipment requests.

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2.7.4. Develops a process to ensure authorized beneficiaries are able to access emergent and urgent care for acute dental conditions in a timely manner.

2.7.5. Consults with DRCS on all facility projects.

2.7.6. Requests approval from AFMRA/SG3D prior to any structural or functional changes to a DTF (new or renovation).

2.7.7. Ensures that dental facilities meet all health and safety requirements for staff, patients and visitors.

2.7.8. Conducts and is responsible for the Dental Infection Prevention and Control Program.

2.7.9. Appoints a Dental Infection Prevention and Control Officer and Noncommissioned Officer (NCO) to manage the DTF's Infection Control Program and ensures they receive targeted AF-sponsored training by attending AFDS-recommended Dental Infection Control course(s).

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2.7.11. Ensures that all dental STRs and dental Non-STRs are prepared, maintained, used, protected, and controlled as required IAW AFI 41-210, TRICARE Operations and Patient Administration Functions, AFI 41-200, Health Insurance Portability and Accountability Act and AFMAN 33-363, Management of Records.

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2.7.13. Appoints a dental STR representative.

2.7.14. Assigns a credentialed and privileged provider in postmortem dental identification as a dental team leader to each postmortem identification team.

2.7.15. Appoints a dental laboratory officer to assist in providing professional guidance to the dental laboratory.

Chapter 3

SCOPE OF CARE

3.1. Dental Services (RegAF). Dental services consist of diagnostic, preventive, and corrective treatments and procedures necessary to maintain and/or restore health and function of the teeth, periodontium, and other related structures in the area of the oral cavity, head and neck. Dental services may also include medically necessary adjunctive dental treatment (e.g., preventive dental treatment prior to radiation therapy, management of oral side effects from chemotherapy, fabrication of maxillofacial prostheses, obstructive sleep apnea, etc.). Treatments and procedures that are deemed elective (which may include cosmetic care) should only be performed if required in support of comprehensive treatment, residency training, approved scientific research protocols, or to maintain staff competency.

3.1.1. Clinical management of patients will be conducted to ensure quality dental services are delivered safely and efficiently for all eligible beneficiaries. (T-3) The principles of informed consent found in AFI 44-102, Medical Care Management apply to the AFMS Dental Service. See the AFMS Dental Clinical Practice Guidelines and USAF Guidelines for Infection Prevention and Control in Dentistry for additional details and information accessible via the Air Force Dental Service homepage located at the AFMS Knowledge Exchange (**https://kx.afms.mil/kj/kx9/AFDentalService/Pages/Dental-Guides.aspx**).

3.1.2. Management of DTFs will be conducted utilizing core metrics that directly relate to the success of the dental mission. DTFs may develop additional metrics to improve their organization as long as they neither substitute, nor conflict with these core metrics. (T-3) See the AFDS Dental Management Guide for additional details and information accessible via the Air Force Dental Service homepage located at the AFMS Knowledge Exchange (**https://kx.afms.mil/kj/kx9/AFDentalService/Pages/Dental-Guides.aspx**).

3.1.2.1. SHARP-7 Metrics are seven core standards that the Dental Service stands by and encompass the following measures and their goals. See table 2.1 below.

Table 2.1. SHARP-7 Metrics.

S	Patient Safety	≥ 72% of all reported events reported as near miss
S	Patient Satisfaction	≥ 94% - Question #21 on DoD Patient Satisfaction Survey
H	Oral Health, Dental Readiness Classification (DRC) 1	≥ 65%
A	Access to Care	≤ 21 days for general dentistry
R	Readiness, DRC 1 & 2	≥ 95%
P	Performance, Clinic Productivity	100% of goal
P	Performance, Private Sector Care	≤ 10% of total production

3.1.2.2. SHARP-7 metrics will be reported monthly by DTF leadership in the clinic's Executive Function notes. (T-3)

3.1.2.3. The Patient Safety metric is calculated as the number of near miss events reported divided by the total number of events (near miss + no harm + harm). Patient Safety metrics are in line with AFMS standards.

3.1.2.4. Access to care is calculated on the first duty day of each month (e.g. February's access to care would be calculated on 1 February or the next duty day). See AFDS Dental Management Guide for additional details and information.

3.1.3. Off-Base Routine and Elective Dental Treatment:

3.1.3.1. Active Duty Dental Program (ADDP) is intended to augment, not replace, dental care provided in the DTF under certain conditions. Appropriate reasons for considering use of the ADDP are found in the AFDS Dental Management Guide.

3.1.3.2. Routine and, in the rare case of, elective dental care sought by RegAF members and performed off-base must be coordinated or approved by the DTF as part of necessary treatment per the DTF-Referred ADDP or Remote ADDP care plan. (T-3) Elective and orthodontic care must receive prior written approval of the member's squadron commander (Sq/CC) and the DTF CDS or his/her designee in order to assess impact on readiness. (T-3) The DTS CDS, or designee, will assess the risks and duty impact of the proposed treatment and disclose the minimum amount of Protected Health Information to the individual member's commander for fitness for duty purposes in accordance with HIPAA regulations. (T-3)

3.1.3.2.1. Any non-urgent care required to achieve DRC 2 within 6 months of separation or retirement must have additional prior approval by Air Force Personnel Center, Directorate of Assignments, Medical Service Officer Management Division, Medical Standards Branch (HQ AFPC/DPAMM), as required IAW AFI 41-210. (T-1)

3.1.3.2.2. DTFs must account for disclosures of Protected Health Information shared with a patient's commander/designees as required by DOD 6025.18-R and AFI 41-200. (T-1)

3.1.3.3. Unless coordinated and approved by the DTF as part of necessary treatment per the DTF-Referred ADDP, routine and elective (non-emergent) dental care provided off-base will be at the member's expense. Member is still required to report information back to the DTF IAW AFI 41-210, para 2.52. Remote ADDP members can personally coordinate care for routine covered dental services following current TRICARE ADDP-Remote regulations and instructions.

3.1.3.4. An unfavorable outcome resulting from elective care provided by civilian sources could result in a not-in-the-line-of-duty finding and potentially impacts disability benefits. Further, depending on the type of complication that may arise, care needed to correct, modify, replace, or alleviate the complication may be at the member's expense IAW AFI 41-210 and 32 Code of Federal Regulations (CFR) 199.4(e)(9), Basic Program Benefits.

3.2. Dental Readiness Identification (ARC). The Reserve Medical Unit (RMU) and Guard Medical Unit (GMU) provide evaluation and digital imaging services only to the extent necessary to determine DRC, to validate DRC recommendations from private sector and contract dentists, and to collect data for forensic identification. Treatment recommendations and counseling services can be provided as requested. A digital panoramic image of diagnostic quality is required on all ARC members for forensic identification, and stored in the AF Digital Dental Radiology Solution repository. The evaluating dental provider determines when updates are required.

Chapter 4

PRIORITY OF CARE

4.1. Beneficiary Access (RegAF). Dental services and treatment at DTFs are prioritized in this order:

4.1.1. Authorized beneficiaries with dental emergencies.

4.1.2. Active Duty personnel in DRC 4.

4.1.3. Active Duty personnel in DRC 3.

4.1.4. Active Duty personnel in DRC 2.

4.1.5. Command-sponsored Active Duty family members at eligible Outside Continental United States (OCONUS) locations.

4.1.5.1. May receive dental treatment subject to the availability of access and facilities IAW Title 10, USC, Sections 1076 and 1077.

4.1.5.2. May receive dental treatment subject to the capabilities of the medical and dental staff IAW Title 10, USC, Sections 1076 and 1077.

4.1.6. Other authorized beneficiaries IAW AFI 41-210.

4.2. Eligibility (ARC). IAW Title 10 Para 1074a, ARC members on AD orders greater than 30 days are entitled to the same medical and dental care authorized for RegAF members, during the period of duty specified in their orders. IAW AFI 41-210, Chapter 2, Section 2B, there are restrictions to the type and amount of available Military Health System benefits authorized to ARC member based upon, a) the duration of the member‘s active duty commitment, b) the purpose or category of the active duty period, and, c) the nature in which the ARC member was activated or “mobilized” to active duty. These may influence the level of healthcare that the member may expect or is authorized to receive during the covered period. For ARC members, treatment must be initiated and completed during the period of eligibility; care cannot be extended or continued over non-continuous periods of eligibility. (T-0)

Chapter 5

PROVISION OF CARE, TREATMENT AND SERVICES

5.1. Delivery of Care (RegAF). DTFs will deliver care according to patient needs and the organization's scope of services in order to support dental readiness. (T-0) Care will be coordinated in a manner that is conducive to patient centered care, optimal patient outcomes, quality, and safety. (T-1) Additional information on providing care can be found in the AFMS Dental Clinical Practice Guidelines and AFDS Dental Management Guide. DTFs must consider the following during the delivery of care:

5.1.1. Complete or update AF Form 696, Dental Patient Medical History or medical history within the dental Electronic Health Record, on all patients at their initial or periodic dental evaluation, before initiating a new course of treatment, annually during a lengthy course of treatment or if a change in the patient's health status occurs. (T-2)

5.1.2. Complete and record all dental treatment provided to any patient on the SF 603/SF 603A or EHR equivalent. (T-2) Complete Section I on the SF 603, including Items 4 and 5, when providing definitive care to any patient. (T-2) Annotate completed treatment in Section II, Item 8 on the SF 603/SF 603A with black ink and erase corresponding pencil entry from Section II, Item 9. (T-2) Overlays and complex/multidisciplinary treatment plan forms may be used in lieu of Section 9 of the SF 603A to capture treatment needs. Use of these forms in lieu of SF 603A Section 8, is not authorized. (T-2)

5.1.3. Documentation of the periodontal assessment will be recorded on AF Form 935, Periodontal Diagnosis and Treatment Plan. (T-2) See the AFMS Dental Clinical Practice Guidelines for additional information.

5.1.4. Sedation and Anxiety Control.

5.1.4.1. DTFs providing sedation (mild, moderate and deep) must be supported with adequate resources with respect to facilities and equipment in order to provide emergent response during these procedures IAW AFI 44-102. (T-1)

5.1.4.2. Sedation procedures must be only performed when appropriate (e.g. to relieve pain and anxiety). (T-2)

5.1.4.3. Dentists only perform the type(s) of sedation and anxiety control for which they are trained and hold current privileges. (T-2)

5.1.4.4. Sedation procedures are performed using appropriate forms (AF Form 1417 or other approved equivalent). See the AFMS Dental Clinical Practice Guidelines for additional information.

5.1.4.5. During minimal/moderate sedation (minimal, moderate, or deep) or general anesthesia, three qualified persons must be present to monitor the patient (this can include the treating dentist and two trained technicians). (T-2)

5.1.4.6. Dentists must be able to provide sufficient evidence of active practice by showing proof of having administered or directly supervised (in official teaching capacity) at least 24 cases during the two year privileging period. (T-2) Failure to meet this requirement will result in a lapse of sedation privileges. (T-3) Additionally, avenues

such as direct observation, Ongoing Professional Practice Evaluation, and treatment outcomes may be used to determine if moderate sedation/analgesia performance skills are appropriate.

5.1.4.6.1. If sedation privileges lapse, a comprehensive plan of instruction, to include both clinical and didactic training, must be completed. (T-3) The comprehensive plan of instruction must be:

5.1.4.6.1.1. Tailored to the individual needs of the dentist. (T-3)

5.1.4.6.1.2. Determined to be appropriate by an Oral Surgeon, Periodontist, or Comprehensive Dentist (Air Force Specialty Code 47G3A) credentialed in minimal/moderate sedation, or when not available, another provider currently privileged in minimal/moderate sedation. (T-3)

5.1.4.6.1.3. Approved by the Oral and Maxillofacial Surgeon, Periodontal, or General Dentistry specialty consultant. (T-3)

5.1.4.6.1.4. Completed prior to reinstatement of privileges. (T-3)

5.1.5. Emergent and Urgent Dental Care. DTFs will develop a process to ensure authorized beneficiaries are able to access emergent and urgent care for acute dental conditions in a timely manner and will periodically evaluate its performance. (T-2) See AFMS Dental Clinical Practice Guidelines for additional information.

5.1.5.1. After-hours dental treatment will be documented on the SF 603/603A or in the Dental Electronic Health Record. (T-2) Documentation of these visits will be reviewed by the CDS or their designee. (T-3)

5.1.5.2. In the exceptionally rare circumstance that after-hours dental emergency treatment cannot be provided in a DoD facility, the CDS must apply annually for a waiver from AFMRA/SG3D permitting the use of private sector care. (T-2) See AFDS Dental Management Guide for additional information.

5.1.6. Implantable Tissues. DTFs using implantable tissues will follow current Food and Drug Administration guidance on tissue and tissue products and The Joint Commission tissue tracking requirements. (T-0)

5.1.7. Orthodontics.

5.1.7.1. AF Orthodontic Treatment is generally elective and not essential for maintenance of dental health. However, orthodontic services may be provided to eligible beneficiaries IAW AFI 41-210, section 2.9. in these circumstances:

5.1.7.1.1. To correct a malocclusion of the teeth and/or mal-relation of the jaws when such therapy is required to support other necessary dental treatment or that has a direct effect on the individual's physical health/duty performance. Examples include:

5.1.7.1.1.1. Malocclusions with underlying skeletal disharmonies severe enough to warrant orthognathic surgery (prognathism/retrognathism, apertognathia, and/or skeletal deep bite).

5.1.7.1.1.2. Malocclusions of substantial severity and/or traumatic occlusal interferences that cause active destruction of hard or soft oral issues.

5.1.7.1.2. To support adjunctive medical or surgical care of traumatic injuries.

5.1.7.1.3. To support requirements for DoD dental training in Graduate Orthodontic and Advanced Education in General Dentistry Residency Programs.

5.1.7.1.4. To continue active treatment of RegAF or their family members that Permanent Change of Station (PCS) to OCONUS clinics.

5.1.7.2. Unless in support of a residency training program or required for credentialing and/or privileging purposes, dentists will not initiate orthodontic treatment, nor will it be referred through private sector care, for any of these reasons:

5.1.7.2.1. Esthetics alone. This includes crowding or spacing concerns, if the patient can adequately protect the periodontium with reasonable oral hygiene measures. (T-3)

5.1.7.2.2. When the dentist judges another method of dental therapy to be the treatment of choice. (T-3)

5.1.7.3. Base dental services use these priorities for treating family members OCONUS when orthodontic care is available:

5.1.7.3.1. Those arriving on station in fully banded or bonded active orthodontic appliances that were placed by military or civilian sources before the sponsor's assignment selection date (date of assignment notification, not date of orders).

5.1.7.3.2. Those with malocclusions and/or craniofacial anomalies posing a serious functional or developmental problem and/or presenting a serious threat to the longevity of the dentition.

5.1.7.3.3. Those in permanent dentition and approaching the end of active adolescent growth, particularly when said growth is advantageous to correction of the malocclusion.

5.1.7.3.4. Those most efficiently treated in the mixed dentition stage of growth and development.

5.1.7.3.5. Those arriving on station in full active orthodontic appliances placed by civilian sources after the sponsor's assignment selection date.

5.1.7.4. When orthodontic care for RegAF members is not available at the AF facility:

5.1.7.4.1. A RegAF member may be referred for Private Sector Care using ADDP only IAW requirements of ADDP.

5.1.7.4.2. A RegAF member may elect to seek civilian orthodontic treatment at his/her own expense, but only with the written approval of the CDS or designee and the Sq/CC. Sharing of PHI will be consistent with HIPAA regulations.

5.1.7.4.2.1. The CDS or designee enters a statement on SF 603/603A of Dental Electronic Health Record that the member was counseled on policies and guidance regarding elective orthodontic treatment. The member will sign SF 603/603A. (T-3)

5.1.7.4.2.2. Rated personnel require prior written approval on a SF 513 from the flight surgeon's office before seeking civilian orthodontic treatment.

5.1.7.4.3. Sponsors of RegAF family members may be referred to the Health Benefits Advisor for complete information about the benefit provisions and limitations of assistance from the TRICARE Dental Program and other official USAF and DoD programs.

5.1.7.5. AF clinics should observe the following procedures with respect to orthodontic referrals, evaluations and treatment for patients either within the MTF, via TRICARE ADDP, or civilian sector:

5.1.7.5.1. The examining dentist informs the individual (or legally authorized representative) that orthodontic treatment is elective or deferrable and it is not an entitlement.

5.1.7.5.2. The examining dentist determines an individual's suitability for treatment at the installation. The dentist may elect to make records that include diagnostic casts and radiographs to determine suitability for treatment. The dentist informs the individual (or legally authorized representative) that this evaluation is not the beginning of treatment.

5.1.7.5.3. RegAF members are eligible for orthodontic treatment only when the member has sufficient active duty service retainability and a tour length that allows dentists to be reasonably certain that they can complete the active portion of the orthodontic treatment at the present duty location.

5.1.7.5.4. When providing orthodontic treatment to family members of RegAF members, the provider of the orthodontic care must counsel the sponsors that they may be financially responsible for continuing the treatment if they are reassigned or if the AF terminates local orthodontic care for any reason. (T-3)

5.1.7.5.5. Before initiating any orthodontic treatment, the MTF dentist must initiate a Memorandum of Understanding - Orthodontic Treatment (Attachment 3) and explain it to the patient (and the patient's sponsor or legally authorized representative, if the patient is a family member). (T-3) The patient (and the patient's sponsor or legally authorized representative, if applicable) must sign the Memorandum of Understanding, and the dentist must witness the signature(s). (T-3) This form becomes a permanent part of the dental Service Treatment Record (STR).

5.1.7.5.6. All RegAF members undergoing any orthodontic treatment must have a completed Commander's Concurrence for Orthodontic Treatment (see AFMS Dental Clinical Practice Guidelines) signed by their commander and placed in the dental STR. (T-3) This form becomes a permanent part of the patient's dental STR.

5.1.7.5.7. To avoid adverse outcomes, providers may consider termination of orthodontic treatment for documented continued patient negligence. For example:

5.1.7.5.7.1. Multiple broken appointments and/or tardiness for appointments.

5.1.7.5.7.2. Repeated lost or broken appliances.

5.1.7.5.7.3. Repeated failure to maintain proper oral hygiene.

5.1.7.5.7.4. Repeated documented failure to comply with treatment, such as failure to wear appliances, headgear, elastics or other items deemed necessary for

treatment.

5.1.7.6. When a RegAF member undergoing active orthodontic treatment is selected for a PCS location where no military orthodontic treatment is available, one of two courses may be taken after discussion with the member:

5.1.7.6.1. The dentist may remove and replace active appliances with suitable retention appliances prior to the PCS. The dentist should counsel the patient that there is no obligation by the AF for any future active orthodontic treatment via military sources.

5.1.7.6.2. If civilian orthodontic treatment is available at the gaining location, the patient may elect to maintain the appliances through PCS with inactive archwires. If the patient decides to take this course:

5.1.7.6.2.1. The patient must sign a statement in the dental STR acknowledging that he/she has elected to PCS with appliances in place and may be financially responsible for continuance/completion of treatment with a civilian orthodontist. (T-2)

5.1.7.6.2.2. The transferring dentist completes and signs a transfer summary and provides the patient with copies of all pretreatment and progress records the gaining dentist will need to complete the case.

5.1.7.7. When a RegAF member undergoing active orthodontic treatment is selected for extended Temporary Duty (TDY)/deployments, the dentist should observe the following guidelines:

5.1.7.7.1. For deployments/extended TDYs up to 180 days, the treating dentist should deactivate all appliances and place passive archwires and inform the patient that active treatment will not progress during the deployment/TDY.

5.1.7.7.2. For deployments/TDYs longer than 180 days the treating dentist should remove active appliances and place the patient in passive retention.

5.1.7.8. ARC. Deployments, and Active Orthodontic Treatment.

5.1.7.8.1. For deployments or extended TDYs up to 180 days, the civilian treating dentist should place passive archwires, at the patient's expense, when applicable and inform the patient active treatment will not progress during the deployment/TDY. If the appliances remain in place, the member will be reminded they must maintain meticulous oral hygiene.

5.1.7.8.2. For deployment/TDY longer than 180 days the civilian treating dentist should remove active appliances and place the patient in passive retention, at the patient's expense as orthodontic care is not authorized nor available at deployment/TDY locations.

5.1.7.8.3. In both cases, the member must sign a Memorandum of Understanding - Deployed Reservists Undergoing Orthodontic Treatment (Attachment 4) stating that the AF is not responsible for continuation of orthodontic treatment, consequences of interruption of treatment while deployed, or expenses associated with orthodontic treatment. (T-3)

5.1.8. Prosthodontics.

5.1.8.1. Not all missing teeth warrant replacement.

5.1.8.2. Indications of replacement of missing teeth in order of precedence include:

5.1.8.2.1. Function: The number/distribution of remaining teeth is insufficient to permit adequate incision and/or mastication of food.

5.1.8.2.2. Phonetics: Tooth loss (predominantly anterior) has adversely impacted the individual's ability to speak clearly/intelligibly.

5.1.8.2.3. Occlusal Stability: Tooth loss has resulted in one or more teeth that are unopposed by occluding counterparts, increasing the likelihood of supraeruption or malocclusion due to mesial/distal migration. When indicated, occlusal stability may be maintained by a properly-constructed orthodontic retainer or acrylic resin occlusal device (night guard).

5.1.8.2.4. Esthetics: Replacement of missing maxillary or mandibular teeth (predominantly maxillary central incisors through first bicuspid or mandibular anterior teeth) is necessary to restore acceptable esthetics.

5.1.9. Dental Implants.

5.1.9.1. For indications and when to consider using implants instead of other options, to include prosthodontic treatment options, refer to the AFMS Dental Clinical Practice Guidelines.

5.1.9.2. Proposed implant treatment should be planned and completed at the initiating duty location in the absence of unusual circumstances.

5.1.9.3. Before initiating implant therapy, a provider must provide a Memorandum of Understanding - Dental Implant Therapy (Attachment 5), explain it to the patient, answer relevant questions and witness the patient's (or legally authorized representative's) signature. (T-3) This form is maintained permanently in the patient's dental STR.

5.1.9.4. All DTF requests for an implant system must be approved by AFMRA/SG3D prior to Defense Medical Logistics Standard Support submission to ensure consistency, permit rapid identification, facilitate clinical correction, minimize armamentaria/components, and support readiness. (T-2) A patient electing to pursue placement of an implant system that is not supported, restorable, or repairable by this guideline may be financially responsible for expenses incurred for the placement, restoration, maintenance, and/or repair of such restoration(s). Following completion of implant therapy, the patient must report to their servicing DTF to ensure documentation within the dental STR. (T-3)

5.2. Dental Quality Operations. DTFs will follow local Quality Management/Utilization Management policies established by the MTF Commander and CDS consistent with DoDI 6025.20, Medical Management Programs in the Direct Care System and Remote Areas and AFI 44-119, Medical Quality Operations, as they apply to dental practice. (T-1) Note: ANG will complete peer reviews per AFI 44-119 and guidance from NGB/SG. Records review will be conducted per AFI 41-210.

5.2.1. **Dental Peer Review.**

5.2.1.1. Clinical Performance Assessment and Improvement. Dental personnel must meet AF requirements and dental practice guidelines as outlined in the AFMS Dental Clinical Practice Guidelines. (T-2) The CPA&I program provides process and outcome indicators and a format for peer review of dental practice and procedures. See the AFMS Dental Clinical Practice Guidelines for additional details and information.

5.2.1.1.1. The peer reviewer should be a licensed dentist. For specialty cases, the peer reviewer should practice in the same specialty whenever possible. When same specialty review is not possible, a comprehensive general dentist (Air Force Specialty Code 47G3A) may substitute for the first level review.

5.2.1.1.2. Second level reviewers must meet the definition of "clinical peer" IAW AFI 44-119. (T-1)

5.2.1.2. Focused Professional Practice Evaluation/Ongoing Professional Practice Evaluation. Initial, episodic, and ongoing evaluation of providers' performance is an essential part of ensuring safe, high-quality patient care. Focused Professional Practice Evaluation/Ongoing Professional Practice Evaluation must be executed IAW AFI 44-119. (T-1)

5.2.2. Administrative Records Review. IAW AFI 41-210, DTFs will develop an effective administrative records review program to ensure that dental STRs are properly documented and maintained, to include currency of DRC and periodic exam. (T-1) There are different methods of accomplishing this, and the program should be individualized for the facility.

Chapter 6

FACILITIES, EQUIPMENT AND MEDICAL SERVICES

6.1. Facilities (RegAF).

6.1.1. The AF defines a dental treatment room as any space designated to directly support dental treatment.

6.1.2. DRCS maintains the dental treatment room inventory for the RegAF. Modifications to the RegAF dental treatment room inventory (commissioning, decommissioning, or converting) must be coordinated with the DRCS and approved by AFMRA/SG3D in writing or by email. (T-2) A final copy of the approved change is forwarded to DRCS and a copy is maintained on file by the DTF.

6.2. Equipment and Medical Devices (RegAF).

6.2.1. DTFs must evaluate all medical equipment and devices before use to prove they are reliable and durable. This evaluation must include review of instructions for use (IFUs) to ensure they are understandable consistent with USAF Infection Control and Prevention guidelines, and are supportable by the DTF. (T-2) DTFs must maintain a copy of all IFUs for all equipment used in the facility. (T-3) DTFs that are not able to support IFU requirements prior to purchase must obtain AFMRA/SG3D approval of a plan to meet IFU requirements prior to use. (T-2)

6.2.2. DTFs must consult with DRCS and AFMRA/SG3D prior to purchasing high cost or investment medical equipment, and products that require integration with other materiel or Information Management (IM)/Information Technology (IT) systems. (T-2) This includes dental units, dental chairs, dental lights, compressors, vacuum systems, etc. DTFs should consult the DRCS website prior to purchase of minor equipment.

6.2.3. Acquisition, installation, and integration of IM/IT systems (advanced technology, computer based/reliant technology, or systems requiring technology integration, including, but not limited to, radiology, cone beam technology, Computer-Aided Design/Computer-Aided Manufacturing, Dental Electronic Health Record) will be appropriately coordinated with the local systems office and AFMRA/SG3D. (T-2)

6.2.4. Medical devices possessing the most advanced technology may be part of an AFDS central procurement. The purpose of this action may be to standardize equipment and connectivity throughout the AF or take advantage of special pricing through an arranged contract which may be centrally negotiated or otherwise developed.

6.2.5. DTFs contesting or modifying the standardized purchase recommendations for their base must coordinate through AFMOA/SG3D prior to procuring items outside the arranged AFDS central procurement. (T-2) Contact DRCS personnel to discuss whether evidence justifies a proposed modification from any projected purchase. Additional details may be found in the AFDS Dental Management Guide.

6.3. ARC Coordination.

6.3.1. ANG dental equipment acquisition, installation, and integration are coordinated through NGB/SGX. Guard Medical Unit dental clinics will maintain equipment inventory lists in Defense Medical Logistics Standard Support. (T-2)

6.3.2. AFR should follow local RMU policies and procedures.

Chapter 7

DENTAL SERVICE REPORT

7.1. Reporting Requirements (RegAF).

7.1.1. Prepare the Dental Service Report by entering data into Corporate Dental Application (CDA) (or Dental Electronic Health Record equivalent) following the procedures and guidance specified in the CDA user guide found at the help tab on the CDA home page, or guidance that accompanies the Dental Electronic Health Record. The automated monthly Dental Service Report will contain all workload entered during the reporting month. (T-3) The CDS must ensure workload and access to care data are entered and appropriate by the closeout date for the reporting month. DRCs and metrics will be final as of the close out date (the 7th day of the following month). (T-3)

7.1.2. Before the 7th day of the current month, DTFs must input their access to care data from the previous month. (T-3) See AFDS Dental Management Guide for access to care instructions.

7.2. Accuracy. The Dental Service Report must be screened monthly for accuracy by DTFs before report closeout (the 7th day of the following month). (T-3) Use any discrepancies found as teaching points for discussion during Pro Staff and/or team meetings.

Chapter 8

AIR FORCE DENTAL READINESS ASSURANCE PROGRAM

8.1. Program Components (RegAF). Provide military members periodic dental evaluations and risk-based assessment for oral diseases and conditions that might compromise individual readiness. The periodic dental assessment must occur IAW DoDI 6025.19, Individual Medical Readiness, and AFI 10-250, Individual Medical Readiness. (T-0) Periodic dental evaluation components will include DRC, periodontal screening and recording, caries risk assessment and oral cancer screening. (T-1) Dental Readiness Assurance Program requirements include:

8.1.1. Providing/verifying DRC (see DoDI 6025.19, Enclosure 3). (T-0)

8.1.2. Monitoring and providing priority care for RegAF patients in DRC 3 and 4. (T-2)

8.1.3. Providing RegAF dental clearances. (T-0)

8.1.4. Monitoring availability and accessibility of dental services for RegAF personnel, to include private sector care, if used. (T-1)

8.2. Evaluation and Frequency (ARC). IAW AFI 10-250, dental evaluation and classification are required annually. Periodic dental evaluation components will include DRC, periodontal screening and recording, caries risk assessment and oral cancer screening. (T-0)

8.2.1. DTFs must ensure DRC 4 and non-compliant DRC 3 members are identified IAW AFI 48-123, Medical Examinations and Standards and AFI 10-250 and processed IAW AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members, AFI 36-2254V1, Reserve Personnel Participation and AFI 48-123. (T-1)

8.2.2. Frequency at MTF, RMU or GMU.

8.2.2.1. ANG. The initial evaluation and every fifth periodic dental evaluation must be accomplished at a MTF, RMU or GMU. (T-2) The other four periodic dental evaluations may be accomplished by a civilian dental provider utilizing DD Form 2813, Active Duty/Reserve Forces Dental Examination. An evaluation completed by a DoD contracted dentist (e.g. Reserve Health Readiness Program) will be considered a military evaluation.

8.2.2.2. AFR. The initial evaluation and every third periodic dental evaluation must be accomplished at a MTF, RMU or GMU. (T-2) The other two periodic dental evaluations may be accomplished by a civilian dental provider utilizing DD Form 2813, Active Duty/Reserve Forces Dental Examination. An evaluation completed by a DoD contracted dentist (e.g. Reserve Health Readiness Program) will be considered a military evaluation.

Chapter 9

HIGH CARIES RISK PROGRAM

9.1. Rationale (RegAF). Preventing members from developing dental disease maintains readiness, is safer than invasive treatment, and utilizes fewer resources. Being at high risk for caries presents a threat to dental readiness. RegAF members identified as High Caries Risk must be enrolled in the High Caries Risk Program and tracked accordingly (e.g., High Caries Risk module in CDA). (T-3) See AFMS Dental Clinical Practice Guidelines for additional details and information.

Chapter 10

RATED PERSONNEL

10.1. Monitoring and Documentation. DTFs will ensure all dental personnel understand their responsibilities for treating rated personnel. (T-2) DTFs will monitor and treat personnel on flying status IAW AFI 48-123. (T-1) See AFDS Dental Management Guide for additional information. Treatment of rated personnel and recommendation parameters that support, deny or return individuals to Flying or Special Operations Duty will be coordinated with Aerospace Medicine. (T-2) DTFs will notify the flight surgeon using AF Form 1418, Recommendation for Flying or Special Operations Duty - Dental, or electronically generated equivalent, to recommend to Flight Medicine if commanders should restrict a member's rated duties after dental treatment or when a rated member is placed in DRC 3. (T-2) Aerospace medicine completes DD Form 2992, Medical Recommendation for Flying or Special Operational Duty.

Chapter 11

PERSONNEL RELIABILITY ASSURANCE PROGRAM (PRAP)

11.1. Elements. PRAP is currently comprised of two elements:

11.1.1. Personnel Reliability Program (PRP)/Sensitive Duties Program (SDP). DTFs will ensure all dental personnel understand their responsibilities involving the PRP/SDP. (T-0) Monitor and treat members who are in sensitive duty positions (e.g. Presidential Support Program, air traffic controllers, overseas U.S. embassy support) or work with nuclear weapons as specified in DoDI 5210.42_AFMAN 13-501, Nuclear Weapons Personnel Reliability Program and AFI 41-210.

11.1.2. Arming and Use of Force. DTFs will ensure all dental personnel understand their responsibilities involving the Arming and Use of Force. (T-1) Monitor and treat members who bear arms IAW AFI 31-117 Arming and Use of Force by Air Force Personnel, AFI 10-203 Duty Limiting Conditions and follow local Medical Treatment Facility guidance.

Chapter 12

DEPLOYABILITY AND DEPLOYING MEMBERS

12.1. General (RegAF). When members are tasked to deploy, dental clinics are encouraged to provide services to ensure deploying personnel are in optimal dental health before deployment. For guidance, see AFI 10-250. Follow these guidelines at a minimum:

12.1.1. Verify current DRC in CDA / Aeromedical Services Information Management System. Perform a dental record review to identify DRC 3/4 members. Members in DRC 1 or 2 at the time of their Required Delivery Date are considered deployable unless deployment orders have specific Personnel Processing Codes requiring DRC 1.

12.1.2. Members in DRC 4 are considered non-deployable and must receive an evaluation to determine deployability. (T-0)

12.1.3. Members in DRC 3 are considered non-deployable, and clinics should complete treatment of all disqualifying dental conditions. An AF 469 must be completed if a member is anticipated to be in DRC 3 for more than 30 days. (T-1) An Air Force Form 469 may be completed for Airmen in DRC 3 under other circumstances to facilitate patient care or to meet local mission requirements. When utilized, the AF Form 469 will be initiated in Aeromedical Services Information Management System and must be documented on the SF 603/603A or dental Electronic Health Record. (T-1) The provider must check the Mobility Restriction box on the AF Form 469 if he/she feels that the Airman should not deploy. (T-1) The provider will also provide an estimated date of return to DRC 1 or 2 in the "Release Date for Recommendation" section of the AF Form 469. (T-1) The Airman's commander has the option to concur/non-concur with the provider's recommendation, and non-concurrence will be communicated back to the DTF through the MTF profile officer. (T-3)

12.2. Deployment Considerations (ARC). Verify current DRC in CDA / Aeromedical Services Information Management System. Perform a dental STR review to identify DRC 3 and DRC 4 members.

12.2.1. Members in DRC 1 or 2 at the time of their Required Delivery Date are considered deployable unless deployment orders have specific Personnel Processing Codes requiring DRC 1.

12.2.2. Airmen in DRC 3 are non-deployable.

12.2.3. Airmen in DRC 4 are non-deployable.

Chapter 13

DENTAL CARE SUPPORTING TRAINING AND/OR CURRENCY OBJECTIVES

13.1. Resident/Currency Training (RegAF). DTFs should make a significant effort to identify RegAF personnel who require treatment that will support resident training and/or currency objectives.

13.1.1. When unable to perform required dental procedures (training objectives) on RegAF patients in accredited dental residency programs, treatment may be provided, consistent with law and policy, to the following categories of eligible non-Active Duty beneficiaries to satisfy resident training objectives:

13.1.1.1. Active Duty family members not enrolled, or who have elected to disenroll, in the TRICARE Dental Program.

13.1.1.2. Active Duty family members enrolled in the TRICARE Dental Program receiving services not covered by the TRICARE Dental Program or covered services when the annual cap has been met.

13.1.1.3. Active Duty family members enrolled in the TRICARE Dental Program whose dental care is adjunct to ongoing medical or surgical inpatient care.

13.1.1.4. Active Duty family members enrolled in the TRICARE Dental Program who are 12 years of age or younger may receive pediatric dental care; limitations apply, see Title 10, USC, section 1077.

13.1.1.5. Retired beneficiaries and their family members.

13.1.2. Non-Active Duty beneficiaries receiving treatment in AF dental facilities to satisfy training objectives must sign a Memorandum of Understanding - Training and Proficiency (Attachment 2). (T-1) The dentist informs the patient that their treatment may involve dental residents in support of a teaching program requirement.

13.1.3. A completed DD Form 2870, Authorization for Disclosure of Medical or Dental Information, must be signed by the patient/sponsor/legally authorized representative prior to photographing, recording, videotaping, audiotaping, or filming a patient's participation, treatment or appearance for media/advertising/publication. (T-1) The completed form will be maintained permanently in the patient's dental STR. The DD Form 2870 should not be used for treatment, payment, or health care operations (to include education and training purposes).

13.2. Accreditation of Training Programs (RegAF). Accreditation of formal dental training programs will be maintained IAW AFI 41-117, Medical Service Officer Education and Commission on Dental Accreditation requirements. (T-0)

Chapter 14

REFUSAL OF DENTAL TREATMENT

14.1. Incompatibility and Documentation. Refusal of dental treatment to maintain dental readiness is incompatible with retention in the USAF. The CDS or representative must explain and document the value and necessity of proper oral health care to all military patients who refuse treatment. (T-2) If a member in DRC 3 or 4 still refuses dental care after being appropriately counseled, the CDS must document the refusal of care, which includes information about the possible effects that an adverse dental condition may have on the individual's duty performance, readiness capability, and continued military service. (T-1)

14.1.1. Complete an AF Form 469, Duty Limiting Condition Report for patients who refuse treatment and are in DRC 3 or 4. An entry should be made on the Standard Form (SF) 603/603A or Dental Electronic Health Record noting the refusal and the reason they refuse treatment.

14.1.2. Source of Treatment for RegAF. When DTF care is available, all routine and elective care must be provided in the AF DTF unless coordinated and approved by the DTF CDS or his/her designee IAW paragraph 2.1.3. (T-3)

Chapter 15

ENDURING CORRECT PATIENT/CORRECT PROCEDURE/CORRECT SITE

15.1. Patient Safety. The AFDS is committed to a culture of Patient Safety and the delivery of safe care. To ensure safety via standardization, dental treatment facilities will follow only the AFDS Universal Protocol found in the most recent AFMS Dental Clinical Practice Guidelines. (T-1) All other local forms of pre-procedural verifications and timeouts will not be permitted as they induce non-standard processes across the enterprise which can lead to wrong site procedures. See AFMS Dental Clinical Practice Guidelines for additional information.

15.2. Trusted Care. DTFs must embrace the principle of Trusted Care and achieving zero harm. (T-1) The goal of Trusted Care is to consistently provide patients the highest quality care in a safe and error free environment.

15.3. Compliance. Compliance should be verified by a representative sampling of appropriately completed AFDS Universal Protocol.

15.3.1. Compliance can occur via monthly audits by the dental leadership team.

15.3.2. Compliance must be documented in the Dental Executive Function (or equivalent) Notes. (T-3) Documentation will include a justification of sampling size. (T-3) Acceptable means for conducting audits include:

15.3.2.1. Direct observations

15.3.2.2. Patient surveys

15.3.2.3. Post-treatment patient interviews

15.3.2.4. Other locally developed methods that involve patient observation/interaction

Chapter 16

DENTAL INFECTION PREVENTION AND CONTROL

16.1. General. Dental infection prevention and control is necessary to protect the health and ensure the safety of all patients, staff, volunteers, and visitors within the DTF. For guidance, refer to AFI 44-108, Medical Infection Prevention and Control Program. See the USAF Guidelines for Infection Prevention and Control in Dentistry for additional details and information.

16.1.1. The Dental Infection Prevention and Control Program must be in compliance IAW Association for the Advancement of Medical Instrumentation sterilization standards (ST55 and ST79) and AFI 44-108. (T-0) See the USAF Guidelines for Infection Prevention and Control in Dentistry for additional details and information.

16.1.2. The Dental Infection Prevention and Control Officer and Noncommissioned Officer (NCO) appointees should be different than the primary MTF Infection Control personnel.

16.1.3. Due to the potential widespread harm that could result from transmission of infectious pathogens, the AFDS considers successful operation of each DTF Instrument Processing Center as a top priority.

16.1.4. DTFs must receive DTF-specific orientation and ongoing education/training on dental infection control. (T-3)

16.1.4.1. Training topics must include (at a minimum): blood-borne pathogens, hand hygiene, sterility assurance and other required local infection control topics. (T-3)

16.1.4.2. Training must be documented on AF Form 55, Employee Safety and Health Record. (T-3)

16.2. Dental Instrument Processing Center (RegAF):

16.2.1. Processing of reusable dental instruments and equipment must follow manufacturer's instructions for use. (T-0) Processing equipment (e.g. automated washer-disinfector, ultrasonic, sterilizer) must be tested IAW instructions for use and local policy. (T-0) See USAF Guidelines for Infection Prevention and Control in Dentistry for additional details and information.

16.2.2. All DTFs must designate a centralized dental instrument processing center. (T-3) Instruments in the processing center will flow in a direct path from a decontamination collection area to sterile storage so that disruptions are minimized. (T-3) The processing center must be divided physically or, at minimum, spatially, into four distinct areas:

16.2.2.1. Receiving, cleaning, and decontamination. Decontamination of instruments will take place in a dedicated space that is subject to negative air pressure with an appropriate number of air exchanges. (T-3)

16.2.2.2. Preparation and packaging.

16.2.2.2. 1. Access to the preparation/packaging (“clean”) area of the Instrument Processing Center will be restricted to authorized personnel. (T-3)

1.6.2.2.2.1.1. Authorized dental personnel include dental leadership

performing oversight inspections, Dental Infection Prevention and Control Officer/NCO, and instrument processing technicians(s).

1.6.2.2.2.1.2. It also includes other personnel with official need, if escorted by authorized personnel.

16.2.2.2.2. A list of authorized personnel by name will be placed on the door. (T-3)

16.2.2.2.3. In order to add a member's name to the authorized personnel list, member must have completed the standard work training contained within the USAF Guidelines for Infection Prevention and Control in Dentistry. (T-3)

16.2.2.2.4. A lock (cipher or access badge) should be placed on the door of the room which contains the preparation/packaging ("clean") area.

16.2.2.3. Sterilization.

16.2.2.3.1. Sterilizers should be steam. When circumstances or manufacturer's instructions for use preclude the use of steam sterilization, dry heat or other Food & Drug Administration approved devices may be used. All sterilizers must be used and maintained IAW manufacturer's instructions for use. (T-0)

16.2.2.3.2. Immediate use (commonly referred to as "flash") cycles will not be used. (T-2) Any shortages of instruments should be resolved through logistical procurement.

16.2.2.3.3. All sterilizers must have the capability to print a hardcopy strip with the sterilizer cycle parameters from each load. (T-3) The instrument processing technician must initial each strip. (T-1)

16.2.2.3.4. The instrument processing technician will utilize the AFDS Sterilizer Load Release Document to record the sterilizer cycle parameters for each sterilization load. (T-3) The Load Release Document is an attachment contained within the USAF Guidelines for Infection Prevention and Control in Dentistry.

16.2.2.4. Bulk Storage.

16.2.2.4.1. Do not store sterile or clean instruments in an area where contaminated instruments are held or cleaned.

16.2.2.4.2. Bulk storage of sterile instruments should be in a location where temperature and humidity can be controlled. A central storage area is recommended. The CDS or designated representative must coordinate with Facility Management to ensure proper temperature and humidity parameters are met. (T-3)

16.2.2.4.3. When sterile instruments are stored in the dental treatment room, they should be in a clean, dry, and dust/lint free area with limited access; closed cabinets or drawers are recommended.

16.2.3. Instrument processing oversight. At a minimum, four audits by dental clinic leadership must be conducted monthly; (T-3) at least one of these audits must be unannounced. (T-3)

16.2.3.1. The CDS must conduct at least one audit per month of the Instrument Processing Center. (T-3)

16.2.3.2. Similar audits must also be performed by additional dental leadership personnel on a rotating basis to fulfill the four audit minimum requirement (e.g. Support Officer in Charge (OIC)/Noncommissioned Officer in Charge (NCOIC), Clinical OIC/NCOIC, Dental Infection Prevention and Control Officer/NCO). (T-3)

16.2.3.3. Consideration should be made to include the MTF Infection Preventionist, Patient Safety Manager, and/or other group leadership elements on some or all Instrument Processing Center audits.

16.2.3.4. Unannounced/unscheduled audits are preferred.

16.2.3.5. Areas to be audited include but are not limited to:

16.2.3.5.1. Transportation of contaminated instruments.

16.2.3.5.2. Verification of all processing steps (instrument cleaning, preparation and packaging, disinfector washing, sterilization, use of indicators).

16.2.3.5.3. Processing of non-traditional instrumentation according to manufacturer's instructions for use (e.g. unique oral surgery, periodontal or orthodontic instruments, lasers etc.).

16.2.3.5.4. Ordering process for new instruments to ensure DTF instrument processing center or other sterilization area can support processing requirements.

16.2.3.5.5. Verification and documentation review of current maintenance and calibration of automated cleaning equipment.

16.2.3.5.6. Verification and documentation review of instrument processing center technician training.

16.2.3.5.7. Verification and documentation review of current processing outcomes.

16.2.3.6. At a minimum, randomly-selected sterile instrument packs/kits will be opened at the following rates:

16.2.3.6.1. Small DTF-10 packs/kits per month. (T-3)

16.2.3.6.2. Medium DTF-15 packs/kits per month. (T-3)

16.2.3.6.3. Large DTF-25 packs/kits per month. (T-3)

16.2.3.7. Audits must be documented in the Dental Infection Control and Dental Executive Function notes. (T-3) Documentation must include details and findings of the inspection. (T-3)

16.2.4. In the dental treatment room, the provider and chairside assistant must verify appropriate external and internal chemical indicator change and document the positive changes in each patient's dental health record on the SF 603(A) or Dental Electronic Health Record. (T-3)

16.3. Disposable Instrumentation (ARC). ARC dental facilities will only use disposable examination instrumentation. (T-3)

16.4. Waterlines. Dental unit waterlines, when used, must supply clean, acceptable (<500 colony forming unit/milliliter planktonic bacteria) water to the dental operative site during non-surgical dental treatment (per CDC recommendations). (T-0) Separate dental reservoirs must be

used to provide a supply of potable water and introduce disinfectant solutions or treatments into the waterline system in order to control planktonic bacteria, biofilm and effluent water contamination. (T-1) See USAF Guidelines for Infection Prevention and Control in Dentistry for additional details and information.

Chapter 17

ENVIRONMENTAL, SAFETY AND OCCUPATIONAL HEALTH

17.1. Regulatory Responsibilities. DTFs must comply with Occupational Safety and Health Administration regulatory standards IAW AFI 48-145, Occupational Health and Environmental Program. (T-0)

17.1.1. Hazardous Material Management. Hazardous materials in the dental clinic must be authorized and tracked IAW AFI 32-7086, Hazardous Material Management Program and appropriate local guidance. (T-1)

17.1.2. Radiology. The CDS must ensure dental staff and patients receive the lowest possible radiation dose IAW AFI 48-148, Ionizing Radiation Protection. (T-2)

17.1.3. Industrial Hygiene and Environment of Care. DTFs will coordinate with Bioenvironmental Engineering to ensure compliance with installation industrial hygiene and environment of care guidelines. (T-3)

17.1.4. Amalgam Waste Handling Procedures (RegAF): Dental personnel must coordinate with installation environmental staff to identify specific hazardous waste management requirements for disposition of spent amalgam IAW AFI 32-7042, Waste Management. (T-0) All wastewater discharge from amalgam separators must be IAW AFI 32-1067, Water and Fuel Systems. (T-0)

17.2. Documentation. DTFs must ensure required health and safety training is accomplished and documented on AF Form 55, Employee Safety and Health Record or equivalent. (T-3)

Chapter 18

DENTAL SERVICE TREATMENT RECORD (STR) AND NON-STR MANAGEMENT

18.1. Procedures (RegAF).

18.1.1. Creation of the STR/Non-STR

18.1.1.1. DTFs must create the dental STR for RegAF at the first dental encounter at a RegAF DTF after Basic Military Training dental in-processing. (T-2) Creation of the dental Non-STR will occur at the first dental encounter at a military DTF. (T-2)

18.1.1.2. In the effort to achieve zero-harm, the creation and use of temporary dental records is highly discouraged. A temporary record jacket will be created/used only if all efforts to locate the dental STR have been exhausted. (T-2) When the dental STR is located, all contents of the temporary record must be incorporated into it, so as to maintain only one dental STR. (T-2)

18.1.2. Filing the STR/Non-STR

18.1.2.1. DTFs will file all RegAF and AFR dental STRs together in one single numerical file in a centralized location, with the exception of dental STRs for personnel assigned to the PRP, Arming and Use of Force (AUoF), Presidential Support Program, or other sensitive duty, which will be maintained in a separate, secured location. PRP and AUoF records will be maintained separately from one another. If a member is in both PRP and AUoF programs, the record will be maintained with PRP records. (T-2)

18.1.2.1.1. Color tabs fastened on the bottom of the left side of the dental STR will be used to readily identify dental STRs that belong to the following categories. (T-3) The color legend must be posted in a readily visible area(s) for staff to easily reference. (T-3)

18.1.2.1.1.1. Blue: Class 3

18.1.2.1.1.2. Green: Temporary Record

18.1.2.1.1.3. Purple: High Caries Risk

18.1.2.1.1.4. Red: PRP and AUoF

18.1.2.1.1.5. Yellow: Rated Personnel (e.g. FLY, aircrew, aerospace program)

18.1.2.1.2. The following may be filed separately in order to manage dental STRs/Non-STRs more efficiently:

18.1.2.1.2.1. Other DoD services and foreign military

18.1.2.1.2.2. Dependents, retirees, civilians, pay patients or other Non-STRs

18.1.3. Retrieving the dental STR /Non-STR. Dental STRs will be retrieved from the main central secured location no earlier than one duty day prior to scheduled use (e.g. appointments, reviews) and remain in the central secured location until use. (T-2)

18.1.4. Securing the dental STR/Non-STR.

18.1.4.1. DTFs will ensure secure storage of dental STRs/Non-STRs IAW Privacy Act, HIPAA, and Notice of Privacy Practices guidance. (T-0) Access should be restricted to dental personnel.

18.1.4.2. Only the main central file location is considered a secure location, with the exception of dental STRs for personnel assigned to PRP, Presidential Support Program, or any other sensitive duty, which may be secured within the MTF.

18.1.4.3. The availability of the dental STR/Non-STR helps to ensure safe patient treatment. For routine treatment/encounters, the patient dental STR/Non-STR must be available for patient treatment unless exceptional or unique situations occur. (T-2) All dental STRs/Non-STRs must be returned to the main central secured location at the end of the duty day. (T-2) For Graduate Dental Education, dental STRs/Non-STRs will be returned to the main central secured location at the end of the day and must be signed by staff no later than one duty day after the patient encounter. (T-2)

18.1.5. Dental STR/Non-STR Tracking and Availability. DTFs must document all intra- and inter-DTF transfers of dental STRs/Non-STRs using the CDA Record Tracker. (T-2)

18.1.5.1. Inter-DTF Tracking. Check-in/check-out for PCS: All incoming and outgoing dental Service Treatment Records must be logged and tracked using CDA Record Tracker (e.g. “dental STR forwarded to MTF Outpatient records to be sent to [name of base/location]”). (T-2) Place a copy of the out-processing member’s orders in the dental STR.

18.1.5.2. Intra-DTF Tracking. DTFs will update the CDA Record Tracker to document all transfer of dental STRs/Non-STRs between providers, staff, departments, and/or clinics. (T-2)

18.1.5.3. DTFs will ensure all dental STRs/Non-STRs are tracked and returned to the main central secured location at the end of the duty day. (T-2) Any staff or provider requiring additional use of a dental STR to complete necessary documentation (e.g. Graduate Dental Education, credentialing, peer review, CPA&I, and other uses) must track the dental STR to the appropriate provider/staff using CDA Record Tracker and place dental STR in the appropriate staging area in the central secured location. (T-2)

18.1.6. Dental STR Disposition and Instruction for Airmen retiring and separating. The dental STR ends upon discharge, retirement, separation or death (if death occurred while on Active Duty). DTF records managers are expected to follow specific dental STR disposition plan guidance IAW 41-210, Chapter 5, Health Records Management and must work closely with their MTF counterparts and local Military Personnel Section, Military Personnel Element, or Force Support Squadron officials. (T-2)

18.1.6.1. The dental STR representative must have access to the Medical Records Management SharePoint website or equivalent. (T-2) This website must be utilized by the dental staff to pull LOSS Rosters, enabling timely location and processing of dental STRs. (T-2)

18.1.6.2. DTFs will:

18.1.6.2.1. Place a copy of the member’s orders in the dental STR. (T-3)

18.1.6.2.2. Update the CDA Record Tracker to document the transfer of dental STRs/Non-STRs to the MTF outpatient records section or equivalent (e.g. "Dental STR forwarded to the MTF outpatient records section or equivalent"). (T-2)

18.1.6.2.3. Transfer dental STR to the MTF outpatient records section or equivalent. (T-3)

18.1.7. Dental STR Inventories. Inventories of dental STRs will be conducted annually by 31 March IAW AFI 41-210 to: (T-2)

18.1.7.1. Identify and forward retained dental STRs of departed personnel.

18.1.7.2. Identify and dispose of dental Non-STRs for patients IAW Air Force Records Information Management System.

18.1.8. Custody and Control of Other Uniformed Services, Individual Mobilization Augmentee, and ARC Dental STRs: Maintain dental STRs of other Uniformed Service members treated in AF facilities in the manner in which they were received. Record treatment rendered in an AF facility using AF approved forms. File AF approved forms in the manner most consistent with the existing record. For ARC members who receive treatment in a RegAF DTF, all treatment will be documented in the paper-based dental STR, which will be forwarded to the member's Reserve Medical Unit/Guard Medical Unit at the termination of the member's eligibility. (T-2)

18.1.9. Treatment Documentation and the Dental Electronic Health Record. See the AFDS Dental Management Guide and the AFMS Dental Clinical Practice Guidelines for additional details and information.

18.1.9.1. Patient treatment must be documented in the:

18.1.9.1.1. Paper-based dental STR at all locations without the functional Electronic Health Record. (T-2)

18.1.9.1.2. Electronic Health Record once it is deployed and operational at each location. (T-2)

18.1.9.2. Management of the paper-based dental STR for members changing duty station. Until the Electronic Health Record is fully deployed across the AF, it will be common for members to move between DTFs with and without dental Electronic Health Record capability. All movement of paper-based dental STRs will be IAW AFI 41-210. (T-1) To ensure continuity and integrity of the dental Service Treatment Record, the following processes must be followed (T-2):

18.1.9.2.1. Member is reassigned from a DTF without the dental Electronic Health Record to a DTF with the dental Electronic Health Record:

18.1.9.2.1.1. Member's paper-based dental STR will be forwarded to the gaining DTF for reference only (no new entries or scanning / archiving) and will be filed in the DTF's main central secured location (or PRAP specific secured location). (T-2)

18.1.9.2.1.2. The Electronic Health Record will be used as the only dental STR. (T-2)

18.1.9.2.2. Member is reassigned from a DTF with the dental Electronic Health Record to another DTF with the dental Electronic Health Record:

18.1.9.2.2.1. If the member has a paper-based dental STR, the losing base will forward it to the receiving base. (T-2)

18.1.9.2.2.2. The receiving base will file the paper-based dental STR in the DTF's main central secured location (or PRAP specific secured location) for reference only (no new entries or scanning/archiving). (T-1)

18.1.9.2.2.3. If the member did not have a paper-based dental STR (because their first duty station had dental Electronic Health Record capability), no action needs to be taken to transfer a dental STR.

18.1.9.2.3. Member is reassigned from a DTF with the dental Electronic Health Record to a DTF without the dental Electronic Health Record:

18.1.9.2.3.1. The losing DTF will print appropriate sections of the member's dental Electronic Health Record and file them appropriately in the member's paper-based dental STR and forward it to the member's gaining non-Electronic Health Record DTF. (T-2)

18.1.9.2.3.2. If the member does not have a paper-based dental STR, the losing DTF will print the entire contents of the member's Electronic Health Record, file it appropriately in a newly created paper-based dental STR (AF Force Forms 2100B through 2190B, Health Record – Dental), and forward it to the member's gaining non-Electronic Health Record DTF. (T-2)

18.2. ARC Considerations (ARC).

18.2.1. All dental STRs must be prepared, maintained, used, protected, and controlled as required in accordance with AFI 41-210, AFI 41-200, and AFMAN 33-363. (T-1)

18.2.2. DTFs will follow transition from paper STRs to the Electronic Health Record instructions provided to DTFs from AFRC/SG or ANG/SG. (T-2) The transition process timeline for Electronic Health Record migration is Initial Operational Capability in 2017 to a Full Operational Capability estimated in 2022.

18.2.3. DTFs should ensure that treatment documentation in the Electronic Health Record is consistent with RegAF. See the AFDS Dental Management Guide and the AFMS Dental Clinical Practice Guidelines for additional details and information.

18.2.4. ANG DTFs will scan paper dental documentation into Health Artifact and Image Management Solution IAW AFI 41-210. (T-1)

Chapter 19

SELF-INSPECTION PROGRAM

19.1. Compliance Validation. IAW AFI 90-201, The Air Force Inspection System, DTF leadership must conduct an ongoing, active self-inspection program. (T-1) For additional information, see the AFDS Dental Management Guide.

Chapter 20

POSTMORTEM DENTAL IDENTIFICATION

20.1. General (RegAF). Each DTF must be able to perform or provide for (e.g., co-located Army or Navy facility) postmortem dental identifications. (T-2)

Chapter 21

DENTAL LABORATORY

21.1. Base Dental Laboratory (RegAF). Base dental laboratories fabricate prostheses and devices in support of the AF mission and, when resources permit, other Federal dental services. Individual AF dental laboratories, in coordination with the Special Consultant to the Surgeon General for Dental Laboratories, are responsible for establishing processes that will lead to a high quality product being delivered to the requesting dental officer in a timely fashion. Each dental laboratory will have a dental laboratory technician (enlisted or civilian) assigned to supervise and manage the base dental laboratory. (T-3)

21.2. Area Dental Laboratory (ADL) (RegAF). They provide complete dental laboratory support, to include workload overflow support, for AF Base Dental Laboratories and other Federal dental facilities when existing resources permit. ADLs will:

21.2.1. Provide high quality lab products to DTFs in a timely fashion. The ADL director should maintain a list of the DTFs supported by the ADL. (T-3)

21.2.2. Provide consultant services to include advice on designing individual cases, workshops for dentists and laboratory technicians, and, when requested and funded, consultant visits to individual bases the ADL supports. (T-3)

21.2.3. Distribute information addressing technical data and lab management issues to the DTFs it supports. The CDS ensures that all assigned dentists and laboratory technicians have access to this information. (T-3)

21.2.4. Coordinate any anticipated/significant changes in its services with HAF/SG3D and dental laboratories in its area of support. (T-1)

21.2.5. Not curtail any dental laboratory services before requesting and receiving approval from HAF/SG3D. (T-1)

21.3. Certified Training Laboratory (RegAF). Certified Training Laboratories must sustain Certified Dental Laboratory status by meeting or exceeding established National Board for Certification standards for personnel skills, laboratory facilities and infection control. (T-1) Dental labs at Eglin AFB, Joint Base San Antonio – Lackland, Joint Base Langley – Eustis, Kadena AB, Keesler AFB, Nellis AFB, Peterson AFB, RAF Lakenheath AB, Ramstein AB, Scott AFB and Travis AFB are Certified Training Laboratories for training all Air Force Specialty Code 4Y0X2s to the 5 skill level. Certified Training Laboratories will:

21.3.1. Serves as the primary trainers, oversee upgrade training and provide consistency to the 5-level upgrade training program.

21.3.2. Functions as the Base Dental Laboratory, if not designated as an ADL.

21.4. Dental Precious Metals and Alloys (RegAF).

21.4.1. The dental laboratory maintains a file designated as the "Register of Precious Metals and Alloys" and records data using the metric system. Weights will be recorded to tenths of a gram. (T-3) The register includes these forms, as applicable:

21.4.1.1. DD Form 2322, Dental Laboratory Work Authorization.

21.4.1.1.1. DD Form 2322 is used as a debit voucher to record on AF Form 520 precious metals unfit for further use. Debit voucher numbers are assigned consecutively by fiscal year on the DD Form 2322.

21.4.1.1.2. Use DD Form 2322 to record laboratory services that dental personnel provide for the patient.

21.4.1.2. AF Form 85, Inventory Adjustment Voucher.

21.4.1.3. AF Form 520, Record of Dental Precious Metals and Alloys.

21.4.1.3.1. A separate AF Form 520 will be used for each precious metal/alloy. (T-2)

21.4.1.3.2. An AF Form 520 is used for precious metals that may be reused.

21.4.1.3.3. Miscast or clinically unacceptable cast restorations should be returned to the inventory and recorded as a debit on the issuing AF Form 520.

21.4.1.4. DD Form 200, Financial Liability Investigation of Property Loss.

21.4.2. Precious metals will be secured when not in use. (T-2)

21.4.3. Permanently inserted prostheses become the patient's property.

21.5. Laboratory Quality Control (RegAF). Each dental laboratory must establish a quality control program to evaluate and improve the dental prostheses it fabricates. (T-2)

DOROTHY A. HOGG, Lieutenant General, USAF, NC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND ACRONYMS

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AF Form 55, *Employee Safety and Health Record*

AF Form 85, *Inventory Adjustment Voucher*

AF Form 469, *Duty Limiting Condition Report*

AF Form 520, *Record of Dental Precious Metals and Alloys*

AF Form 696, *Dental Patient Medical History*

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AF Form 2160B, *Health Record – Dental*

AF Form 2170B, *Health Record – Dental*

AF Form 2180B, *Health Record – Dental*

AF Form 2190B, *Health Record – Dental*

DD Form 200, *Financial Liability Investigation of Property Loss*

DD Form 2322, *Dental Laboratory Work Authorization*

DD Form 2813, *Active Duty Reserve Forces Dental Examination*

DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*

DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*

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Abbreviations and Acronyms

AAMI—Association for the Advancement of Medical Instrumentation

AD—Active Duty

ADDED AFMRA—Air Force Medical Readiness Agency

ADDED DRCS—Dental Research and Consultation Service

ADDP—Active Duty Dental Program

ADL—Area Dental Laboratory

AEGD—Advanced Education in General Dentistry

AF—Air Force

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMOA—Air Force Medical Operations Agency

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AFR—Air Force Reserve

AFRIMS—Air Force Records Information Management System

AFSC—Air Force Specialty Code

ANG—Air National Guard

ARC—Air Reserve Component

BDL—Base Dental Laboratory

CAD/CAM—Computer-Aided Design/Computer-Aided Manufacturing

CDA—Corporate Dental Application

CDC—Centers for Disease Control and Prevention

CDL—Certified Dental Laboratory

CDS—Chief of Dental Services

CFR—Code of Federal Regulations

CODA—Commission on Dental Accreditation

CONUS—Continental United States

CPG—Clinical Practice Guidelines

CTL—Certified Training Laboratory

DECS—Dental Evaluation & Consultation Service

DELETED AFMOA—Air Force Medical Operations Agency

DELETED DECS—Dental Evaluation and Consultation Service

DHA—Defense Health Agency

DMG—Dental Management Guide

DoD—Department of Defense

DoDI—Department of Defense Instruction

DRC—Dental Readiness Classification

DSR—Dental Service Report

DTF—Dental Treatment Facility

DTM—Directive-Type Memorandum

EHR—Electronic Health Record

FDA—Food and Drug Administration

FOC—Full Operational Capability

FPPE—Focused Professional Practice Evaluation

FSS—Force Support Squadron

GDE—Graduate Dental Education

GMU—Guard Medical Unit

HA—Health Affairs

HAIMS—Health Artifact and Image Management Solution

HCR—High Caries Risk

HIPAA—Health Insurance Portability and Accountability Act

IAW—In Accordance With

ICC—Infection Control Chair

ICF—Infection Control Function

IFU—Instructions for Use

IM/IT—Information Management/Information Technology

IMA—Individual Mobilization Augmentee

IOC—Initial Operational Capability

IPT—Instrument Processing Technician

LRD—Load Release Document

MAJCOM—Major Command

MOU—Memorandum of Understanding

MPE—Military Personnel Element

MPS—Military Personnel Section

MRM—Medical Records Management

MTF—Medical Treatment Facility

NCOIC—Non-Commissioned Officer in Charge

NGB—National Guard Bureau

NLT—No Later Than

NoPP—Notice of Privacy Practices

NSTR—Non-Service Treatment Record

OCONUS—Outside Continental United States

OCS—Oral Cancer Screening

OIC—Officer in Charge

OI—Operating Instruction

OMFS—Oral & Maxillofacial Surgeon

OPPE—Ongoing Professional Practice Evaluation

PCS—Permanent Change of Station

PDE—Periodic Dental Exam

POC—Point of Contact

PPE—Personnel Protective Equipment

PRAP—Personnel Reliability Assurance Program

PRP—Personnel Reliability Program

PSP—Presidential Support Program

PSR—Periodontal Screening and Recording*or* Patient Safety Reporting

RegAF—Regular Air Force

RDS—Records Disposition Schedule

RHRP—Reserve Health Readiness Program

RMU—Reserve Medical Unit

SDP—Sensitive Duties Program

SGD—Surgeon General Dental

SGS—Surgeon General Support

SG—Surgeon General

SORN—System of Records Notification

STR—Service Treatment Record

TDP—TRICARE Dental Program

TDY—Temporary Duty

TJC—The Joint Commission

USAF—United States Air Force

USC—United States Code

VA—Veterans Administration

Attachment 2

TRAINING & PROFICIENCY SAMPLE MEMORANDUM

Figure A2.1. Sample Memorandum of Understanding - Training and Proficiency

MEMORANDUM OF UNDERSTANDING – SELECTION FOR DENTAL TREATMENT FOR TRAINING AND PROFICIENCY

(Name of Treatment Facility) The Dental Services at (name and address of dental facility) has primary missions in patient care, education and clinical research. AFI 41-210, TRICARE Operations and Patient Administration Functions, authorizes dental care for specific categories of personnel. Family members and retired personnel receive dental care on a space available basis.

I understand that if I, (name), or my family member, (name), am /is selected to be treated as a non-emergency patient at (name of dental facility), it will be under these conditions:

1. This teaching program selects patients for treatment only to fulfill curriculum or proficiency requirements. Qualified staff dentists supervise the dental officers enrolled in the program.

2. Treatment schedules must strictly conform to the needs of the teaching program. Individual appointments can be unusually long, and the total course of treatment can be prolonged, at times over many months. I should not change or cancel appointments, except for extraordinary circumstances. I must notify (appropriate department) of address or telephone changes. I must pay for all long distance calls.

3. Any records (including x-rays and photographs) obtained before, during, and after orthodontic treatment could be used for education, research, board certification, media/advertising, or publication in professional journals. Names and identifying numbers will not be used. I will be asked to sign a HIPAA compliant authorization form prior to any use or disclosures that require authorization. My refusal to authorize such use of these recording images will not impair my entitlement to military medical treatment or TRICARE eligibility.

4. This agreement does not require the Air Force to provide treatment. If accepted for treatment, I will be notified. I may inquire periodically about my status by contacting (appropriate department).

5. Once treatment begins, the Air Force does not guarantee its dental personnel will complete or indefinitely continue subsequent phases of treatment. Staff dentists determine when the present phase of treatment is complete or has progressed to a point where its continuation no longer benefits the teaching program. Treatment needs not identified as training needs will be completed at my own expense in the private sector.

6. If the Air Force must terminate my care, a dentist will counsel me on subsequent care I can obtain at my expense.

_____
Printed Name of Patient

_____ _____
Signature of Patient/Sponsor/Legally Authorized Representative Date

_____ _____
Signature of Training Officer and Department Date

Attachment 3

ORTHODONTIC TREATMENT SAMPLE MEMORANDUM

Figure A3.1. Sample Memorandum of Understanding - Orthodontic Treatment

MEMORANDUM OF UNDERSTANDING – ELECTION FOR ORTHODONTIC TREATMENT

I verify that the military requirements relating to orthodontic services have been explained to me prior to beginning orthodontic care. I understand that orthodontic treatment will not prevent a permanent change of station (PCS), temporary duty assignment (TDY/TAD) or military deployment, and that orthodontic services are not available at all military installations. As a military member I will not be assigned, reassigned or transferred in order to receive or continue to receive orthodontic care for myself or my family members. I also understand that if the military restricts, suspends or terminates orthodontic services at any military installation, I must personally assume the financial responsibility for continuing or completing treatment. If I elect to terminate treatment, the orthodontic appliances will be removed and no further orthodontic treatment will be provided.

If I separate from active duty or leave this command prior to completion of orthodontic treatment for myself or my family members, I may elect to maintain the orthodontic appliances and continue treatment with a civilian orthodontist. I understand that my or my family members' new civilian orthodontist and oral surgeon (surgical cases) will charge their customary fee. Neither the US Government nor any other government agency, to include the Veterans Administration, will be responsible for continuation of care or pay for orthodontic treatment by a civilian dentist. If I discontinue treatment with a civilian orthodontist, I may elect to have my or my family members' orthodontic appliances removed. After removal, relapse may occur if retainers are not worn. It was explained to me that orthodontic treatment should continue to completion, especially in situations involving extractions of permanent teeth or orthognathic surgery.

ORTHODONTIC POLICIES

1. Multiple broken appointments or tardiness could justify termination of treatment.
2. Lost or broken appliances may justify termination of treatment. It is the patient's responsibility to safeguard the appliances. If lost or broken we will make one replacement after which you must seek replacement by a civilian orthodontist at your own expense.
3. Any of the following conditions may justify termination of treatment:

a. Poor oral hygiene.
b. Failure to wear retainers, removable appliances, elastics or other items deemed necessary.
c. Uncooperative or poor behavior

PRIVACY OF INFORMATION AND USE OF RECORDS

I understand that the orthodontic records (including x-rays and photographs) obtained before, during, and after orthodontic treatment may be used for education, research, board certification, or publication in professional journals. Names and identifying numbers will not be used. In the event that any of these disclosures require an authorization, I understand that I will be asked to sign a HIPAA authorization form prior to any use or disclosures.

_____	_____	_____
Printed Name of Patient	Signature of Patient	Date
_____	_____	_____
Printed Name of Parent/Sponsor/ Legally Authorized Representative	Signature of Parent/Sponsor/ Legally Authorized Representative	Date
_____	_____	_____
Printed Name of Dentist/Witness	Signature of Dentist/Witness	Date

Attachment 4

DEPLOYED RESERVISTS UNDERGOING ORTHODONTIC TREATMENT SAMPLE MEMORANDUM

Figure A4.1. Sample Memorandum of Understanding - Deployed Reservists Undergoing Orthodontic Treatment

MEMORANDUM OF UNDERSTANDING – DEPLOYED RESERVISTS UNDERGOING OTHODONTIC TREATMENT

I verify that requirements relating to Air Force orthodontic services have been explained to me. I understand orthodontic services are not available at deployed locations and the Air Force is not responsible for the continuation of orthodontic treatment or the consequences of interruption of treatment while deployed.

If I am deployed 179 days or less, active orthodontic appliances do not need to be removed, but must be deactivated. If I am deployed for more than 180 days, I should have my civilian orthodontist remove active appliances and replace them with passive retainers. I may continue treatment once no longer deployed. All aforementioned requirements are at my own expense.

_____
Printed Name of Patient

_____ _____
Signature of Patient/Sponsor/Legally Authorized Representative Date

_____ _____
Signature of Dentist Date

Attachment 5

DENTAL IMPLANT THERAPY SAMPLE MEMORANDUM

Figure A5.1. Sample Memorandum of Understanding - Dental Implant Therapy

MEMORANDUM OF UNDERSTANDING – DENTAL IMPLANT THERAPY

Before starting dental implant therapy for (me/my family member) I verify the requirements of AFMAN 47-101, Managing Air Force dental Services, relating to Air Force Implant Program have been explained to me. I understand the possible duty limiting conditions and flying status changes that may result from implant treatment. I understand implant services are not available at all Air Force installations and I will not be assigned or transferred in order for (me/my family member) to receive or continue to receive implant treatment and the associated restorative procedures. I also understand if the Air Force restricts or suspends implant services at (my/my family member's) assigned duty station, non-active duty beneficiaries must assume the financial responsibility for continuing their treatment. I understand the Air Force will provide follow-up and maintenance care, if/where available at Active Duty dental treatment facilities (DTFs), for a maximum of 12 months following completion of implant restoration to non-active duty beneficiaries.

Finally, I understand that if I elect to pursue placement of an implant system that is not supported, restorable, or repairable by this Air Force DTF, I may be financially responsible for expenses incurred for the placement, restoration, maintenance, and/or repair of such restoration(s).

PRIVACY OF INFORMATION AND USE OF RECORDS

I understand that the prosthodontic records (including x-rays and photographs) obtained before, during, and after my treatment could be used for education, research, board certification, or publication in professional journals. I understand names and identifying numbers will not be used. In the event that any of these disclosures requires an authorization, I understand that I will be asked to sign a HIPAA compliant authorization form prior to any use or disclosures.

_____
Printed Name of Patient

_____ _____
Signature of Patient/Sponsor/Legally Authorized Representative — Date

_____ _____
Signature of Dentist — Date